**PART – I**

**1. NATIONAL RURAL HEALTH MISSION**

The National Rural Health Mission is a flexi programme of Government of India launched with the view to bring architectural correction of the health system to enable it to effectively handle increased allocations and promote policies that strengthen public health management and service delivery.The programme is extended for the period of 2012-2017.Since 2013 NRHM has been renamed to National Health Mission (NHM).

Since its launch in 2005 the Government of Sikkim has been implementing NHM in the right earnest. Over the past 5 years the State has made significant gains in the health sector with the opportunities presented under NHM.

Institutional Set Up: The State and District Mission are in place and have been providing management oversight & policy support for implementation of NHM in the State. In accordance with GoI directives the different societies at State & District levels have been merged and integration in terms of their structure and function has also taken place.

**CORE ACTIVITIES**

**Accredited Social Health Activist (ASHA)** In Sikkim 641 ASHA and 25 link worker selection by communities and the training planned and in place, actively working in the village in close coordination with Sub Center Health Worker and trained upto 6th & 7th Module (3rd round). The programme is rapidly evolving with ASHAs progressively acquiring more skills and providing more services.

**Village Health Sanitation & Nutrition Day (VHND)** VHNDs are organized at the AWC as per the GoI norms and are a platform for assured and predictable packages of outreach services. These days are utilized to reach woman & communities in the most remote part of the state. So far it has contributed to increase of immunization and ANC, however their services for newborn, child health & nutrition is still to be improved. Necessary intervention measures are being taken care of by having VHND in each ICDS centre for each AHSA from 2014-15.

|  |  |  |  |
| --- | --- | --- | --- |
| **District** | **VHNDs conducted in last 3 years** | | |
| **2011-12** | **2012-13** | **2013-14** |
| East | 2054 | 226 | 2817 |
| North | 838 | 958 | 946 |
| South | 1634 | 1809 | 1809 |
| West | 2364 | 2145 | 2158 |
| Total | 6890 | 5138 | 7730 |

**Health Facility upgradation**

The state has been working towards upgradaing all its services and facilities to meet the Indian Public Health Standards. Currently all Primary Health Sub Centre (PHSC)s have at least one ANM and 56 PHSCs have been brought to IPHS with recruitment of 2nd ANM. Repair of 29 Sub-center approved in RoP 2012-13 and work under progress. Construction of 3 new subcentre buildings at Phamtam, Karjee and Naya Bazar is completed. At Kalming, & Legship 90% construction work has been completed. Construction of the building at gangyap and majitar is yet to be started. At present 23 PHCs are providing basic 24x7 services and the process of upgrading them to IPHS is on. Two PHSCs upgradated to PHCs: One in North (Hee-gyathang) & one in South(Tokal Bermoik) and two existing PHCs are being upgradated to CHCs (Jorethang & Renock). The District Hospitals of Namchi and Gyalshing has been functioning as a First Referral Unit (FRU) and the state is working towards uupgrading it to IPHS.The District Hospitals of Singtam is FRU compliant. District Hospital Mangan will be upgradated to FRU in a short period.



Newly constructed Tokal Bermoik and Hee-Gyathang PHC

**Improved management:** Programme and facility management has been strengthened by the addition of management- and accounts-trained contractual staff in district hospital and PHCs.

Professionals at the State hired for management support (State Programme Manager/State Accounts Manager/State Accounts Officer/State Data Officer).

Similarly, Professionals at each District Hospital hired for Management support (District Programme Manager/District Account Manager/District Data Assistant).

Professionals each at 24 PHC also appointment for management support on contractual basis (Block Programme Manager & Block Data Assistant).

**Manpower under NHM**

Efforts are also being made to ensure the availability of qualified manpower at all levels. Manpower in various categories ranging from specialist, Medical Officer, GNM,ANM, Lab Technicians, X-ray technicians, pharmacist and Store Keepers have been recruited under contract to fill gaps in manpower.

**Mainstream AYUSH**

With the aim to provide alternative choice of services to public AYUSH Clinics has been established at all four District Hospitals including infrastructure manpower and drugs. At present 14(fourteen) Medical Officer AYUSH and 6(six) Paramedics are in position.

**Major Efforts at Skill Upgrading**

Training programmes to train every ANM and staff nurse in peripheral health facilities to the levels required of a skilled birth attendant, for the integrated management of childhood and newborn illnesses and for IUD insertion by the new technique have been taken up. Integrated skill-based training programmes for medical officers for comprehensive emergency and obstetric care are being going on.Efforts to expand training capacity through collaborations with non-governmental organisations have been put in place.

All the 4 Districts are having fully functional MMU. This MMU Scheme under NRHM will ensure the availability of health care service to the people of remote areas at certain interval (well-advertised dates). In this scheme each district provided with 2 Diagnostic Bus equipped with x-ray, USG, Laboratory, audio-visual system and 1programme vehicle. Human resources like 1MO, 1staff nurse, 1pharmacist, 2 technician and 3Driver were provided. The MMU is providing curative and RCH services with specialized facilities like X-ray, ECG, USG and Laboratory investigations. Now, MMU is also been utilized in CATCH programmes.

**MMU Report for the year 2013-14**

**No of Camps -246**

**No of Patient Examined – 13537**

**Investigation done:**

X-Ray – 259, Haemoglobin Estimation – 1598, Urine Examination – 346, Blood Test for Malaria Parasite – 52

**Health Melas (2013-14)**

**Arogya Mela**

The state of Sikkim has celebrated 4 days long Arogya Mela with grand exhibition and entertaining programme at Palzor stadium on the auspicious occasion of World Health Day from 5th April To 8th April 2013. The health festival was inaugurated by Hon`ble Health Minister of the state on 5th April 2013 and was accompanied by Secretary Health services and other health officials. The Arogya Mela 2013 celebrated in Gangtok was unique in terms of scale and implementation. In order to draw maximum population to create awareness regarding AYUSH, State Flagship Programme CATCH and exhibition stalls of various health programme and health related issues and Allopathic specialist Clinics were also put up in Palzor Stadium next to the venue of `AYUSH exhibition area.

 World Health Day 7th April 2013 the theme of World Health Day 2013 was “Hypertension”. Hypertension is commonest health problem faced by the people of Sikkim. Hence lifestyle is main factor for hypertension and the field level workers like ASHA, AWW etc., and general public attending the mela were briefed about prevention and management with objective of mainstreaming AYUSH in general health care. At least 40 thousands of people attended the function in that particular day and it was believed that abundant health messages were disseminated to the mass. ASHA sammelan was organized in the evening where they performed fashion show with the banner of Health message, cultural programme, dance, drama etc. They were also felicitated for their active work delivery. The health festival was concluded on 8th of April with the informative health talk by AYUSH representative from Delhi. Health based drama and cultural programme were also performed in the final day of celebration.

**Achievement so far......**

* First trimester registration has increase from 63.5 % (2012-13) to 72 % (2013-14)
* Home delivery decrease from 11 % (2012-13) to 7 % (2013-14)
* Home delivery conducted by SBA has increase from 21 % (2012-13) to 45 % (2013-14)
* IMR in 2009 was 34 which has gone down to 24 in 2012 (SRS)
* Total number of maternal deaths in 2012-13 was 26 which has come down to 11 in 2013-14
* Quality maternal and child care has improved dramatically which has been reflected by change in health indicators and other programmes funded by NHM has effectively been implemented
* Sikkim is considered as one of the good performing state in 16 indicators of RCH along with the South Indian state and Punjab
* 8 specialists, 43 doctors, 141 Nurses, 47 paramedics, 83 managerial staffs, 666 ASHAs are supported by NHM
* Suicide rate has been reduce from 48.2/100000 in 2008 to 29.4/100000 in 2013
* One of the First state to implement Clinical Establishment Act 2010
* First State To Take Up Health Care For The Elderly At The Community Level
* Changes In Approach To Address Non Communicable Diseases
* Sikkim is the only state to involve ASHA, Village Health & Sanitation committee in addressing risk reduction at community level for control Non Communicable Diseases.
* Sikkim is one of the only state conducting screening of Cervical Cancer at the community level through VIA during CATCH camp

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**Basic criteria for release of Fund from Govt. of India**

**First Tranche of fund:**

1. No pending dues of matching State Share for the funds released to SHS as on 31st March
2. Submission of Provisional UCs for all programmes
3. Submission of SFP and FMR for the quarter ended March of the Financial Year

**Second Tranche of Fund:**

1. Compliance with Conditionalities
2. Physical & Financial Progress made by the State as communicated through FMR
3. Release of 25% of the State Share, based on updated release of funds by GoI.
4. Timely of submission of Statutory Audit Report

**Proposed Budget for 2014-15**

* Budget Submitted for Approval to GoI: Rs. 135. 46 crores
* State Share earmarked in the State Budget: Rs. 8.00 crores
* From 2014-15; the fund under NHM is routed through Treasury unlike previous years.

**State Target for 2014-17**

1. To bring down Infant Mortality Rate to single digit (9/1000) by 2017
2. MMR: To reduce maternal death absolute number to single digit (4) by 2017
3. Total Fertility Rate to maintain at 2.01
4. To increase Institutional Delivery by 100%
5. Decrease suicide rate to 11.2/100000 by 2017
6. 100% Birth & Death Registration by 2017

**Strategy to improve the Indicators**

* Primary focus on overall activity with intregated approach and monitoring community participation such as VHNC, VHND, RKS.
* Strengthening infrastructure
* Integrated Capacity Building
* Inter sectoral coordination of NRHM and CATCH, integrating 10 key issues to address major public health problem.
* Timely and quality reporting in HIMS & MCTS.
* Supporting Supervision.

**A. Reproductive & child Health (RCH-II)**

The most important goals of National Health Mission is to reduce maternal and Child mortality rate which is covered under RCH II programme of the mission. Huge and strategic investments are being made to achieve these goals by GoI, and every effort is being made towards achieving these goals.

In order to bring greater impact through the RCH programme, Reproductive Maternal, Newborn, Child & Adolescent Health (RMNCH + A) an integrated strategy has been adopted in February 2013 because of the well known link between maternal and child survival and the use of family planning methods.

The two dimension of health care i.e. stages of the life cycle and places where the cares provided constitute the “continuum of care”. The continuum of care approach defining and implementing evidence based packages of services for different stages of the life-cycle at various levels has been adopted under National Health Programme. The ‘Plus’ in the strategic approach denotes:-

* The inclusion of adolescence as a distinct ‘life stage’ in the overall strategy.
* Linking maternal and child health to reproductive health and other components (like family planning, HIV, Gender, PC & PNDT)
* Linking of community and facility based care as well as referrals between various levels of health care systems and to bring a synergistic effect in terms of overall outcomes and impact.

The major component covered under RCH II flexi pool is:-

* Maternal Health
* Child Health, RBSK & Immunization
* Family planning
* Adolescent Health
* PC & PNST
* Tribal RCH

1. **Maternal Health**
   1. **Service Delivery**

State has made considerable progress over the pass in health sector towards service provision for maternal health which is further accelerated under National health Mission by improving the availability of and access to health care by the people especially the women and children. The progress made so can be seen from the maternal Health indicators which are as follows:

**Maternal health indicators status**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Indicators** | **NFHS II** | **NFHS III** | **UNICEF CES 2009** | **2011-12 (HMIS)** | **2012-13 (HMIS)** | **2013-14 (HMIS)** |
| **3 ANC** | **47.4** | **69.4** | **87.3** | **84** | **78.5** | **82.8** |
| **ID** | **39** | **49** | **68.9** | **60** | **89** | **93** |
| **MMR \* by AN** | **NA** | **NA** | **NA** | **25** | **26** | **11** |
| **TFR** | **2.8** | **2.02** | **-** | **-** | **-** | **-** |
| **Anemia (PW)** |  | **62.1** | **-** | **-** | **-** | **-** |
| **TT (PW)** | **52.7** | **-** | **94.2 DLHS 2** | **85.95** | **8895** | **8854** |
| **\*Maternal deaths by Absolute Number (AN)**  **Maternal Health indicators target:-**   * **Maternal death to<10,** * **100% 3 ANC by 2017** * **100% ID and** * **Anemia among PW to <50%** | | | | | | |

The 3 ANC check up has shown an improvement from 69% in NFHS III to 82.8% in 2013-14, and institution delivery (ID) has gone up from 49% in NFHS III to 93% in 2013-14. Decline is seen in maternal deaths has come down from twenty six (26) in 2012-13 to eleven (11) in 2013-14. Total Fertility rate of 2.0 of the state has been projected as below the replacement level of 2.1.

The Maternal health services are implemented by provision of the following strategies & activities.

* Compulsory registration of pregnant Women by 1st trimester under Mother and Child Tracking System (MCTS).
* Use of MCP card for all Pregnant Women and continuing the same with the newborn.
* Provision of Safe Motherhood booklet to all ANC mother during first ANC registration.
* Ensuring home delivery by Skilled Birth Attendant (SBA) trained health worker in hard to reach area by provision of incentive to the health worker.
* Ensuring adequate supplies at all the health facilities as per 5x5 matrix from GoI.
* Continuing Skilled based capacity building as per Skill Lab GoI guidelines.
* Continuing supervision and monitoring from the state and districts by the concerned programme officers.
* Implementation of all the schemes for institutional deliveries like JSY and JSSK.
* Operationalisation of First Referral Unit (FRU) and 24X7 PFC is another strategy to provide quality health care services, however non-availability of specialist and medical officers is major concern in making all the FRUs and 24X7 PHC functional as per Indian Public Health Standards (IPHS) norms.
  1. Schemes for promoting Institutional Delivery:

The specific services packages for mothers to encourage institutional delivery include;

* Janai Surakshya Yojana(JSY).
* Janai Sishu Sirakshya Karyakaram (JSSK) and
* Mukhya Mantri Shishu Suraksha Ayam Sutkeri Sahayoj Yojana (MMSSASSY) (State Scheme)

1. **Janai Surakshya Yojana (JSY) status;**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Year | Home Delivery | | Inst. Delivery | | Total JSY Beneficiaries | | Financial Progress (Rs in lakhs) | |
| Target | Ach.(%) | Target | Ach.(%) | Target | Ach.(%) | Target | Ach.(%) |
| 2010-11 | 1000 | 346  (36) | 4000 | 3167  (79) | 5000 | 3531  (70) | 53 | 41  (77) |
| 2011-12 | 1000 | 249  (24) | 4000 | 3036  (75) | 5000 | 3285  (65) | 59 | 40.169  (67) |
| 2012-13 | 630 | 103  (16) | 3700 | 2565  (68) | 4330 | 2668  (61) | 43.55 | 29.1178  (66) |
| 2013-14 | 500 | 45  (09) | 3700 | 2338  (63) | 4330 | 2383  (57) | 51.25 | 27.71  (54) |

The mode of payment for JSY was made through DBT – AADHAR based from January 2013. Most of the payment could not be made because of mothers not having AADHAR number of bank account or some places had no nationalizated banks. This may be one of the reasons for having decline in the number of beneficiaries this year; However, GoI has been intimated for relaxation for the Sikkim to allow cash payment in some remote places where bank facilities are not available.

1. **Janani Sishu Surakshya Karyakaram (JSSK)**

This scheme to promote institutional delivery was implemented since November 2011 with issue of Government Order on 10.10.11 on free diagnostics and treatment for all mothers having delivery at the health facility, all sick neonates and this scheme is further extended sick infant from 2013. There is provision of Rs. 350/- for normal delivery and Rs. 1,600/- for each cesarean section and Rs. 1000/- for normal referral transport from home to facility and back

JSSK status.

**PW availing Free Entitlement of Service Delivery:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year | Target | Free Drugs & Consumables | Free Diet | Free Diagnostics | Free Blood |
| 2012-13 | 7500 | 6326(84%) | 5912(78%) | 5506(73%) | 128(1.7%) |
| 2013-14 | 7600 | 7447(97%) | 6252(82%) | 6727(88%) | 07(.09%) |

**Pregnant women availing Referral transport (RT) Services**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Year | Target | Referral transport availed | State Vehicle | EMRI/EMTS | PPP | Others | Total(%) |
| 2012-13 | 7500 | Home to health institution | 159 | 0 | 80 | 1409 | 1648(22) |
| Transfer to higher level facility for complications | 387 | 15 | 0 | 157 | 559(7) |
| Drop back home | 122 | 10 | 80 | 1108 | 1320(7) |
|  |  | Home to health institution | 617 | 36 | 94 | 2747 | 3494(45) |
| Transfer to higher level facility for complications | 567 | - | 37 | 1202 | 1806(23) |
| Drop back home | 687 | 36 | 80 | 2558 | 3361(44) |

Awareness and orientation of health functionaries and ANC mothers on the JSSK schemes is being continued through health education and publicity by the IEC division I to improve implementation activities.

* 1. **Maternal death review (MDR):**
  2. Maternal death review (MDR) implemented since 2010 with constitution of MDR committees at State/district/block and facility based MDR Committee. All maternal deaths are reported and reviewed as per the MDR Guidelines. Data being analyzed and corrective interventions are being taken up to further prevent future maternal deaths

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Year | STNM | CRH | East | West | North | South | Total | Remark |
| 2011-12 | 9 | 4 | 3 | 2 | 5 | 2 | 25 | Main causes of Maternal Death were found to be Hemorrhage, PPH, Sepsis & other causes like anaemia |
| 2012-13 | 6 | 6 | 6 | 2 | 1 | 5 | 26 |
| 2013-14 | 5 | 2 | - | - | 2 | 2 | 11 |
| Total | 20 | 12 | 9 | 4 | 8 | 9 | 62 |

Maximum death is found to be occurring at STNM/CRH and these are mostly referred cases from districts. One of the important corrective interventions to be taken up is making the FRUs fully operations in terms of manpower, infrastructure, equipments, & blood storage facilities.

* 1. **Reproductive Tract Infection/Sexually Transmitted Infections (RTI/STI)**

The RTI/STI services are being provided in collaborated with State Aids Control Society(SACS) and this is being continued focusing on quality service delivery. The services are provided through designated RTI/STI Clinics (Located at STNM Hospital, CRH & 4 districts) and all PHCs. The drugs are provided from RCH II for all PHCs while for the designated clinics by the SACS. Provisions of quality services at delivery points are ensured in convergence with SACS.

Support & services are being continued to all these clinics in terms of supply of consumables and capacity building. State hospital and 4 districts are conducting trainings and till date there are 14 Master trainers in place and 115 Heath functionaries which includes MO, LHV, ANM & lab technician are trained. (SACS report)

**RTI/STI cases reported (HMIS):-**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl. No. | Particulars | 2011-12 | 2012-13 | 2013-14 |
| 1 | Number of new cases of RTI/STI in males for which treatment was initiated | 652 | 811 | 580 |
| 2 | Number of new cases of RTI/STI in females for which treatment was initiated | 4542 | 4124 | 4537 |
| 3 | Total no of new cases of RTI/STI in males and females | 5194 | 4935 | 5117 |
| 4 | Number of suspected RTI/STI cases for whom wet mount test was conducted | 7 | 20 | 4 |

* 1. **Village Health & Nutrition day(VHND)**

VHND are organized at the AWC as per the GoI norms and is a platform for assured and predictable packages of outreach services. These days are utilized to reach woman & communities in the most remote part of the state. So far it has contributed to increase of immunization and ANC, however their services for newborn, child health & nutrition is still to be improved. Necessary intervention measures are being taken care of by having VHND in each ICDS centre for each ASHA from 2014-2015.

Expanded packages of services in VHND:

1. Immunization as per schedule
2. Antenatal care including birth preparedness and complication readiness
3. Post-natal care to mothers including counseling for contraception
4. Facilitating access to contraceptive services
5. Growth monitoring
6. Counseling on key practices for improved newborn and child health and nutition
7. Demonstration on preparing and use of ORS and zinc, and provision of ORS and zinc for treatment of childhood diarrhea.
8. Follow up care of several malnourished children
9. Testing and treatment for anaemia in pregnant women
10. Referral support to ASHAs, AWWs in community level care, for children with illness
11. Sessions and services for adolescent girls boys

|  |  |  |  |
| --- | --- | --- | --- |
| District | VHNDs conducted in last 3 years | | |
| 2011-12 | 2012-13 | 2013-14 |
| East | 2054 | 226 | 2817 |
| North | 838 | 958 | 946 |
| South | 1634 | 1809 | 1809 |
| West | 2364 | 2145 | 2158 |
| Total | 6890 | 5138 | 7730 |

* 1. **Delivery point:-**

Delivery points are those health facilities which fulfills the Government of India criteria of minimum bench mark of performance in terms of delivery conducted right from PHSCs to district hospital. The provision of services for delivery generally serves as an important indicators to access whether the facilities is operational or not. The designated DP where deliveries are conducted should be the first to be strengthened for providing comprehensive RMNCH+A services.

GoI Benchmark for delivery points:- (source MNH Tool Kit)

|  |  |  |
| --- | --- | --- |
| Health facility | For all other States | North- East State |
| Sub- Centre | >3 deliveries per month | >2 deliveries per month |
| Primary Health Centre | >10 deliveries per month | >6 deliveries per month |
| Non- first referral Units (FRU)/Community Health Centre (CHC) | >10 deliveries per month | >6 deliveries per month |
| FRu- CHC/ Sub district Hospital (SDH) | >20 deliveries per month | >20 deliveries per month |
| District hospital/District women Hospital | >50 deliveries per month | >30 deliveries per month |
| Medical Colleges | >50 deliveries per month | >50 deliveries per month |
| Accredited PHF | >10 deliveries per month | >10 deliveries per month |

**Health facilities functional as Delivery point as per GoI benchmark in the state.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year | PHSC PHC | District Hospital | District Hospital | State Hospital | Medical College |
| 2012-13 | Nil | East: Pakyong North: Nil  Rangpo Jorthang  Rhenock Yangyang  Rongli  West: Dental  Richenpong  Sombaria  Tashiding PHC, | Namchi  Gyalshing  Singtam | STNM Hospital | Manipal Hospital |
| 2013-14 | Three PHSCs Simik Lingay  Bermiok Daramdin) | East: Pakyong North: Nil  Rangpo South: Jorthang  Rhenock Yangang  Rongli  West: Dentam  Rinchenpong  Sombaria  Tashiding PHC, | Namchi  Gyalshing  Singtam | STNM Hospital | Manipal Hospital |

* 1. **Maternal Health Training:-**

Apart from training outside the state, training within the state is concluded at State & District hospital by the trained resources persons under RCH II programme

1. Emergency Obstetric care(EmOC) & Life saving anesthetic skills (LSAS) trained doctors status:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| EmOC | | | LSAS | | |
| Sl. No | Place of posting | Name of the Doctor | Sl. No | Name of the Doctor | Place of Posting |
| 1 | Gone for higher studies | Dr. Indu rawat | 1 | Dr. Ugen Bhutia | Yangang PHC |
| 2 | Gone for higher studies | Dr. Hemlata Pradhan | 2 | Dr. Prabat Moktan | District Hospital Mangan |
| 3 | Gone for higher studies | Dr. Annet. Thattal | 3 | Dr. Tshering Wangchuk | Left for PG study |
| 4 | Gone for higher studies | Dr. Pema Seden |  |  |  |
| 5 | State Hospital | Dr. M Gurung |  |  |  |
| 6 | Jorthang PHC | Dr. Solomit Lepcha |  |  |  |
| 7 | Gone for higher studies | Dr. Upashana Rai |  |  |  |

As far as LSAS & EmOC trained doctors are concerned, they are to be posted at FRUs to compliment the Gynecologist and Anesthetists in providing material health services at FRUs & CHCs. Rational posting of these doctors is a priority in the State and this is proposed every year for information of the higher authorities and to take necessary action.

II. Basic emergency obstetric care (BEmOC) trained doctors status:

A total of 23 medical offiers are trained for Basic emergency obstetric care(BE mOC) in 2012-13 and 2013-14. Seven (7) have gone for higher studies and only 16 are posted at PHCs.

III. Skilled Birth Attendant (SBA) training status:

Staff nurses and ANM are trained on Skilled Birth Attendant (SBA) every year. These training are conducted at the respective districts. However, the trainings for the east and north district for this year was conducted at STNM Hospital due to various technical problems (Less Case Load) two hundred and seventy (270 ANM & Staff nurses have been trained up to 2013-14). Details as shown below:-

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| District | ANM | SN | Total | SBA Trained (%) | Remark |
| East | 125 | 22 | 147 | 101(68.7) | 2012-13: 238  2013-14: 32 |
| West | 82 | 82 | 110 | 51(46.3) |
| North | 48 | 33 | 81 | 50(61.7) |
| South | 125 | 21 | 146 | 68(46.5) |
| State | 380 | 104 | 484 | 270(55.7) |

|  |
| --- |
| ANM:   * Regular: 305 * Contractual: 75   Staff Nurse:   * Regular: 43 * Contractual: 61 |

**IV. Blood Storage:**

Medical officer i/c and lab technician of blood storage facilities are being trained at central Blood Bank STNM Hospital. Further they are re-oriented and updated every year on blood banking services.

|  |  |  |
| --- | --- | --- |
| Year | District | Health Personnel trained |
| 2012-13 | East & North | MO & lab tech |
| 2013-14 | West & North | MO & Lab tech |

**V. Comprehensive Abortion Care (CAC):-**

Comprehensive Abortion Care (CAC) is planned for all 4 districts and state where Gynecologist is in place. However, safe abortion services are being extended to the CHCs & delivery points after training of Medical Officers of these facilities in 2014-15. These are being taken up as per the MTP Act which is extended in the state since 19th June 2007 as per State GO notification NO537/dt 5th December 2007. With clinical established and State and district level committee under MTP Act-1971 in place, reporting from all private clinics are also being ensured from 2014-15.

1. **Child Health**
   1. Introduction

The interventions in the Child Health programme mainly focus on the children under 5 years of age and address the most common causes of mortality in this period. The thrust area for newborn and child health under National Health Mission for improved child survival are immediate, routine newborn care & care of sick newborns, child nutrition including essential micronutrients of common neonatal and childhood illnew and Rashtriya Bal Swashtha Karyakram (RBSK), a new initiative of child health screening and early intervention services offering comprehensive care to children (0-18) is being rolled out in the entire State.

The priority interventions that are being implemented for reducing Child mortality rate are:

* Home based newborn care and prompt referral.
* Facility-based care of the sick newborn
* Integrated management of common childhood illness(diarrhea and pneumonia)
* Child nutrition and essential micronutrients supplementation
* Immunization
* Early detection and management of defects at birth, deficiencies, diseases and disability in children(0-18 years)

|  |  |  |  |
| --- | --- | --- | --- |
| Trend in IMR for Male and Female (Sikkim) as per SRS(2005 to 2012) | | | |
| Year | Male | Female | Total |
| SRS 2005 | 34 | 31 | 33 |
| SRS 2006 | 26 | 40 | 33 |
| SRS 2007 | 26 | 43 | 34 |
| SRS 2008 | 34 | 32 | 33 |
| SRS 2009 | 35 | 33 | 34 |
| SRS 2010 | 28 | 32 | 30 |
| SRS 2011 | 23 | 30 | 26 |
| SRS 2012 | 22 | 27 | 24 |

|  |  |  |  |
| --- | --- | --- | --- |
| Child Health Indicator (SIKKIM) | | | |
| Particulars | Source | Sikkim | India |
| Crude Birth Rate(CBR) | SRS 2012 | 17.2 | 21.6 |
| Infant Mortality Rate (IMR) | SRS 2012 | 24 | 42 |
| Initiation of Breast feeding within 1hr of birth | CES 2009 | 55.6 | 33.5 |
| Exclusive breast feeding for 6 months | CES 2009 | 63.6 | 36.8 |
| ORT or increased fluid for diarrhea | CES 2009 | 63.5 | 53.6 |
| Care seeking for acute respiratory infection | CES 2009 | 91.2 | 82.6 |
| Anemia in children | NFHS 3 | 64 | 78.9 |

**Estimated Child Population (SIKKIM)**

**Total Population 610577 (Census 2011)**

|  |  |  |  |
| --- | --- | --- | --- |
| Particulars | As per SRS (2012) | As per CNA | Total Lives Birth as per HMIS (2013-24) |
| Estimated Live births per year (2013-14) | 10500 | 9054 | 7912 |
| Estimated number of children under 5 years | 61058 | 52896 (as per census 2011) | - |

* 1. **Implementation Activities:**
* **Janani Sishu Suraksha Karyakram** is GOI Scheme where all newborn and infants requiring facility-based care receive diagnostics, drugs and treatment free of charge at the health facilities. Free Emergency Referral transport is also provided for transport from home/community to the health facility and between health facilities in case of referral.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **JSSK Service Delivery:-** | | | | | | |
|  | Target | No. of Beneficiaries Availed free entitlements under JSSK | | | | |
| Drugs | Diagnostics | Referral Transport | | |
| Home to facility | Inter facilities | Drop Back |
| Sick Neonates and Infants | 760 | 1252 | 899 | 189 | 98 | 116 |
| % |  | 164% | 118% | 24% | 12% | 15% |

* Facility Based Care of the Sick Newborns

To improve the care of sick, premature and low birth weight newborns, Special Newborn Care Units (SNCU) in District Hospital Namchi and STNM Hospitals have been established to provide advanced care for sick newborns. The SNCUs serve as the referral centre for the entire Districts.

Another smaller unit known as Newborn Stabilization Unit (NBSU), is a four bedded unit providing basic level of sick newborn care have been established in District Hospital Singtam, District Hospital Gyalshing and District Hospital Mangan.

Seven new Newborn Care Corners were established in 2013-14 in additional to already existing 29 nos. of Newborn care corners in various delivery points.

|  |  |  |  |
| --- | --- | --- | --- |
| Particulars | NBCC | NCSU | SNCU |
| Cumulative Target as per PIP 2013-14 | 36 | 3 | 2 |
| Cumulative no. of units operational | 36 | 3 | 2 |
| Cumulative Target as per PIP 2013-14 in HPD (West District) | 11 | 1 | 0 |
| Cumulative no. of units operational in HPD | 11 | 1 | 0 |
| (West District) |  |  |  |
| No. of babies admitted | 172 | 131 | 1108 |
| Discharged alive (No., %) | 153 (89%) | 120 (92%) | 1016 (92%) |
| Deaths (No., %) | 19 (11%) | 5 (4%) | 11 (1%) |
| Referred (No., %) | - | 3 (2%) | 71 (7%) |
| LAMA (No., %) | 0 | 3 (2%) | 7 (1%) |

|  |  |
| --- | --- |
| INFANT AND UNDER 5 DEATHS (2013-14) | |
| Early Neonatal Deaths | 78 (45%) |
| Late Neonatal Deaths | 27 (16%) |
| Post Neonatal Infant Deaths | 59 (34%) |
| Under 5 Deaths | 10 (6%) |
| **TOTAL** | **174** |

* **Integrated Management of common Childhood Illness (Pneumonia and Diarrhea):-**

An integrated strategy that includes both preventive and curative interventions to address the most common causes of neonatal and child known as Integrated Management of Common Childhood Illness has been implemented at all levels of care at community, first level care (IMNCI) and referral level care (F-IMNCI). Its main components include improvement in the case management skills of health staffs, improvements in the overall health system required for effective management of neonatal and childhood diseases and improvements in family and community health care practices.

|  |  |
| --- | --- |
| Training Details under Child Health (2013-14) | |
| ToT on F-IMNCI | 3 no. of Pediatricians from STNM Hospital |
| F-IMNCI for MOc | 16 no. of MOs from PHCs and Districts |
| F-IMNCI for SNc | 15 no. of Staff Nurses from North and East District |
| IMNCI for Health Workers | 48 no. of Health workers from all Districts |
| NSSK for MOs | 22 no. of MOs from all Districts |
| NSSK for ANMs | 32 no. of ANMs from South and West District |
| NSSK for SNs | 24 no. of staff Nurses from North East District |

* **Home Based Newborn Care (HBNC) and Referral**

Reducing mortality in neonatal period in improvement if the infant mortality rate is to be impacted as Neonatal deaths account for 59% of under 5 mortality most of which occurs in the first week of life. About 25% of total deaths in the neonatal period occurs in second to fourth week of life. The home-based newborn care scheme launched in 2011 provides for immediate postnatal care (especially in home delivery cases) and essential newborn care to all newborn up to the age 42 days. Frontline workers (ASHAs) are trained in identification of illness, appropriate care and referral through home visits.

* **Child Nutrition and Essential Micronutrients Supplementation**
* One of the key preventive interventions in decreasing IMR is the promotion of optimal IYDF practices. The 1st two years of life considered a critical window of opportunity for prevention of growth faltering. Optimal breast feeding and complementary feeding practices allow children to reach to reach their full growth potential. The various opportunities of maternal and child health contacts are used to reinforce the key messages around infant and young child feeding, growth monitoring and promotion. Line listing of babies with low birth weight maintained by ANMs and ASHAs and follows up done to support mothers for optimum feeding and child care practices and to detect growth faltering early before it progresses to moderate to severe under nutrition.
* To decrease anemia prevalence, IFA tables/syrup is given to children in aganwadi centers and Government and government aided schools under School Health Programme. Six monthly de-worming (albendazol tablet or syrup) to decrease intestinal parasite load.
* Vitamin ‘A’ supplementation for children between the age group of 9 month to 5 years at 6 monthly intervals up to 9 doses is given.

|  |  |  |  |
| --- | --- | --- | --- |
| Performance of Vitamin ‘A’ as per HMIS 2013-14 | | | |
| Vaccine | Target as per CNA | | Performance |
| Vitamin ‘A’ (1st Dose) | 9054 | | 8261 (91%) |
| Vitamin ‘A’ (5th Dose) | 8715 (Census 2011) | | 4099 (47%) |
| Vitamin ‘A’ (9th Dose) | 10569 (Census 2011) | | 6811 (65%) |
| Performance on Child Health as per HMIS report 2013-14 | | | |
| Total Live Birth (Male) | | 4038 | |
| Total Live Birth (Female) | | 3874 | |
| Total Live Births | | 7912 | |
| No. of still births | | 112 | |
| No. of newborn weight at birth | | 7798 (99%) | |
| No. of newborns having weight less than 2.5 kgs. | | 630 (8%) | |
| No of newborns breast fed within 1hr | | 7720 (98%) | |
| Number of cases of Measles reported in children below 5 yrs of age | | 32 | |
| Number of cases of Diarrhea and Dehydration reported in children below 5yrs of age | | 8401 | |
| Number of children below 5 yrs of age admitted with Respiratory Infection | | 1675 | |

1. **Immunization**
   1. Introduction

Routine Immunization is the most significant, affordable and cost effective child survival interventions. Every child has the right to complete basic immunization irrespective of economic status, political affiliation, geographical location, gender, caste, color or religion. The amazing progress in child survival in the last decade is primarily a result of ever increasing immunization coverage. Universal immunization programme includes vaccines to prevent seven vaccine preventable diseases (TB, Polio, Diphtheria, pertusis, Tetanus, Measles and Hepatitis ‘B’). The state government has introduction MMR vaccine in 2009 to prevent disease like Mumps, Measles and Rubella. Sikkim is the first state in the country to initiate MMR vaccination along with hepatitis ‘B’ vaccine.

To strengthen routine immunization, newer initiatives have been taken up like:-

* Provision of AD syringe and hub cutter to ensure injection safety.
* Support for AVD from PHCs to PHSCs as well as outreach sessions.
* Mobilization of children to immunization session sites by ASHAs (Rs. 150/- per session)
* Incentives of Rs. 150/- to ASHAs for full immunization of a child.
* MCTS for tracking of children and pregnant women.
* Quarterly review meeting on immunization are being done at PHC, district and state levels.
* For capacity building, training of Medical Officers, Health Workers and Cold Chain Handlers is being organized every year.
* Besides rendering immunization services at all the health facilities, the service is also being reached through VHNDs in the anganwadi centers and outreach session in hard to reach areas.
* Cold Chain Officer is in place to ensure proper cold chain system in the state.
* For proper disposal of waste generated following immunization sessions, training of health workers have been done with provision of waste disposal bags, hub cutters etc.
* **AFP surveillance and Committee**
* To detect any case of Acute Flaccid Paralysis under polio surveillance, weekly AFP reporting is being done from all the PHCs and District Hospital
* The state and district AEFI committees are in place and investigation reports of every serious AEFI are submitted within 15 days of occurrence.

|  |  |
| --- | --- |
| AEFI details 2013-14 as per HMIS report | |
| Number of Cases of Abscess reported following immunization (AEFI) | 1 |
| Number of Cases of Death reported following immunization (AEFI) | Nil |
| Number of AFP Cases reported | Nil |

* Pulse Polio NID rounds

2 round of Pulse Polio NIDs for 0 to 5 years children to eradicate Polio are being conducted every year

|  |  |  |
| --- | --- | --- |
| **NID Rounds 2013-2014** | | |
| **Rounds** | **Target (as per District Action Plan)** | **Achievement** |
| 1st (19th Jan 2014) | 49779 | 48501 (97.43%) |
| 2nd (24th Feb 2014) | 49779 | 49980 (100.40%) |

* **Full Immunization Coverage**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Particulars | Source | Sikkim | | India |
| Full Immunization Coverage | CES 2009 | 85.3 | | 61.0 |
| HMIS 2013-14 | GOI target | CNA target | NA |
| 79% | 8310 (92%) |

|  |  |  |
| --- | --- | --- |
| Vaccine-wise Immunization Performance (2013-14) as per HMIS report | | |
| Vaccine | Target (as per CAN | Performance |
| BCG | 9054 | 8060 (89%) |
| DTP 1 | 9054 | 7962 (88%) |
| DTP 2 | 9054 | 7951 (88%) |
| DTP 3 | 9054 | 8134 (90%) |
| DTP B | 9054 | 8170 (90%) |
| OPV 0 | 9054 | 7371 (81%) |
| OPV 1 | 9054 | 8291 (92%) |
| OPV 2 | 9054 | 8289 (92%) |
| OPV 3 | 9054 | 8509 (94%) |
| Hep ‘B’ 0 | 7346 (Institutional Delivery Live Births) | 5898 (80%) |
| Hep ‘B’ 1 | 9054 | 7957 (88%) |
| Hep ‘B’2 | 9054 | 7938 (88%) |
| Hep ‘B’ 3 | 9054 | 8208 (91%) |
| Measles | 9054 | 8415 (93%) |
| MMR | 9054 | 8158 (90%) |
| DT (5 yrs) | 10560 (Census 2011) | 7881 (75%) |
| TT (10 yrs) | 13543 (Census 2011) | 11426 (84%) |
| TT (16 yrs) | 13428 (Census 2011) | 9039 (67%) |
| Vitamin ‘A’ (1st Dose) | 9054 | 8261 (91%) |
| Vitamin ‘A’ (5th Dose) | 8715 (Census 2011) | 4099 (47%) |
| Vitamin ‘A’ (9th Dose) | 10560 (Census 2011) | 6811 (65%) |

|  |  |  |
| --- | --- | --- |
| TT for Pregnant Women as per HMIS report 2013-14 | | |
| Vaccine | Target (as per CNA) | Achievement |
| TT 1 | 9957 | 7653 (77%) |
| TT 2/Booster | 9957 | 8345 (84%) |

|  |  |
| --- | --- |
| Other Immunization Performance | |
| Number of Immunization Sessions Planned | 8466 |
| Number of Immunization Sessions Held | 8411 (99%) |
| Number of Immunization Sessions Held where ASHAs were present | 7217 (86%) |
| Number of cases of Diphtheria in Children below 5 yrs of age | 0 |
| Number of cases Pertusis reported in children below 5 yrs of age | 0 |
| Number of cases Tetanus Neonatarum reported in children below 5 yrs of age | 0 |
| Number of cases Tetanus other than Neonatarum reported in children below 5 yrs of age | 0 |
| Number of cases of Polio reported in children below 5 yrs of age | 0 |

|  |  |
| --- | --- |
| Training details under Immunization Programme (2013-14) | |
| District Level Orientation training including Hep B, Measles & JE(wherever required) for 2 days ANM, Multi Purpose Health Worker (Male), LHV, Health Assistant (Male/Female), Nurse Mid wives, BEEs & other staff (as per RCH norms) | 22 no. from East District, 26 no. from North District, 25 no. from West District and 69 no. from South District |
| Three day training including Hep B, Measles & JE(wherever required) of Medical Officers of RI using revised MO training module) | 27 MOs from all District |
| Two days cold chain handlers training for block level cold chain handlers by State and district cold chain officers | 52 Cold Chain Handlers in 3 batches from all Districts |
| National Cold Chain Management System (NCCMIS) | 33 Data Handlers from all District |

1. **Family Planning-**
   1. Brief details of the program

The horizon of Family planning program has widened during the NRHM. There is a paradigm shift in the Family Planning Policy from population control to improvement in Maternal and child health. The family Planning intervention holds one of the keys towards lowering of maternal and child morbidity and mortality. Healthy timing and spacing of pregnancies will lead to improvement in maternal and child health care outcomes. Therefore the family Planning program is important not only for attaining population stabilization but also for bringing down the morbidity mortality in mothers and children. Further the state has achieved the Total Fertility rate (TFR) of replacement level i.e. 2.01 hence we have stopped contributing to the population growth of India. Therefore out main strategy is to maintain the TFR at replacement level and give more emphasis on spacing methods of Family Planning.

* 1. Key Objectives
* For spacing methods, Provide:
* Information
* Services
* Commodities
* Maintain the service delivery for limiting methods
  1. Contraceptive choices under Family Planning Program:

1. Spacing methods:

Condoms

Intra Uterine Contraceptive Devices (Copper-T 380 A)

Oral contraceptive pills

1. Limiting methods:

Tubectomy (Minilap, Laparoscopic)

Vasectomy (NSV)

1. Emergency Contraceptive pills
   1. Other Schemes:
2. Post Partum IUCD Insertion
3. Home delivery of Contraceptive by ASHAs, where ASHAs deliver the contraceptives at the doorsteps of the beneficiaries
4. Ensuring spacing after marriage and between 1st and 2nd child where ASHAs are paid incentives for ensuring the spacing.
   1. Other interventions:

Quality Assurance Committee

Shifting from camp approach to fixed services

Fixed day services for sterilization

**KEY INDICATORS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Indicators** | **DLHS-2** | **DLHS-3** | **AHS (2010)** | **India (DLHS-3)** |
| **CPR – Any modern method (%)** | **55.3** | **61.1** | **NA** | **47.1** |
| **Female sterilization (%)** | **23** | **21.8** | **NA** | **34.0** |
| **Male sterilization (%)** | **2.5** | **5.3** | **NA** | **1.0** |
| **IUCD (%)** | **5.7** | **7.0** | **NA** | **1.9** |
| **Total unmet need (%)** | **18.2** | **16.1** | **NA** | **21.3** |
| **For Spacing (%)** | **5.2** | **3.0** | **NA** | **7.9** |
| **For Limiting (%)** | **13.0** | **13.1** | **NA** | **13.4** |
| **Mean age at marriage for girls (%)** | **21.9** | **21.5** | **NA** | **19.8** |
| **Girls married below age 18 (%)** | **12.0** | **16.0** | **NA** | **22.1** |
| **Women age 20-24 of birth of order 2 & 2+ (%)** | **38.7** | **40.0** | **NA** | **48.4** |
| **% of married women with 3 & 3 + births** | **NA** | **NA** | **N A** | **NA** |

**Physical target and achievement for the year 2013-14**

**Physical target for the year 2014-15**

|  |  |  |
| --- | --- | --- |
| 1 | IUCD | 1220 |
| 2 | Female sterilization | 200 |
| 3 | Male sterilization | 95 |
| 4 | PPIUCD | 80 |

|  |  |  |  |
| --- | --- | --- | --- |
| Sl. No | Services | Target for the year 2013-14 | Achievement 2013-14 |
| 1 | IUCD | 1550 | 1408 (90%) |
| 2 | Male sterilization | 160 | 54 (34%) |
| 3 | Female Sterilization | 140 | 273 (195%) |

**Strategies/Activities:**

1. More emphasis on spacing methods and maintain the TFR of 2.01
2. Ensure regular supply of Contraceptives, NSV Kits, PPIUCD forceps, Laparoscopes and IUCD kits.
3. Training of ANMs, SN, MOs and AYUSH MOs in IUCD services.
4. Laparoscopic training of doctors
5. Home delivery of contraceptives by ASHAs
6. Implementation of family Planning Indemnity Scheme.
7. Ensuring availability of fixed day IUCD services in all public health facilities.
8. Ensuring pacing after marriage and between 1st and 2nd child where ASHAs are paid incentives for ensuring the spacing.
9. Extensive IEC activities and couple counseling on family planning
10. Adolescent Health Programme:

Adolescent health programme is implemented with an aim to provide compressive health services to adolescent in all public health facilities as per the Adolescent Health Programme guidelines from Government of India. Services are provided through AFH clinics or Yuwa Clinics across the state.

The programme has been implemented since 2011-12 and Adolescent Health cell is functioning along with the RCH Cell at the State Level. The main component covered under this programme is the Rashtriya kishor swasthya Karyakaram (RKSK) and Weekly Iron & Folic acid supplementation (WIFS) among the school going as well as out of school girls and boys.

Under Adolescent Health Programme there are a total of 31 Adolescent friendly Health Clinics (AFHC) in place in the State. These are situated at STNM hospital, all 4 districts, 2 CHCs & 24 PHCs. Services are provided daily at STNM hospital & districts and weekly at CHCs & PHCs.

Five (5) counselors are in place at STNM & 4 districts to provide counseling services to the adolescent coming to these clinics. All the MOs & in charge of the MCH clinics are trained under Adolescent Health programme. Outreach activities are also conducted though schools and VHNDs.

**Status of client load for last 3 yrs is a follows:-**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Year | Target estimated as per school session | Client load Males | | Client load Females | | Total client load (%) |
| AFHC | Outreach | AFHC | Outreach |  |
| 2011-12 | 70200 | 73 | 488 | 583 | 749 | 1893(2) |
| 2012-13 | 72500 | 1066 | 1710 | 1672 | 2123 | 6571(9) |
| 2013-14 | 70848 | 2621 | 5504 | 5243 | 6317 | 19685(27) |

Improvement is seen in the attendance of the client load in the clinics; however a separate room for running the clinics is required for all the health facilities to provide proper counseling services the adolescents attending these clinics. Counseling of both boys and girls by male and female counselors is proposed this year ie 2014-15 for all clinics up to CHC level.

1. **WIFS programme:-**

The WIFS programme was officially launched in 7th April, 2013 in the State. Under this programme, Weekly IFA tablets (Blue colored) is given to all children from classes VI to 12 on every Monday (Known as Iron Day) which is fixed for WIFS. While tablet Albendazole for deworming is biannually in March and September every year.

Total children enrolled in school are 69759 including 1210 out of school children in 2013-14. Besides clinic based intervention efforts are made to reach the out of school adolescents at the community through outreach activities at school, VHNDs, AWC, AWWs and health melas. Both out of school boys and girls will be covered through peer educator starting with east and west district this year. Adolescent Health days is proposed to be conducted in villages on quarterly basis as well from this year.

Further the school nodal teacher are oriented & sensitized on the scheme including the functionaries of WCD department for successful implantation of the programme. Monitoring mechanism as per the framework is ensured. However inter sectorial convergence is to be particularly between WCD and HRDD department.

**Status of WIFS consumption for 2013-14**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1st Qtr** | **July’ 13** | **Aug’ 13** | **Sept’ 13** | **Oct’ 13** | **Nov’ 13** | **Dec’ 13** | **Jan’ 13** | **Feb’ 13** | **March’ 13** |
| **WIFS/IFA** | | | | | | | | | |
| 64454  (38%) | 56196  (78%) | 55794  (77%) | 53180  (73%) | 56911  (78%) | 53254  (73%) | 30788  (41%) | 31055  (43%) | 37300  (55%) | 46414  (64%) |
| **Albendazole** | | | | | | | | | |
| 29382  (17%) | 15143  (21%) | 63 | 25086  (35%) | 12229  (17%) | 770  (1%) | 4256  (5%) | - | - | 484 |

The main challenge is coverage during the winter holidays and for this sensitization of teachers and parents is being ensured during parent teachers meeting.

1. **Rastriya Bal Swastha Karyakram (Rbsk)**

This is a new initiative launched in February 2013 under RCH programme this includes provision for **Child Health Screening and early intervention services** through early detection and management of 4 Ds ie. Defects at birth, Deficiency, development delays including Disability. An estimated 27 crore children from birth to eighteen years are to be covered across the country in a phased wise manner. Child health Screening and Early Intervention Services target 30 common health conditions for early detection and free treatment and management.

|  |  |  |
| --- | --- | --- |
| Sl. No | Categories | Age Group |
| 1 | Babies born at public health facilities & home | Birth to 6 wks |
| 2 | Preschool children in rural areas & urban siums | 6 wks to 6 yrs |
| 3 | Children enrolled in classes 1st to 12th in Government & Government aided schools | 6 to 8 yrs |

Dedicated mobile health teams (consisting of two (2) MOs. /Ayush Doctors, one (1) ANM & Pharmacist/Lab. Tech) being posted at the District level, moreover children 6-18 yrs, enrolled in government. Government aided schools as well as private schools at least once a year. Newborn are screened for birth defects in health facilities where deliveries take place and during the home visit by ASHA.

During 2013-14 five (5) mobile health have been approved of which 1(one) is fully functional and rest are partially functioning at the district level. However, existing MOs of district hospitals & PHCs are conducting screening of children (0-18) yrs of age group.

DEIC (District Early Intervention Service) centre at the State level is already under construction to provide referral support to children detected with health conditions during health screening. A team consisting of Pediatrician, Medical Officer, Staff Nurses & paramedics will be engaged to provide services or management of birth defects, disability, and disease. All those children diagnosed for birth defects, disability and Rheumatic heart disease, would receive referral support & treatment including surgical intervention at Tertiary including surgical intervention, free of cost.

1. **Tribal RCH:**

This scheme of Tribal was initiated in 2010-11 under which two (2) districts i.e. North & West are notified as tribal areas. Under this, the whole of north district and 5 PHCs & 14 PHSCs including District Hospital Gyalshing is covered. Under the Scheme performance based incentive for health worker is provided for conducting Institutional delivery i.e. package od RS.1000/- for home delivery and Rs.500/- PHC.

* Break up of Rs. 1000/:- MO:- Rs. 500/-, ANM:- Rs. 250/- FWA:- RS. 150/-, Sweeper:-Rs. 100/-
* Break up of Rs. 500/:- ANM: - Rs. 250/- FWA:- RS. 150/-, Sweeper:-Rs. 100/-

**Tribal RCH performance status;**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **Institutional Delivery for which incentive given/ Total ID** | | **Total** | **Total incentive given** |
| **North** | **West** |
| 2011-12 | 124/351 | 993/1012 | 1117 | Rs 7,88,500/- |
| 2012-13 | 269/270 | 931/1103 | 1200 | Rs 7,89,700/- |
| 2013-14 | 310/311 | 951/1033 | 1261 | Rs 10,55,550/- |

**RBSK programme Status 2013-14**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **State** | | **District** | **Block** | **Anganwadi centres** | **No. of children enrolled** | **Govt schools** | **Govt aided schools** | **No. of children enrolled** | **No of children screened in anganwadi(%)** | **No. of children screened in schools (%)** |
| Sikkim | East | 7 | 460 | 5296 | 236 | 19 | 48519 | 3021 (57) | 281501 (58) |
| West | 7 | 288 | 3486 | 219 | 6 | 30465 | 1106 (31) | 19652 (64) |
| North | 5 | 190 | 1196 | 84 | 8 | 7909 | 499 (41) | 4928 (62) |
| south | 7 | 295 | 3180 | 227 | 21 | 30998 | 1873 (58) | 11941 (38) |
| Total | 26 | 1233 | 13158 | 766 | 54 | 117891 | 6499 (49) | 65022 (55) |

**Number of children with selected health conditions.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sl. No | Health condition | Delivery Point | ASHA, HBNC | 6 weeks to 6 years | 6 years to 18 years | Total | Referred | Confiremed | Managed |
| 1 | 1 |  |  |  |  | 1 | 1 | 1 | 1 |
| 2 |  |  |  | 2 | 3 | 5 | 5 | 4 | 3 |
| 3 | 2 |  | 1 | 3 | 4 | 10 | 8 | 8 | 3 |
| 4 | 1 |  |  |  | 1 | 2 | 2 | 2 | 1 |
| 5 |  |  |  | 1 | 4 | 5 | 5 | 3 | 3 |
| 6 |  |  |  | 2 |  | 1 | 1 | 1 |  |
| 7 |  |  |  | 109 | 912 | 1021 | 532 | 457 | 475 |
| 8 |  |  |  | 30 | 102 | 132 | 99 | 99 | 99 |
| 9 |  |  |  |  | 17 | 17 | 17 | 3 | 3 |
| 10 |  |  |  |  | 2 | 2 | 2 | 2 | 2 |
| 11 |  |  |  | 1513 | 9618 | 11131 | 2276 | 1756 | 1101 |
| 12 |  |  |  |  | 5 | 5 |  |  |  |
| 13 |  |  |  | 58 | 713 | 771 | 574 | 534 | 434 |
| 14 |  |  |  |  | 20 | 20 | 16 | 15 | 4 |
| 15 |  |  |  | 2 | 4 | 6 | 6 |  |  |
| 16 |  |  |  |  | 3 | 3 | 2 | 1 |  |
| 17 |  |  |  | 3 | 1 | 4 | 3 | 1 | 1 |
| 18 |  |  |  | 6 | 5 | 11 | 8 | 3 |  |
| 19 |  |  |  |  | 13 | 13 | 13 | 1 | 1 |
| 20 |  |  |  |  | 50 | 50 | 50 | 18 | 11 |
| 21 |  |  |  |  | 6 | 6 | 6 | 6 | 6 |
| 22 |  | 3 |  | 391 | 16654 | 17048 | 1888 | 1243 | 1243 |
| 23 |  |  |  |  |  |  |  |  |  |
| 24 |  |  |  |  | 7 | 7 | 7 | 7 | 7 |
| 25 |  |  |  |  | 14 | 14 | 14 | 14 | 14 |
| 26 |  |  |  |  | 7 | 7 | 7 | 7 | 7 |
| 27 |  |  |  |  | 1 | 1 | 1 | 1 | 1 |
| 28 |  |  |  |  | 16 | 16 | 16 | 16 | 16 |
| Other include diarrhea, worm infestation, mild anemia, ear infection, cough & cold, conjunctivitis, overweight, fever, cut & injury | | | | | | | | | |

During the yr. 2013-14 total no. of children screened in aganwadi centres are 6,499 (49%) and in schools are 65,022 (55%) among these 4% birth defect, 2% skin infection, (.18%) otitis media, 16% dental caries, 1% visual impairment, (1.2%) development delays including disability, 23% others, includes diarrhea, mild anemia, ear infection, cough & cold, conjunctivitis, overweight, fever, cut injury and 17 cases of RHD, 20 hearing impairment were detected.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Training under RBSK 2013-14 | | | | | | | | | | | | | |
| Sl. No | name of the Training | Category of Personal | TrainingLoad as per PIP 2013-14 No. of batches | | | | | Cumulative trained in the current year | | | | | Remark if any |
| North | South | East | West | Urban | North | South | East | West | HQ |
| RBSK | | | | | | | | | | | | | |
| 1 | One day orientation of Programme Officer & MO (School Health/RBSK) | P.Os & M.O | 5 batches (30/batch) | | | | | 1 | 1 | 1 | 1 | 1 | 5 batches completed |
| 2 | Training Refresher (SH/RBSK) | ANM | 20 batches (20/batch) | | | | | 2 | 5 | 3 | 4 | 1 | 15 batches completes |
| 3 |  |  | 1 batch (20/batch) | | | | |  |  |  |  |  | After recruitment of Mos./AYUSH doctors in mobile health team |
| 4 |  |  | 1 batch(13/batch) | | | | |  | | | | | Name of team members are being send to RBSK div. Ministry of Health & FW, New Delhi |

**STRATEGIES:**

During the year 2014-15 proposing DEIC centre at District Hospital, Namchi & additional no. of mobile health teams in the state, once the vacancy of MOs./AYUSH doctors are fulfilled, thereafter dedicated mobile health team would be placed from block levels upward.

Mechanism of supportive supervision & monitoring would be improved.

Improved IEC regarding early identification of Birth Defects & Development delays, leading to Disabilities.

Training of all health personnel related to child health activities, ensuring skilled manpower for better management of child populations.

Intersect oral coordination with the involvement of PRI, community members, & other related Departments like HRDD & Woman and child welfare Deptt.

NGOs working in the field of childhood disabilities would be tied u for better management of non medical interventions, development of prevocational skills & livelihood programme for betterment of children with disabilities.

**PRE – CONCEPTION & PRE- NATAL DIAGNOSTIC TECHNIQUES (PC & PNDT)**

**Introduction**

The decrease in Female population in the country has been shown by consecutive census. The reasons being deep-rooted prejudice and discrimination against girl children and preference for the male child, which led to large-scale female foeticide and alarming decline in sex ratio of girl and women in India.

In order to check this decline in female population, the Government of India enacted the Pre-Natal Diagnostic Technique (Regulation and Prevention of Misuse) Act, 1994 and was brought into operation from 1st January 1996. The Act prohibits the determination and disclosure of the sex of fetus. It prohibits even advertisement relating to pre-natal determination of sex and has prescribed severe punishment for any individual doing so. Strict guidelines have been issued in the Act for the State Government and Central Government for the implementation of the Act effectively. The implementation of the act remained very poor till the order of Supreme Court dated 4/5/2001 as a result of PIL filed by an NGO, CEHAT (Centre for Enquiry into Health and Allied Themes), Bombay. The court had also observed that amendments to the PNDT act were necessary. And the title of the act was suitably amended to read as “An Act to provide for the prohibition of sex selection, before or after conception, and for regulation of prenatal diagnostic techniques for the purpose of detecting abnormalities or metabolic disorders or chromosomal abnormalities or certain congenital malformations or sex linked disorders and for the prevention of their misuse for sex determination leading to female foeticide and for matters connected therewith or incidental thereto.”

All bodies, under PNDT Act, namely Genetic Counseling Centre, Genetic Laboratory or Genetic Clinic **cannot** function unless registered.

Every application for registration shall be made to Chief Medical Officer of the district. The PNDT Act is a Comprehensive piece of legislation which prohibits misuse of Pre-Conception and Pre-Natal Diagnostic Techniques for determination of sex of the fetus leading to female foeticide as also detection or determination of sex. The Act also specifies the punishment for violation of its provisions.

Complaints of violations of any provisions of the Act can be lodged by anybody with the Appropriate Authority.

***PC & PNDT implementation in context of Sikkim:***

**Status of Sex Ratio in Sikkim**

|  |  |  |
| --- | --- | --- |
| Year (Census) | Sikkim | National |
| Adult | | |
| 1981 | 835 | 934 |
| 1991 | 878 | 927 |
| 2001 | 875 | 933 |
| 2011 | 890 | 940 |
| 0-6 years | | |
| 1981 | 978 | 979 |
| 1991 | 965 | 945 |
| 2001 | 963 | 927 |
| 2011 | 957 | 914 |

**DISTRICT WISE SEX RATIO**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **District** | **Adult Sex Ratio** | | **0-6 years Sex Ratio** | |
| **2001** | **2011** | **2001** | **2011** |
| Sikkim | 875 | 890 | 963 | 957 |
| East | 844 | 872 | 964 | 946 |
| West | 929 | 941 | 967 | 950 |
| North | 752 | 769 | 991 | 897 |
| South | 927 | 914 | 1036 | 948 |

Socio-culturally the indigenous populations of Sikkim (Bhutias, Lepchas and Nepalese) have no gender bias and do not have practices prevalent in some other part of the country like exorbitant dowry and the belief that only son can perform last rites or men are the bread earner of the family etc. But we have also a considerable size of population who are from the region where above practices and beliefs mentioned are highly prevalent. Mild preferences for son have been reported by NFHS 2 survey among married women in Sikkim. In another survey conducted among married men from rural Sikkim, mild preference for boy child has been reported. In Sikkim we do not have any data or studies to say whether Female foeticide or sex selective abortion is prevalent or not. But the sex ratio as per NFHS 2 was 942-females/ 1000 males which among the best in the country. And in 0-6 yrs group sex ratio is 963 females/ 1000 males (2001 census), which is one of the best sex ratio in the country.

PNDT Act was brought into operation in the state of Sikkim since 1996. The following Statutory Bodieshave been constituted and actually functioning for effective implementation of the Act as per the PC & PNDT Act, 1994 GoI guidelines.

1. State Supervisory Board under the Chairmanship of Hon’ble Minister (Health)
2. State Advisory Committee under the Chairmanship of Director Health Services-I, Government of Sikkim
3. District Advisory Committee under the Chairmanship of Chief Medical Officers
4. Three Member State Appropriate Authorities under the Chairmanship of Joint Director (RCH)
5. Three Member District Appropriate Authorities under the Chairmanship of Chief Medical Officers

**The function of the State Supervisory Board :-**

1. To createpublic awareness against the practice of pre-conception sex selection and pre-natal determination of sex of foetus leading to female foeticide in the state;
2. To review the activities of the appropriate authorities functioning in the state and recommend appropriate against them;
3. To monitor the implementation of provisions of the Act and the Rules and make suitable recommendations relation thereto, to the Board;
4. To send such consolidated reports as may be prescribed in respect of the various activities undertaken in the state under the Act to the Board and the Central Govt.; and
5. Any other functions as may be prescribed under the Act.

**The functions of the Appropriate Authority:-**

1. To grant, suspend or cancel Registration of a Genetic Counselling Centre, Genetic Laboratory or Genetic Clinics;
2. To enforce Standards prescribed for the Genetic Counselling Centre, Genetic Laboratory or Genetic Clinics;
3. To investigate complains of breach of the provisions of this Act for the Rules made there under and take immediate action;
4. To seek and consider the advice of the Advisory Committee, constituted under Sub-section (5), on suspension or cancellation of Registration;
5. To take appropriate legal action against the use of any sex selection technique by any person at any place, suo-motto or brought to its notice and also to initiate independent investigations in such matter;
6. To create public awareness against the practice of sex selection or pre-natal determination of sex;
7. To supervise the implementation of provisions of the Act & Rules;
8. To recommend to the central Supervisory Board and State Board modification required in the Rules in accordance with charges in technology or Social Conditions;
9. To take action on the recommendations of the Advisory Committee made after investigation of complaint for suspension if cancellation of registration.

The function of the advisory committee is to aid and advice the appropriate authority in the discharge of its functions under the provision of the PC & PNDT Act.

**PC & PNDT Status:**

Since 2011-12 under National Rural Health Mission, a functional PNDT Cell at the state level managed by Joint Director (RCH), SPM and DEO is in place. The reports from all the districts are collected and compiled by the cell and submitted to GoI on quarterly basis. Further to strengthen the Cell in terms of legal matter, the posting of Legal Advisor and Data Manager (Monitoring & Evaluation) has been proposed in PIP 2014-15.There are a total of twenty four USG Clinicin the state (12 private and 12 public).Regular meeting of State Advisory Committee and District Advisory Committee being conducted along with awareness generation on the Act implementation is being continued

ANNEXURE I

***LIST OF ULTRASOUND MACHINE IN THE STATE (SIKKIM) 2013-14***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of the District | Total no. of registered units in the district | No. of Ultrasound machine available in the registered MMU | Location of Ultra-Sound Units | |
| State Government | Private |
| Headoffice | 8 |  | STNM Hospital Ultrasound clinic radiology Department  STNM Hospital Obstetric Department | Central referral hospital, 5th mile Tadong  Jagrati Diagnostic  City Diagnostic Centre, Tadong  Ashirwad clinic 5th mIle  Sukhim Diagonistic and Research Centre  Ruchi Diagnostic |
| East | 5 | 1 | 1. District Hospital Singtam 2. Mobile Mecical Unit 3. Pakyong PHC | 1. Project Hospital Teesta Stage V 2. Dr. Anup Clinic Singtam Bazar 3. Kanchenjunga Diagnostic & Ploy Clinic Center |
| West | 1 | 1 | 1. District Hospital Gyalshing 2. Mobile Medical Unit |  |
| North | 2 | 1 | 1. District Hospital Mangan 2. Mobile Medical Unit | 1. Bhavishya Bharat Foundation |
| South | 4 | 1 | 1. District Hospital Namchi 2. District Hospital Namchi 3. Mobile medical Unit | 1. Sikkim x-ray Clinic Jorethang 2. M/S Sister & Sister’s diagnostic Centre Namchi Bazar |
| Total | 20 | 4 |  |  |

**Name of the clinic and its user:**

**HEAD OFFICE:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the District** | **Sl. no** | **Name of clinic** | **Name of technician handling the USG** |
| Head Office | 1 | STNM Hospital ultrasound clinic radiology Department | Dr. K. Giri |
| 2 | Central referral Hospital, 5th Mile Tadong | Dr. S.K. Khanna |
| 3 | Ruchi Diagnostics & Clinics (P) Ltd | Dr. K. Giri |
| 4 | Obstetric Department/ STNM Hospital |  |
| 5 | Jagriti-KTS Diagnostic & Polyclinic Centre, | Dr. Robina Bhandari, |
| 6 | Sukhim diagnostics & research center Pachay house compound , Nam nang Road, Gangtok | Dr Tenzing K Tonyot |
| 7 | City Diagonistic Centre, Tadong | Dr. O.P. Dhakal |
| 8 | Ashirwad Clinic, 5th Mile | Dr Neeti Nepal |
| East | 1 | Project Hospital Teesta Stage-V | Dr. Binit Sekhar |
| 2 | Singtam Clinic, Singtam Bazar | Dr. Rubina Bhandari |
| 3 | District Hospital Singtam | Dr M.P Sharma |
| 4 | Mobile Medical unit | Dr M.P Sharma |
| 5 | Pakyong PHC | MO i/c Pakyong |
| 6 | Kanchendzonga Diagnostic & Ploy Clinic Center | Dr. K Nath, MD (Radiology) |
| North | 1 | OBG Clinic DHM | Gynaecologist |
| 2 | Bhavishya Bharat Foundation | Gynaecologist |
| 3 | MMU, North | Gynaecologist |
| West | 1 | District Hsopital Gyalshing | Dr. Tukki Gynaecologist |
| 2 | Mobile Medical Unit | MO i/c MMU |
| South | 1 | District Hospital Namchi | Dr. Annie Rai |
| 2 | District Hospital Namchi | Dr. Annie Rai |
| 3 | Mobile Medical Unit | Dr. Annie Rai |
| 4 | Sikkim x-ray clinic Jorethang | Dr. P.M. Jaiswal |
| 5 | M/S Sister & Sister’s Diagnostic centre Namchi basar | Dr. Annie Rai/ Dr. Rajesh |

**Activities carried out in 2013-14:**

|  |  |  |  |
| --- | --- | --- | --- |
| 2013-14 | 1. Orientation of PC & PNDT Act at Head Quarter | 12.12.13 | * Chaired by Mission Director (NHM) |
| 1. Inspection visit of District Hospital Singtam, MMU, Kachendzonga Diagnostic & Poly Clinic Centre | 18/12/13 | * Machine inspected and model No. was checked. * Reports of USG done collected & checked * Inspection conducted along with CMO(E) * Sign boards of no sex determination found in prominent place |
| 1. Inspection visit District Hospital Mangan, MMU | 19/12/13 | * Machine found and checked * Sign boards of no sex determination found in prominent place |
| 1. Inspection visit of District Hospital Namchi, MMU, M/s Sisters & Sisters | 24/12/13 | * Inspection conducted along with DRCHO/S * Renewal of registration done |
| 1. Inspection visit of District Hospital Gyalshing & MMU | 21/12/13 | * Machine found and checked * Sign boards of no sex determination found in prominent place |
|  | 1. Review meeting with the DC at West | 8/7/13 | * Meeting held at Conference Hall, DH Gyalshing * Chaired by DC (West) * D/D (HRDD), SDPO (Gyalshing), President NGO/PTDA also attended the meeting along with CMO, DRCHO, DSO, Gyanecologist and all MO I/c of PHCs. |
|  | 1. Review meeting with the DC at South | 24.4.13, 22.8.13, 21.10.2013, 21.12.2013 & 24.2.14 | * Chaired by DC (South) * DIO (S) & General Secretary (DRISHTI/NGO) also attended the meeting along with CMO, DRCHO, Radiologist & Legal Advisor, Gyanecologist and Paediatrcian. |

**List of Chairperson of State/ District Level Appropriate Authorities under PC & PNDT Act 1994, Sikkim State as per Government Order notification no.99/HC,HS & FW dated 17/9/2013**

|  |  |  |
| --- | --- | --- |
| **Sl.No.** | **Name Address/ Designation** | **Telephone no.** |
| 1 | Dr. Bimal Rai, C.M.O South,  District Appropriate Authority (PNDT),  District Hospital Namchi, South Sikkim,  Department of Health Care, Human Service and Family Welfare. | 9434011500 |
| 2 | Dr. Thinlay Wongyal, C.M.O West,  District Appropriate Authority (PNDT),  District Hospital Gyalshing, West Sikkim,  Department of Health Care, Human Service and Family Welfare. | 9733076770 |
| 3 | Dr. T. Laden, C.M.O East,  District Appropriate Authority (PNDT),  District Hospital Singtam, East Sikkim,  Department of Health Care, Human Service and Family Welfare. | 9434178992 |
| 4 | Dr. D. S Kerongi, C.M.O North,  District Appropriate Authority (PNDT),  District Hospital Mangan, North Sikkim,  Department of Health Care, Human Service and Family Welfare. | 9434136948 |
| 5 | Dr. Namgay Shenga, Joint Director (RCH),  State Appropriate Authority (PNDT),  Department of Health Care, Human Service and Family Welfare,  Government of Sikkim. | 9434338717 |

**B. National Iodine Deficiency Disorder Control Programme**

NIDDCP at the State level is a 100% CSS Programme launched in 1962 and renamed as National Iodine Deficiency Disorder Control Programme in 1992 with a view to cover the wide spectrum of iodine deficiency disorders. The objectives of the scheme are as follows:-

- Laboratory monitoring and iodated salt and urinary iodine excretion

- To supply iodated salt in place of common salt

- Surveys & Resurveys to assess the extent of IDDs and the impact of iodated salt.

- Impact of use of iodated salt.

- Health Education & Publicity

- The goal is to reduce the prevalence of IDD to <10% in the entire

Country.

**1. Infrastructure mechanism and activities:**

The different components of the NIDDCP for implementation activities are IDD control Cell, IDD Monitoring Laboratory, Publicity & Health Education and Surveys & Resurveys.

**A.IDD Control cell:**

The IDD Control Cell based at the STNM Complex (NHM Building) is created for proper implementation and effective monitoring of the programme. At the districts the implementation activities are carried out by the CMO who are the Nodal Officer for the programme. Apart from conducting IDD survey it is also sensitizing all health functionaries including AWW, ASHA and Salt retailers on Iodine Deficiency Disorder its consequences and prevention. The Sanctioned post for IDD Cell is as under:

|  |  |  |
| --- | --- | --- |
| **IDD Control Cell** | **Manpower** | **Posts** |
| Technical Officer | 1 | Filled |
| Statistical Assistant | 1 | Filled |
| LDC | 1 | Filled |

**B. IDD Monitoring Laboratory:**

A regular monitoring and evaluation of iodated salt sample at both consumers and retailer’s level is being carried out to monitor the quality of the iodized salt at IDD monitoring laboratory which was established at STNM hospital complex in 2009.

A minimum of fifty salt samples from each district is being collected and analyzed monthly as per the GoI Policy Guidelines 2006. A total of 2400 salt samples were analyzed in the IDD Monitoring laboratory in 2013-14 where 99.45% were found to be adequately iodized.(>15ppm)

Urinary Iodine Excretion estimation has also been taken up in this laboratory since 2009. A total of 25 samples each district is being collected and analyzed and reports are forwarded to GOI on monthly as per the GoI guidelines. A total of 1200 samples are collected out of which 1199 were found up to the standard i.e. >=100 mg/l.

The Sanctioned post for IDD Lab is as under:

|  |  |  |
| --- | --- | --- |
| **IDD Monitoring Lab** | **Manpower** | **Posts** |
| Lab technician | 1 | Filled |
| Lab Assistant | 1 | Filled |

**C. Surveys and resurveys:**

The surveys are conducted for assessing the magnitude of Goiter and other Iodine Deficiency Disorders. It is conducted as per the guidelines of Government of India. The resurvey is carried out every five years to assess IDD and to assess impact of use of iodated salt.

The prevalence of goiter was found to be 14.17% in 2006-07 and 13.73 in 2009-10 survey report. Resurvey was conducted in the north district in the year 2011-2012 wherein the prevalence was found to be 2.33% in this district it was even conducted in the East and South District wherein the prevalence was found to be 4.9 and 6.1 respectively. However the state as a whole is still endemic for IDD as a district is said to be endemic if the goiter rate is above 5% among children of age group 6 to 12 years surveyed. A resurvey is being conducted in the West district which will be completed by July 2014.

**Prevalence of IDD in Sikkim according to the survey/ resurvey since 1982 to 2012-14.**

|  |  |  |
| --- | --- | --- |
| **Year of Survey** | **Goiter (%)** | **Cretinism (%)** |
| 1982 (ICMR) | 56.6 | - |
| 1989-91 | 54.03 | 3.46 |
| 1998-99 | 16.08 | 1.8 |
| 2006-07 | 14.17 | - |
| 2009-10 | 13.37 | - |
| 2011-12 | 2.33 (north district) | - |
| 2013-14 | 4.9 ( East district) | - |
| 2013-14 | 6.1 ( South District) | - |

**2. Physical Achievements**

1. **Percentage of households consuming adequately iodized salt as per salt sample analysis report from the Monitoring Laboratories for the last five years.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year | Consumers and Retailers | | Total | Remarks (%) |
| >15 ppm | <15 ppm |
| 2009- 10 | 1824 | 76 | 1900 | 96.00 |
| 2010- 11 | 2350 | 50 | 2400 | 97.70 |
| 2011-12 | 2335 | 15 | 2350 | 99.36 |
| 2012-13 | 2366 | 34 | 2400 | 98.58 |
| 2013-14 | 2387 | 13 | 2400 | 99.45 |

1. **District Wise break up of Salt Sample Analysis report 2013-2014**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Consumers** | | **Total** | **Retailer** | |  |
| >15 ppm | <15 ppm | >15 ppm | <15 ppm | Total |
| **EAST** | 479 | 01 | 480 | 120 | 00 | 120 |
| **NORTH** | 475 | 05 | 440 | 119 | 01 | 120 |
| **SOUTH** | 479 | 01 | 480 | 120 | 00 | 120 |
| **WEST** | 477 | 03 | 480 | 118 | 02 | 120 |
| **TOTAL** | **1910** | **10** | **1920** | **477** | **03** | **480** |

**c. Details of UIE estimation report for 2013-14**

|  |  |  |  |
| --- | --- | --- | --- |
| **Median Value mg/l** | **2013-14** | **Percentage** | **Remark** |
| **<20mg/l**  **( Sever)** | **1** | **0.08%** | A total of 100 sample/month is being collected  and analyzed |
| **20-49 (Moderate)** | **622** | **51.83%** |
| **50-99mg/l**  **(mild)** | **377** | **31.41%** |
| **>=100mg/l (No deficiency)** | **200** | **16.7%** |
| **Total** | **1200** |  |

**3. Publicity and Health education**

**a : Orientation Training Camp**

Sensitization of Health functionaries including Medical Officer, Health workers ASHA, AWW are being conducted under the programme. Programmes are organized throughout State for Health Functionaries including M.O .A total of 10 sensitization programme was conducted for Health workers in 2013-14 where about 300 HW/ASHA/AWW were sensitized in all the four districts.

**b: Global IDD Prevention Day celebration**

Global IDD Prevention day is celebrated for awareness generations in the State and districts on 21st October every year. This year the programmes were conducted at schools and ICDS Centers by IDD cell, and at the district by the CMO and respective MO in coordination with the district IEC division. Leaflets and pamphlets on IDD were also distributed. GIDDP Day celebration will be conducted in the areas were urine samples are found to be Moderate and mild in the year 2013-14.

**c : Hoardings**

Hoardings were displayed in 5 PHCs and 69 PHSCs. Display of Hoardings in the under construction PHCs will be taken up in the year 2014-15

The list of PHCs and PHSCs where hoarding were displayed are given as under.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.no** | | **List of PHCs** | | | |  | | | |
| 1 | | Hee Gyathang | | | |  | | | |
| 2 | | Samdong | | | |  | | | |
| 3 | | Machong | | | |  | | | |
| 4 | | Tokal Bermiok | | | |  | | | |
| 5 | | Rinchenpong | | | |  | | | |
|  | | | | | | | | | |
| **Sl.no** | **List of PHSCs**  **(North)** | | **Sl.no** | **List of PHSCs** | **Sl.no** | | **List of PHSCs** | **Sl.no** | **List of PHSCs** |
| 1 | Phenshong | | 10 | Samdong kaluk | 8 | | Ralong | 8 | Assam lingzey |
| 2 | Kabi tingda | | 11 | Chakung | 9 | | Sadaphamtey | 9 | Pangthang |
| 3 | Tingchim | | 12 | Dodak | 10 | | Tinkitam | 10 | Penlong |
| 4 | Rame thang | | 13 | Singling | 11 | | Polot | 11 | Dangeythang |
| 5 | Gor | | 14 | Naya bazaar | 12 | | Kewzing | 12 | Khamdong |
| 6 | Lingdong | | 15 | Chumbong | 13 | | Chemchey | 13 | Ranka |
| 7 | Naga | | 16 | Radukhandu | 14 | | Damthang | 14 | Martam |
| 8 | Sigik | | 17 | Bongten | 15 | | Salghari | 15 | Rumtek |
|  | **WEST** | | 18 | Karmatar farek | 16 | | Nandu gaon | 16 | Simik lingzey |
| 1 | Kamling | | 19 | Melli aching | 17 | | Kitam | 17 | Subaney |
| 2 | Legship | |  | **SOUTH** |  | | **EAST** | 18 | Lamaten |
| 3 | Darap | | 1 | Mangley | 1 | | Makha | 19 | Padamchen |
| 4 | Pelling | | 2 | Sripatam | 2 | | Raley khesi | 20 | Rolep |
| 5 | Reshi | | 3 | Lingmoo | 3 | | Lower berming | 21 | Rorathang |
| 6 | Gangyap | | 4 | Ratey pani | 4 | | Barapathang | 22 | Ranipool |
| 7 | Daramdin | | 5 | Purbing | 5 | | Nandok | 23 | Tumlabong |
| 8 | Siktam tikpur | | 6 | Phungla | 6 | | Basilakha | 24 | Middle camp |
| 9 | Bermiok | | 7 | Sadam | 7 | | Aho | 25 | Sumin |

**4. Financial Progress for last five years.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Year** | **1st Qtr** | **2nd Qtr** | **3rd Qtr** | **4th Qtr** | **Total**  **expenditure** | **Total Grant received** | **Allocation for the year** | **Unspent** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** |
| **2009-10** | **4.30** | **2.65** | **7.73** | **3.75** | **18.43** | **10.30** | **38.00** | **0.14** |
| **2010-11** | **3.25** | **2.96** | **8.41** | **6.79** | **21.41** | **34.53** | **38.00** | **13.98** |
| **2011-12** | **3.60** | **14.19** | **2.57** | **7.39** | **27.75** | **20.87** | **38.00** | **7.10** |
| **2012-13** | **3.46** | **3.79** | **12.80** | **6.07** | **26.12** | **21.96** | **31.50** | **2.94** |
| **2013-14** | **4.08** | **3.64** | **12.55** | **16.65** | **36.92** | **37.06** | **66.00** | **0.14** |

**Future plans for the year 2014-15**

1. **Survey**

* Survey to estimate of T3/T4 level to see the level of Hypothyroidism and hyperthyroidism in children between 6-12 years to be proposed. Since we have been estimating level of Urine Iodine excretion and consumption of iodized salt every month from the PHCs and District of Sikkim and regular survey and resurvey of the district and State are being conducted.

1. **IEC**

* IEC on IDD will be given at VHND with ASHAs / Panchayats / Volunteers and Health workers will be utilized for the same. Collection of salt sample by ASHAs during VHND.
* GIDDP celebration in the area which has children with goiter or lack of knowledge on IDD or salt storage at the retailer/Consumer level is unsatisfactory. The area of celebration will be based on

A:. No. of children with goiter (reporting from RBSK/)

B: Report of Monthly sample collection of urine and salt by the state and ASHAs

* Sensitization and involvement of Panchayats/ School teachers/NGOs on the use of iodized salt and quality preservation by retailers at Districts/PHC / Block Level
* Co-ordination with the RBSK monthly reporting (School Health) to know the no. of children (6-12 yrs) suffering from Goiter/ IDD in schools and taking action thereafter.
* Awards to be given to the Retailers those taking good care of salt storage.
* Organization of CMEs /Panel discussions / Street Plays on IDD at the State and District level.
* Co-ordination with the Food and Civil supplies and Nutrition Department for quality assurance.

**C. Integrated Disease Surveillance Programme.**

India has long experienced one of the highest burdens of infectious diseases in the world, fueled by factors including a large population, high poverty levels, poor sanitation, and problems with access to health care and preventive services. It has traditionally been difficult to monitor disease burden and trends in India, even more difficult to detect, diagnose, and control outbreaks until they had become quite large. In an effort to improve the surveillance and response infrastructure in the country, in November 2004 the Integrated Disease Surveillance Project (IDSP) was initiated with funding from the World Bank. Given the surveillance challenges in India, the project seeks to accomplish its goals through, having a small list of priority conditions, many of which are syndrome-based at community and sub center level and easily recognizable at the out patients and inpatients care of facilities at lowest levels of the health care system, a simplified battery of laboratory tests and rapid test kits, and reporting of largely aggregate data rather than individual case reporting. The project also includes activities that are relatively high technology, such as computerization, electronic data transmission, and video conferencing links for communication and training. The project is planned to be implemented all over the country in a phased manner with a stress on 14 focus states for intensive follow-up to demonstrate successful implementation of IDSP.

***In Sikkim, Integrated Disease Surveillance Programme was launched in Ph III (2006-07) on 1st April 2006.***

Currently surveillance is working on three aspects of diseases surveillance.

*          **Syndromic** - Diagnosis made on the basis clinical pattern by paramedical personnel and members of community. This include fever, fever with rashes, fever with bleeding, diarrhea without dehydration, diarrhea with so much dehydration, diarrhea with blood, cough less than 3 weeks and more than 3 weeks, fever with daze or semi/unconsciousness.
*          **Presumptive** - Diagnosis is made on typical history and clinical examination by medical officers. This includes Acute Diarrheal diseases, Acute Respiratory Diseases, Measles, Chicken Pox, Dengue, Bacillary Diarrhea, Viral Hepatitis, Enteric fever, Malaria, Chikungunya fever, Acute Encephalitis syndrome, meningitis, diphtheria, pertusis, pneumonia, Fever of unknown Origin, acute paralysis,dog-bite, snake bite, diabetes, Hypertension, cardio vascular diseases, and motor vehicle accidents.
*          **Confirmed** - Clinical diagnosis by medical officer and or positive laboratory identification. This includes typhoid fever, dengue, hepatitis, malaria, tuberculosis, cholera, shigella dysentery, diphtheria, chikungunya, meningococcal meningitis, leptospirosis and others.

Apart from these diseases, in 2010 IDSP included some of the non- communicable diseases/syndrome for its surveillance. They were diabetes, hypertension, cardio vascular diseases, and motor vehicle accidents.

**CORE CONDITIONS UNDER SURVEILLANCE IDSP (SIKKIM).**

|  |  |
| --- | --- |
| **REGULAR SURVEILLANCE**: | |
| Vector Borne Disease | Malaria, Dengue. |
| Water Borne Diseases | Acute Diarrhoeal Dysentery, Typhoid, Hepatitis E. |
| Respiratory Diseases | Tuberculosis. |
| Vaccine Preventable Diseases | Measles, Meningitis, Enteric fever. |
| Diseases under eradication | Measles, Meningitis, Enteric fever. |
| Other Conditions | Road Traffic Accidents. |
| Other International commitments | Polio |
| Unusual clinical syndromes | Resp.distress, Hemorrhagic Fevers, other undiagnosed conditions. Suicides/ Homicides. |
| **SENTINEL SURVEILLANCE:** | |
| Sexually transmitted diseases/Blood borne | HIV/HBV/ HCV. |
| Vaccine Preventable Diseases | Meningitis/Enteric fever/Measles. |
| Other Conditions | Water Quality. (During Monsoon). |
| **STATE SPECIFIC DISEASES** | |
| Alcoholic liver Diseases, ARI, Scrub Typhus, Cardiovascular Diseases, Diabetes, Hypertension. | |

**Table 1. Table showing core conditions Surveillance.**

**STATE SURVEILLANCE UNIT**

State Surveillance Unit of IDSP Sikkim has its head office at the basement of NHM Building, STNMH Complex, Gangtok East Sikkim where the office is linked by V-SAT.

The State Surveillance Unit is managed by the Programme Officer/ State Surveillance Officer (SSO). The SSO is assisted by Epidemiologist, Entomologist, Data Manager and two Data Entry Operators.

**DISTRICT SURVEILLANCE UNIT**

District Surveillance Unit is established in all 4 District in the District Hospital i.e. East, West, North and South. The Microbiologists of the District are appointed as DSO’s District Surveillance Officers (in South & West). The DSO is assisted by Data Manager, Data Entry Operator and Microbiologists ( in North & West ).

**Physical Activities**

**Human Resource Development** – To provide better technical expertise to system GOI has provided contractual staffs (Epidemiologist, Entomologist, Financial consultant, Microbiologists, Data Managers, Data Entry operators and others).

During the financial year 2013-14 one epidemiologist for the State, Microbiologist (District) Financial Consultant & Data Manager were appointed. A total of 21 staffs are functioning in IDSP out of which 16 staffs are on Contractual Basis. There is also a provision of capacity building for all human resource available in the State through routine training of health care workers involved in IDSP. For this purpose GOI provides a separate fund.

For capacity building IDSP (SSU) endeavors to specialize Human Resource by conducting training programme for different categories of health staffs during the fiscal year.

Printed training modules for all categories are provided during the training. Training curriculum includes organizational structure, epidemiology of epidemic prone diseases, case definitions, entomological aspects of disease vectors, reporting formats, lab procedures preparedness for disease outbreaks and response.

Training and orientation programme are participated by IDSP Staffs and RRT (Rapid Response Teams) outside the State i.e. at N.C.D.C., Delhi, B.J Medical College, Pune and AIIPH Kolkata.

**Table2: Manpower of IDSP, Sikkim**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DESIGNATION** | **SSU** | **DSU** | **MEDICAL COLLEGE.** | **TOTAL** | **NATURE OF POST** | **STATUS** |
| SSO | 1 |  |  | 1 | Regular | Active |
| DSO |  | 4 |  | 4 | Regular | Active |
| Epidemiologist | 1 |  |  | 1 | Contractual | Active |
| Entomologist |  | 1 |  | 1 | Contractual | Active |
| Financial Consultant | 1 |  |  | 1 | Contractual | Active |
| Data Manager | 1 | 4 |  | 5 | Contractual | Active |
| Data Entry Operator | 1 | 4 | 1 | 6 | Contractual | Active |
| Microbiologist |  | 2 |  | 2 | Contractual | Active |

**Table 3: Capacity building (Workshops and training) –**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl NO** | **Trainees** | **Year of Training** | **Total Trained** |
| 1 | MO | ***2013-14*** | ***21*** |
| 2 | ASHA/ AWW | ***2013-14*** | ***55*** |

**REPORTING SYSTEM.**

There are total 219 reporting units under IDSP in Sikkim, they are 148 PHSC’s, 24 PHC’s, 6 Urban Health Centre’s, 1 Private Practitioner, 4 Private Labs,1 Medical College, 4 District Hospital’s & State Hospital (STNMH).

There are total of 31 Reporting Units for P-Form, 154 Reporting Units for S-Form and 34 Reporting Units for L-Form.

Reports are sent to Central Surveillance Unit weekly from State Surveillance Unit on Friday as weekly reports are prepared by reporting units on every Monday which covers data of previous week beginning from Sunday and ending on Saturday.

Data on Presumptive Surveillance are collated from OPD and IPD registers of District Hospitals, State Referral Hospital, PHC’s, Medical College and Private Practitioner.

While Syndromic Surveillance is collected from PHSC’s & Urban Health Centre.

Laboratory Surveillance are collected from District Hospitals, State Referral Hospital (STNMH), PHC’s, Medical College and Private Labs.(Gangtok).

Reporting on four Non-Communicable diseases has been added in the P-form for integrating the diseases (*Hypertension*, *Cardiovascular diseases, diabetes, and Motor vehicle accidents*) from May 2010. Rabies Surveillance was started from May 2012.

Vaccine Preventable Disease (VPD) Surveillance will be included in the next phase as informed by GOI

Also Reporting of suicidal cases has been included since 2013.

**Table 4: Showing reporting units of different surveillance forms.**

|  |  |  |
| --- | --- | --- |
| **P-Form** | **S-Form** | **L-Form** |
| 4 District Hospitals ,  24 PHC,  1 Private Practitioner State Referral Hospital & Medical College. | 148 PHSC’s & 6 Urban Health Centre | 4 District Hospitals, State Referral Hospital, 24 PHC’s, 1Medical College and 4 Private Labs. |
| Total: 31 RU | Total:154 RU | Total: 34 RU |

**\*\*\***RU=ReportingUnit

**Table 5: Showing reporting form and year of reporting.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl. NO | District / State | P | L | S | Year of start of Reporting |
| 1 | State | 1 | 1 | 0 | June 2008 |
| 2. | Medical College Manipal | 1 | 1 | 0 | June 2008 |
| 3. | East | 8 | 8 | 48 | June 2008 |
| 4. | West | 8 | 8 | 41 | June 2008 |
| 5. | North | 5 | 5 | 19 | June 2008 |
| 6. | South | 7 | 7 | 39 | June 2008 |
| 7. | Private Practitioner and Labs | 3 | 3 | 0 | 2009 |
| 8 | Private Lab(Gangtok) | 0 | 1 | 0 | April 2012 |
| 9 | Urban Health Post | 0 | 0 | 6 | April 2012 |

**Strengthening of Public Health Laboratories** –

In order to strengthen the laboratory facilities to support IDSP, GOI has provided human resources, various kits for efficient diagnosis and fund for infrastructural development. At present IDSP is supplying the facilities to the laboratories in most of the State based health institutions (24 L-PHC, 4 L-district, 1 in STNM and 1 in CRH, Tadong).

**State and District Public Health Laboratory:**

Microbiology laboratory of STNM Hospital is identified as State Priority Laboratory under IDSP while the labs of district hospitals are identified as District Public Health Laboratory.

IDSP provides emergency kits as and when required during disease outbreak and help to transport samples outside the state for testing during epidemic / outbreaks.

Minor civil works were done and equipments are also provided by IDSP to the District Priority Laboratory and district peripheral laboratories.

**Table 6**: **Status of Labs.**

|  |  |  |
| --- | --- | --- |
| **Sl. NO** | **District / State** | **Laboratory** |
| 1 | State | STNM |
| 2. | Medical College Manipal | CRH |
| 3. | East | 8 PHC and 1 District Lab |
| 4. | West | 7 PHC and 1 District Hospital |
| 5. | North | 3 PHC and 1 District Hospital |
| 6. | South | 6 PHC and 1 District Hospital |
| 7. | Private Labs | 4 Private Practitioner Labs in the State. |

**Use of Information Technology** – **INFORMATION, TECHNOLOGY AND REPORTING.**

IDSP Sikkim is supported by IT networks for smooth functioning of reporting. Data Centre is present in all 4 districts and State.

V-SAT/EDU-SAT is present at State while EDU-SAT is provided at 4 Districts and Medical College. Routine data is entered through the web based IDSP-portal (***www.idsp.nic.in***),

The V-SAT is installed at State (SSU), Medical College, East District, South District &West District due to

incomplete EDU-SAT equipment at North Sikkim the EDU-SAT is uninstalled also due to the renovation of Manipal, Hospital Specialty ward the IDSP Unit at SMMIS, the EDU-SAT is non-functional.

Presently due to upgradation of Satellite at Central Level the V-SAT & EDU-SAT signal is disrupted at all the centers of Sikkim.

Every Friday Video Conference is held between SSU (Sikkim) & CSU (Delhi) GoI at V-SAT Room STNM Hospital, Complex, Gangtok.

**Table 7. Showing status of EDU-SAT/ V-SAT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No** | **District / StateV** | **EDU SAT /VSAT** | **Broadband** |
| 1 | State | Installed | installed on 2012 |
| 2. | Medical College Manipal | Installed Not Working due to shifting of IDSP Cell. | Not installed |
| 3. | East | Installation incomplete | installed on 2008 |
| 4. | West | Installed \*\*\* | installed on 2008 |
| 5. | North | Not installed due to lack of Equipments. | installed on 2008 |
| 6. | South | Installed \*\*\* | installed on 2008 |

\*\*\* EDUSAT & VSAT facilities have been disrupted from the CSU due to poor signal across the country.

**OUTBREAK INVESTIGATION.**

Instantaneously unusual increase in incidence of disease is noticed in Surveillance reports received from District level and State Rapid Response Team and District Rapid Response Team investigate the epidemics.

Total number of six outbreaks was recorded in the State during the year 2013-14

Sikkim witnessed Dengue outbreak on August 2013 after 10 years, which occurred in 2004 at Jorethang, the dengue cases were reported from three districts except North District and bordering areas of West Bengal. The confirmed cases were 202 in numbers.

**Table 9: Total Outbreaks reported during the year 2013-2014**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No** | **District / State** | **P** | **L** | **S** | **Year of start of Reporting** |
| 1 | State | 1 | 1 | 0 | Jun-08 |
| 2 | Medical College Manipal | 1 | 1 | 0 | Jun-08 |
| 3 | East | 8 | 8 | 48 | Jun-08 |
| 4 | West | 8 | 8 | 41 | Jun-08 |
| 5 | North | 5 | 5 | 19 | Jun-08 |
| 6 | South | 7 | 7 | 39 | Jun-08 |
| 7 | Private Practitioner and Labs | 3 | 3 | 0 | 2009 |
| 8 | Private Lab(Gangtok) | 0 | 1 | 0 | Apr-12 |
| 9 | Urban Health Post | 0 | 0 | 6 | Apr-12 |

**Graphical** **Analysis Comparison of disease surveillance data for the year 2012-13 ,2013-14.**

In the year 2013, Sikkim recorded the highest cases of Chicken pox and Motor Vehicle Accident and lowest cases of Measles as compared to 2012.

In 2012 the Chicken pox and Motor Vehicle Accident were recorded as 43% each while it increased with 14% recording to 57% in 2013.

The cases percentage declined in 2012 as compared to 2013 in the State are ARI, Snake Bite and Enteric Fever with 2%,ADD, CVD with 4%, Bacillary Dysentery, Diabetes and Hypertension with 14 %, Viral Hepatitis and Pneumonia with 20% and Measles with 32%.

The cases of Dengue, Tuberculosis and Scrub Typhus has increased in 2013 as compared to 2012 while the Malaria cases has declined.

**Pie chart showing comparison of Communicable Diseases and Non- Communicable Disease of State Sikkim under IDSP**

**0.1 ACUTE DIARRHEAL DISEASE.**

­

**02. BACILLARY DESENTERY.**

**03**. **VIRAL HEPATITIS**

**04. ENTERIC FEVER.**

**05. MEASLES.**

**06. CHICKEN POX.**

**07. ACUTE RESPIRATORY INFECTION (ARI).**

**08. PNEUMONIA.**

**09. DOG BITE.**

**10. SNAKE BITE.**

**11. DIABETIES.**

**12. HYPERTENSION.**

**13. MOTOR VECHILE ACCIDENT.**

**14. CVD**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Financial Status of IDSP for the year 2013-14** | | | | | | | | |
| Year | Approved Outlay | Opening Balance | Fund Received | | | Total Fund Available column (3+6) | Expenditure | Unspent Balance |
|  |  |  | Central | State | Total Col(4+5) |  |  |  |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 2013-14 | 85.48 | 3.97 | 30.00 | 8.00 | 38.00 | 41.97 | 38.12 | 3.85 |

**Financial Status of IDSP**

**Appraisal for PIP 14-15.**

For the financial Year 2014-15 IDSP Sikkim has proposed for 1 State Training Consultant, 3 Lab. Technicians 1 for District Priority Lab and 2 for District Peripheral Hospital Lab.

Regarding training IDSP has proposed for 2 batches Training for Medical Officers, 1 Batch for Pharmacist and MPHW, 2 batches for Lab. Technician regarding diagnostic techniques on Scrub Typhus, 5 batches of ASHA’s in all Districts.

Procurement of new computers at State and Districts, setting up of Entomological lab and Entomological & Sero- prevalence Survey of Scrub Typhus in the State has been proposed.

**D. NATIONAL LEPROSY ERADICATION PROGRAMME**

India achieved elimination (< 1/10,000 population) in the year 2005, (Sikkim in 2003) and at district level also out of a total of 649 districts, 528 districts have reached elimination.

The WHO’S “Enhanced Global strategy for further reducing the disease burden due to leprosy 2011 -15” focuses on reducing the disease burden in terms of reducing the occurrence of new cases and occurrence of grade-2 impairments and disabilities.

All the States are now also focusing on achieving elimination at block level. All blocks having ANCDR (Annual new case detection rate) of > 10/100,000 population are conducting Intensive case detection drive. Similarly in Sikkim, ICDD were carried out under Rangpo, Jorethang blocks &Gyalshing and one new case was detected from Jorethang.

Other issues that need to be addressed are removing the sense of complacency that seems to have set in the programme after initial success, strengthening of referral system, establishing expertise in clinical leprosy against the back drop of declining trends and finally improving IEC component of the programme by introducing innovative methods which are cost effective and sustainable.

**EPIDEMIOLOGICAL STATUS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Indicator** | **2007-08** | **2008-09** | **2009-10** | **2010-11** | **2011-12** | **2012-13** | **2013-14** |
| No. of New Case Detected | 27 | 29 | 20 | 16 | 20 | 19 | 18 |
| No. of New Cases Released from Treatment | 15 | 08 | 22 | 22 | 12 | 21 | 13 |
| MB % Among New Cases | 70% | 83% | 60% | 69% | 70% | 63% | 56% |
| Child % Among New cases | 7.4% | 0 | 0 | 12.5% | 5% | 15.7% | 11% |
| Female % Among New cases | 19% | 21% | 30% | 43% | 25% | 15.7% | 39% |
| Treatment Completion Rate | 55.5 | 36.36 | 84.3 | 64.70 | 84.84 | 82.3 | Report will be generated in July 2014 |
| No. of Suspected Relapse | 0 | 0 | 0 | 2 | 1 | 1 | 0 |
| Re-constructive surgery conducted | 0 | 0 | 0 | 0 | 0 | 5 patients | 1 patient |
| ANCDR/100000 population | 4.10 | 4.40 | 2.87 | 2.63 | 2.43 | 3.05 | 2.8 |
| PR/10000 population | 0.4 | 0.45 | 0.32 | 0.16 | 0.24 | 0.23 | 0.24 |

**STATUS ON DPMR**

**(DISABILITY PREVENTION AND MEDICAL REHABILITATION)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Indicators** | **2008-09** | **2009-10** | **2010-11** | **2011-12** | **2012-13** | **2013-14** |
| No. of reaction cases recorded | 05 | 04 | 03 | 05 | 11 | 5 |
| No. of grade-I disability | 01 | 02 | 01 | 01 | 01 | 0 |
| No. of grade-II disability | 0 | 01 | 02 | 05 | 02 | 1 |
| No. patient with eye involvement | 0 | 0 | 01 | 01 | 0 | 0 |
| No. of patient provide Footwear | 01 | 02 | 03 | 06 | 14 | 24 |
| No. of patient provided self care kit | 0 | 0 | 0 | 04 | 17 | 15 |
| Reconstructive surgery conducted | 0 | 0 | 0 | 0 | 5 | 1 |

**Annual Training Report 2013-14.**

**URBAN LEPROSY CONTROL (State H.Q.)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Types of Training** | **Category of personal** | **No. of Batches planned** | **No. of Batches trained** | **Balance** |
| 2 days refresher Training of | District Nucleus staff | 1 | 1 | 0 |

**East District**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl.No**. | **Types of Training** | **Category of personnel** | **No. of Batches Planned** | **No. of Batches trained** | **Balance** |
| 1 | 2 Days orientation Training | M.P.H.W. (M/F) | 2 | 2 | 0 |
| 2 | 1 Day refresher Training | ASHA | 5 | 5 | 0 |

**West District**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl.No**. | **Types of Training** | **Category of personnel** | **No. of Batches Planned** | **No. of Batches trained** | **Balance** |
| 1 | 1 Day orientation Training | ASHA | 8 | 8 | 0 |

**North District**

**South District**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl.No.** | **Types of Training** | **Category of personal** | **No. of Batches Planned** | **No. of Batches trained** | **Balance** |
| 1 | 2 Days refresher Training | M.P.H.W.(M/F) | 3 | 3 | 0 |
| 2 | 1 Day Training For | ASHA | 5 | 5 | 0 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl.No.** | **Types of Training** | **Category of personal** | **No. of Batches Planned** | **No. of Batches trained** | **Balance** |
| 1 | 2 Days orientation Training for | M.P.H.W.(M/F) | 2 | 2 | 0 |
| 2 | 1 Day orientation Training for | ASHA | 3 | 3 | 0 |

**NATIONAL LEPROSY ERADICATION PROGRAMME**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| S.No. | **Activities** | **Urban IEC Activity**  ***STATE HQ:*** | **East**  **District** | **West**  **District** | **North**  **District** | **South**  **District** | **Total** |
| 1 | Hoardings | 2 | 1 | 1 | 1 | 1 | **6nos** |
| 2 | Wall Panting | 0 | 0 | 3 | 0 | 0 | **3nos** |
| 3 | Posters/Pamphlets Distribution | English:-2000  Nepali:-2000 | 1500 | 6500 | 1800 | 2000 | **15800nos** |
| 4 | Banners. | 4 | 8 | 6 | 5 | 7 | **30nos** |
| 5 | IPC Meeting at Block level for Teachers, Govt. official & ASHA. | - | 4 | 1 | 1 | 4 | **10nos** |
| 6 | Skin Camp | 1 | 2 | - | - | - | **3nos** |
| 7 | Active search (House to House) Survey by ASHAs during Anti- Leprosy fortnight | 24 | 39 | 0 | 7 | 5 | **75**  **Villages** |
| 8 | Village IEC Programme | 0 | 6 | 7 | 2 | 4 | **19**  **Villages** |
| 9 | School IEC Programme/Quiz | 0 | 3 | 33 | 2 | 0 | **38**  **Schools** |
| 10 | Health Mela/ Exhibition | 0 | 0 | 1 | 0 | 0 | **1nos** |
| 11 | Health Camp in Co-ordinance with Labour Department | 2 | 4 | 0 | 0 | 0 | **6nos** |

**IEC Activities Report 2013 - 2014**

**Special Activities for 2013 – 2014.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S.No. | **Activities** | **East**  **District** | **West**  **District** | **North**  **District** | **South**  **District** | **Total** |
| 1 | Intensive Case detection drive survey for high endemic blocks | 44 | 22 | 0 | 20 | **86**  **Villages** |
| 2 | Skin Screening of patients for RCS | 3 | 3 | 2 | 0 | **8**  **Patients** |
| 3 | RCS Conducted | 1patient | 0 | 0 | 0 | **1patient** |

**E. Dental (Oral) Health Programme in the State of Sikkim**

Dental (Oral) Health Programme is run by the Dept. of Health Care, Human Services and FW, Govt. of Sikkim.

For more than three decades, the State Dental (Oral) Health Programmes is being carried out under the supervision of the Health Care, Human Services & FW Dept. The Programme is supervised by the Director (Dental) – cum- State Dental Health Officer stationed at Gangtok.

Dental clinics in the STNM Hospital, Gangtok, the four District Hospitals and the ten PHCs are run daily. School Dental Health Programmes and Dental Health Camps are organized in Schools, districts and remote villages. In the Urban areas 75% of children suffer from Dental Diseases (Dental caries) because of exposure to refined foods and excessive sweets and chocolate. In Rural areas, 70%of the children suffer from Periodontal Diseases (Gingivitis/ Periodontitis) because of poor Oral Hygiene. Precancerous lesions like Oral Sub mucous Fibrosis and Lichen Planus are quite common, although the % has decreased after the Govt. of Sikkim banned Gutka Betelnut/Betal leaf, supari, Pan Parag, Tulsi etc) in Sikkim. Oral cancer is quite high due to poor oral hygiene in the rural areas and intake of betel leaf and Khaini/Surti (tobacco with lime). Malocclusion (irregular teeth), cysts, tumors and fracture of jaws due to MVA are quite common.

The STNM Hospital, which is a Referral Hospital, Gangtok, has a full fledged Dental Department with several Specialists and Dental Surgeons. The Dental Clinic is well equipped with Dental Chairs + Units and equipments. The District Hospitals and the ten PHCs are manned by Dental Surgeons and are well equipped, but out of the twenty four PHCs, fourteen PHCs still require Dental Surgeons and sixteen Dental Chairs & Units and equipments.

**Apart from the Curative aspects, preventive aspects are also carried out at the STNM Hospital, District Hospitals and PHCs and also during School Dental Health Programmes. The total number of Dental patients treated at the Dental Clinic, STNM Hospital Gangtok in the year 2005 was 13,640,- in 2006 was 13,776,- in 2007 was 13,924 ( Male=6141 & Female=7783),- in 2008 was 15,407 (Male=6441 & Female=8966 ), in 2009 was 17,151 (Male=7735 & Female=9416), in 2010 was 23,200 (Male=10705 & Female=12495) and in 2011 Total No; patients- 24435 (Male=11941 & Female=12494) in 2012 total patients was 25125. In 2012-13 it was 27762 (male=13161; female=14601).**

**In 2013-14, the total number of patient was - 28231 (male- 15636 , female- 12595)**

**The total number of Students treated at various schools during the School Dental Health in 2010-11 was 7048 (which includes Private Schools). Total number of students treated during 2013-14 was 13036**

Apart from the STNM Hospital, there are four Dental Units in the four District Hospitals ( viz-Namchi, Gyalsing,Singtam & Mangan) and eight Dental Units in the ten PHCs( Ravang, Jorethang, Chungthang, Soreng, Dentam, Rongli, Pakyong, and Rongpo,Rinchepong, Renok, Sombaray, Phodong & Melli).The Dental facilities in the four District hospitals and the ten PHCs are similar(except Melli,Sombaray & Phodong where Dental Surgeons are posted, but there is no provision of Dental Chair Unit). In the year 2007, five new Dental Chairs & Units were provided in District Hospital Singtam and Jorethang, Rongpo, Soreng and Chungthang PHCs. One Dental X-Ray Machine was provided at Singtam Hospital in 2007. In 2012, Renok & Rinchenpong PHCs received new Dental Chair & Unit; along with other instruments.

STNM Hospital received four Chamundi-Confident Dental Chairs & Unit and one Confident-Intra Dental X-Ray Machine in 2008; along with two Portable Micromotor sets and one Hanging Motor set. Two of the Chamundi-Confident Dental Chair and Unit is not functioning properly and the supplier has been informed for repair of the same.

One Kodac Dental X-ray Machine and one Kodac RVG-5100 system has been installed at STNM Hospital in 2010

New sets of Dental Extraction Instruments, Filling, Scaling and Diagnostics instruments for the STNM Hospital and the PHCs had been projected in the Annual Report/ Plan in the year 2008-2009 ,2011-12 and 2012-13 for the STNM Hospital, the Diagnostic and Filling instruments have been received, but for the Districts and PHCs they have not been received till date.

Apart from the curative, treatment component includes School Dental Health and Community Dental Health Education through IEC activities.

Four Dental Surgeons under the NRHM have been appointed at Rinchenpong, Melli, Phodong Sombarey and Renock PHCs and one each at District Hospital Namchi and Gaylsing for School Health have been appointed in 2010&2012 total- six new dental surgeons.

Two dental surgeons on regular basis have been selected through the SPSC. Their appointment order is awaited.

**There is stagnation in promotion of the Dental Surgeons and staff of the Dental Department. Many of them are serving in the same posts for several years and are due for promotion. Due to unavailability of posts, promotion has not been possible. For this creation of new posts and amendment in the scheduled II (Dental) in the Sikkim State Health Service Rules and Dental Section of the Paramedical Cadre are essential. Regarding these, files have been processed by the HC,HS&FW Deptt in 2013.**

Four new Dental Chair and Units for STNM Hospital and two each Dental Chair & Units four the four District Hospitals are required; along with dental x-ray machines, autoclaves(instaclavr), extraction, filling , diagnostic & scaling instruments; on priority basis.

As the State Govt. has limited resources, if fourteen Dental Surgeons and sixteen Oral Hygienists / Dental Mechanics are appointed under the National Rural Health Mission, and North East Council (NEC) Fund, GOI; along with a provision of sixteen Dental Chairs & Units and sixteen sets of Extraction, Filling & Scaling instruments, it would go a long way in benefiting the poor villagers in the remote areas. Orientation and motivation programmes will be carried out for maintaining good oral hygiene.

With the assistance of the NRHM and the North East Council (NEC), we would be able to take the Dental treatment to the doorstep of the poor villagers, like the medical treatment carried out by the Medical Officers under NRHM.

To facilitate proper implementation of the National Programme and to carry out the State level Dental Programmes, additional funds, additional Dental Equipments/ Instruments and additional Manpower are required as follows

**Strategies and Priorities for the year 2014-2015**

**A) Restrengthing of Infrastructure**

1. Additional rooms/space in the Dental Clinic of the STNM Hospital
2. Additional rooms/space in the District hospital and PHCs
3. Additional four Dental chairs and units at S.T.N.M. Hospital,two each at the District Hospitals and one at PHCs; along with dental x-ray machines, autoclave(instaclave), Dental Extraction instruments, filling and diagnostics, scaling instruments.

**MAN POWER PLANNING OF THE DENTAL DEPARTMENT OF THE STNM HOSPITAL, FOUR DISTRICTS, EIGHT PHC AND THE HEALTH HEADQUARTER 2014-2015.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.No** | **Man Power- Doctor/ Staff** | **Stnm Hospital** | | **District Hospital And Phc** | | **Gangtok (Hq) Directorate** | | | |
|  |  | **Existing** | **Required** | **Existing** | **Required** | **Existing** | | **Required** | |
|  | PRINCIPAL DIRECTOR/PCC |  |  |  |  | 0 | | 2 | |
|  | DIRECTOR |  |  |  |  | 2 | | 2 | |
|  | ADDL.DIR |  |  |  |  | 1 | | 5 | |
|  | JOINT DIRECTOR |  |  |  |  | 3 | | 6 | |
|  |  |  |  |  |  | E | R | E | R |
|  | SPECIALISTS |  |  |  |  |  |  |  |  |
|  | a)Oral surgeon | 2 | 1 | 0 | 4 |  |  |  |  |
|  | b)Operative/Endodontist | 1 | 2 | 0 | 4 |  |  |  |  |
|  | c)Prosthodontist | 2 | 1 | 0 | 4 |  |  |  |  |
|  | d)Orthodontist | 2 | 1 | 0 | 4 |  |  |  |  |
|  | General Dental Surgeon | 6 | 6 | 14 | 16 |  |  |  |  |
|  | Dental(Oral) hygienist | 1 | 5 | 1 | 30 |  |  |  |  |
|  | Dental technician | 0 | 4 | 0 | 30 |  |  |  |  |
|  | Dental Ceramist | 0 | 4 | 0 | 30 |  |  |  |  |
|  | Dental assistant | 3 | 5 | 3 | 30 |  |  |  |  |
|  | Dental nurse | 2 | 4 | 0 | 30 |  |  |  |  |
|  | Computer literate LDC/steno | 0 | 2 | 0 | 30 |  |  |  |  |
|  | Dental ward attendant | 0 | 4 | 0 | 30 |  |  |  |  |
|  | Peon | 0 | 1 | 0 | 4 | 0 |  | 0 | 1 |
|  | Sweeper | 0 | 1 | 0 | 4 | 0 |  | 0 | 1 |
|  | Pr Director (Dental) on deputation as Chief Birth & Death Registrar | 1 |  |  |  |  |  |  |  |
|  | Store keeper/inspector | 0 | 1 |  | 6 |  |  |  |  |
|  | Total | 22 | 40 | 18 | 256 | 2 | 13 | 10 | 3 |

**Requirement of Manpower for Dental Clinic at STNM Hospital**.

Following are the requirements of manpower to carry out daily Prosthodontic, Endodontic and Orthodontic Dental Clinic STNM, Hospital.

1. Dental ceramist - 4 post
2. Dental Technician - 4 post

**INDENT FOR LAB. & PROSTHODONTIC DEPARTMENT:-**

1. ***Space and room*** *–* ***Non expendable items:-***
2. One room measuring 20’0”x15’0”- Prosthodontic Clinic as per ADA Specification,
3. One room measuring 20’0”x12’0”- Prosthodontic Laboratory as per ADA Specification,
4. One room measuring 20’0”x12’0”- for Crown & Bridge work as per ADA Specification.,

**SUMMARY**

Twenty eight numbers of Additional Dental Chair and Units are required for the STNM Hospital, District Hospitals and the PHCs, where Dental Surgeons have been posted under NRHM. Total Four numbers are required for the Dental section of the STNM Hospital, Gangtok (One for the VVIPs, one for the Specialists and two for the General section); Total eight numbers for the District Hospitals, Singtam District Hospital, Galzying District Hospital, Mangan District Hospital and Namchi District Hospital. Total Sixteen numbers for the PHCs, -viz- Phodong PHC, Melli PHC, Sombaria PHC and other PHCs.

Extraction, diagnostic, filling,scaling and surgical instruments are also required for the STNM Hospital, four District hospitals and PHCs.

Approximate Cost for the Twenty eight Dental Chairs and Units will be: Rs6, 00,000x28= Rs 1, 68, 00,000 (Rupees One Crore sixty eight lakhs) and for the instruments will be: Rs 1, 00,000x28=Rs 28, 00,000 (Rupees twentyeight lakhs).

At present we have specialists in various specialties viz Oral and Maxillofacial Surgery, Orthodontics, Conservative & Operative Dentistry and Prosthodontics. But due to lack of the instruments and equipments in relation to the various specialties, the specialists are not able to give their optimum work in their specialization. For the proper functioning of the above mentioned specialties we need the equipments and the Dental lab facilities. As mentioned , earlier, supply of equipments and instruments in phased manner for all the various specialties is also required. The approximate cost for the establishment of the above mentioned specialties viz Oral and Maxillofacial Surgery, Orthodontics, Conservative & Operative Dentistry and Prosthodontics would be 40, 00,000. (Forty lakhs).

Grand Total=Rs 168,00,000 + Rs 28,00,000+ Rs 40,00,000 = 2,36,00,000.

(Two Crores thirty six Lakhs only)

Dental Chairs and units and other instruments and equipments may kindly be provided in phased manners.

**F. National Programme for Control of Blindness (NPCB)**

**INTRODUCTION**

National Programme for Control of Blindness (NPCB) was launched in the year 1976 as a 100% centrally sponsored programme with the goal of achieving a prevalence rate of 0.3% of population. The four pronged strategy of the programme is:

* Strengthening service delivery,
* Developing human resources for eye care,
* Promoting outreach activities and public awareness and
* Developing institutional capacity.

The main objectives of the Programme are:

1. To reduce the backlog of blindness by identifying and providing services to the affected population. To expand coverage of eye care services to the underserved areas;
2. To provide high quality of eye care services to the affected population;
3. To develop institutional capacity for eye care services by providing support for equipment and material and training personnel.

These Objectives are routinely implemented by adopting the following strategies-

* Decentralized implementation of the scheme through DHS;
* Reduction in the backlog of blind persons by active screening of population above 50 years, organizing screening eye camps and transporting operable cases to eye care facilities;
* Involvement of voluntary organization in various eye care activities;
* Participation of community and Panchayat Raj Institutions in organizing services in rural areas.
* Development of eye care services and improvement in quality of eye care by training of personnel, supply of high tech equipments, strengthening follow up services and monitoring of services;
* Screening of school going children for identification and treatment of Refractive Errors; with special attention in under served areas.
* Public awareness about prevention and timely treatment of eye ailments.
* Special focus on illiterate women in rural areas. For this purpose, there should be convergence with various ongoing schemes to cover of women and children.
* To make eye care comprehensive. Besides cataract surgery other Intra Ocular surgical operations for treatment of Glaucoma, Diabetic Retinopathy etc. may also be provided free of
* cost to the poor patients through government as well as qualified non government organizations.

**FUNCTIONAL STRUCTURE OF NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS, SIKKIM.**

MD (NRHM)

SPO (NPCB)

DPMs

MOs

Ophthalmic Nurses

Ophthalmic Assistants

Data Entry Operator

Administrative Assistants

L.D.C

AWWs

MPHWs

CMO (4 Dists.)

Consultant NPCB

A.O

ASHAs

Deputy Director cum Sr. M.O.

**1. Review of physical and financial targets achieved in this financial year 2013-14**

1. **1. CATARACT OPERATION WITH I.O.L IMPLANTATION**

**TARGET – 800**

|  |  |
| --- | --- |
| STNM Hospital | 228 |
| DHS EAST | 87 |
| DHS WEST | 51 |
| DHS NORTH | 0 |
| DHS SOUTH | 50 |
| NGO | 0 |
| Pvt. Sector SMIMS (Tadong) | 0 |
| TOTAL | 416 |

During the year 2013-14, total of 416 cataract cases were operated with IOL implantation.

Above diagram showing the percentage of Cataract Patients operated district wise in the Free Cataract Operation Camp organized in the year 2013-14.

**Treatment/ Referral of other Eye Diseases.**

|  |  |
| --- | --- |
| Diabetic Retinopathy  (Laser Techniques) | 90 |
| Glaucoma | 70 |
| Corneal Opacity  (Peripheral) | 79 |
| Childhood Blindness | 11 |
| Squint | 156 |
| Intraocular Trauma | 139 |
| **Total:** | **545** |

**Diagram shows the number of Other Eye Disease patients offered treatment or referred during the year 2013-14.**

**2. Target and achievement**

|  |  |  |
| --- | --- | --- |
| **Target : 800** | **Achievement** | **Percentage** |
| Total | 416 | 52 |
| IOL implantation – 90% | 416 | 100 |
| Women beneficiaries – 55% | 211 | 50.7 |
| Surgery on bilaterally blind  50% | 8 | 1.9 |
| SC/ST/BPL – 50% | 150 | 36 |
| Referred cases | 134 cases (referred  to higher centres) |  |

**Cataract Achievement 2013-14:-**

During the year 2013-14, total of 416 Cataract cases were successfully operated, which is 52% of the total target for the year, out of which 50.7% were women beneficiaries, 1.9% were bilateral cases and 36% were ST/SC/BPL patients. However, total of 134 patients were referred to higher centres (viz. SGLEH, AIIMS New Delhi, Netralaya Chennai, Apollo Kolkata, etc.) for further treatment.

**Reason for Shortfall:-**

1. Desired number of Cataract Camp could not be hold due to busy schedule of District officials.
2. PHC’s M.Os are unable to pay desired attention in NPCB due to pre-occupation in other programmes and day to day work.
3. Less number of Eye Patients are coming for Cataract Operation due to inadequate transportation facilities.
4. Camps held in monsoon season faces communication setback due to road blockage which is a habituated problem in our State.
5. Lack of Ophthalmic manpower especially in the Districts

**Future Strategies:-**

1. Training of ASHAs and PRI for surveillance of person with Eye diseases.
2. Strengthening of transportation system of patients and registration of patients.
3. Mass survey has to be done on Cataract backlog and cataract beneficiaries.
   1. **3. FREE CATARACAT OPERATION WITH IOL IMPLANTATION CAMPS**

**DISTRICE-WISE.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| District | State  (STNM  Hospital) | East | West | North | South | |
| Free Cataract Operation camp | - | 02 | 01 | - | - | |
| No. of cataract operations done | - | 42+45=  87 | 51 | - | - | |
| In STNM Hospital and Namchi, District Hospital for 2013-14  routine cat.ops | 228 | - | - | - | | 50 |

Total three free cataract camps were conducted by NPCB, Govt. of Sikkim during 2013-14.

**B. SCHOOL EYE SCREENING (SES)**

|  |  |
| --- | --- |
| **TARGET :3500** | **ACHIEVEMENT** |
| **TOTAL CHILDREN**  **SCREENED** | **13997** |
| **CHILDREN TO BE DETECTED**  **WITH REFRACTIVE ERROR** | **844** |
| **FREE SPECTACLE** | **NIL** |
| **EYE DONATION** | **NIL** |

Under School Eye Screening, PMOAs of all the District Hospital and STNM Hospital were sent to their respective area schools and screen the children for refractive error and other diseases and correct them. As there is no eye donation centre, so no eye were donated for transplantation.

**C. Training**

|  |  |
| --- | --- |
| EYE SURGEONS | NA |
| MEDICAL OFFICERS | - |
| NURSES | - |
| P.M.O. As | 20 |
| TEACHERS | 97 |
| ASHAs | 163 |

During the year 2013-14, no any Medical Officers were trained and 20 PMOAs were trained. Teachers were trained by PMOAs, during School Eye Screening (SES) Camps. Training of Doctors and Nurses were fixed during the fourth Quarter, however due to general election and engagement of technical staff a proposed training programme could not be held on the fixed date.

**D. VISION CENTRES**

TARGET –4

Achievement -100 %

NPCB, have established 20 Vision Centres in 20 different PHCs in the State till the previous year 2012-13, remaining 4 vision centres were established during the current financial year namely, Sang PHC(East), Dikchu PHC(North), Senek PHC(West) and Mangalbarey PHC(West). All basic eye equipments were purchased and installed in the respective PHCs for eye check up and treatment to local peoples and all of which have started functioning properly.

**E. I.E.C. CAMPAIGN**

|  |
| --- |
| NATIONAL FORTNIGHT ON EYE DONATION  (25TH AUGUST TO 8TH SEPTEMBER), |
| WORLD GLAUCOMA DAY |
| WORLD SIGHT DAY – 2nd THRUSDAY of OCTOBER |
| STATE WIDE - PUBLICITY DONE THROUGH  LOCAL CABLE.  AIR  BANNERS  LEAFLETS  POSTERS  HOARDINGS  PA SYSTEM |

State wide publicity was is done though different means of media during various eye related important days like, World Sight Day, World Glaucoma Day, National Eye Donation Fortnight Week event, e.tc.. Talk on prevention, control and treatment of eye diseases was given by HOD Ophthalmology-cum- Consultant NPCB, on Nayuma T.V. Extensive publicity in respective districts and PHCs through local cable, All India Radio, distribution of leaflets, erection of banners and PA system also were used. Posters & Hoardings has been displayed in Hospital and public places. Regular Sanitation, Awareness, education and Information programme on eye diseases and its control and prevention is being doing throughout the year.

1. **EQUIPMENTS**

Procurement of Ophthalmic equipment for State and district Hospitals for 2013-14 is completed.

GOI funds for purchase of Mobile Ophthalmic Unit to NPCB, SHS during 2013-14 is completed.

**G. MANPOWER RECRUITMENT:**

During 2013-14 five Ophthalmic Technician in District Hospital, Singtam and Namchi and one Multi Tasking were appointed on contract basis under NPCB. Below is the status of manpower position under NPCB, Sikkim so far:-

MANPOWER

(Skilled & Administrative)

|  |  |  |
| --- | --- | --- |
| LOCATION | IN POSITION | |
| REGULAR | CONTRACTUAL |
| a) SHS/S.T.N.M Hospital, State |  |  |
| Consultant Eye Surgeon | 1 | Nil |
| SPO | 1 |  |
| Ophthalmologist | 1 | 1 |
|  |  |  |
| PMOA | 2 | 8 (5) are temporarily  Attached at S.T.N.M  for three months.) |
| Nurses | Nil | Nil |
| A.O |  | 1 |
| U.D.C | 1 |  |
| Administrative Assistant |  | 1 |
| Data Entry Operator |  | 1 |
| Peon | 1 |  |
| Multi tasking staff |  | 1 |
| Driver |  |  |
| b) DHS/District Hospitals. |  |  |
| b.1.) EAST: |  |  |
| Ophthalmologist | Nil | 1(NRHM Appointed) |
| PMOA |  | 4 |
| b.2.) WEST: |  |  |
| Ophthalmologist | Nil | nil |
| PMOA | 1 | 3 |
| b.3.) NORTH: |  |  |
| Ophthalmologist | Nil | Nil |
| PMOA | 1 | 2 |
| b.4.) SOUTH: |  |  |
| Ophthalmologist | Nil | 1(NRHM Appointed) |
| PMOA | 1 | 2 |

**2. Financial Statement of receipt & Expenditure**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Expenditure and Present Balance under NPCB/SHS accounts  Sikkim as on 31.03.2014 (` rupees in lacs) | | | | | |
| **Department** | **O.B** | **GIA** | **EXP.** | | **Cl.BAL.** |
| **NPCB/ SHS** | **107.25** | **58.87** | **112.08** | | **54.04** |
| Expenditure/Fund Allocation head during previous year 2013-14 | | | | | |
| **ACTIVITY** | | | | **Expenditure(in lacs)** | |
| Cataract Camp | | | | 8.84 | |
| IEC | | | | 4.91 | |
| Vision Centre Equipments | | | | 3.02 | |
| Screening and free Spectacles for near work to old person | | | |  | |
| School Eye Screening | | | | .65 | |
| Management of State Health Society, contingencies, T.A/D.A,  Salaries, e.t.c. | | | | 9.66 | |
| Other Eye Diseases | | | | 5.02 | |
| GIA for strengthening district hospital | | | | 18.45 | |
| GIA for sub divisional Hospital | | | | 1.77 | |
| Procurement Mobile Ophthalmic Unit | | | | 10.95 | |
| Training | | | | 1.99 | |
| Maintenance of Ophthalmic Equipments | | | | .70 | |
| Salary of Ophthalmic Assistant | | | | 46.12 | |
| **Total** | | | | **112.08** | |

**Brief Summery:** During the financial year 2013-14, GOI sanctioned a sum of `182.03 lakhs, however the sum of`58.87 lakhs was only received during the year. All the expenditure was incurred during the year from the total GIA received during the year in addition to the previous year unspent fund balance.

1. Identifying areas of Bottleneck (Infrastructure/equipment) in programme implementation measures to overcome them.

* Infrastructure:

NPCB has constructed one Dedicated Eye O.T/Ward in Singtam & Namchi District Hospital respectively from the sanctioned budget allotted to the cell. One more dedicated Eye wing is to be constructing in the West District, for which the work process is being initiated. Only six bedded eye ward is there in the State Hospital which is not enough for the operation and camp days.

* Equipments:

Procurement of equipments like A.BScan, Operating Microscope, Trial sets, Vision Testing and other basic equipments and instruments for eye testing was done during the year. Budget of Grant in Aid for Strengthening of District Hospital, Sub-Divisional and Vision Centre was utilized for procurement of Equipments. Instruments purchased were successfully installed in District Hospital for providing services to the needy people

1. Evolution of number of Paramedical Ophthalmic Assistants available in districts.

The State Ophthalmic Cell has appointed five contractual PMOAs during the year under NPCB. District Hospital Mangan has one regular PMOA only, however, District Hospital, Gyalzing, Singtam and Namchi has a regular and atleast two contractual PMOA each appointed under NPCB during previous year 2013-14. District Hospital, Gaylsing and Mangan do not have Ophthalmologist either appointed on regular or contractual basis. Appointment of Ophthalmologist is being approved from the GOI but due to less salary structure, appointment could not be done.

**Summary:**

To achieve the target for Cataract Operation with IOL implantation given by GOI regular operation at STNM Hospital and District-wise Free Cataract Camps were conducted.

Microbiologist visits the District Hospital before the camps for Micro swab for C & S. During the Year 2013-14 we were shortfall by 384 cases in achieving the target for cataract operation because of the less number of eye patients are coming for cataract operation due to inadequate transport facilities. SES was conducted by the PMOAs of all the District Hospitals including PMOAs of STNM hospital.

Teachers were trained by PMOAs during the school visit. Twenty Vision Centers have been opened in all four district and it has already been started functioning actively. Establishment of Four more Vision Centre has been completed. Eye Donation Centre is yet to be opened in Sikkim. Dedicated Eye Ward/OT at District Hospital, Singtam is completed structurally and functioning and also started regular Cataract Operation. Shortage of manpower like Operating Surgeon and PMOA and uncertain road condition especially during long monsoon season is the main reasons for the shortfall of achieving the target given by GOI.

Recommendation:

* Ophthalmic Surgeon - at least one each in all the District Hospital and 2 more in STNM Hospital
* PMOAs - One PMOA to be appointed in each PHCs are required.
* Ophthalmic Nurses – In all the District Hospital 2- 4 Ophthalmic Nurses should be posted.
* Dedicated Eye OTs – In STNM Hospital & in 2 District Hospitals viz. Mangan, & Gyalsing.
* Eye Ward - at least 30 bedded eye ward in STNM Hospital and 10 bedded in District Hospitals.

**STRATEGIES FOR 2014-15**

1. Total of 800 Cataract Patients are targeted to operate during the year 2014-15.
2. 3500 numbers of Students are to be provided free spectacles.
3. Procurement of Eye Equipments and installation at District Hospitals for smooth functioning of the programme.
4. Construction of Dedicated Eye Wing at District Hospital, Mangan, North and Gyalshing, West, Sikkim.
5. Appointment of 4 Ophthalmologist at District Hospitals and PHCs.
6. Proposed for appointment of Driver for two Mobile Ophthalmic Unit purchased during 2013-14.
7. Distribution of free spectacles to school going children prescribed for wearing glasses.

**G. National Vector Borne Disease Control Programme.**

The National Vector Borne Diseases Control Programme (NVBDCP) is an Umbrella Programme for prevention and control of Malaria and other Vector Borne Diseases like Dengue, Filaria, Kala – Azar, Japanese Encephalitis and Chickengunia with special focus on the vulnerable groups of the society. Under the programme, it ensures that the disadvantages and marginalized section benefit from the delivery of service so that the desired National Health Policy and Rural Health Mission Goals are achieved.

**OBJECTIVE OF THE PROGRAMME.**

* To prevent morbidity due to Malaria and other Vector Borne Diseases.

**THE MAIN ACTIVITIES UNDER THE PROGRAMME.**

* Early Diagnosis and complete treatment.
* Integrated vector control.
* Community based health education.
* Training and capacity building of various cadres of medical and paramedical staff for prevention, management and control of vector Borne Diseases.
* Effective Monitoring, supervision and surveillance.

**ORGANISATIONAL SETUP**

* The NVBDCP wing of the Health Department is situated at Head Quarter, Gangtok, having overall responsibilities of implementation of programme.
* In the East District – District NVBDCP office and store is situated at Singtam old Hospital Complex,where insecticides and anti – malarial drugs are stored and supplied to all four (04) districts.
* There is no NVBDCP office at North, South and West District, the Programme is implemented under the supervision of District Malaria Officer/Chief Medical Officers.

**MALARIA PROBLEM IN SIKKIM.**

Malaria is prevalent:

1. Among migrant population in project areas and construction sites.
2. Army personnel transferred from malaria endemic areas.
3. Local population in lower belt of the State

As problem of malaria in Sikkim is due to the labour population migrated from malaria endemic areas to works in project areas and construction sites.

**ACTIVITIES FOR MALARIAL AREAS OF THE STATE.**

* Identification of the high risk areas.
* Increase in ABER by training of MPHWs
* Establishment of DDCs & FTDs in needed and make them functional by regular supervision.
* Monthly meeting with the MO, I/C PHC & CMOs.
* Involvement of Private Practitioners in monthly reporting of malaria cases and death.
* Insecticidal spray in high risk malarial area and project areas.
* Monitoring and evaluation.

In spite of getting majority of imported cases from neighboring States and Countries and resurgence of malaria in recent years, the malaria situation in Sikkim is not very bad.

**Statements showing Malaria Situation from 2008 – 2013.**

**State Sikkim.**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Population** | **BS Collection** | **Total Positive Cases** | **No. of Pf. Cases** | **No.of Death** | **ABER (%)** | **SPR (%)** | **Pf (%)** | **API** | **SEF (%)** |
| 2008 | 175209 | 6164 | 38 | 10 | Nil | 3.5 | 0.6 | 26 | 0.2 | 0.16 |
| 2009 | 179586 | 6688 | 42 | 16 | 01 | 4 | 0.63 | 38 | 0.23 | 0.24 |
| 2010 | 183993 | 6526 | 49 | 14 | Nil | 3.5% | 0.75 | 28.5 | 0.26 | 0.21 |
| 2011 | 188588 | 6969 | 51 | 14 | Nil | 3.70 | 0.73 | 27.45 | 0.03 | 0.20 |
| 2012 | 193302 | 6574 | 77 | 14 | Nil | 3.40 | 1.17 | 18.1 | 0.03 | 0.21 |
| 2013 | 198136 | 11136 | 39 | 13 | Nil | 5.6 | 0.35 | 33.3 | 0.01 | 0.11 |

**STATEMENT SHOWING DISTRICT WISE DISTRUBATION OF CASES OF KALA – AZAR FROM 2008 – 2013.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year** | **East** | **West** | **North** | **South** | **Total** |
| 2008 | 01 | Nil | 01 | 02 | 04 |
| 2009 | 02 | Nil | Nil | 03 | 05 |
| 2010 | 01 | Nil | Nil | 02 | 03 |
| 2011 | 03 | Nil | Nil | 04 | 07 |
| 2012 | Nil | 02 | Nil | 03 | 05 |
| 2013 | 03 | 02 | Nil | 03 | 08 |

**STATEMENT SHOWING VECTOR BORNE DISEASE SITUATION FROM – 2008 TO 2013.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **YEAR** | **MALARIA** | **FILARIASIS** | **KALA – AZAR** | **DENGUE** |
| 2008 | 38 | 02 | 04 | NIL |
| 2009 | 42 | 01 | 05 | NIL |
| 2010 | 49 | 01 | 03 | 07 |
| 2011 | 51 | NIL | 07 | 02 |
| 2012 | 77 | NIL | 05 | 07 |
| 2013 | 39 | NIL | 08 | 661 |

**N.B:- There is no reported case of JE & Chickengunia.**

**ENTOMOLOGIVAL COMPONENT.**

The Entomological component under NVBDCP is a vital one. In view of the presence of vector species of Malaria, Kala – Azar, J.E, Filaria and Dengue in the low lying areas bordering West Bengal, Strengthening of Entomological staff with logistic is must.

**IEC**

This is one of the most important components of the programme. All the media of that state are being used to spread the message of prevention and control of malaria and other vector borne diseases in collaboration with IEC Bureau. Anti – Malaria month is observed during the month of June every year. Anti – Dengue month is observed during the month of July. This year more emphasis will be given to project areas.

**ACTION PLAN PROPOSED FOR PROJECT AREAS DURING 2013 -2014.**

* Screening of labour population.
* Sensitization of the MPHW catering project areas/construction sites.
* Intensive IEC activities
* Sensitization of the Private Practitioners and Panchayats of the area
* Mass survey of the labour population
* Buffer stock of the anti malarial drugs in the PHC catering the project areas.
* Sensitization of the Medical Officer for early prediction of the epidemics.
* Training of the Lab. Technician of the project areas
* Insecticidal spray.
* Constant supervision and monitoring.

**H. REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME (RNTCP)**

Revised National Tuberculosis Control Programme started in the State from 1st March 2002. The main objective of RNTCP is to detect and maintain at least 70% of the estimated new smear positive cases from the community and achieve and maintain at least a cure rate of 85% of such cases. The RNTCP has recently adopted a new strategy of universal access to quality diagnostic and treatment to all TB patients. To attain the objective of RNTCP a defined infrastructure has been set up in state and they are:-

1. State TB Cell – Oversee the RNTCP Programme in State and is headed by Additional Director – cum – State TB Officer.
2. District TB Centres – 4 DTCs are established with DTOs as Programme Officer to oversee the TB Control activities of the district.
3. Tuberculosis Unit (TU) – This is a nodal Unit in TBC Control Programme where registrations of patients are done. There are 5 TUs in State.
4. Microscopic Centre (MC) – There is 31 Microscopic Centres out of which 20 are designated Microscopic Centres.

**DOTS STRATEGY HAS 5 COMPONENTS.**

1. Political and administrative commitment
2. Good quality diagnosis, primarily by sputum microscopy
3. Uninterrupted supply of good quality drugs
4. Directly observed treatment (DOT)
5. Systematic monitoring and accountability.
6. **Manpower \_** State TB Cell, 4 DTCs and 5 TU (District + Singtam) are staffed with contractual, regular and MR employees as under:-

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Category of Staff | Sanctioned | In Place | | Total in place and Trained |
|  |  | State Govt. staff/staff from other programmes | Contractual under RNTCP |  |
| State TB Cell | | | | |
| STO | 01 | 01 | - | 01 |
| Deputy STO | 01 | 01 | - | 01 |
| MO State TB Cell | 01 | 00 | 01 | 01 |
| Epidemiologist | 01 | 00 | 00 | 00 |
| TB – HIV Coordinator | 01 | 00 | 000 | 00 |
| DR – TB Coordinator | 01 | 00 | 00 | 00 |
| Medical Officer for Medical College (SMIMS) | 01 | 00 | 00 | 00 |
| State PPM (Public private mix) coordinator | 01 | 00 | 00 | 00 |
| Technical Officer (Procurement & logistics) | 01 | 00 | 00 | 00 |
| Counselor for DR TB Centre | 01 | 00 | 00 | 00 |
| IEC Officer | 01 | 00 | 01 | 00 |
| Accounts Officer | 01 | 00 | 01 | 01 |
| Data Analyst (State) | 01 | 00 | 00 | 00 |
| Data Entry Operator | 01 | 00 | 01 | 01 |
| Secretariat Assistant | 01 | 00 | 01 | 01 |
| Driver for State TB Cell (HQ) office | 01 | 00 | 00 | 00 |
| STDC Director | 00 | 00 | - | 00 |
| IRL Microbiologist | 02 | 01 | 01 | 02 |
| Microbiologist (IRL) – EQA | 01 | 00 | 00 | 00 |
| IRL LTs | 02 | 00 | 01 | 01 |
| DOTs Plus site MO | 01 | 00 | 00 | 00 |
| DOTs Plus site Statistical Assistant | 01 | 00 | 01 | 01 |
| State Drug Store | | | | |
| SDS Pharmacist | 01 | 00 | 00 | 00 |
| Store Assistant | 01 | 00 | 01 | 00 |
| UDA | 01 | - | 01 | - |
| To | 04 | - | - | 04 |

**DISTRICT LEVEL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Category of Staff | Sanctioned | In Place | | Total |
|  | | State Govt. Staff/staff from other programme | Contractual under RNTCP |  |
| District Level Staff |  |  |  |  |
| District TB Officer | 04 | 04 | 00 | 04 |
| MO – TC of the TB Unit | 05 | 03 | 00 | 03 |
| District programme coordinator | 04 | 00 | 00 | 00 |
| District PPM (public private mix) coordinator | 04 | 00 | 00 | 00 |
| District Accountant | 04 | 00 | 00 | 00 |
| DOTs Plus and TB – HIV Supervisors | 04 | 00 | 04 | 04 |
| Senior treatment supervisor (STS) | 05 | 00 | 04 | 04 |
| Senior Tuberculosis Laboratory supervisor (STLS) | 05 | 00 | 05 | 05 |
| RNTCP Laboratory Technician | 10 | 06 | 00 | 00 |
| TB Health Visitor | 02 | 00 | 02 | 02 |
| Data Entry Operators | 04 | 00 | 04 | 04 |

\*Recruitment of all vacant and sanctioned posts is under process.

APO resigned recently.

1. **Budgetary Support and Expenditure:-**

Programme is funded by dual source. Programme component is funded by world Bank via Central TB Division DGHS, as centrally sponsored scheme. State Government provides funds for basic infrastructure for delivering services and payment of salaries for regular and MR employees. The funds provided by World Bank are channeled through State Health Societies – NRHM (RNTCP). Funds are received in State Health Society and allocated to District Health Societies as per RNTCP guidelines.

**FUND RECEIVED AND EXPENDITURE DURING 2013 – 14.**

1. State Plan Fund

* Fund allocated – Rs. 118.30 lakhs
* Expenditure - Rs. 118.19 lakhs

1. World Bank fund through CTD – 2013 – 14

* Opening balance as on 01.04.2013 -Rs. 1,60,857
* CTD Fund -Rs. 176,59,00
* State Grant/State Share -Rs.20,00,000
* Loan From NHM - Rs. 10,00,00
* Bank Interest - Rs.1,35,806
* Other Receipts -Rs.1,05,521

Total Receipts -Rs.210, 79,184

* Total Expenditure - Rs.194,73,196
* Advance - Rs. 2,84,300
* Balance as on 31.03.2014 - Rs. 16,05,988
* Total Loan from NHM - Rs. 40,00,00
* 2012 – 13 - Rs. 30,00,00
* 2013 – 14 Rs. 10,00,00
* Committed Expenditure - Rs. 10, 00, 00.

1. **Physical Target and Achievement during 2009 – 13.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sl. No. | Indicators | Target | 2009 | 2010 | 2011 | 2012 | 2013 |
| 1. | Total TB Patients registered for treatment |  | 1720 | 1646 | 1642 | 1832 | 1637 |
| 2 | New smear positive case detection | 75 per lakh population | 80.8 (107.7%) | 78.3  (104.4%) | 81  (107%) | 64  (86%) | 85  (114%) |
| 3. | Total Case Detection | 203 per lakh population | 272.6  (134.2%) | 271  (133.6%) | 299  (147%) | 205  (101%) | 265  (131%) |
| 4 | Cure Rate | 85% | 86.9% | 82% | 84% | 84% | 79% |

**MANAGEMENT OF MDR TB BY THE STATE.**

The RNTCP has implemented PMDT (Programmatic Management of Drug Resistant TB) DOTS Plus erstwhile in all the four districts. The PMDT is programmatic management of MDR TB patients using the RNTCP standardized regimen of 2nd line drugs supplied by the GOI. Further the following milestones have been achieved for the management of such patients:-

1. Intermediated Reference Laboratory (IRL) has been established and all the equipments have been installed and shall be functioning soon. The Gene X Pert machine (it is a fully automated machine for the diagnosis of MDR TB within 2hrs.) shall be established at IRL, STNM. Microbiologists and Laboratory technicians have been trained at TRC (TB Research Centre), Chennai and NTI, Bangalore.
2. The ten bedded DR- TB Centre (MDR TB ward) is established at STNM Hospital complex and is functioning since Feb. 2012 for the management of MDR TB patients registered under PMDT.
3. The State Level Coordination Committee and the DOTS plus Site Committee have been established.
4. Similarly central registration for the MDR – TB patients has been established at STNM Hospital to ensure the proper follow up of MDR TB Patients registered under State.
5. At present there are 476 MDR – TB patients registered in central registry under State Plan and 374 under PMDT
6. Strategy for 2014 – 15

* Strengthening the quality of DOTS in the State.
* To expedite the functioning of the IRL for the Culture and Sensitivity Testing for DOTS – Plus programme and subsequently to incorporate liquid culture and other latest molecular methods.
* Enhancement and intensification of the ACSM (IEC) activities at community level
* Plans for Elimination of TB with three broad components viz 1. TB Central Registry 2. Community Participatory Education Programme and 3. Migrant Labourer Monitoring Programme. The elimination level is placed at less than 1 case per 10,000 populations by 2017. The budget of Rs. 280 lakhs for the same has been proposed in 12th five year plan.
* To establish additional DOTS plus Site at Namchi District Hospital.

1. Budget proposed for 2014 – 15:

The proposed budget for the year 2014 – 15 is Rs. 3.90 Crores under SHS – RNTCP.

**2. SIKKIM AIDS CONTROL PROGRAMME**

**Background:**  
  
In 1992, the Government launched the first National AIDS Control Programme (NACP I) and in 1998 NACP II was initiated. Based on the learning from NACP I and II, the Government designed and Implemented NACP III (2007-2012) with an objective to "halt and reverse the HIV epidemic In India" by the end of the project. There is a steady decline in overall prevalence and nearly 50 percent decrease in new infections over the last ten years. NACP IV aims to consolidate the gains of NACP III.   
The Department of AIDS Control has been working closely with the Department of Health and Family Welfare towards integration of HIV/AIDS services into the larger health system, with the objective of optimal utilization of existing NRHM/RCH resources for strengthening NACP services, and vice versa.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **PHASE IV AIDS CONTROL PROGRAMME: 2012 – 2017** The Cabinet Committee on Economic Affairs has approved a gross budgetary support of Rs. 8632.77 crore for implementation of the National AIDS Control Programme Phase-IV by the Department of AIDS Control, Ministry of Health and Family Welfare.   NACP IV will integrate with other national programmes and align with overall 12th Five Year Plan goals of inclusive growth and development. Having initiated the process of reversal in several high prevalent areas with continued emphasis on prevention, the next phase of NACP will focus on accelerating the reversal process and ensure integration of the programme response.  The main objective of NACP IV is to:   i. Reduce new infections by 50 percent (2007 Baseline of NACP III).  ii. Provide comprehensive care and support to all persons living with HIV/AIDS and treatment services for all those who require it.   This will be achieved through the following strategies:-  i. Intensifying and consolidating prevention services with a focus on (a) high-risk groups and vulnerable population and (b) general population.  ii. Expanding Information, Education and Communication (IEC) services for (a) general population and (b) High-Risk Groups (HRGS) with a focus on behaviour change and demand generation.  iii. Increasing access and promoting comprehensive Care, Support and Treatment (CST)  iv. Building capacities at National, State, District and facility levels  v. Strengthening Strategic Information Management Systems.   **HIV AIDS SCENARIO OF SIKKIM**  **(A) Year wise detection of HIV Cases as of 31/03/14**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Year** | **Male** | **Female** | **Surveillance** | | **Total** | | **Male** | **Female** | | 1995 | 2 | 0 | 0 | 0 | 2 | | 1996 | 0 | 0 | 0 | 0 | 0 | | 1997 | 1 | 0 | 0 | 0 | 1 | | 1998 | 3 | 1 | 0 | 0 | 4 | | 1999 | 5 | 0 | 0 | 0 | 5 | | 2000 | 1 | 0 | 0 | 0 | 1 | | 2001 | 2 | 0 | 0 | 4 | 6 | | 2002 | 3 | 1 | 0 | 1 | 5 | | 2003 | 3 | 1 | 0 | 1 | 5 | | 2004 | 5 | 0 | 0 | 0 | 5 | | 2005 | 9 | 2 | 2 | 1 | 14 | | 2006 | 9 | 4 | 1 | 1 | 15 | | 2007 | 12 | 7 | 0 | 0 | 19 | | 2008 | 26 | 15 | 2 | 1 | 44 | | 2009 | 16 | 13 | 4 | 6 | 39 | | 2010 | 24 | 11 | 0 | 0 | 35 | | 2011 | 19 | 15 | 0 | 0 | 34 | | 2012 | 22 | 23 | 0 | 0 | 45 | | 2013 | 10 | 8 | 0 | 0 | 18 | | 2014 | 3 | 4 | 0 | 0 | 07 | | Total | 175 | 105 | 9 | 15 | 304 |   **(B) Age wise breakup of HIV Cases.**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Sl.No.** | **AGE** | **MALE** | **FEMALE** | **TOTAL** | | 1. | Below 10 | 5 | 5 | **10** | | 2. | 11-19 | 3 | 3 | **6** | | 3. | 20-29 | 57 | 63 | **120** | | 4. | 30-39 | 74 | 34 | **108** | | 5. | 40-49 | 31 | 11 | **42** | | 6. | 50-59 | 10 | 2 | **12** | | 7. | 60 Above | 4 | 2 | **6** | | **Total** |  | **184** | **120** | **304** |   **(C) Modes of transmission of HIV Cases**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Sexual** | | **IVDU** | | **Blood Transfusion** | | **Parent to Child** | | **Others** | | | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | | 155 | 111 | 20 | 1 | 3 | 2 | 5 | 4 | 4 | 3 | | **262** | | **21** | | **5** | | **9** | | **7** | | | **304** | | | | | | | | | |   **(D) District Wise HIV Distribution**   |  |  |  |  | | --- | --- | --- | --- | | **District** | **Male** | **Female** | **Total** | | **East** | **110** | **84** | **194** | | **West** | **11** | **8** | **19** | | **North** | **3** | **1** | **4** | | **South** | **24** | **16** | **40** | | **Others** | **38** | **14** | **52** | | **Total** | **189** | **120** | **304** |   **(E) Modes of transmission of HIV/AIDS Cases detected during HSS**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **YEAR** | **STD** | **ANC** | **IDU** | **FSW** | **TOTAL** | | **2001** | **1** | **3** | **0** | **0** | **4** | | **2002** | **0** | **1** | **0** | **0** | **1** | | **2003** | **0** | **1** | **0** | **0** | **1** | | **2004** | **0** | **0** | **0** | **0** | **0** | | **2005** | **1** | **1** | **1** | **0** | **3** | | **2006** | **0** | **1** | **1** | **0** | **2** | | **2007** | **0** | **0** | **0** | **0** | **0** | | **2008** | **0** | **1** | **2** |  | **3** | | **2009** | **4** | **1** | **4** | **1** | **10** | | **2010** | **0** | **0** | **0** | **0** | **0** | | **TOTAL** | **6** | **9** | **8** | **1** | **24** |   **(F)Total Tested**   |  |  |  | | --- | --- | --- | | **Sl No** | **ICTC/Surveillance** | **NO** | | **1** | **Surveillance** | **15000** | | **2** | **ICTC(till March 2013)** | **118375** | |  | **Total** | **133375** |   **(G) TOTAL CASES REGISTERED AT ART CENTRE.**   |  |  |  |  | | --- | --- | --- | --- | | **STATUS** | **MALE** | **FEMALE** | **TOTAL** | | **PRE ART** | **16** | **14** | **30** | | **ART** | **47** | **47** | **94** | | **TRANSFERRED OUT** | **40** | **15** | **55** | | **LOST TO FOLLOW UP** | **9** | **2** | **11** | | **DEAD** | **44** | **26** | **70** | | **TOTAL** | **156** | **104** | **260** |  * *Number of cases registered through HSS is:* **14 male + 9 female = 24** * *Cases not registered at ART centre due to non availability of proper registration system before 2005=* ***34***   **(H) AGE WISE BREAK UP OF Total CASES REGISTERED AT ART CENTRE**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Sl. No.** | **AGE** | **MALE** | **FEMALE** | **TOTAL** | | **1.** | **< 10** | **4** | **3** | **7** | | **2.** | **11-19** | **5** | **0** | **5** | | **3.** | **20-29** | **46** | **38** | **84** | | **4.** | **30-39** | **64** | **41** | **104** | | **5.** | **40-49** | **25** | **13** | **38** | | **6.** | **50-59** | **6** | **2** | **8** | | **7.** | **>60** | **3** | **2** | **5** | | **Total** |  | **153** | **93** | **252** |   **(I) TRANSFERRED IN AIDS CASES**   |  |  |  | | --- | --- | --- | | **MALE** | **FEMALE** | **TOTAL** | | **9** | **8** | **17** |   **(J) TOTAL AIDS CASES**   |  |  |  | | --- | --- | --- | | **MALE** | **FEMALE** | **TOTAL** | | **47** | **28** | **75** |   **PROGRAMMES/ACTIVITIES OF SIKKIM STATE AIDS CONTROL SOCIETY**  **1). Blood Safety**  In Sikkim there are three Blood Banks are as follows:  a). STNM Hospital, Gangtok  b). Central Referral Hospital(not supported by NACO)  c). District Hospital Namchi.  Gayzing district hospital has one blood storage centre. All Blood Banks are regularly inspected by experts for strict compliance of quality assurance. Every blood unit is tested for HIV, Hepatitis B, C, Syphilis and malaria Till date there is no transfusion related HIV infection reported from Sikkim.  ***PHYSICAL TARGETS & ACHIEVEMENTS 13-14***   |  |  |  |  | | --- | --- | --- | --- | | **S.N.** | **Activity** | **Target 2013-14** | **Achievement** | | 1 | **Blood Collection :** | | | | Total Blood Collection | 3500 | 4987 | | Total Voluntary Blood Collection | 3150 | 3880 | | Total % VBD | 90% | 77.80% | | Total Blood Collection in NACO supported BBs | 2800 | 3154 | | Voluntary Blood Collection in NACO supported BBs | 2520 | 2648 | | VBD% in NACO supported BBs | 90% | 84.00% | | 2 | **Voluntary Blood Donation (NACO Supported)** | | | | No. of VBD camps organised | 30 | 35 | | Total Collection in Camps | 1520 | 1945 | | Mobile blood collection | NA | NA | | Static voluntary collection |  | 751 | | Static replacement collection |  | 640 | | 3 | **Blood Utilization (NACO Supported)** | | | | No of units of whole blood supplied |  | 2738 | | No of units of components supplied |  | NA | | No of units of whole blood discarded |  | 176 | | No of units of components discarded |  | NA | | 4 | **Blood Safety Training :** | | | | No. of Medical Officers trained -Induction /Refresher | 2 | 0 | | No. of Lab. Technicians trained -Induction /Refresher | 4 | 4 | | No. of Nurses trained - Induction /Refresher | 2 | 0 | | Donor motivators & Organisers | 120 | 82 | | Blood Bank Counselors | 1 | 0 | | 5 | **Blood Safety supervision** | | | | No. of core committee supervisory visits to blood banks | 2 | 0 | | No. of SACS/ NACO visits to blood banks | 4 | 3 |   **2). Sexually Transmitted Diseases (STD)**  In Sikkim we have 6 STD Clinics located in each of the Govt. District Hospitals, STNM Hospital Gangtok and one at Sikkim Manipal Institute of Medical Sciences. Services of trained doctors and counsellors are available in these clinics.  These clinics cater to the need of general population, antenatal mothers and High Risk groups as well. The STI/RTI services to the HRGs (FSW & IDUs) and Bridge population (migrants) are being delivered through TI programmes. STI/RTI service delivery is one of the vital component of NACP-IV which is being implemented in collaboration with RCH programme of NRHM. Counsellors has been placed in all the 6 Designated STD Clinics. The infrastructure has been provided by the concerned institutions/hospitals. The STI/RTI drugs and consumables are supplied through SSACS.  ***PHYSICAL TARGETS & ACHIEVEMENTS 13-14***   |  |  |  |  | | --- | --- | --- | --- | | Sl.No | Type of Facilities | Target | Achievements | | 1 | STI/RTI episodes managed by Designated STD clinics(Suraksha Clinic) | 2361 | 1432(61%) | | 2 | STI/RTI episodes managed by TI NGOs | 545 | 197(36%) | | 3 | STI/RTI episodes under NRHM facilities | 3373 | 3751(111%) | | 4 | TOTAL | 6279 | 5380(85.6) |   **3). ICTC (Integrated Counselling & Testing Centres)**  Sikkim has 13 ICTCs(including 1 mobile): two each at District Hospital, CRH and one at SACS Office, STNM Hospital Complex, Gangtok and one at Jorethang PHC. Each centre has one counsellor and one laboratory technician. Centres function from morning till afternoon and each centre receives on average of 10 clients a day. Many HIV cases were picked up at these centres.  **Mobile ICTC-**  One mobile ICTC consisting pair of a counsellor and lab. Technician covers the areas not covered by the ICTCs. The mobile ICTC goes to the State Jail, SAP, SSB, ITBP, Police Training Centre, Yangang, distant PHCs, etc  PPTCT (Prevention of Parent to Child Transmission)-  These centres are located in all 4 District Hospitals plus CRH and STNM Hospital. Our effort is to counsel and test all Ante-natal (pregnant) mothers. They are examined by Gynaecologist for Reproductive Tract Infections. If found are given free medicines for the same. They are routinely tested for HIV after counselling.  ***PHYSICAL TARGETS & ACHIEVEMENTS 13-14***   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Sl.No.** | **Particulars** | **Target** | **Achievement** | **%** | | 1 | General Clients Tested | 20000 | 20117 | 101% | | 2 | No.of General Clients detected HIV+ | - | 28 | - | | 3 | ANC Clients tested | 12000 | 8641 | 72% | | 4 | No.of ANC Clients detected HIV+ | - | 3 | - | | 5 | STI Clients tested | 2000 | 1421 | 71% | | 6 | HRG Clients tested | 4428 | 3364 | 76% | | 7 | HIV/TB co infection to be detected | 10 | 15 | 150% | | 8. | HIV/TB Cross Referral | 1000 | 917 | 92% |   **4. TIs (Targeted Interventions)**  There are 7 TIs Programmes funded by Sikkim SACS active in the state. Two NGOs among Injecting Drug Users (IDUs). There are over 1250 IDUs in Sikkim located at Gangtok, Singtam, Rongpo and Jorethang (4 sites). And 3 NGOs running TI programmes for Commercial Sex Workers in the state (there are over 750 CSWs operating in Sikkim). The Drop-in-Centres for CSWs are located at Gangtok,Ranipool, Singtam, Jorethang,Gyalshing and Namchi.  The services provided to HRG Population through TI are treatment of STI/RTI, distribution of condoms, needles and syringes management of abscess and minor illness, and counselling to change the high risk behaviour and referral to the ICTC Centre and designated STI Clinics  ***PHYSICAL TARGETS & ACHIEVEMENTS 13-14***   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Name of the NGO** | **Typology** | **Target** | **Achievement** | **STI Treated** | **Condom Distributed** | **Counseling** | **Clinic Footfall** | **ICTC Actual reach** | **Positive found** | **N /S**  **Distributed** | **N/S Return** | **Abscess Treated** | | **VHAS** | FSWs | 230 | 209 | 33 | 37406 | 286 | 639 | 289 | 1 | NA | NA | NA | | **VHAS** | FSWs | 270 | 252 | 13 | 12592 | 107 | 284 | 191 | 0 | NA | NA | NA | | **Drishti** | FSWs | 350 | 360 | 44 | 33111 | 392 | 437 | 393 | 0 | NA | NA | NA | | **SRDS (I)** | IDUs | 550 | 539 | 14 | 41911 | 1382 | 962 | 814 | 0 | 183478 | 135505 | 68 | | **SRDS (II)** | IDUs | 350 | 331 | 26 | 27768 | 1115 | 761 | 525 | 0 | 140554 | 9373150 | 50 | | **Hope (I)** | IDUs | 350 | 358 | 11 | 36488 | 951 | 102 | 497 | 0 | 143838 | 12125551 | 12 | | **Hope (II)** | IDUs | 200 | 205 | 13 | 22244 | 745 | 122 | 441 | 0 | 81183 | 0863325 | 08 |   **5.ART Centre**  Anti Retroviral treatment centre is located in the ground floor of SACS Office, STNM Hospital, Gangtok started in October, 2005. Here patients coming / referred from different places are registered and followed up with clinical assessment and CD4 counting. When they are entering danger level of AIDS symptoms based upon clinical and CD4 they are put on ART, which is given free of cost. Total no. of patients registered upto July, 2010 is 134  At present ARV drugs are being supplied directly by NACO. It is known and is expected that 3–6% of patients on ART eventually develop resistance to these drugs. In such events we may be compelled to do local purchase as per drug susceptibility patterns.  ***PHYSICAL TARGETS & ACHIEVEMENTS 13-14***   |  |  |  |  | | --- | --- | --- | --- | | Details | | Target | Achievement | | PLHIV registered at ART Centre | | 320 | 260 | | PLHIV alive and on ART | | 110 | 94 | | OIs episode treated | | 130 | 27 | | No of CD4  tested | Pre-ART | 99 | 74 | | On ART | 145 | 154 |   **6. IEC & Mainstreaming:-**  Information Education & Communication is an important component of Sikkim SACS. This is carried out through different modes of media –   * Electronic Media – AIR, FM and local cables * Print media – dallies, weeklies, special magazines, etc,. * Hoardings * Pamphlets, hand outs and booklets * Health melas and other festivals/melas * Special events: World AIDS Day, International Women’s Day, International Day against Drug abuse & Illicit Trafficking, National Youth Day, National Voluntary Blood Donation Day and World Blood Donors Day. * Sponsorship: Rock shows, Cultural shows, street plays, rallies, sports, special inaugurations, etc,.   Government of India mandates that every government department identifies an AIDS Nodal Officer, opens one AIDS Cell and the Nodal Officer coordinates between the department and the State AIDS Control Society and gives a talk at least for 5 minutes during every departmental meeting and keeps the house updated on every newer development in this field.  ***ACHIEVEMENTS 13-14***  As approved Annual Action Plan 2013-2014, the following activities have been conducted under IEC.   * MASS MEDIA:   Media plays a vital role in disseminating messages and educating the mass. Hence mass media was instrumental in reaching out the population in urban as well as in rural area.  All India Radio, Local Cable (Nayuma Entertainment Television), FM stations & Newspapers were used to spread the messages on HIV/AIDS, Substance Abuse, Condom Usage, Positive Living, Referral Services, STI/RTI, Blood Donation, Anti Retroviral Treatment (ART), Opiod Substitution Therapy (OST), Red Ribbon Clubs (RRC) & Multi Media Campaign. A variety of programmes including talk shows, jingles, audio spots, audio video spots, panel discussions, advertisements during Special Events were broadcasted & publicized throughout the year.   * Printing & Replication of IEC Materials:   Under this sub-head, development of following IEC materials (as per AAP 2013-2014) was carried out:   1. Development & Printing of Pamphlets on FAQs, Youth & HIV/AIDS, Positive Living, HIV-TB etc. 2. Posters in English on Basic Transmission, Blood Donation, Condom Use, Red Ribbon Clubs, FSWs, ICTC, Substance Abuse 3. Posters in Nepali on Basic Transmission, Blood Donation, Condom Use, ICTC 4. Leaflets on Condom Use. 5. Annual Diary with messages on HIV/AIDS and related issues were also printed.  * OUTDOOR CAMPAIGN:  1. 28 hoardings installed at National Highways, Hospitals and Block Administrative Centres (BAC) were maintained and messages were changed. 2. 30 Information boards/ Kiosks (back lit and front lit) at Mainline Taxi stand, Deorali and Taxi stand Childrens Park were maintained. 3. 30 new Information boards size 2 x 2 were installed at Taxi Stand, Namchi & Taxi Stand Jorethang. The messages covered were Basic Transmission, Condom Use, Substance Abuse, Referral Services & Voluntary Blood Donation.  * **MID MEDIA CAMPAIGN:**   The Phase I of the Campaign started from June. In the first Phase, East and West Sikkim were covered and these districts were covered by two troupes, Dasharthick Sangh, Gelling and Khusboo & Group, Gangtok, Nava Jyoti Sangh Namrang and Arithang Mahila Kalyankari Sangh, Gangtok.  During the Phase II of the Campaign two remaining Districts North and South were being covered. In North, local NGO Muthanchi Rong Ong Shejum have been entrusted with the responsibility and in South, Tanak Project Samity, Temi and Indreni Pariwaar, Sumbuk conducted the Campaign. All together a total of 315 performances have been completed.  These troupes have also undergone a workshop in the month of June 2013 at Janta Bhawan, Gangtok.   * **MULTI MEDIA CAMPAIGN:**   Multi Media Campaign is an annual event of Sikkim SACS envisaged by NACO. The main objective of the Campaign is to involve youths in the fight against HIV/AIDS and Substance Abuse through music, sports, drama etc.  The Campaign was started in the year 2010 and since then, SSACS have been engaging youths through a variety of activities as Drama Competition, Dance Competition, Music Competition, Essay Writing Competition, Quiz Competition, Paint Competition etc.  This year the Campaign was divided in two major events, one targeting the school students and the other the general population:   1. **Red Ribbon Carnival:**   Keeping in view the success of Multi Media Campaign for the three consecutive years, this year Sikkim SACS organized a two day **‘THE RED CARNIVAL’** at M.G.Marg, Gangtok on 19th and 20th December 2013. This was the first time that a society hosted a Carnival, a Carnival with a message and for a cause. The main objective for organizing a CARNIVAL is to reach out to maximum numbers of people in Sikkim. The past two years, we have been able to communicate with musicians, artists and music lovers; this time around, we wish to organize a festival wherein all ages of people can enjoy and visit our events.  The event was Inaugurated by the Honorable Governor of Sikkim, Shri Shriniwas Patil and the Honorable Chief Minister of Sikkim, Shri Pawan Chamling. The event was also attended by a host of dignitaries.  During the two day event the following activities were conducted:   1. Red Theatre: During the two day event various troupes performed drama on HIV/AIDS and related issues. The participating troupes were Khusboo & Group, Gangtok and Dasharthick Sangh, Gelling. These troupes were also the winners of the Red Ribbon Drama Competition 2012-2013. 2. Red Painting: The members of All Sikkim Students Association participated in the sit and draw competition for two days. 3. Red Vehicle Display Competition: Various Taxi Driver Association participated in the Red Vehicle Display Competition wherein the vehicles were decorated with red ribbons and messages on HIV/AIDS and related issues were also displayed. These vehicles were flagged off by the Chief Guest, Guest of Honor and esteemed guests which travelled till Rangpo. 4. Red Slogan Writing Competition: this competition was participated by Sports Associations and Press Associations. 5. Red Tunes: In the evening various bands as Lazy Fingers, Half past XII, B-Tunes, Nightmares, Sikkim Police Orchestra, Eagle Band (Sikkim Armed Police) and Mahima Apchunna Rai performed musical shows for the audience. The bands were the winnes and participants of MMC 1, 2 and 3.   During the event best performing Red Ribbon Clubs were also felicitated by the Chief Guest and the Guest of Honor.   1. **Youth Intervention:**   The Intervention started from the month of September 2013 and was concluded in December 2013 and during the four month long period 231 Junior High School, Secondary School, Senior Secondary Schools & Rural teen clubs were covered. The Intervention was conducted in a befitting manner engaging students through information activities as infotainment games (AIDS Cuboids), quiz competition, painting competition, role play and songs related to adolescent issues.   * **SPECIAL EVENTS**   All the specified events, National Voluntary Blood Donation Day, International Day against Drug Abuse, World Blood Donors Day and World AIDS Day were observed at District & State Level.   * **HELPLINE**   One number of existing helpline stationed at SSACS Office is functional.   * **YOUTH/AFFAIRS**   **A)** Youth March against HIV/AIDS and Substance Abuse was conducted by RRC South and West Districts on 23rd may 213 at Jorethang Play ground where five hundred and thirty members participated. Area MLA Shri Madan Century was the Chief Guest for this programme. Project Director, SSACS urged RRC members to be change agents for bringing change in the societies by coming forward and taking up the responsibilities. Members from Police Department, Education Deptt. Health Deptt.and Civil Society also came forward to walk along with RRC Members.  The main purpose for conducting this march was to encourage and motive young RRC members to participate actively in taking up the cause and helping them to build a leadership quality .Secondly the objective was to sensitize others on HIV/AIDS and Substance Abuse so that further transmission can be stopped. Thirdly it focused on voluntary Blood Donation therefore encouraging youth and members to come forward for VBD. Eighty units of Blood could be collected the same day. Rally, Street Drama, Open Quiz competition, VBD camp were some of the activities conducted by the members of Red Ribbon Clubs on this day.  Members were encouraged to carry out the activities in their schools, communities for further disseminating the message on HIV/AIDS and Substance Abuse and making society a healthy society.  **B)** Parents Teachers Sensitization on adolescent education was conducted at Melli Gumpa SS, Dentam SSS, Yuksom SSS.   1. In order to reach out to the rural masses SACS coordinate with NYK for dissemenatation the message of HIV/AIDS , Substance abuse & VBD 2013-14 such training were conduction for NYK youth, volunteers and /RRC members under NYK. 2. For the first time destitute homes were focused for life skills education. SACS in coordination with social welfare department organized trainings for four destitute homes namely Mangan, Kaluk, Tadong & Turuk. Further the response from these destitute homes were positive therefore, sensitization will be carried out regularly. 3. Workshop with NSS teachers (west) was also conducted at Bermiok BAC focusing on regular voluntary blood donation and encouraging others to do so. 4. Workshops at B.ED Soreng, DIET Kyongsa,B.ED Gangtok were conducted. Adolescent education, HIV/AIDS and Life Skills were the topics taught.SACS is conducting such workshop for last three years in coordination with SCERT 5. To capacitated RRC peer educator and members Residential Capacity Building Workshops is conducted every year. This year also 180 members were trained on HIV/AIDS, VBD, Substace Abuse, STI & Life Skills. Further encouraging them to act responsibly and help others to act responsibly as well.   **Mainstreaming:-**  The whole AIDS Control Programme has to be mainstreamed – it has to be made the responsibility of every department, every institution, every organisation, every individual to control AIDS.   * Legislators Forum: in place * SDF Party AIDS Cell: in place * Lawyers Forum: in place * Media Forum: Nodal persons trained in Guwahati * Law Enforcing Forum: Nodal officer trained in Guwahati * AIDS Cells in Government Departments: to be started. Ground woks (collection of nominations of Nodal Officers) are on. * Advocacy with the police officers was held in Police Conferenece Hall, Gangtok. * Training of ASHA was held in West Sikkim in coordination with District Medical Superintendent of District Hospital, Gayzing.   **7). Montoring and Evaluation:**  Reports on all these activities are to be forwarded every month on- line(SIMS) from all reporting unts to SSACS office where it is analysed, compiled and from there on to NACO, New Delhi who keeps, compiles and compares among the states in the country. |

**3. CHIEF MINISTER’S COMPREHENSIVE ANNUAL AND TOTAL CHECKUP FOR HEALTHY SIKKIM**

Government of Sikkim under visionary and dynamic leadership of Shri Pawan Chamling, Hon’ble Chief Minister of Sikkim has launched **Mission Healthy Sikkim** and envisioned to make Sikkim Healthy which is a powerful idea and a road map to make Sikkim healthy. Sikkim is only state in India to have such Mission which is strong commitment of Government for universal coverage to know peoples’ health status, convergence of programmes at all levels, build all as partners to run a healthy coalition to make it health care movement towards healthy Society. CATCH is a flagship Programme of Government of Sikkim which is aimed at providing universal comprehensive check-up on Annual and Periodical basis which is **Total** (*Head to foot check-up of total population*) Health Check-up. **Though the primary focus is Annual Health Check-up but based on the Epidemiological ethics of “No survey without Service”, attempt is also made to provide comprehensive Care with primary focus on Health Promotion and Prevention.** Comprehensive health care is being provided through convergence of all programmes and services from village to State level to all the citizens of Sikkim to make a health movement for healthy Sikkim. Detail history, thorough physical check-up, screening of major health problems, laboratory investigations, Counseling, Information Education Communication (IEC) and Behavioral Change Communication (BCC), treatment and graded referral system is done. Recording in family folder and individual case sheets and data entry into CATCH software are being done to develop into health card which allows access into details of health profile of each individual, family and the community to know their Health Status, spot potential problems in their early stages, early diagnosis and provide treatment and comprehensive health care and also prioritize issues, discuss to work together to make their society Healthy. Steps are also being taken to works towards policy change towards positive health by making required change in many health determinants to move towards a long-term change, integrated approach to build a strong and healthy society. Successfulness of CATCH Programme is viewed as model for real alternative of Preventive Health Checkup initiated by Central Govt. (participation of beneficiaries was 5-10% only). Overwhelming participation of people in CATCH Programme and its preliminary results is being appreciated by all. ***Comments of Dr. JagdishPrasad, renowned Cardiothoracic Surgeon and Director General, Government of India stated that Sikkim through convergence of Non Communicable Diseases (NCD) and CATCH programme is becoming model for prevention and control of the greatest killer now NCD as Finland is for Europe. Planning Commission of India, Public Health Foundation of India, National Health Resource Centre, is already working on Universal health care as done under CATCH Programme which is being seen as model of health care for NCD in India. Therefore, it is a historical initiative and is the first of its kind to provide community based Comprehensive Annual and Total Health Checkup and Care free of charges close to their doorsteps towards provision of comprehensive health Care to make Sikkim a healthiest State in India.***

***VISION, MISSION & OBJECTIVES***

***VISION:* is to Make Sikkim healthiest States in India**

**MISSION**

* Thorough health checkup.
* Enable to know health status.
* Spotting and early diagnosis of risk factors and diseases in their early stages.
* To provide comprehensive health care.
* Take individual & collective interventions to work towards making area and Sikkim Healthy.

**OBJECTIVES**

**Overall objectives** of CATCH is to learn together about people of all ages to know their Health profile individually and Community diagnosis collectively, maintain good health by enabling them to focus on their own positive health Promotion, spotting potential problems and Risk Factors in their early stages**,** prevent long term illness through early diagnosis, treatment and community diagnosis in different level to work towards providing comprehensive health care to the people of Sikkim.

**Specific Objectives**

1. To work towards a long-term policy change for positive health and a long-term, promotion of synergy between sustainable development and health, whole-systems integrated approach to build a strong, healthy and just society by inter and intra-sectoral coordination at different levels to make Sikkim healthy.
2. To develop healthy setting in home, school, work place, village, towns, health Institutions to promote Health & prevent diseases.
3. To know Health profile of all the people from Gram Panchayat Ward to state level on Yearly / periodical basis.
4. To address key health promotion issues and prevention of most important health problem of the state.
5. Early detection of all disease including those that has no apparent symptoms, Prevent long term illness through early diagnosis and work towards effective management.
6. To enable the local health provider and community to know the community Diagnosis and address the local health need of the community effectively as partner and also make effective coalition of all the stakeholders by building a healthy community and culture of health and fitness and to effectively mobilize community and Stakeholders to take ownership of CATCH in their respective areas, and taking responsibility for their own health at the same time.
7. To bring about quality in health care even in all health institutions by making mandatory comprehensive total care (physical, mental social and spiritual) by changing practices to focus on Health Promotion and diseases Prevention in addition to curative and rehabilitative Health care.
8. To bring down cost of health care especially Chronic Diseases in long run.
9. To make Sikkim Healthiest state in India.
10. To monitor and evaluate CATCH for appropriate implementation and future recommendation for continued innovation and responsiveness to current and emerging health challenges which will be the cornerstone of future success.

**OVERALL PERFORMANCE OF CATCH PROGRAMME AND SOME OF THE FINDINGS IN THE PROGRAMME TILL DATE.**

Population of Sikkim as per Census 2011 is 6,10,577 and estimated residential population having Voter ID card which has to be covered. Under CATCH Programme is around 5,50,000. Under the CATCH Programme 5,30,723 population is covered in the first round and in the second round 1,10,560 population have been covered out of which 4,24,310 data has been entered till February 2014 and those who were missed out during the first round is being covered during the second round. The data entry is going on and the report of those missed population is being awaited. Demographic distribution shows that 25% of our population is in the age group of 0-14 yrs, 68% in the age group of 15-59 yrs and 7% above 60 yrs**.**

When community wise analysis is done among the population who participated in the camp, majority were Hindu by religion (57%) followed by Buddhist (32%) then Christian (10%). Among the community 14% of the population belongs to Rai, Chettri (12%), Bhutia (11%), Limbu (9%) and Lepcha & Bahun (8%).

Overall literacy rate of Sikkim is 89% as per the population who attended the CATCH camp (census 2011 literacy rate 81.4%). Females (15%) are more illiterate as compared to males (8%). Majority of the people has primary level of education (29%) and the percentage of those having college & above level of education in Sikkim is low (9%). There is not much difference between males and females having college & above level of education.

**DIETARY HABIT OF THE POPULATION WHO ATTENDED THE CAMP**

8% of the population who attended the camp take extra salt in daily basis, 81.8% takes extra salt in their diet sometimes, 91% of the population who attended the camp are Non-Vegetarian. Out of those 60% of the population takes non-vegetarian diet weekly and 2% takes non-vegetarian diet daily. It is also seen that 52% of male takes non vegetarian diet daily as compared to females (48%). As per the report majority of the population has high intake of oil consumption (64.4%).

**PREVALENCE OF HIGH BLOOD PRESSSURE IN SIKKIM AMONG THOSE WHO ATTENDED THE CAMP**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Male** | **Female** | **Total** |
| **Normal** | 84085 | 91695 | 175780 |
| **High Blood Pressure** | 31086 **(27%)** | 26585 **(22%)** | 57671 **(25%)** |
| **Total** | 115171 | 118280 | 233451 |

As per CATCH report overall prevalence of High Blood Pressure detected in one reading of persons above 15 yrs in Sikkim is 25%. Male population of Sikkim has a higher prevalence of high blood pressure (27%) as compared to female (22%).As it is usually seen that the prevalence of hypertension increases with age, same trend is seen in our State too (age group 30-49 yrs is 27%, 50-59 yrs (43%) and more than 60yrs (50%).

When the analysis on community wise is done it is seen that the prevalence of high blood pressure is seen more in Lepcha community (32%) followed by Gurung, Mangar and Sherpa (29%), Limbu (27%), Rai (26%), Tamang/Pradhan/Bhutia (25%). The least prevalence is seen in Chettri (20%), Bahun/Bihari (18%), others (19%). Prevalence of high blood pressure in Damai and Kami is 23%, 22% respectively. Rest of the community for eg, Jogi, Marwadi is showing prevalence of 28%, 25%, respectively but the population of this community who attended the camp is less.

Surprisingly rural population of Sikkim is showing high prevalence of high blood pressure (25%) as compared to urban (23%). The reason for this may be due to rural population taking high intake of salt, may be low level of awareness and management than the urban population.

According to the district wise analysis West (30%) and North (28%) has the high prevalence of high blood pressure followed by South and East (26% and 22%).

**PREVALENCE OF RANDOM BLOOD SUGAR >200MG/DL IN SIKKIM AMONG THOSE WHO ATTENDED THE CAMP**

Overall prevalence of RBS > 200mg/dl is 3%. The prevalence of RBS >200mg/dl in Male is 2.94% and in female is 2.51%. Age group wise distribution of RBS >200mg/dl shows increase in trend showing 50-59 yrs having prevalence of 4% and 60 yrs and above with 4.5%.

Prevalence of RBS above 200mg/dl is more among the urban population (4%) as compared to rural (2%).

East (2.93%) and South (2.76%) district has the higher prevalence of RBS more than 200mg/dl followed by West (2.43%) then North (1.91%).

Among the Community Marwadi and Bihari is showing high prevalence of RBS >200mg/dl (5%) followed by Pradhan, Bahun and Gurung community (3.4%, 3.1%, 3% respectively). Rest of the community has almost the same prevalence (2%) of RBS >200mg/dl.

**PREVALENCE OF RBS >140-200MG/DL IN SIKKIM AMONG THOSE WHO ATTENDED THE CAMP**

Overall prevalence of RBS >140-200mg/dl is 9.3%.The prevalence of RBS >140-200mg/dl in male is 10% and in female is 8%. Those having RBS 140-200mg/dl is being followed up for further evaluation during the second round.

Prevalence of RBS >140-200mg/dl in Bahun/Gurung Community is 11.4%, Chettri/Limbu (10.3%), Pradhan/Rai (9%), Bhutia/Lepcha/Tamang (8%).

Both the sexes has the same prevalence of RBS >140-200mg/dl (10%). Rural population is showing more prevalence of RBS >140-200mg/dl (11%) as compared to urban population (7%).

**PREVALENCE OF ANAEMIA IN SIKKIM AMONG THOSE WHO ATTENDED THE CAMP**

Prevalence of anemia in Sikkim is 51% (**mild anaemia-45.5%, moderate anaemia-5.69%, & severe anaemia-0.21%).** Sex wise distribution shows females having prevalence of 63% as compared to males (37**).** Mild, Moderate & Severe anaemia is seen more in females (55%, 8% & 0.28% respectively) than males (35%, 3.2% & 0.13%). Prevalence of anaemia as per district wise distribution shows South district having 64%, West (55%), North (48%) and East (40%).

Prevalence of mild, moderate and severe anemia is more in rural population (51%, 7%, and 0.25%) as compared to urban (28%, 2%, and 0.07%.

Prevalence of anaemia is seen more in Limbu community (56%) followed by Rai (55%), Gurung (54%), Lepcha (52%), Sherpa (51%), Bahun (47%) then Bhutia (46%) etc.

**PREVALENCE OF OVERWEIGHT AND OBESITY IN SIKKIM (>20 YEARS) AMONG THOSE WHO ATTENDED THE CAMP**

Prevalence of overweight in Sikkim is 41%. When compared sex wise female has increased prevalence of overweight (31%) as compared to males (30%).

District wise prevalence of overweight is seen more in North district & East (34%), West (26%) and south (27%). 48% of the population is overweight in the age group of 30-49 yrs.

Prevalence of obesity in Sikkim is (6%). When compared sex wise female has increased prevalence of obesity (6%) as compared to males (3%). 9% of the population is obese in the age group of 50-59 yrs. Obesity is prevalent more in East district & North (5%) followed by West (4%) and South (3%).

Both overweight and obesity prevalence is higher among the urban population (50.8%, 9.4%) as compared to rural. Overweight and obesity is prevalent more in Bhutia community (48.5%, 8.6% respectively), Lepcha & Pradhan (46%, 7.3%). Both overweight and obesity prevalence is higher among the urban population (50.8%, 9.4%) as compared to rural.

Prevalence of underweight in Sikkim is 8%. Among the district West district has the maximum number of underweight population (15%) while North district has the least (5%). Rural populations were found to be more underweight (9%) as compared to urban (4.9%).

**PREVALENCE OF HIGH CHOLESTEROL (MORE THAN 30 YEARS) AMONG THOSE WHO ATTENDED THE CAMP**

The overall prevalence of high cholesterol among those who attended the camp is 5%. Prevalence of high cholesterol is found to be more in the age group of 50 to 59 (6.12%), more than 60 year (5%) and 30 to 49 year (4.4%).

Community wise prevalence of high cholesterol is shown below in decreasing order

|  |  |
| --- | --- |
| **Community** | **Percentage** |
| Lepcha | 8.14% |
| Pradhan | 6.36% |
| Rai and Limbu | 6% |
| Sherpa | 5% |
| Bhutia and Chettri | 4% |
| Bahun | 3% |

**VIA TEST STATUS IN SIKKIM**

Sikkim is the only state in India where VIA is done at the community level. At the beginning of the program there was reluctance to do the test but gradually when the awareness on the importance of the test was understood, females started coming for the test. Out of 20,000 female screened during the first round for VIA, 287 were found to be VIA positive. Out of the positive one wasdiagnosed as having carcinoma cervix during follow up at higher centre. Still VIA positive cases are being followed up in the higher centre.

**PROGRESS SO FAR**

Till now 1, 10,560 Health Card has been issued. Second round of CATCH camp is started from March 2014 and till date 750 camps has been organized and those populations who were not covered during the first round are being covered.

Community diagnosis of the first round of CATCH is being discussed during the training on community process with VHSNC members to make them aware of the health issue of their area, to take action and to motivate the people having health problems for follow up to the higher centre. This way the VHSNC members can take the ownership to make their village healthy.

**WAY FORWARD**

* Confirmation of the diagnosis and follow up.
* Regular annual health-check up to continue.
* To develop a centralized database mechanism.
* Systematic use of Health card on a pilot basis.
* Complete thorough check up of those who were left during the 1st round.
* Complete data entry & issue of health card to continue.
* Appropriate policy making based on the finding of CATCH report.

|  |
| --- |
|  |

**4. NON COMMUNICABLE DISEASES**

**(i). Annual Report On National Programme For Prevention And Control Of Cancer, Diabetes Mellitus Cardiovascular Disease And Stroke For The State Of Sikkim (2013 – 2014).**

National Programme for Prevention and control of Cancer, Diabetes, Cardiovascular Diseases and Stroke is being implemented in the State since 2011. The Non – Communicable Diseases cell at State and District levels ensures implementation and supervision of the programme activities related to health promotion, early diagnosis, treatment and referral.

**Districts Covered:**

2 Districts covered in the 11th Five Year Plan

I 2010 – 11: East Sikkim

II 2011 – 12: South Sikkim

III 2012 – 13: East & South District

IV 2013 – 14: North & West District

**Objectives.**

* Prevent and control common Non – Communicable Diseases through behavior and life style changes.
* Provided early diagnosis and management of common Non Communicable Diseases.
* Build capacity at various levels of health care for prevention, diagnosis and treatment of common Non – Communicable Diseases.
* Train human resources within the public health setup viz doctor’s paramedics and nursing staff to cope with the increasing burden of non communicable diseases.
* Establish and develop capacity for palliative and rehabilitative care.

**Activities under NPCDCS.**

* Strengthening of health delivery systems
* State NCD cell established at State level.
* District NCD cell set up at two districts of East and South.
* NCD Clinics established at the District Hospitals of Namchi, South Sikkim & Singtam, East District. Treatment and counseling services being provided.
* CCU set up two districts hospitals of Namchi & Singtam Partially functional due to lack of specialized manpower,
* Cancer Care facility set up at State level Hospital STNM instead of one each at East & South.
* Radiotherapy unit for Tertiary care Centre under process of being set up at new State level Hospital Site.
* Geriatric Wards established at two district hospitals under NPHCE.
* Strengthening of PHC through NRHM: semi automatic analyses, BP Apparatus, Stethoscope, Measuring Tapes, and weighing Machine provided for:
* Strengthening of PHSC: Glucometres for blood sugar Estimation, BP Apparatus, Stethoscope, Measuring Tapes, Weighing Machine proved.
* Workshops held at Primary Level, District Level State Level
* Print material distributed through IEC cell.
* Drugs & Consumable have been procured and distributed to District Hospitals.
* Chemotherapy drugs partially procured and dispensed to cancer care facility at State Hospital.
* Training: TOT of 3 Specialists, 2 DNOs, and SNO & SPO done at NIHFW during 2011 – 12. Presently only 5 master trainers available under NPCDCS.
* Medical Officers of PHCs conducted at the State lever in 2011 – 12 less that 10% of the Medical Officers than trained now at the PHCs due to transfers & higher studies Management staff viz FLO & DEOs underwent one day orientation at different levels: Delhi & State No training funds came for Districts.
* All the ASHA have been trained on ABCDEFGH of lifestyle (Healthy Lifestyle).
* Risk reduction Strategy has been implemented at all level including VHND, VHSNC and all the health institutions.

**IMPLEMENTATION OF THE PROGRAMME.**

The NPCDCS programme has been implemented in the state in convergence with CATCH (Chief Minister Comprehensive Annual and Total Check up for Healthy Sikkim) the flagship programme of Government of Sikkim.

Comprehensive health care is being provided through convergence of all programmes and services from village to State Level to all the citizens of Sikkim to make a health movement for healthy Sikkim.

Overwhelming participation of people in CATCH Programme and its preliminary results is being appreciated by all. Comments of Dr. Jagdish Prasad, renowned Cardiothoracic Surgeon and Director General, Government of India stated that Sikkim through convergence of Non Communicable Diseases (NCD) and CATCH programme is becoming model for prevention and control of the greatest killer diseases. Planning Commission of India, Public Health Foundation of India, National Health Resource Centre, is already working on Universal health care as done under CATCH Programme which is being seen as model of health care for NCD in India. Therefore, it is a historical initiative and is the first of its kind to provide community based Comprehensive Annual and Total Health Checkup and Care free of charge close to their doorsteps towards provision of comprehensive health care to make Sikkim a healthiest State in India.

**PREVENTION THROUGH BHEVARIOUAL CHANGES.**

* Prevention of identified risk factors for NCDs by creating general awareness about the Non – Communicable Diseases (NCD)
* Promotion of healthy life style and habits in the community through use of inter alia mass media (electronic and print), Community education and interpersonal communication.

**IMPACT OF INTEGRATED NPCDCS, NPHCE, AYUSH AND CATCH PROGRAMME.**

The programme is in place for little less than 2 years and it is too early to see the impact of public health programmes unlike curative care. Some fruits can be seen only after 5 to 10 years and actual visible change after decades especially for Non – Communicable Diseases as in case of Finland where impact of the intervention is seen after decades of activities. However, under CATCH Programme as there is political support and highest priority given at all levels some remarkable changes which is visible which are very positive and has been appreciated by many which are as follow:-

* Most of the people who are not aware of silent killer diseases like Diabetes, Hypertension, oral precancerous lesion and many other diseases who are detected in early stages.
* People are found to come for follow up more frequently for Diabetes, Hypertension, VIA in PHCs, District Hospitals and STNM Hospital which is very positive. The OPD attendance of these hospitals in reportedly increased.

**PERFORMANCE UNDER NPCDCS.**

* No of patients attended NCD Clinics : 21762
* Diabetes: 7631 of which 7500 put on treatment, 71 referred to higher centres.
* Hypertensions: 13837 of which 13618 put on treatment, 200 referred to higher centres.
* CVDs: 158 of which 127 put on treatment, 31 referred to higher centres
* Common Cancers: 19 of which 18 referred to higher centres
* Common Cancers: 19 of which 18 referred to higher centres
* No of Patients treated at CCU : CVD – 31, Stroke – 33.
* No of Persons counseled for Health Promotion and Prevention of NCDs: 78359
* No of Patients attended for Physiotherapy : 5120
* No of Patients treated at CCU: CVD – 31, Stroke – 33
* Screening: Glucostrips utilized in South District: 64100, east district: 262500.

**SUPPORT FROM CATCH.**

Chief Minister’s Comprehensive Annual and Total Check up for Healthy Sikkim

* The scheme was introduced to provide a systematic and comprehensive health checkup which is Promotive and Preventive to all on an annual basis.
* From a NCD point of view it provides not only a screening tool at the individual & community level.
* But also an opportunity to put in a place a surveillance mechanism for NCDs considering it also catches data related to not only biomedical risk factors but also behavioral risk factors.

**(II). Ayush**

Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy (AYUSH) systems of medicines have proven promotive, preventive and curative aspect. With a view to integrating AYUSH Health Care with main stream health care services, a centrally sponsored scheme for development of health care institutions was introduced during the 10th Plan under the scheme, financial assistance was provided for setting up AYUSH dispensaries treatment centers in allopathic hospitals & procurement of AYUSH Drugs and Medicines for AYUSH dispensaries located in rural and backward areas.

Following are the achievement, Strength, Weakness and future plans performed by the AYUSH system in the State:-

**ACHIEVEMENT**

1. AYUSH started in the year 2005 – 2006
2. Established AYUSH clinics all four District Hospital and four PHCs including Soreng, Rhenock, Jorethang and Rongali.
3. A big State Level Health Mela Organized in 2013
4. Population availed in AYUSH clinic in the year 2012 – 13 are 31,325 and the year 2013 – 14 are 40, 252.
5. Manpower of AYUSH support to become Healthy Sikkim through CATCH Programme.
6. Setting up of 10 bedded integrated AYUSH Hospital in Sichey
7. Recruited manpower for AYUSH 10 bedded Hospital.
8. STRENGTH
9. Committed leadership of concern Director cum MD, NHM
10. State rich in medicinal plants.
11. WEAKNESS
12. Lack of Programme management unit
13. No earmark manpower in the AYUSH other than 10 bedded Hospital
14. No release of fund since financial year 2012 – 13
15. Delay supply of AYUSH Medicines.

**FUTURE PLAN 2014 – 15**

1. Establishment of AYUSH separate PMU & HMIS Units in the State
2. Establishment of more AYUSH clinic in must running PHCs in the State
3. Training to AYUSH MOs, Health Workers and ASHAs in AYUSH System of Medicines and Medicinal Plants commonly used in Sikkim
4. Running of 10 bedded AYUSH Hospital in Sichey
5. Training of AYUSH MOs in emergency Medicine.

For this the total budget proposed for the financial year 2014 – 15 tunes to Rs.116.50 lakhs (Rupees one crore Sixteen lakhs and fifty thousand) only under Centrally Sponsored Scheme Development of Hospital & Dispensaries.

**Budget Details**

* The AYUSH Programme has two different head:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl. No. | Name of the Scheme | Opening balance as on 1st April 2013 | Fund released in 2012 – 13 in lakhs | Expenditure 2013 – 14 | Balance as on 31st March 2014 |
| 1 | Development of Hospital & Dispensaries | 26 | NIL | NIL | 26.00 |
| 2 | 10 Bedded Ayush Hospital | 208.52 | NIL | 17.30 | 191.22 |

**(iii). Annual Report On National Programme For The Health Care Of The Elderly In Sikkim**

The National Programme for Health Care of the Elderly (NPHCE) was introduced by the Government of India to improve the health status of the elderly people. The programme was initiated in the year 2011 with the aim to improve the health status of the elderly people in Sikkim.

Countries with large populations such as India have a large number of people now aged 60 years or more. The population over the age of 60 years has tripled in the last fifty years in India and will relentlessly increase in the near future. According to the 2001 census, there were 75.93 million Indians above the age of sixty years of them 38.22 million were males and 37.71 million were female. Seeing the above figure, the challenge is not only to add further years to life, but more importantly add life to years to ensure that the elder people live full, enriching and productive lives.

**Specific Objectives:**

* To provide an easy access to promotional, preventive, curative and rehabilitative services to the elderly through community based primary health care approach.
* To identify health problems in the elderly and provide appropriate health interventions in the community with a strong referral backup support.
* To build capacity of the medical and paramedical professionals as well as the care takers within the family for providing health care to the elderly.
* To provide referral services to the elderly patients through districts hospital, regional medical institution.
* Convergence with National Rural Health Mission, AYUSH and other line department like Ministry of Social Justice and Empowerment.

**Activities under NPHCE at various levels.**

**Sub Centers.**

The ANM/Male health workers posted in the Sub- Centres are trained to make domiciliary visits to the elderly persons in areas under their jurisdiction. The ASHA at village level mobilizes the elderly to attend camps and home based care for bedridden elderly.

**Primary Health Centres.**

The PHC Medical Officer is in charge of coordination, implementation and promoting health care of the elderly. Following activities are undertaken at the PHCs.

A weekly geriatric clinic is arranged at PHC level by trained medical officer Conducts health assessment of the elderly persons relating to vision, Joints, hearing, chest, BP and simple investigations including blood sugars.

Proper advice on ailments like Chronic Obstructive Lung Diseases, Arthritis, Diabetes, and Hypertension is imparted. Public awareness is given during health and village sanitation day/camps. Provision of medicine to the elderly for their medical ailments. Referral to community health centres or the district hospitals as per the need.

**Community Health Centers.**

There are two Community Health centres in Sikkim.

First referral Unit: CHCs is the first medical referral unit for patients from PHCs and below:-

**District Hospitals.**

Geriatric ward ten bedded has been set up in two districts east and south each.

Geriatric Clinic provides regular dedicated OPD services to the elderly and provides facilities for laboratory investigations and provisions for medicines. Existing Specialties like General Medicines, Orthopedics, Ophthalmology, ENT etc. provides services needed by the elderly.

Provides training to the medical officers and paramedical staffs of CHCs and PHCs, conducts camps for Geriatric services in PHCs/CHCs and provides referral services to tertiary level hospitals.

**NPHCE IN CONVERGENCE WITH CHIEF MINISTERS COMPREHENSIVE ANNUAL & TOTAL CHECK- UP FOR HEALTHY SIKKIM (CATCH).**

The National Programme for Health Care of Elderly has been implemented in the State in convergence with CATCH (Chief Ministers Comprehensive Annual and Total Check up for Health Sikkim) the flagship programme of Government of Sikkim.

Comprehensive health care is being provided through convergence of all programmes and services from village to State level to all the citizens of Sikkim, covering the young as well as aged population, to make a health movement for healthy Sikkim.

Overwhelming participation of people of all age group, in CATCH Programme and its preliminary results is being appreciated by all. Comments of Dr.Jagdish Prasad, renowned Cardiothoracic Surgeon and Director General, Government of India stated that Sikkim through convergence of Non – Communicable Diseases (NCD) and CATCH programme is becoming model for prevention and control of the greatest killer diseases. Planning Commission of India, Public Health Foundation of India, National Health Resource centre, is already working on Universal health care as done under CATCH Programme which is being seen as model of health care for NCD in India. Therefore, it is a historical initiative and is the first of its kind to provide community based Comprehensive Annual and Total Health Checkup and Care free of charges close to their doorsteps towards provision of comprehensive health Care to make Sikkim a healthiest State in India.

**Assistance to District Hospitals:**

* Currently we have National Programme for health care of the elderly functional in the two districts (East and South)
* In the East District
* We have manpower as per the guideline**.**

**Performances.**

* No of Cases admitted in wards: 512
* Rehabilitation Services given : 6711
* No. of Elderly Person provide Home Based Care: 11646
* Cases referred : 1667

**(iv). MENTAL HEALTH ANNUAL REPORT.**

Health is defined as the complete social and mental well – being and not merely the absence of disease. Considering the importance of mental health and mental well – being of every individual and the lack of awareness and stigma related to mental disorder, mental health awareness programme were started. Sikkim too is not immune to mental health related problems. In spite of the severe and undisturbed living atmosphere here, many have fallen victim to the ill effects of various mental health related disorder like depression, psychosis, substance abuse related disorder and mental health related disorder and most importantly, suicide. Unfortunately our stste has been renked highest in suicide rate. However, no substantial research has been done so far in this regard. The consenus among the psychiatrist regarding the cause of suicide has been considered umpulsivity followed by depression and other mental health related disorder. There is a dire need to carry out extensive research in this regard. This remains the area of concern for all mental health stakeholders.

Mental disorder has profound implication on the health and wellbeing of not only the individual, but also of families and entire communities. The resultant of an emotional distress affects the ability to cope with stress as well as productivity. The greater cause of worry is the high incidence of suicide in Sikkim, the most peaceful state in the country. A silver lining in the cloud remains in the fact that effort to raise awareness about mental health related disorders had been attempted with full vigor and mental health programmes are being implemented. Under this, District Mental Health Programme has been started in all Districts.

Under District Mental Health Programme, daily Psychiatry OPD is being conducted in the District Hospitals and necessary care and treatments are given. All the health personnel, PRIs, NGOs and ASHA have been educated about common mental disorders and ways to promote positive mental well-being.

**ACTIVITIES CARRIED UNDER DMHP:**

Sikkim has one of the highest rates of suicides in country. It is one of the most important public health problems that our state has been facing in the recent years. A need was felt wherein we had to combine our resources and work in a joint manner so as to bring changes in the present scenario. Hence, this cry for help was identified and the suicide helpline was established in the Psychiatric Department of the STNM hospital in February 2013 due to the wide prevalence of suicide cases all over Sikkim It is a toll-free number and those in need can call 24X7 for immediate guidance and counseling. One such call had made by a victim of domestic violence and she was persuaded to come to the Psychiatric ward to avail counseling and treatment. There was also a case in which a girl with suicidal ideation called as she was being harassed by her brother. Counseling was given to both of them and they are now trying to understand each other.

**Other activities carried out are as follows:**

1. Setting of suicide helpline is STNM.
2. Daily psychiatry OPD in District Hospitals.
3. Mental health awareness to schools students.
4. Screening of common Mental Health disorder in CATCH Camp and general OPD in District Hospitals.
5. Inpatient treatment for alcohol withdrawal patients.
6. Active participation of Psychiatrist (DMHP) in ASHA training programmes.
7. All ASHAs from every district has been educated regarding the common signs and symptoms of mental disorder.
8. De-stigmatization of mental illness through information, education and communication activities has been the area of focus in these programs.

**FUTUTRE PLANS:**

With mental illness making up approximately one-third of disease among the adolescent population, mental health continues to be an increasingly urgent that needs to be addressed. Similar to holding the responsibility of teaching younger generations about the importance of health in terms of nutrition and exercise, it is also our responsibility to teach our children about their mental health. Undiagnosed and untreated mental health issues are frequently the number one speculation as to why crimes are committed.

In an attempt to increase knowledge about mental health issues among today’s youth, age-appropriate mental health curriculum can be added to the education Code. Some of the topics that could be covered in the new curriculum could include warning signs, symptoms, and definitions of common disorders, how to obtain mental health services and insight to connectedness, importance of supportive relationships and cognitive skills such as social connectedness, importance of supportive relationship and cognitive skills such as problem solving, decision making skills, awareness can also be included. Early childhood in when most people are best able to absorb and new information.

**TOTAL NO. OF CASES W.E.F MARCH 2013-APRIL 2014 UNDER DISTRICT HOSPITAL, SINGTAM (EAST)**

|  |  |  |
| --- | --- | --- |
| **Sl.No.** | **DETAILS** | **NO. OF CASES** |
| 1 | Psychosis | 33 |
| 2 | Mood Disorder | 1 |
| 3 | Anxiety Disorder | 121 |
| 4 | Depression | 61 |
| 5 | Substance Abuse | 29 |
| 6 | Mental Retardation | 0 |
| 7 | Epilepsy | 16 |
| 8 | Childhood Behavior Disorder | 0 |
| 9 | Dissociative disorder | 16 |
| 10 | Somatoform Disorder | 57 |
| 11 | Insomnia | 42 |
| 12 | Migraine | 37 |
| 13 | Irritable Bowel Syndrome | 8 |
| 14 | Others | 95 |
| TOTAL NO. OF CASES | | 483 |

**TOTAL NO. OF CASES W.E.F MARCH 2013-APRIL 2014 UNDER DISTRICT HOSPITAL, MANGAN (NORTH)**

|  |  |  |
| --- | --- | --- |
| Sl. No. | DETAILS | No. Of Cases |
| 1 | Bipolar Affective Disorder(BPAD) | 3 |
| 2 | Depression | 11 |
| 3 | Alcoholic Disease Syndrome | 5 |
| 4 | Schizophrenia | 20 |
| 5 | Seizure Disorder | 10 |
| 6 | Epilepsy | 1 |
| 7 | Anxiety Disorder | 2 |
| 8 | Mood Disorder | 7 |
| 9 | Childhood Depression | 1 |
| 10 | Schizoaffective Disorders | 3 |
| 11 | Somatoform Disorders | 1 |
| 12 | Somnambulism | 1 |
| 13 | Others | 2 |
| TOTAL NO. OF CASES | | 66 |

**TOTAL NO. OF CASES W.E.F MARCH 2013-APRIL, 2014 UNNDER DISTRICT HOSPITAL, GEYZING (WEST)**

|  |  |  |
| --- | --- | --- |
| Sl. No. | DETAILS | No. Of Cases |
| 1 | Bipolar Affective Disorder(BPAD) | 6 |
| 2 | Depression | 15 |
| 3 | Panic Disorder | 16 |
| 4 | Dissociative Disorder | 14 |
| 5 | Acute Stress Disorder | 3 |
| 6 | Somatoform Disorder | 3 |
| 7 | Psychosis | 10 |
| 8 | Deliberate self Harm | 2 |
| 9 | Insomnia | 5 |
| 10 | Migraine | 3 |
| 11 | Transient Ischemic Attack | 1 |
| 12 | Epilepsy | 5 |
| 13 | Mental Retardation | 2 |
| 14 | Autism | 1 |
| 15 | Dementia | 1 |
| 16 | Substance Abuse | 93 |
| 17 | Attention Deficit Syndrome | 7 |
| 18 | Delirium | 8 |
| 19 | Peripheral Neuropathy | 4 |
| 20 | Hypertension | 38 |
| 21 | Chronic Obstructive Pulmonary Disease | 6 |
| TOTAL NO. OF CASES | | 243 |

**TOTAL NO. OF CASES W.E.F MARCH 2013-APRIL, 2014 UNNDER DISTRICT HOSPITAL, NAMCHI (SOUTH)**

|  |  |  |
| --- | --- | --- |
| Sl. No. | DETAILS | No. Of Cases |
| 1 | Bipolar Affective Disorder(BPAD) | 115 |
| 2 | Depression | 88 |
| 3 | Panic Disorder | 66 |
| 4 | Dissociative Disorder | 42 |
| 5 | Acute Stress Disorder | 42 |
| 6 | Somatoform Disorder | 33 |
| 7 | Psychosis | 31 |
| 8 | Deliberate self Harm | 28 |
| 9 | Insomnia | 22 |
| 10 | Migraine | 15 |
| 11 | Transient Ischemic Attack | 13 |
| 12 | Epilepsy | 12 |
| 13 | Mental Retardation | 11 |
| 14 | Autism | 10 |
| 15 | Dementia | 5 |
| 16 | Substance Abuse | 5 |
| 17 | Attention Deficit Syndrome | 5 |
| 18 | Delirium | 4 |
| 19 | Peripheral Neuropathy | 3 |
| 20 | Hypertension | 2 |
| 21 | Chronic Obstructive Pulmonary Disease | 2 |
| TOTAL NO. OF CASES | | 554 |

**(V). Annual Report On National Tobacco Control Programme For The Year 2013 – 2014.**

**Background:**

Every year Tobacco kills 5.4 million people in the world which may go upto 10 million by 2025. More than 80% of these deaths occur in the developing countries. Tobacco smoke is major cause of illness disability and premature death globally. It kills more people than AIDS, Alcohol, other addictions and accidents annually. In India alone 8- 10 lakhs people die due to tobacco related diseases which can be prevented. (Almost 30% of cancers in India are related to tobacco use. In the North East region 50% of cancers among men and 25% among women are related to tobacco use). Prevalence of Tobacco use in sikkim was 18.7% in female and 61.8% in male (National Family Health Survey II).

In order to support the cause Department of Health Care, Human Services and Family Welfare, Government of Sikkim implemented the cigarette other tobacco product Act 2003 in the State in the year 2008. Prior to the implementation of the Act 2003, the Sikkim prohibitions of smokers and nonsmokers health protection act 1997 were extended. But the results were not very note worthy. The journey of the act 2003 began in the year 2008. Under the supervision of State Nodal Officer, National Tobacco Control Programme. All the four districts of the state were covered under the act. In the initial stage it was tough to deal the issue. However, with sincere dedication and vision of smoke free Sikkim, awareness campaigns and “No smoking” Signage were initiated I some public places like Government Officer, Motor stands, Restaurants, Hotels, etc. Series of sensitization and Training workshop for programmes officers, Law enforcers including all Police Officers, all Health Personnel’s, NGOs, Civil Society, Media and others as well as massive campaign in Urban and Rural areas were conducted, the result of which were very encouraging. The State Tobacco Control Cell and District Tobacco Control Cell were established in two districts. In the short span of two years, Sikkim achieved the milestone to declare as smoke free (in public places) State on 31st May 2010 on the first State in India. Thus it became a model state for remaining states in the country. However, maintaining the sustainability is tough issue to be dealt with. Continuous monitoring supervision is of utmost importance, keeping this in view; constant monitoring exercise is being conducted throughout the state. This exercise includes, orientation training, Workshop to law enforcers, Police Officers, Medical Officers and Staff, NGOs, representative of religious organizations, associations, stake holders, awareness programmes in schools, colleges and through the medium of Radio spits/TV messages etc. Constant monitoring & raids by the squads is routine features of the Tobacco Control Cell.

**Goals and Objective:-**

1. The goal of Sikkim Tobacco Control Programme is “Tobacco Free Sikkim”.

The Objectives of Tobacco Control Programme are as under:-

1. To build up capacity of the State/District to effectively implement the tobacco control initiatives:
2. To train the health care workers, social workers, police personnel, school teachers, & Panchayats.
3. To strengthen the regulatory mechanism to monitor/implement the tobacco control laws.
4. To establish the tobacco cessation facilities
5. Provide facilities for treatment of dependence
6. To conduct adult tobacco survey/youth survey for surveillance
7. To coordinate with various public and private sectors for effective implementation of tobacco free laws.

In the year 2013 -14 the State Tobacco Control Cell achieved the following milestones:

* Raids
* Fine Collected
* Awareness Generation
* IEC

**Manpower**

The State Tobacco Control Cell is headed by State Health Officer (SHO) cum Additional Director Health Services (ADHS) is assisted by District Nodal Officers South & East Districts, Officials of the Sanitation Cell and one counselor posted in east District and two social workers posted in south & east district respectively to implement the act.

At present there are following staff working under NTCP who are posted in 2 districts south and east.

1. Counselor - (East District)
2. Social Worker - (South + East Districts).

Budgetary Support.

In the year 2013 -14 no grant has been received from Government of India/State Government despite this cell has been continuously monitoring, supervising and conducting routine exercise to combat the violations of COTP Act, 2003 in the State and maintenance of Some Free Status.

Strategy.

The cell is dedicated to make Sikkim tobacco free by the year 2020.

**5. ANNUAL REPORT ON CLINICAL ESTABLISHMENT ACT, 2010 FOR THE YEAR 2013 – 2014.**

The Clinical Establishment (Registration and Regulation) Act, 2010 in an Act to provide for the registration and regulation of Clinical Establishment with a view to prescribe minimum standards of facilities and services which may be provided by them so that mandate of Article 47 of the constitution for the improvement in Public Health may be achieved.

Clinical Establishment Cell, Annexure Building, HC, HS & FW Deptt. Convoy Ground, Tadong is headed by Addl. Director cum State Health Officer. She is supported by Deputy Director (S) and Assistant Director (S) and Non – Medical Supervisor. Three Data Entry operators were recruited for the period January 2014 to March 2014 and posted at Head office, District Hospital Namchi, South Sikkim & District Hospital Singtam, and East Sikkim. The Act is being implemented by the District Registering Authority constituted under the GMC Area and all four districts. The process for renewal of the provisional registration for another one year is going on. The provisional registration is being granted on the basis of the application form along with the relevant documents submitted by the Clinical Establishment and the criteria/standards laid down in the Sikkim Clinical Establishment Rule 2012.

The validity of the provisional registration was six months only. However as per the instruction of the Central Government the period of provisional registration has been extended for another six months and shall be renewed for 1 year. Physical verification of the clinical establishments who have been issued the provisional registration are also being conducted by a team of officers from clinical establishment cell, District Collector ate Office & Gangtok Municipal Corporation. The Technical Officers like Consultant Radiologist, Consultant Pathologist are also being involved wherever necessary. The Government health facilities are also being visited. The District Hospitals have instructed to take action for registering all diagnostic facilities including X – ray equipment as per Atomic Energy Regulatory Board Guidelines. The Clinical Establishment has been instructed to report on notifiable diseases like TB in coordination with State TB Cell. During visit to some of the Clinics, it was found that MTP is being conducted without taking approval of the place to conduct MTP. Hence, they have also been instructed to comply with the MTP Act. However, Clinical Establishment cell and RCH wing (NRHM) would be working together to tackle these issue.

The permanent registration would be granted to the Clinical Establishment if only when a clinical establishment fulfills the prescribed standards for registration by the Central Govt. The online registration of clinical establishment was initiated in coordination with officials of NIC, Gangtok. However, it couldn’t be operationalised due to shortage of office Assistant/Data Entry Operators in the cell. Online registration would be initiated during the financial year 2014 – 2015 once the post of Data Entry Operation are confirmed by the central Govt.

**Financial Achievement 2013 – 2014.**

Rs. 5, 00.000/- had been provided under clinical establishment for implementation of clinical establishment Act, 2010 in the State.

The detail of expenditure is as under:-

1. TA/DA for DRA meeting/Inspection of

four district and GMC Area - Rs, 46,941/-

1. Stationery Item for four DRA & GMC Area - Rs.98,781/-
2. Computer and furniture item for DRA office

Namchi District Hospital and Singtam District

Hospital. - Rs. 1, 47,888/-

1. TA/DA for staff of clinical Establishment cell - Rs. 8,370/-
2. P.O.L. used in tour conducted by member

Of four DRA - Rs. 15,033/-

Total Expenditure - Rs. 3, 17,013/-

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.No** | **Total Budget allocated 2013 – 14** | **Expenditure** | **Balance** | **Remarks.** |
| 1. | 5,00,000 | 3,17,013 | 1,82,987 | The balance is re-appropriated for other health programmes by AD (Accounts) Health |

Expenditure under Flexi pool (NRHM)

Total Rs. 7, 10,000/- had been granted under Clinical Establishment Act, 2010

1. Rs. 27,750/- for the training in GMC Area.
2. Rs. 4, 69,791/- for establishment of DRA Office/Computer, Godrej, Furniture, Xerox machine etc.
3. Rs, 74,676/- TA/DA for staff of Clinical Establishment Cell & members of DRA
4. Rs. 81,000/- Salary of DEOs till 31/3/2014

Total Expenditure Rs. 6, 53,217/-

Balance - Rs. 56,783/- only.

**THE TOTAL NO. OF REGISTERED CLINICAL ESTABLISHMENT IN THE STATE GMC AREA, GANGTOK (SIKKIM).**

|  |  |  |  |
| --- | --- | --- | --- |
| Sl. No. | Clinical Establishment (Private) | Total No | Registered as on 20/3/2014 |
| 1 | Allopathy Single Practitioner | 21 | 19 |
| 2 | Poly Clinic | 6 | 6 |
| 3 | Ayurvedic Clinic | 2 | 2 |
| 4 | Ayurvedic Hospital | 1 | 1 |
| 5 | Homeopathy Clinic | 3 | 2 |
| 6 | Diagnostic Centre | 1 | 1 |
| 7 | Dental Clinic | 5 | 4 |
| 8 | Eye Clinic | 2 | 2 |
| 9 | Optical Centre | 9 | 5 |
| 10 | Rehabilitation Centre | 2 | 2 |
| 11 | Nature Care | 1 | 1 |
| 12 | Acupuncture | 2 | 2 |
| 13 | Alternative Medicine | 1 | 1 |
| 14 | Care & Support Centre | 1 | 1 |
| 15 | Drop in Centre for IDUS – I | 1 | 1 |
|  | Grand Total | 55 | 50 |

**DISTRICTWISE PRIVATE CLINICAL ESTABLISHMENT REGISTERED AS ON 20/3/2014.**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sl.  No. | Clinical Establishment | East | | West | | North | | South | | State | |
|  |  | Tot. No | Regd. | Tot. No. | Regd. | Tot. No. | Regd. | Tot. No | Regd. | Tot. No. | Regd. |
| 1 | Allopathy Single Practiontioner | 4 | 4 | - | - | - | - | 6 | 5 | 10 | 9 |
| 2 | Poly Clinic | 4 | 4 | - | - | - | - | 2 | 2 | 6 | 6 |
| 3 | Ayurvedic Clinic | 2 | 2 | - | - | - | - | 2 | - | 4 | 2 |
| 4 | Homeopathy Clinic | 2 | 2 | - | - | - | - | 1 | 1 | 3 | 3 |
| 5 | Diagnostic Centre | 3 | 3 | 1 | 1 | 1 | 1 | 5 | 3 | 10 | 8 |
| 6 | Dental Clinic | 2 | 1 | - | - | - | - | 4 | 3 | 6 | 4 |
| 7 | Eye Clinic | - | - | - | - | - | - | - | - | - | - |
| 8 | Optical Centre | 2 | 1 | 1 | 1 | - | - | 3 | - | 6 | 2 |
| 9 | Nature Care | - | - | - | - | - | - | - | - | - | - |
| 10 | Rehabilitation Centre | 2 | 2 | - | - | - | - | 2 | - | 4 | 2 |
| 11 | Alternative Medicine | - | - | - | - | - | - | - | - | - | - |
| 12 | Nursing Home | - | - | - | - | - | - | 1 | - | 1 | - |
| 13 | Using Health Centre Pvt. Ltd. | - | - | - | - | 5 | 5 | - | - | 5 | 5 |
|  | Total | 21 | 19 | 2 | 2 | 6 | 6 | 26 | 14 | 55 | 41 |

**PROPOSED ACTIVITIES FOR THE FINANCIAL YEAR 2014 – 15.**

Since, the Clinical Establishment Act is being implemented by the Sanitation Cell of the department where there is already shortage of manpower, all the activities proposed cannot be achieved by the end of the financial year. However, the focus during the year 2014 – 15 would be the Govt. Health Care Institutions. Last year all health facilities could not be visited due to time constraint, Joint visit would be conducted along with the officers of RCH Cell (NHM) for effective implementation of the Clinical Establishment Act, PC & PNDT Act & MTP Act.

State team would also visit some of the Clinical Establishment under private sector in the districts. State Level meeting would be conducted to disseminate the guidelines/instructions of the Central Govt. regarding standards and information’s to be collected from Clinical Establishment in the State. Regular meeting of DRA (GMC) and all four districts would be organized at respective districts.

Printing of forms, formats, registers, certificates would be done to carry out day to day activities in the clinical establishment cell at Head Office and four District Hospitals.

**Proposed Budget for 2014 – 15**

|  |  |  |
| --- | --- | --- |
| Sl. No. | Particulars | Amount |
| 1. | Mobility Support (POL/TA/DA) | 2,00,000/- |
| 2 | Printing of Stationary items | 1,00,000/- |
| 3 | Workshops and Meeting of DRA | 2,00,000/- |
| 4 | TA/DA to Officers for attending meetings outside State | 1,00,000/- |
|  | Total | 6,00,000/- |

**6. BIRTHS & DEATHS CELL (CIVIL REGISTRATION).**

Registration of births and deaths act 1969 was implemented in Sikkim State on 20th Aug, 1979 after framing state rules on registration of births and deaths. The Sikkim registration of births and deaths rule was fully amended in revamp system in Dec. 1999 and came into force w.e.f. 01/01/2000.

The Civil registration organization in the state is headed by the Principal Director of Health Services as the Chief Registrar who is Chief Executive Authority in the state under Section 4(1) of Births and Deaths Act, 1969. Vital statistics data is one of the prerequisites for better planning and development at national level as well as at the state level is a reliable estimate of the population figures. It has also become a vital tool with planner and for catalyzing economic activities, administrative reforms and developing human resources.

**Organizational setup:**

**At the State Head Quarter:**

Chief Registrar (Director Dental Health Services) assisted by:(a) Joint Director, Statistical Service

(b) Registrar-cum- Nosologist, (Joint Director State Health Services)

(c) Registrar (Deputy Director), Statistical Services

(d) Other Statistical & clerical staffs

. Statistical Investigator-1, Field Assistant -1, L.D.C.-3

. Field Assiatant-1 at STNM Hospital.

**DISTRICT LEVEL**

**District Registrar**

Chief Medical Officer (North, East, South and West): as a registrar they are responsible for executing work in their jurisdiction of the concerned district as per the RBD Act. In South and West Districts the work of Registrar is entrusted to the Microbiologist and District Reproductive & Child Health Officer respectively.

**Registrar of Births and Deaths at Primary Health Centre and other institutions.**

Medical Officers- in- charge of 24 Primary Health Centres are responsible for the work of Registrar and monitoring the legal registers of Births and Deaths with information given to them in their respective jurisdiction as registrar.

CRH, Tadong has appointed HOD, Psychiatry, STNM Hospital, Gangtok, has HOD, Gynaecologist and Lt. Colonel in Military hospital, Gangtok as registrar.

The registrar can appoint a Sub-Registrar and assign them any or all the powers and duties in relation to specified areas within their jurisdiction.

**Information System**

Under Section 10(1) of the Births and Deaths Act, Agan Wadi Workers are appointed, under the supervision of ICDS Supervisors, to report every event of births and deaths within 21 days of occurrence under their jurisdiction. They are paid honorarium of Rupees fifty per month, only. In addition to this, health workers male & female, Gram Panchayat are also entrusted with the same responsibilities of notifying the births and deaths occurring in their respective jurisdiction to the concerned local registrar, within twenty one days. In Gangtok, the person in charge of Ranipool Crematorium ground is given the responsibility of notifying deaths. Additional to this it is the responsibility of the head of the family, driver of the vehicle, pilot of aero plane, in-charge of tea gardens, factories etc to notify the events of births and deaths occurred at their working places.

**Trainings**

**1. On Medical Certificate of Cause of Deaths (MCCD)**

During this calendar year, no training was conducted on MCCD.

**2. On Civil Registration System (CRS)**

With the fund received from the ORGI, New Delhi, training on CRS was conducted in thirteen different centres, were 1239 numbers of trainees (Registrar Births & Deaths, CDPOs, AWW, Dealing assistants and ICDS supervisors,) were trained by Mr. S.C. Dhakal, deputy director -cum- Registrar, Births & Deaths Births & Deaths.

**Correction and cancellation**

Spellings of the names were corrected without changing the articulation and if any clerical error brought to the notice of the Registrar and if the registrar was satisfied, then the other errors were corrected after the submission of supporting documents. No corrections of date of birth or death were entertained.

**Offences, Penalties, Prosecutions**

There were no offences, penalties or prosecution this year.

**Scheme on Medical Certification of Cause of Death**

The certificate of cause of death is the basic document for generating cause of death statistics. The scheme envisages that the certificate of cause of death is to be filled in accurately and completely by the attending medical practitioner and given to the informant for onward transmission to the Registrar for registering the death. The scheme of medical certification of cause of death is in operation in 31 institutions in Sikkim: 4 District hospitals, 24 PHCs, STNM hospital, CRH, Tadong and Military Cantonment hospital, Gangtok and one Births & Deaths Registration centre, Gangtok which add up to total 32 Births & Deaths Registration centres. The MCCD forms are sent to the state HQ by the Registrars of these Registration centres for coding of diseases as per the ICD 10 code and compilation of data. There has been tremendous improvement in filling up of the MCCD forms.

A total of 1528 medical certificate of cause of deaths were received from various registration centers during the year 2013 which is about 43.3 percent of total registered deaths in the current year.

**Maintenance of Records**

The Registrar is required to maintain the record of all births, still births and deaths in printed register provided. Every year on the first day of January new register is opened by the Registrar. As the records of births and deaths are of permanent importance and must not be destroyed, these registers are kept in safe custody in steel closets provided by Office of the Registrar General, India. Efforts are required to preserve these historical records considering their legal values.

**Computerization of Records**

The data relating to the Medical Certificate Cause of Death and the statistical portions of the vital events are compiled, recorded, coded and tabulated with the help of software provided by the RGI, New Delhi at the head quarter office, Gangtok.

**IEC Activities:**

IEC could not be conducted due to the financial shortage.

**Achievement during the year - 2013**

Out of 8689 numbers of live births registered (Table-1), 8183 (Table-2) events were registered within 21 days. Total number of deaths registered was 3515 (Table-7), out of which 3255 (Table-9) events were registered within 21 days and 1528 (Table-8) were Medically Certified deaths. The level of live birth registration coverage within 1 year of its occurrence was 82% and death was 106%.

**LIVE BIRTHS REGISTERED DURING THE YEAR 2013**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DISTRICT | LIVE BIRTHS REGISTERED WITHIN ONE YEAR | | | PERCENTAGE OF REGISTRATON | \*SEX RATIO AT BIRTH |
| MALE | FEMALE | TOTAL | SRS |
| EAST | 2534 | 2427 | 4961 | 101 | 103 |
| NORTH | 154 | 167 | 321 | 43 | 92 |
| SOUTH | 1024 | 923 | 1947 | 76 | 111 |
| WEST | 725 | 735 | 1460 | 62 | 98 |
| TOTAL | 4437 | 4252 | 8689 | 82 | 104 |

\*Sex ratio at birth is calculated as Male/Female x 100

(Expected BIRTH-10577) Table -1

The above table shows the total number of live births registered within one year of occurrence district wise and percentage as per Sample Registration System with sex ratio at birth. By studying the table we can make out that the sex ratio of our state is favorable, but level of registration was not reached up to the mark.

Table -2

**TIME GAP IN REGISTRATION OF LIVE BIRTHS (DISTRICTWISE)- 2013**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DISTRICT | Within 21 | After 21-30 days | After 30 days to 1 Year | After 1 Year |
| East | 4772 | 56 | 133 | 1342 |
| North | 304 | 03 | 14 | 342 |
| South | 1811 | 16 | 120 | 971 |
| West | 1296 | 24 | 140 | 1079 |
| State | 8183 | 99 | 407 | 3734 |

This table shows district wise data with time gap in registration of live births in the state. The periods are divided in four parts, current registration within twenty one day, after twenty one to thirty days, after thirty days to one year and after one year.

Table -3

**Live Births By Type of Attention At Delivery-2013**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Rural  &  Urban | Institutional | | Non–Institutional/Domiciliary | | | Total |
| Government | Private and  Nongovernment | Doctor, Nurse &Trained midwife | Traditional Birth Attendant | Relative &  Others |
| Rural | 5858 | 750 | 00 | 02 | 1287 | 7897 |
| Urban | 237 | 80 | 00 | 00 | 35 | 352 |
| Total | 6095 | 830 | 00 | 02 | 1322 | 8249 |

This table shows 6925 Institutional deliveries (80%) and 1313 Non Institutional /Domiciliary deliveries which is 20 % of the total deliveries. Out of total deliveries registered we can see that majority of deliveries is done in institution.

Table -4

**INSTITUTIONAL LIVE BIRTHS BY METHOD OF DELIVERY-2013**

|  |  |  |  |
| --- | --- | --- | --- |
| **Method Of Delivery** | **Type of Institution** | | **Total** |
| **Government Hospital** | **Private/Non Government** |
| Natural | 4689 | 318 | 5007 |
| Caesarean section | 1320 | 495 | 1815 |
| Forceps/Vacuum | 86 | 16 | 102 |
| Not stated | 00 | 01 | 01 |
| Total | 6095 | 830 | 6925 |

The above table 4 shows the method of delivery in institutions. Given below are the

percentages of method of delivery (out of 100).

1. **Natural delivery72 %**
2. **Caesarean and 26%**
3. **Forceps/vacuum deliveries 2%.**

Table -5

**LIVE BIRTHS BY AGE OF MOTHER AND BIRTH ORDER-2013**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Age of Mother**  **(Years)** | **Birth order (Number)** | | | **Total** |
| **1** | **2** | **>2** |
| <15 | 00 | 00 | 00 | 00 |
| 15-19 | 731 | 25 | 00 | 756 |
| 20-24 | 2123 | 893 | 107 | 3123 |
| 25-29 | 1116 | 979 | 466 | 2561 |
| 30-34 | 478 | 475 | 307 | 1260 |
| 35-39 | 99 | 157 | 200 | 456 |
| 40-44 | 10 | 17 | 58 | 85 |
| 45 & above | 01 | 00 | 07 | 08 |
| Not stated | 00 | 00 | 00 | 00 |
| Total | 4558 | 2546 | 1145 | 8249 |

This table shows birth order and age of mother at birth. The maximum number of live birth reached is 38% by mother of age group 20 to 24 years and lowest is 0.09% by mother of age group 45 & above

**LIVE BIRTHS BY LEVEL OF EDUCATION OF FATHER AND MOTHER AND BIRTH ORDER-2013**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Level of Education** | **Birth Order** | | | | | |  | |  |
| **1** | | **2** | | **>2** | | **Total** | |
| **Father** | **Mother** | **Father** | **Mother** | **Father** | **Mother** | **Father** | **Mother** |
| Illiterate | 215 | 283 | 193 | 257 | 216 | 339 | 624 | 879 |
| Below Primary | 561 | 469 | 352 | 357 | 259 | 248 | 1172 | 1074 |
| Primary but below Metric | 2079 | 2033 | 1233 | 1221 | 494 | 427 | 3806 | 3681 |
| Metric but below Graduate | 1036 | 1162 | 496 | 494 | 119 | 79 | 1651 | 1735 |
| Graduate & above | 591 | 520 | 226 | 162 | 23 | 09 | 840 | 691 |
| Not Stated | 76 | 91 | 46 | 55 | 34 | 43 | 156 | 189 |
| Total | 4558 | 4558 | 2546 | 2546 | 1145 | 1145 | 8249 | 8249 |

Table – 6

Maximum children are born to the parents with the education level of primary but below metric

and minimum children are born to the parents with the education level of Graduate & above.

Table -7

TOTAL **DEATHS REGISTERED- 2013**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DISTRICT | DEATHS REGISTERED WITHIN ONE YEAR | | | PERCENTAGE OF REGISTRATION |
| MALE | FEMALE | TOTAL | SRS |
| EAST | 1074 | 716 | 1790 | 88 |
| NORTH | 141 | 68 | 209 | 116 |
| SOUTH | 478 | 287 | 765 | 95 |
| WEST | 460 | 291 | 751 | 100 |
| TOTAL | 2153 | 1362 | 3515 | 106 |

This table shows the death registered within one year of occurrence and the

Percentage as per Sample Registration System.

Table –8

**DISTRICT WISE DEATHS REGISTERED AND MCCD COVERED**

**WITHIN 21 DAYS - 2013**

|  |  |  |  |
| --- | --- | --- | --- |
| District | No. of deaths registered | No. of medically certified deaths | % of Coverage |
| East | 1693 | 1037 | 61.5 |
| North | 179 | 58 | 32.4 |
| South | 690 | 296 | 42.8 |
| West | 693 | 137 | 19.8 |
| State | 3255 | 1528 | 47.0 |

Medically Certified Deaths contribute 47% out of all registered deaths within twenty

one days.

Table -9

**TIME GAP IN REGISTRATION OF DEATHS (DISTRICTWISE)- 2013**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DISTRICT | Within 21Days | After21-30Days | After 30days to 1 Year | After 1 Year |
| East | 1693 | 45 | 52 | 182 |
| North | 179 | 07 | 23 | 22 |
| South | 690 | 17 | 58 | 109 |
| West | 693 | 12 | 46 | 127 |
| STATE | 3255 | 81 | 179 | 440 |

The above table shows district wise data with time gap difference in registration of

deaths in the state. 98% of the total deaths are registered within 21 days. Expected

death is3320

Table -10

**TYPE OF ATTENTION AT THE TIME OF DEATH-2013**

|  |  |  |  |
| --- | --- | --- | --- |
| TYPE OF ATTENTION | Rural | Urban | Total |
| Institutional | 1403 | 102 | 1505 |
| Medical Attention  Other than Institution | 379 | 12 | 391 |
| No medical Attention | 1411 | 46 | 1457 |
| Total | 3193 | 160 | 3353 |

From the above table we can make out that maximum number of deaths

have occurred after institutional medical attention.

Table -11

**REGISTERED DEATHS BY AGE GROUP 2013**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Age (Years) | Urban | | Rural | | Total | | Total |
| Sex | | Sex | | Male | Female |
| Male | Female | Male | Female |
| Below 1 Yr. | 05 | 04 | 73 | 60 | 78 | 64 | 142 |
| 1-4 | 01 | 01 | 12 | 08 | 13 | 09 | 22 |
| 5-14 | 00 | 01 | 37 | 33 | 37 | 34 | 71 |
| 15-24 | 05 | 05 | 107 | 59 | 112 | 64 | 176 |
| 25-34 | 11 | 08 | 166 | 99 | 177 | 107 | 284 |
| 35-44 | 12 | 08 | 200 | 132 | 212 | 140 | 352 |
| 45-54 | 12 | 05 | 259 | 140 | 271 | 145 | 416 |
| 55-64 | 18 | 13 | 283 | 167 | 301 | 180 | 481 |
| 65-69 | 04 | 06 | 158 | 126 | 162 | 132 | 294 |
| 70 & above | 28 | 12 | 623 | 405 | 651 | 417 | 1068 |
| Total | 96 | 63 | 1918 | 1229 | 2014 | 1292 | 3306 |

This table shows registered deaths by age group and sex in the state. The

maximum number of deaths registered is in the age group 70 and above.

Table-12

**Infant Deaths by Age and Sex (Rural & Urban) in Sikkim-2013**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Age | Rural | | | Urban | | | All Areas | | Total |
| Male | Female | Total | Male | Female | Total | Male | Female |
| Below 7 Days | 36 | 25 | 61 | 04 | 01 | 05 | 40 | 26 | 66 |
| 7 Days-28 Days | 11 | 07 | 18 | 00 | 00 | 00 | 11 | 07 | 18 |
| 28 Days  -1 Year | 28 | 29 | 57 | 01 | 03 | 04 | 29 | 32 | 61 |
| Total | 75 | 61 | 136 | 05 | 04 | 09 | 80 | 65 | 145 |

The above table shows infant deaths by age and sex, maximum number of infant

Deaths registered from the age group below seven days is 46 % followed by 28 days

to one year 42% ,7 days to 28 days 12%.

**BUDGETARY SUPPORT AND EXPENDITURE FOR THE FINANCIAL YEAR**

**2013-2014**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Se.No. | Budget Head | Allotment  (Rs.in lakhs) | Expenditure  (Rs.in lakhs) | Remarks  (supplementary) |
| 1. | 3454-Census Survey & Statistics  02-Survey and Statistics  02-III Vital Statistics  60-Regn. of Births & Deaths  60.00.01.Salary(P) | 45.32 | 45.31 | --------------------- |
| 2. | 3454.02.02. III. 60.60.  00.11.T.E (P) | ----------------- | --------------- | --------------------- |
| 3. | 3454.02.02.  60.60.0013. O.E (P) | 3.37 | 4.37 | Twice- 0.60  - 1.00 |
| 4. | 3454.02.02.III 60.00.26  Advertisement & Publicity |  | --------------- | ----------------- |
| 5. | 3454.02.02.  60.60.00.51 M.V | 1.00 | 1.00 |  |
| TOTAL | | 49.69 | 50.68 |  |

**Strategy and Priority for the year 2014.**

The Births and Deaths Cell had set the target to achieve 100% registration of current births and deaths by 2010, but we are still lacking behind.

So, it will be our priority to reach out the community with the message of importance of registration of vital events, births and deaths, within the prescribed time limit I;e; within 21 days, at the place of its occurrence.

To improve statistical data by sensitizing the notifiers, Public (Head of the family), AWW, Panchayats, institutions to collect the correct information of every incidence of birth and death in time.

These could be made by imparting training, audio visual advertisement in television, via radio announcement, promotional materials should be printed for distribution in English and local languages.

Physical target proposed.

1. To reach the target we have set IEC becomes the priority to make the public aware that the registration has to be done at the place of its occurrence. For IEC – audio visual advertisement in television, radio announcement, promotional materials to be printed for distribution in English and local language, we require fund.
2. We require a data entry operator urgently to enter the statistical portions of the vital events on Civil Registration System, in the software provided by the ORGI, New Delhi, So that we may be able to compile the data in time then prepare and send the report wherever required.

**7. SANITATION CELL (BIO – MEDICAL WASTE MANAGEMENT)**

Sanitation Cell of the department is dealing with the preventive aspect of public health regular efforts are being made to ensure positive environmental health in the interest of public in general. The sanitation cell conducts strict supervision, close monitoring to upkeep the environment health. The sensitization and awareness against the adverse effects to improper solid waste management is the routine feature of the cell. The checking of hotels, eating establishments, meat shops, cinema halls, video parlors, and saloons are the routine feature of the cell. The certification for the issue of new FSSAI License is made mandatory for the hotels, eating establishments, meats shop by the sanitation cell.

**DETAILS OF THE PROGRAMME AND ACHIEVEMENT 2013 – 2014.**

1. Sanitation Cell has inspected approximately 300 Hotels and Eating Establishments and recommended for issue of FSSAI License and Registration for the year 2013 – 2014.
2. Sanitation Cell has inspected Cinema Hall, Video Parlor, Saloons, etc located around, Gangtok.
3. The Cell is also involved for Implementation of Clinical Establishment Act, 2010 & Rules 2012 in the State of Sikkim and also monitor BMW Status in the private Clinics Lab. Etc. (Registration & Regulation) of Clinical Establishment Act & Rules.
4. Sanitation Cell is also involved for Implementation of Cigarette, Tobacco Control programs in the State of Sikkim.

The other subject dealt by the Sanitation Cell is the hospitals waste management Bio- Medical Waste (Management & Handling) Rules, 1998 & amended rules 2011 was implemented in the State of Sikkim in the year 2000. Since then the programme is managed by the Sanitation Cell. In this programme all the hospitals are equipped with the basic required machineries. After the implementation of the programme all the hospitals has adopted the safe disposal of the hospital waste in accordance with rules.

**BUDGETARY SUPPORT AND EXPENDITURE FOR THE FINANCIAL YEAR 2013 – 2014 UNDER STATE PLAN.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SL.  NO: | BUDGET | ALLOTMENT | EXP. | REMARKS IF ANY |
| 1 | BH – 2210-10-61-06-184 |  |  |  |
| 2 | Purchase of HSD & Other consumable for incinerator | 20 lacs | 14,64,192 | Rs.5, 35,808 has been Re- appropriation in other programme by Addl. Director (Accounts) Health. |

No separate Budget is allocated to the sanitation cell salary and miscellaneous expenditure is met from Dir & Admn. The purchase of diesel for incinerator equipment and consumable for BMW is directly met from CHSO.

**MANPOWER.**

The cell has very limited manpower. The cell is being managed by Deputy Director (S) stationed at Headquarter and for East District, and 3 (three) Assistant Director (Sanitation) has been posted in the other District Hospital. Namchi, District Hospitals Gyalshing and District Hospital Mangan respectively.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl. No. | Name of the Post | Sanctioned Post | Existing in Position | Vacancy | Place of Posting |
| 1. | Deputy Director (S) | 2 | 1 | 1 | Headquarter |
| 2 | Assistant Director (S) | 4 | 3 | 1 | South, West & North Sikkim |

**PHYSICAL TARGET 2014 – 15**

1. Appointment of Sanitary Inspector in each districts 1 (one) post of Sanitary inspector is being filled up and 3 (three) post of Sanitary Inspector is still vacant proposed for filled up.
2. Appointment of Data Entry Operator for keeping of all record and typing of official work.
3. Effective Implementation and enforcement of BMW management rules in the State Hospital, District Hospital, and PHC & PHSCs Level will be developed.
4. Overall cleanliness in all the Health Institution will be maintained and also to facilities the requirement items.
5. Orientation Training on BMW Management for all the Health Personnels working under the Health Institutions will be organized through (IMEP) NHM Fund.

**FINANCIAL TARGET PROPOSED FOR 2014 – 2015.**

1. Salary of 4 (Four) nos. Sanitary Inspector-30,000x4=1,20,000/- P.M

1, 20,000x12=Rs.14, 40,000/-Per year

1. Fund required for authorization fees for BMW

Management for 5 hospitals and 26 nos of PHSCs

For submission to SPCB. - Rs.33, 000/-per year

1. Salary of Data Entry Operator (DEO) - Rs.10,000/- per month

10000x12=Rs.1, 20,000/- per year

1. Required of consumables item like color coded

Bucket, Bio – degradable plastic bag and some

Equipment like shredder, needle destroyer, etc

for distribution to all the Health Institutions - Rs, 20 lacs/-

1. AMC for 5 Nos. incinerator already installed

In the different places in the State. - Rs. 10 lacs/-

Grand Total of all = Rs. 45, 93,000/- (Rupees Forty five lakh and Ninety three thousand) only.

**8. SIKKIM STATE BLOOD TRANSFUSION COUNCIL**

The Sikkim State Blood transfusion Council (SBTC) was set up during the year1996 on a directive of the Hon’ble Supreme Court of India. It is an autonomous organization, registered as a society under the Societies Registration Act and functions in accordance with the guidelines received from the National Blood Transfusion Council, Ministry of Health, and Family Welfare, Government of India, from time to time. The office of the council, as per the guidelines, is located in the STNM Hospital Complex, which is the premier hospital in the State. In accordance with the bye laws of the council, the Director Cum Medical Superintendent of the STNM Hospital is also the director of Council who looks after day to day functioning of the council to achieve the aims and objectives of the council as set forth in the Memorandum of Association of the Council as well as guidelines of the Council.

1. **AIMS AND OBJECTIVES OF THE COUNCIL**

The aims and objectives of the council are:-

* To build up adequate blood banking services in the State including provision of trained/qualified manpower.
* To educate and motivate people about blood donation on a voluntary basis.
* To provide adequate encouragement to voluntary donors.
* To enforce quality control of blood in all its facets of collection distribution and storage
* To make available high quality blood and blood components in adequate quantity to all users.
* To ensure wide usage of blood components – Rational use of blood
* To expand voluntary and replacement donor bases so as to phase out professional blood donors.
* To provide minimum possible facilities for blood collection, storage and testing in all Government Blood Banks.
* To ensure the awareness of clinicians and blood bank staff on the advantages of the blood donation.
* To increase public awareness about the risks in using blood from commercial Blood Banks and professional donors and the harmlessness of blood donation.
* To build a powerful voluntary blood donation movement to augment supplies to safe quality blood and blood components.
* To introduce screening procedure to minimize the danger of transmissible diseases like AIDS, Hepatitis, etc.

As on record Professional Blood Donors have been totally eliminated in the State. The Council has been making concerted efforts, in collaboration with the Clinicians, NGOs, and other agencies to achieve 90 percent Voluntary Blood Donation as fixed by NACO. The target of percentage of Voluntary Blood Donation during the year 2013 – 14 of the council for Sikkim State was 90% out of which 77.7% is achieved in Government Blood Banks in the year 2013 – 14

1. **ORGANIZATIONAL SET – UP**

The council has a Governing Body with the following members:-

|  |  |  |
| --- | --- | --- |
| SL.  NO | NAME, ADRESS AND OCCUPATION OF THE MEMBER | DESIGNATION IN THE COUNCIL |
| 1. | Commissioner – Sum- Secretary, HC, HS & FW Deptt. Government of Sikkim, Gangtok | President |
| 2 | Principal Director, HC,HS & FW Deptt. | Member |
| 3 | Licensing Authority, Drug Control | Member |
| 4 | Addl. Secretary/Addl. Director, Finance, Revenue & Expenditure Department | Member |
| 5 | Sr. Blood Bank Officer, STNM Hospital | Member |
| 6 | Sr. Blood Bank Officer, General Hospital Namchi | Member |
| 7 | In- Charge Blood Bank, CRH, Tadong | Member |
| 8 | Medical Superintendent, S.M.I.M.S, Tadong | Member |
| 9 | Project Director, Sikkim State AIDS Control Society (SSACS) | Member |
| 10 | One representative, Indian Red Cross Society, Sikkim Branch | Member |
| 11 | State Liaison Officer, National Service Scheme (N.S.S.), Sikkim Branch | Member |
| 12 | President, United Christian welfare Society | Member |
| 13 | Medical Superintendent, STNM Hospital | Director & Member Secretary |

1. **MANPOWER POSITION**

The Staff Position as sanctioned by the Government of India and in the position as under:-

* Director 01
* Joint Director (Administration 01
* Deputy Director (T/M) 01
* Office Assistant 01
* Accountant 01
* Peon 01
* Post Ex- Officio

In Position – Post on contract scale/consolidated salary

1. **ACCOUNTS AND AUDIT:-**

As per directive of the government of India and also accordance with the rules of the council, the accounts of the council are audited annually by a firm of chartered Accountants who is on the approved panel of the National Blood Transfusion Council. Audited statement of Accounts along with utilization certificate duly prepared by the chartered account of the council are forwarded regularly each year years to the Government of India as well as the State Government.

The Audited Statement of Accounts is also placed before the Governing Body of the Council in its annual Meeting, which is held annually, for Discussion, and approval of the Governing Body.

1. Budgetary Support and Expenditure:

As per the directive of Hon’ble Supreme Court of India, the expenditure for running of the council is met out of the grants – in – aids provided by both the Government of India and State Government on 50-50 sharing basis.

1. Physical and financial target vis-à-vis achievement made during the year 2013 -2014 commensurate with the proposed strategy for 2014 – 15.

The physical and financial targets achieved by the Council during the year under report have been in consistence with the Annual Action Plan for the year. Brief details of the achievements are given below:-

* Strict Monitoring of Implementation of National Blood Policy by all the Blood Bank functioning in the State and all the other concerned.
* Achieving 77.7% Voluntary Blood Donation in Government Blood Banks, where as the Target fixed was 90% for year 2013 – 14.
* Finalization of Data Base and updating computerized directory of Voluntary Blood Donors in the area of each Blood Bank.
* Awareness campaign through Electronic, Print Media and Direct IPC
* Holding of CME Programmes for Doctors with emphasis on Blood Safety, National use of Blood and Blood Components in collaboration with SSACS.
* Orientation/Training of Doctors and all other concerned hospital staff i.e. Sister and Technicians in collaboration with State AIDS Control Society on Blood Safety out side
* Assessing the need for Blood and Blood Components as per the requirement of Blood Banks in the State
* Holding Blood Donation Camps from time to time in different parts of the State.
* Celebration of National Blood Donation Day and world Blood Donors Day by all the Blood Banks.
* Utilization of infrastructure of the Department of health Care, Human Services and Family Welfare and State AIDS Control Society, wherever necessary, for achieving the above objectives. The includes advice to establish Blood component – Preposition Unit in the State.
* Counseling Services provided to Central Blood Bank STNM Hospital Gangtok through SSACS.

**ANNUAL ACTION PLAN 2014 – 15.ACTIVITIES TO BE UNDERTAKEN DURING THE YEAR 2014 – 15.**

* Observation of National Blood Donation Day and World Blood Donors Day by all the blood banks in the state, as per the guidelines for the year by NACO/NBTC.
* Achieving the target of 80% Voluntary Blood Donation target fixed by the NAC) allocated for Sikkim State. The target fixed for year 2014 – 15 is 100%
* Assessing the need for Blood and Blood components in the state month wise in each Blood Bank of State on the basis of their blood collection and supply in year 2013 – 14.
* Holding Blood donation camps from time to time in different parts of the State as per need of blood in different months of the year. As per the tentative list of Programme of Voluntary Blood Donation Camps for 2014 – 15, submitted by individual Blood Bank.
* I.E.C Campaign/Blood donors motivation camps to augment voluntary blood donation movement, extensive use of electronic and print media, like use of banners, booklets, advertisement on voluntary Blood Donation in Local News Papers, periodicals, city cables, AIR, Hoardings, Zingles sponsored programmes, video spots and play etc.
* Finalization of Data Base and updating the directory of voluntary blood donors in the area of each blood bank in the State. Also to computerize it in collaboration with information and technology department of the State.
* Strict monitoring of implementation of “National Blood Policy” by all the blood banks functioning in the state and all the other concerned. Supervisory visits to these blood banks to check the adherence to rules will be given.
* Holding of CME programme for doctors/paramedical and other users of blood with emphasis on Blood Safety, rational use of blood and blood component in collaboration with SSACS.
* Orientation training like C.M.E/Seminars/workshop and conference of doctors/technicians/sisters/drug inspectors etc. on blood safety programmes in collaboration with SSACS.
* Provision of counseling services to all the blood bank in the state.
* Utilization of infrastructure of department of Health Care, Human Services and family welfare to upgrade the transfusion services in the State.
* Motivation of eligible target group i.e youth for voluntary blood donation in school and colleges through N.S.S. Also through N.G.Os like Red Cross, Nehru Yuva Kendra R.R.Cs and others religious (F.B.Os) and Social organization (C.B.Os). Also through the uniformed organization like S.A.P, S.S.B.

**FINANCIAL OURLAY (2014 – 15)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.No:** | **Particulars** | **Amount (Rs)** | **Grand Total** |
| 1. | Salaries of Staff Administrative | Full time employees  Divisional Assistant - Rs. 18000x12 = 2,16000.00  Accountant Rs.16000x12 =1,92000.00  Peon Rs.10000x12 = 1,2000.00  Safaikarmachari GTK Rs.1500x12 = 18000.00  Safaikarmachari Namchi Rs.18000.00  Rs.5,64,000.00 | Rs. 5,64,00.00 |
| 2 | Officer Expenses | Stationary Rs. 75,000.00  Fax/Telephone Charge Rs. 12,000.00  Internet Rs. 6000.00  Equipment Maintenance Rs.30,000.00  Misc. Exp. Rs.20,000.00  Total Rs.1,43,000.00 | Rs.1,43,000.00 |
| 3 | Office Equipemt   1. Office Locker | Rs. 50,000.00 | Rs.50.000.00 |
| 4 | IEC Programme | 1.Printing IEC Materials:- Leaf lets,  pamphlets, stickers, hoarding,  certificate, baner etc. Rs.200,000.00   1. Advertisement for Voluntary Blood Donation/Motivation awareness programme through out Sikkim   Through : Local TV Channel- Rs. 50,000.00  Radio Rs. 50000.00  Seminars/workshop:- Rs.80,000.00  Local News paper:- Rs. 1,32,000.00  Total Rs. 5,12,000.00 | Rs. 5,12,000.00 |
| 5 | CME/0rientation training/conference | Rs. 200,000.00 | Rs.200,000.00 |
| 6 | Other Activities:-  (a). Observance of National Blood Donation day andworld blood donors day in all the blood banks in the state. | Rs. 300,000.00 | Rs.300,000.00 |
| b. | Training to NGOs, CBOs, FBOs, RRC, for promotion of voluntary blood donation | Rs.50,000.00 | Rs.50,000.00 |
| 7 | Promotion of voluntary blood donation | Rs.3,60,000.00 | Rs,3,60,000.00 |
| 8 | Total funds required during the year 2014 – 15 | Grand Total | Rs.21,79,000.00 |

Note: - Out of the total of Rs. 21, 79, 000.00 50% of State share I;e (Rs.10,89,500/-(Rupees Ten Lakhs eighty nine thousand five hundred) only is to be provided as the state share from HC, HS & FW Deptt. For the year 2014 – 15.

**9. Planning, Monitoring & Evaluation Division**

The Planning, Monitoring & Evaluation Division has been functioning in the Health Care, Human Services and Family Welfare Department since 2002 by upgrading the then existing statistical Cell. The Division is located in the Health Secretariat under the charge of Director Health Services and manned by one Joint Director, one Deputy Directors, one Assistant Director, one Statistical Officer, one Computer Operator (IT), one Sr. MRT, one LDC and one peon.

The Division is responsible for collection, collation of diseases data, performance of all ongoing programme both national and state Programme including preparation of Annual Health Report, Health Bulletin and to transmit to the Ministry of Health and Family Welfare, Govt. of India and correspondence to other Department.

**10. STATE HEALTH MECHANICAL WORKSHOP**

Workshop established in the year 1991 takes up maintenance and repair of entire fleet of the departmental vehicles. The mechanical cell is headed by Superintending Engineer (Mech.) supported by one Divisional Engineer two Assistant Engineer (Mech.) Junior Engineer (Mech.) and other staff. Besides automobile cell also takes up repair of equipments of hospita The expenditure on repair of the vehicles is met from respective head of accounts for various schemes. ls and PHCs.

Apart from the routine maintenance and emergency repairs of the entire fleet, the mechanical workshop has taken up major overhauling, denting painting of the following vehicles in the year 2013 – 14.

|  |  |  |
| --- | --- | --- |
| Sl. No. | Vehicle No | Nature of Repair. |
| 1 | SK – 02/4911D.Jeep | Major overhauling |
| 2 | SK- 03/2073/Truck | Major Running Repair |
| 3 | SK – 01/G/0181/Bolero | Engine overhauling & Running Repair |
| 4 | SK -01/G/1497/Gypsy | Major Running Repair |
| 5 | SH – 01/G/1513 Gypsy | Major Running Repair |
| 6 | SH- 01/G/1504 Gypsy | Major Running Repair |
| 7 | SK – 01/G/0490/Bolero | Major Engine Repair |
| 8 | SK-04/4136/Bus | Minor Running Repair |
| 9 | SK-01/A/0012/Tavera | Engine Repair |
| 10 | SK-02/A3087/Bus | Engine overhauling |
| 11 | SK- 01/A0076 | Engine overhauling |

**EQUIPMENT REPAIRED BY THE CELL.**

|  |  |  |  |
| --- | --- | --- | --- |
| SL.NO. | PARTICULAR/NAME OF WORK | WORK PROGRESS | SOURCE OF FUND |
| 1. | Dismantling and Re – erection of damaged & tilted 30cm long Incinerator Chimney attached to District Hospital Gyalshing | Complete | NC |
| 2. | Minor and Major repair works of incinerator machine attached to different Hospitals | Complete | NHM |
| 3 | Providing erection and commissioning of 160 KVA diesel generator at District Hospital Singtam | Complete | NHM |
| 4 | Repair and Servicing of 5 KVA diesel generators attached to different PHCs. | Complete | NHM |
| 5 | Repair and servicing of 10 KVA diesel generators attached to District Hospital Singtam | Complete | State Head |
| 6 | Repair of Radiant Warmer at District Hospital Singtam, Namchi, Mangan and PHCs | Complete | NHM |
| 7 | Repair of Autoclave Machine at different PHCs | Complete | NHM |
| 8 | Providing Dual heater/Cooler AC at PP ward STNM hospital, Gangtok | Complete | NHM |
| 9 | Repair of Hospital furniture | Complete | NHM |
| 10 | Repair of AC at Main and Blood bank at STNM Hospital | Complete | State head |
| 11 | Repair of AC at Labour Room at STNM Hospital | Complete | NHM |
| 12 | Repair of AC at Labour Room at District Hospital Mangan | Complete | NHM |
| 13 | Fabrication of prototype patient carrying chair under innovation | Complete | NHM |

**11. GNM TRAINING SCHOOL**

The Training School is affiliated to West Bengal Nursing Council (WBNC) and follows the guidelines provided in the syllabus as per WBNC and the Indian Nursing Council (INC).

GNM Training is a Diploma course and till the year 2004 the duration of the course was of 3 years. The syllabus has been revised and the duration of the training period for GNM has been increased from 3 years to 3 ¼ years. The additional 6 months has been kept for Internship so that the students can develop desired competencies.

Till the year 2011, the admission criterion for ANM course was class X, from 2012 onwards the INC has revised the syllabus and the basic educational Qualification required for ANM course is Class XII pass. The syllabus has been revised and the duration of the training period for ANM has been increased from 18 months to 2 years. The additional 6 months has been kept for Internship so that the students can develop desired competencies.

Number of GNM Students undergoing training at present.

20 numbers of Students are in 3rd year GNM

20 Numbers of Students are in 2nd year GNM

19 numbers of Students are in 1st year GNM (one Student discontinued)

20 Numbers of Students are in 2nd year ANM

20 Numbers of Students in 1st year ANM

Total – 99 Numbers of Students are undergoing training at present in GNM Training School

Besides these, under NRHM Programme in order to fulfill the key components i.e., Strengthening Public Health Infrastructure by providing additional MPHW (F) in PHSC, the training of ANM (Auxiliary Nurse Midwives Revised) course was restarted w.e.f. 1st November 2005 with an intake of 20 Students. In January 2013, 19 ANM Students completed the course and all the them passed in the West Bengal Nursing Council Examination.

**Activities of the Students.**

The students get their clinical experience in various wards and departments of hospital in additional to their regular theory classes.

The second year student and taken to North Bengal Medical College & Hospital, Siliguri for their experience in Dialysis and Cancer Radiotherapy and District Hospital Namchi for experience in infectious Diseases (Tuberculosis).

The third year GNM students are taken to Old Age Home, Kalimpong and any Industry within the State as an educational visit.

The first year GNM and ANM students are taken to water Purification Plant, Sewage Disposal Plant, Sikkim Milk Union as an educational visit.

Besides these, all students are taken in rotation every year to Rural Health Training Center, Soreng for their Community Health nursing experience as per the syllabus. The students are given experience in Survey of the rural and urban population. They conduct health education programmes and participate in Programme and health programmes.

The GNM inters (4th year) are posted in the clinical areas as a full – fledged staff and takes responsibility of the wards they are posted also conduct research on various subjects as a part of partial fulfillment of the Diploma course. This year the topics chosen for the research project are:

1. Knowledge regarding the preparation of cytotoxic drug among the staff nurses at STNM Hospital.
2. The Psychological status of women diagnosed as infertility.
3. Effectiveness of Planned teaching programme regarding Diet among the diabetic Patients attending OPD at STNM Hospital.
4. To find out the Trust relationship between the Nurses and the patients admitted in STNM Hospital.

**Remuneration to the Students:-**

GNM Students – Rs. 500/- per month as a stipend

ANM Students – Rs. 250/- per month as a stipend

Activities of teaching faculty:

The teachers supervise and guide the students in the clinical areas and community field besides taking regular theory classes. They also participate in conducting In- Service Training for the Nurses working all over Sikkim State, taking classes for Primary Teachers in TTI, Health Education Teachers. Besides these, they also conduct Board Examination (Practical) both within and outside the State as External and Internal examiners.

**Staffing Pattern of the GNM Training School:-**

1. Principal Nursing Officer – 2
2. Senior Sister Tutor – 6
3. Junior Sister Tutor – 3
4. Hostel Warden – 1
5. LDC/Typist – 1
6. Driver – 1
7. Cook – 3
8. Chowkidar – 3 ( 1 regular & 2 on MR basis)
9. Peon – 1 (MR basis)
10. Dhobi – 1
11. Lab. Attendant – 1 (MR basis)
12. Safai Karmachari – 2

**The Number of GNM Students passed out till date:-**

In the year 2003 - 20 students

In the year 2004 - 16 students

In the year 2005 - 14 students

In the year 2006 - 19 students

In the year 2008 - 10 students

In the year 2009 - 16 students

In the year 2010 - 19 students

In the year 2011 - 20 students

In the year 2012 - 20 students

In the year 2013 - 19 students.

The training for ANM was restarted in 2006 with an intake of 20 students since the passing out of last batch in 1998. So, the number of ANM students passed out till date.

2007 - 20 nos

2009 - 19 nos

2010 - 19 nos

2011 - 20 nos

2012 - 20 nos

2013 - 18 nos

The number of passed out students less than 20 is because of less number of admission to the course. Total number of GNM students passed out till date is 95 numbers. These passed out candidates are working in different place within and outside the state viz. STNM Hospital, MIMS, Tadong, AIIMS, New Delhi, Escorts Heart Institute, New Delhi, Apollo Hospital, New Delhi, AMRI, CMRI, B.M. Birla Heart Institute, Kolkatta, NHPC, GATI and some of them are working under NRHM in District Hospitals, and PHCs.

**Budgetary Support and Expenditure:-**

The School of Nursing was upgraded to GNM Training School in the year 2000 and the financial aid was provided by Government of India but since 2004, the GNM training is being funded from State Plan and ANM training is from Family Welfare Section. Since the Principal Nursing Officer is DDO, the financial Control lies with the department only (HC, HS & FW).

Proposal Shifting of RHTC from Soreng to nearby PHC (East):

As per the WBNC inspection team, the RHTC should be nearby from the main training center so that the students can follow – up the cases that have come across during their survey/home visits. The present RHTC at Soreng is too far from the main training center to follow up the cases.

Re- Strengthening of the Infrastructure:-

With the upcoming of Super Specialty Hospital at Surcharging, the School of Nursing is planning to increase the number of intake of both the ANM and GNM candidates per annum for the training after approval from Indian Nursing Council and WBNC, Kolkata.

Further, the intake of ANM will be made annually.

Library facilities need to be upgraded as per the need of the Students. Provision should be made for more number of books of latest edition and more of relevant journals and internet facility may be made available for research projects. Therefore, the provision for separate budget for purchasing the above requirement may be provided.

**Enhancement of the Remuneration to the Students.**

The Students are given a meager stipend of Rs. 500/- and Rs. 250/- per month for GNM and ANM students respectively, this need to be enhanced considering the nature of their duty and the rate of inflation of the commodities. Further, the Interns students (4th year) who works in the clinical areas as a full – fledged staff, their stipend also needs to be increased as compared to junior students because the interns in other Institutions/Colleges are getting Rs. 2000/- per month.

The additional warden needs to be posted for smooth functioning of the hostel as we have only one full- time warden at present. The school bus currently is not in working condition which is causing a lot of problem for the school as the students need to be taken for community posting outside the capital. A new school bus is required immediately. One vehicle required for Principal Nursing Officer

**12. STATE INFORMATION, EDUCATION & COMMUNICATION BUREAU.**

I.E.C. Activities comprises of dissemination of awarenss generation campaign on preventive, promotive aspect of health throuegh interactive programmes, electronic media, literatures by trained Health Educators, Health Education Officers, Deputy Directors, Medical Officers & other health personnel in every nook and corner of our state.

IEC activities are implemented under NRHM (IEC), Family Planning (IEC) under the guidelines of G.O.I. The different awareness activities related to adolescence, RNWCHA are covered in all the PHC, District Hospital, CHC, and UFWC. Advertisement outdoor publicity, procurement of laptop, printing of posters, printing of leaflets & eco solvent posters.

The awareness programme conducted during the year 2013 – 2014

Other programmes conducted under NRHM (IEC) for the year 2013 –14.

1. World Breast Feeding Week observed 1st to 7th August every year. Programmes are conducted at PHC, CHC, District Hospital and UFWC. Message given in local papers F.M. A.I.R and T.V. cables.
2. New Born Week observed 15th to 21st November an all 24 PHC, 2 CHC, 4 District Hospital and UFWC. Programme was conducted by state IEC at STNM Hospital by displaying banner, message through F.M & A.I.R, telecast through local cables, publication in local news paper.
3. Sensitization camp in felt need areas are conducted at 24 PHC, 2 CHC, 4 District Hospital & 2 UFWC.
4. Debate Competition among adolescent in 24 PHC, 2 CHC, 4 District Hospital & 1 UFWC
5. Group discussion among mothers as per their need based 24 PHC, CHC, District Hospital & UFWC.

**Programme conducted under Family Planning (IEC)**

1. Motivation Camp to eligible couples/newly wedded conducted in all PHC, CHC District Hospital
2. Folk Media on different planning methods conducted at PHCs, CHCs, District Hospital & UFWC
3. Quiz Competition among eligible couple antenatal mothers conducted in all PHCs, CHCs, District Hospital & UFWC.
4. Observation of World Population Week in all PHCs, CHCs, District Hospital & UFWC. Programme conducted at State Headquarter by organizing panel discussion advertisement through local papers, cable, F.M.

**STATEMENT OF TARGET, EXPENDITURE REPORT UNDER NRHM (IEC) & FAMILY PLANNING (IEC) OF 2013 – 2014.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SL.**  **NO.** | **PROGRAMME** | **PHYSICAL TARGET** | **FINANCIAL TARGET** | **ACH.** |
| 1. | World Breastfeeding Week | 31 nos | 03 PHC 05 CHC | 1.13 |
| 2 | New Born Week | 31 nos | 03 PHC 05 CHC  4 DH | 1.13 |
| 3 | Sensitization camp in felt need areas | 32 nos | 05 | 1.60 |
| 4 | Debate among adolescent on any subject on health issues | 31 nos | 07 | 2.24 |
| 5 | Group Discussion | 31 nos | 03 | 0.96 |
| 6 | Contingencies | 6 nos | 40 DH 44 HQ (IEC) | 2.44 |
| 7 | Strenthing of BCC/IEC in State HQ | 7 nos | 50 | 3.50 |
| 8 | Advertisement in local papers, magazine, cable, FM, Radio | 40 nos | 05 | 2.00 |
| 9 | Printing of NCP & WIFS cards | - | - | 13.00 |

**FAMILY PLANNING (IEC)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SL.**  **NO.** | **PROGRAMME** | **PHYSICAL TARGET** | **FINANCIAL TARGET** | **ACH.** |
| 1. | Motivational camp to eligible couples/newly wedded | 68 nos | 05 | 3.40 |
| 2 | Folk media on different planning methods | 40 nos | 08 PHCs  10 DH/UFWC | 3.06 |
| 3 | Quiz competition among eligible couples/Antenatal mothers | 32 PHC  5 DH/UFWC | 06  10 | 2.42 |
| 4 | World Population Day | 153 PHSC  26PHC/CHC  5DH/UFWC  HQ (IEC) | 01  03  05  56 | 1.53  78  25  26 |

**STATEMENT SHOWING THE BUDGET EXPENDITURE DURING THE LAST FINANCIAL YEAR 2013 – 2014 UNDER NON – PLAN.**

|  |  |  |  |
| --- | --- | --- | --- |
| **SL.**  **NO** | **BUDGET HEAD** | **PROVISION** | **EXPENDITURE** |
| 1 | 2210-06-06-112-72.44-72.44-o1 Salary | 55.95 | Rs. 55,88,524.00 |
| 2 | 2210-06-06-112-72.44-72.44-13 )E | 2.31 | Rs. 2,30,200.00 |
| 3 | 2210-06-06-112-72.44-72.44- Supply & Materials | 20 | Rs. 18,200.00 |
| 4 | 2210-06-06-112-72.44-72.44-51 M/V | 82 | Rs. 81,500.00 |
| 5 | 2210-06-06-112-72.44-72.44-52 Machinery & Equipments | 50 | Rs.48,000.00 |
| 6 | 2210-06-06-112-72.44-72.44-11 TE | 61 | Rs. 60,850.00 |

**STATEMENT SHOWING THE BUDGET EXPENDITURE DURING THE LAST FINANCIAL YEAR 2013 – 2014 UNDER PLAN.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.**  **NO.** | **BUDGET HEAD** | **PROVISION** | **EXPENDITURE** |
| 1. | 2210-06-06-112-72.44-72.44-01 SAL. | 16.32 | Rs. 16,30,000.00 |
| 2 | 2210-06-06-112-72.44-72.44-13 OE | 3.51 | Rs.3,35,000.00 |

**13. ENGINEERING CELL.**

The Civil engineering cell under the Department of Health Care, Human Services and Family Welfare, looks after the construction and maintenance of Health Centres of the State. The cell is headed by a Superintending Engineer with four assistant engineers (one electrical and three civil) and eight junior engineers (civil). The detail status of Health Centres as on 31st March 2014 is as under.

**STATUS OF HEALTH CENTERS IN THE STATE OF SIKKIM AS ON 31.03.2014.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl. No. | Particulars | East | West | North | South | Total |
| 1. | STNM | 1 | - | - | - | 1 |
| 2 | Distt. Hospital | 1 | 1 | 1 | 1 | 4 |
| 3 | CHC Hospital | 1 |  |  | 1 | 2 |
| 4 | PHC | 6 | 7 | 5 | 6 | 24 |
|  | TOTAL | 6 | 7 | 5 | 6 | 24 |
| 5 | PHSC under Govt. Building | 44 | 36 | 15 | 39 | 129 |
| 6 | PHSC under Rented Building | 3 | 4 | 1 |  | 8 |
| 7 | PHSC under Rented free Building | 1 | 1 | 3 |  | 5 |
|  | TOTAL | 48 | 41 | 19 | 39 | 147 |
| 8 | PHSCs under construction |  | 2 | 4 | 1 | 7 |
| 9 | PHSCs to be constructed | 4 | 5 | 4 | 1 | 14 |

**STATUS OF PHC AS ON 31.03.2014 PHSC UNDER CONSTRUCTION**

|  |  |  |  |
| --- | --- | --- | --- |
| SL.NO. | NAME OF CENTER | Remarks | |
| 1. | Passingdong | Under construction (PMRF) | |
|  | STATUS OF PHSC AS ON 30.03.2014 | | |
|  | PHSC under construction | - | |
| 1. | Legship PHSC | Under construction (PMRF) | |
| 2. | Kamling | Under construction (NRHM) | |
| 3 | Gangyap (West) | Under construction (NRHM) Land to be finalized | |
| 4 | Lingthem (North) | New Construction under TSP | |
| 5 | Lachen (North) | Re- Construction (Under PMRF) | |
| 6 | Lachung (North) | Re- Construction (Under PMRF) | |
| 7 | Kewzing (South) | Re- Construction (Under PMRF) | |
| 8 | Shipger (North) | Re- Construction (Under PMRF) | |
|  | PHSC to be Constructed |  | |
| 1. | Mazitar | New Construction E/Sikkim | |
| 2 | Lamaten | New Construction E/Sikkim | |
| 3 | Syari | New Construction E/Sikkim | |
| 4 | Ranipool | New Construction E/Sikkim | |
| 5 | Chungpung | New Construction W/Sikkim | |
| 6 | Daramdin | New Construction W/Sikkim | |
| Budget provision during 2013 – 2014 (Plan) us as under :- | | | | |
| Particular | | | Budget Provision | |
| Major works at STNM | | | 16.55 | |
| Supply of Materials (Institutional) | | | 42.00 | |
| Supply of Materials (residential) | | | 40.00 | |
| Maintenance & Repair | | | 3.00 | |
| TOTAL | | | 101.55. | |

**The details of work executed during 2013 – 2014 are as under:-**

|  |  |
| --- | --- |
| Sl.No | Name of the Project/Works |
| I | STATE PLAN |
| 1. | Construction of Dialysis unit at STNM Hospital |
| A | PMRF (On going for 13 – 14, 14 – 15) |
| 1. | Re- Construction of Class III Double Unit Quarter at Legship West, Sikkim |
| 2 | Re- Construction Class III – Four Unit Quarter at Soreng, West Sikkim |
| 3 | Re- Construction Class IV Four Unit Quarter at Soreng, West Sikkim |
| 4 | Re- Construction of PHSC at Reshi, West Sikkim |
| 5 | Re- Construction of PHSC at Kewzing, South Sikkim |
| 6 | Re- Construction of Pachak PHSC, East Sikkim |
| 7 | Re- Construction of Padamchay PHSC, East Sikkim |
| 8 | Re- Construction of Tumin PHSC & Class III Unit Quarter,E/Sikkim |
| 9 | Re- Construction of Sumin PHSC, East Sikkim |
| 10 | Re- Construction of Lingdok PHSC & Class III Unit Quarter,E/Sikkim |
| 11 | Re- Construction of Garage cum Seminar Hall at Sang, E/Sikkim |
| 12 | Re-Construction of Approach Road at Sang PHC, E/Sikkim |
| 13 | Demolishing & Strengthening of Ladhakey Building at STNM, E Sikkim |
| 14 | Re- Construction of 2 Nos. of Class I Quarter at respective damaged structure site for dDstrict hospital Singtam at Chisopaney, E/Sikkim |
| 15 | Re- Construction of 2 Nos. oc Slass II Quarter at respective damaged structure site for District Hospital Singtam at Chisopaney, E/Sikkim |
| 16 | Re- Construction of 2 Nos. of Class III Quarter at respective damaged structure site for District Hospital Singtam at Chisopaney, E/Sikkim |
| 17 | Re- Construction of 2 Nos. of Class IV Quarter at respective damaged structure site for District Hospital Singtam at Chisopaney, E/Sikkim |
| 18 | Re- Construction of Approach Road to respective quarter for District Hospital Singtam at Chisopaney E/Sikkim |
| 19 | Re- Construction of Water Supply System at Chuutar in Singtam, E/Sikkim |
| 20 | Re- Construction of PHSC & Class III Double Unit Quarter at Lachen, North Sikkim |
| 21 | RE- Construction of PHSC & Class III- Double Unit Quarter at Lachung, North Sikkim |
| 22 | Re- Construction of Garage cum Seminar Hall at Tsungthang, North Sikkim |
| 23 | Construction of Class II Unit Quarter at Tsungthang, North Sikkim |
| 24 | Re- Construction of Shipgyer PHSC with Class- III Double Unit Quarter, North Sikkim |
| 25 | Re- Construction of PHC at Passingdong, North Sikkim |
| 26 | Re- Construction of Sakyong Pentok PHSC & Class III Double Unit Quarter, North Sikkim |
| 27 | Re- Construction of Class II Double Unit Quarter at Phodong, North Sikkim |
|  | MSDP (On going since 2011 – 12 till 2014 – 15 |
| 1. | Construction of Building for Primary Health Sub – Center at Lingthem, North Sikkim |
|  | NEC (on going since 2013 – 14, 2014 – 15) |
| 1 | Construction of T.B. Hospital at Mangan, North Sikkim |
| 2 | Construction of T.B. Hospital at Geyzing, West Sikkim |
|  | NRHM (on going since 2013 – 14, 2014 – 15) |
| 1 | Vertical extension of class II Quarter at Hee – Gyathang, North Sikkim |
| 2 | Vertical extension of Class II Quarter at Passingdong, North Sikkim |
| 3 | Vertical extension of Class II Quarter at Sombaria, West Sikkim |
| 4 | Construction of Class II six unit Quarter at Mangan, North Sikkim |
| 5 | Construction of Class – II six unit at Singtam, East Sikkim |
| 6 | Construction of Class – II six unit quarter at Geyzing, West Sikkim |
| 7 | Construction of ANM Training School cum Hostel at Singtam, East Sikkim |
| 8 | Construction of ANM Training School cum hostel at Geyzing, West Sikkim |

**14.CENTRAL HEALTH STORES ORGANISATION**

Central Health Stores Organization was earlier termed as CMS (Central Medical Store) which was set up during the year 1975. The main purpose to set up the organization is for centralized purchase of medicines, Instruments/Equipments and uniforms. All the purchases are being made as per the S.F.R. and the expenditure is restricted within the allocated fund. Procurement Committee was also constituted consisting the following members.

1. Principal Director of Health services - Chairman
2. Addl. Director (D&C) - Member Secretary
3. Addl. Director (Accounts) - Member
4. Joint Director (CHSO) - Member
5. Representative from FRED - Member

Besides the purchase committee, state equipment planning board was also constituted by the Govt. The proposal for the purchase of all the sophisticated Instrument/equipments needs the clearance of the Board. The Board consists of the following members:-

1. Principal Chief Consultant, STNM - Chairman
2. Director-cum- Med. Supdt. STNM - Member
3. Chief consultant Tropical Medicines - Member
4. Addl. Director, CHSO - Member Secretary
5. Chief Medical Officer (District Hospital) - Member

Central Health Stores Organization is headed by Joint Director who is assisted by Sr. Medical Stores Officer, Medical Stores Officer Community Health Officer, two Store Inspectors, one Accountant, two Junior Accountant/UDC, six clerical staff, one Logistic Manager (NRHM), nine Group D staff & three drivers. Besides that there are two Store Helpers and a Driver on M.R.

Family Welfare Store is also under direct supervision of CHSO. There is one regular and one M.R. basis Store Helpers.

**BUDGETARY SUPPORT AND EXPENDITURE:-**

1. A sum of Rs. 10000.00 lakhs was allotted during the year 2013 -14 under Non- Plan (Supply & Materials) for the purchase of medicines, dressing items, X – Ray films/chemicals, Surgical glass, reagents, etc and the same was utilized during the year.
2. Under State plan (Purchase of Hospital Equipments) for the purchase of instruments/equipments, a sum of Rs. 150.00 lakhs for the year 2013 – 14 was allocated and the same was utilized.
3. Under Plan (Supplies & Materials) a sum of Rs. 83, 45 lakhs was provided and was utilized by procuring instruments/equipments for establishment of Dialysis unit at the STNM Hospital.
4. Under Non Plan (Other Charges Uniforms) a sum of Rs. 100.00 lakhs was provided which was utilized by procuring the uniforms of the medical staff and patient linens.
5. Under plan (Repairs of equipments & furniture) a sum of Rs. 30.00 lakhs was provided in the supplementary grant which fully utilized.
6. Under plan (AMC for Hospital Equipments) a sum of Rs. 30.00 lakhs was provided which has been fully utilized.

**STRATEGY AND PRIORITY FOR THE YEAR 2014 – 15.**

The budget allocation for the year 2014 – 2015 has not been finalized. Purchase of medicine, dressing items, X – ray/chemicals, surgical gloves, reagents, instruments/equipments, uniform, patient linen etc. will be made as per the fund allocation.

**15. DRUGS & COSMETIC CELL.**

The Drugs & Cosmetic Cell is primarily responsible for enforcement of the provisions under the Drugs & Cosmetics Act, 1940 and Rules, 1945 in the State of Sikkim. The Act was enforced in the State during the year 1985. The following are the activities of the Drugs and Cosmetics Cell.

**Activities As Per Drugs And Cosmetics Act, 1940 And Rules, 1945:**

* To grant/renew the retail/wholesale/manufacturing drugs license of Modern medicines, Ayurvedic medicines, Homeopathic medicines, cosmetics & Blood Banks
* To conduct routine inspection of the retail/wholesale/manufacturing records as per the Act
* To issue different types of certificates to manufacturing units pertaining to manufacturing, export and tender process.
* To collect the samples from CHSO, Sale premises as well as the manufacturing units to ensure the quality of the drugs sold or manufactured. Those samples of the drugs are being sent to the approved drugs testing laboratory for the analysis.

**Staff Pattern:**

1. Drugs Controller Principal Director ex officio.
2. Director- cum- Addl. Drugs Controller Dr. I.L. Sharma
3. Joint Drugs Controller cum Licensing

Authority Dr. T.K Rai (on training)

1. Joint Director cum L.A Mr. C.N. Sharma
2. Sr. Drugs Inspector Mr. L.M. Targain
3. Sr. Drugs Inspector Mr. S.S. Pradhan

**Number Of Licenses Issued 2013 – 2014:-**

1. Retail : 11
2. Wholesale : 04
3. Retail/Wholesale : 04
4. Manufacturing : 03

2. Rs. 24, 35,000/- (Rupees Twenty four lakhs thirty five thousand) only

3. **(a) Financial**: Total collection of Revenue for the year of 2013 – 2014 is Rs. 7,01,400/- (Rupees Seven Lakhs fourteen hundred) only.

**(b). Physical**: - Target of Sample collection was 120 annually and same has been achieved.

4. Appointment of (2) Two Drugs Inspectors and sample collection shall be doubled in the year 2014 – 2015.

**16. FOOD SAFETY & STANDARD ACT CELL**

**Factsheet Of State Of Sikkim**

1. Food Safety Commissioner - Dr. K. Bhandari
2. Correspondence Address - Secretary-Cum- Director General HC, HS & FW Department
3. Contact Details & E – mail - 03592- 202633 (Tel) [healthsecyskm@yahoo.co.in](mailto:healthsecyskm@yahoo.co.in)
4. Nodal Officer & Contact Details - Additional Food Commissioner,

HC, HS & FW Deptt. Convey Ground Tadong, Gangtok, Sikkim.

1. Number of districts - Four nos
2. Number of Designated Officers - Two nos. south west District and

North East District.

1. Number of Adjudicating Officer - 4 nos. East, West, North & South

District.

1. Number of Food Safety Officer - NIL
2. Number of Food Analyst - Food Analyst of Assam is also

Food Analyst of Sikkim.

1. Status of Food Laboratories - The State Laboratory is not NABL

Accredited

1. NABL Laboratories in State - NIL
2. Estimated Food Business Operator-

Population

1. Number of Food Samples collected

During the year 2012 – 2013 - NIL

1. Number of Food Samples analyzed

Adulterated during year 2012 – 2013 - NIL

1. Number of Food Samples found adulterated/

Unsafe/substandard and misbranded

During year 2012 – 2013. - NIL

1. Number of cases launched against

FBOs during 2012 – 2013. - NIL

1. Number of FBOs conviction & Penalties of

FBOs during the year 2012 – 2013. - NIL

1. Amount raised from convictions - NIL
2. Whether Steering Committee is constituted - NIL
3. Whether Tribunal is established - The Tribunal has not been established.

Remarks: - No sample has been collected as Food Safety Officer who empowered under the act for collection of samples has not been appointed.

**Proposal:**

The cell requires following man power and equipment for conversion of manual license into online format.

Man Power

|  |  |  |  |
| --- | --- | --- | --- |
| Sl. No. | Post Required | NOs |  |
| 1 | Food Safety Officer | 4 nos | 40,000/-eachx4=1,60,000/-per month  =19,20,000/annum |
| 2. | Legal Officer for South/West & North/East | 2 nos | 10,000/- 1,20,000/- annum |
| 3. | Presiding Officer of Tribunal | 2 nos | 10,000/- 1,20,000/- annum |
| 4 | LDC – Cum – Typist | 2 nos | 8,000/- 96,000/- annum |
| 5 | Office Peon | 2 nos | 6,000/- 72,000/- annum |
| 6 | Data Operator (contractual) E- Governance | 2 nos | 1,00,000/-annum 200,000/- annum |

**Equipments**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl.No. | Equipment | Qty | Rate | Cost. |
| 1. | Computer workstation for main officer | 1 no | 70,000/- | 70,000/- |
| 2 | Colour Laser Printer | 1 no | 35,000/- | 35,000/- |
| 3 | Laptop for 2 FSOs & Dos | 4 nos | 30,000/- | 1,20,000/- |
| 4. | Inkjet Printer | 2 nos | 5,000/- | 10,000/- |
| 5 | Vehicle for South/West & North East | 2 nos | 15,00,000/- |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Sl.No: | Proposal | | (Rs in Lakh) |
| 1 | Transportation (Vehicle) | 4 nos | 28.00 |
| 2 | Public Awareness | - | 18.00 |
| 3 | IEC Activities | - | 06.00 |
| 4 | Office Expenses | - | 05.00 |
| 5 | TA & DA | - | 02.00 |

Government of India TA & DA as per norms to visit meeting at Delhi to attending officers.

**DISTRICT WISE REVENUE COLLECTION (B.R.) UNDER FSSA CELL, DURING THE YEAR 2012 – 2013 AND 2013 – 2014 (RS. IN LAKH).**

1. East/West/North/East & Gangtok Town Rs. 11.66

(Rupees Eleven Lakh sixty six thousand)

2013 – 14

1. Gangtok Town & Surrounding Area Rs. 26.40
2. East District 05.49
3. North District 01.60
4. West District 09.07
5. South District 08.84

Total 51.40

(Rupees fifty one lakhs & forty thousand) only.

**17. SIKKIM STATE ILLINESS ASSISTANCE FUND.**

In the Golden Jubilee year of Indian Independence, a land mark scheme has been launched by the Government of India in which it has seen that the population living below Poverty line in India are provided with necessary assistance to receive Medical Treatment for certain life threatening diseases, treatment for which is normally very expensive is super specialty hospitals, the scheme has been named National Illness Assistance Fund (NIAF) renamed as RAN (Rastriya Arogyal Nidhi) on 2002.

Accordingly, Sikkim State Illness Assistant Fund (SSIAF) was set up in the year 1998 which was registered as a body by the Land Revenue Department, Government of Sikkim vide Memo No.1046 on 17th Oct. 1998.

The Contribution of its fund by Central Government would be to the extent of 50% of the contribution made in the form of grant by the State Government in a year.

Subsequently, the rules called the Sikkim State Illness Assistant Fund Rules, 2002 to govern the functionary of the fund was notified on 22nd Nov. 2002 wherein the condition for granting financial assistance were laid down. The notification constituting the fund was issued on 14th July 1999 headed by Secretary Health as Chairman.

During 2000 the SIAF got 75,00 lakh funds (50 lakh state & 25 lakh from the Central Government). This fund remain unutilized till Jan. 2005 as there was no BPL categorization done in the State and the Department had been waiting for such list from the Government so that only the genuine people gets the benefit.

As there were no genuine BPL list, it was decided to disburse the fund on the basis BPL Ration Card issued by the Food & Civil supply department or in the absence of which an Income certificate issued by the revenue official of the concern district/SDM. But since November 2009 Department of Economics, Statistics, Monitoring and Evaluation, Govt. of Sikkim has issued a list of BPL, accordingly the same is used as one of the criteria’s

On the basis of the above criteria the disbursement of the fund began in January 2005 and since then 525 patients has been benefited.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl.No. | Year | No. of Patients Referred | Fund | Remarks. |
| 1. | 2010 – 2011 | 37 | 16,01,523.00 |  |
| 2 | 2011- 2012 | 60 | 5,49,754.00 |  |
| 3 | 2012 – 2013 | 73 | 1,93,779.00 |  |
|  | TOTAL | 170 | 2345056.00 |  |

**18. HEALTH BUDGET & EXPENDITURE**

|  |  |  |  |
| --- | --- | --- | --- |
| **EXPENDITURE UNDER STATE PLAN FOR THE YEAR3 2013-14** | | | (Rs. In Lakhs) |
| **HEAD OF ACCOUNTS.** | **B.E** | **R.E** | **EXPDT.** |
|
|
| **REVENUE** |  |  |  |
| DIR & ADM |  |  |  |
| HEAD OFFICE | 332.46 | 434.27 | 442.26 |
| MECHANICAL WORKSHOP | 57.37 | 67.37 | 69.01 |
| SCHOOL HEALTH | 24.21 | 27.38 | 27.25 |
| **TOTAL: DIR. AND ADM.** | **414.04** | **529.02** | **538.52** |
| **C.M.S.** | **293.46** | **282.38** | **282.35** |
| **S.T.N.M.** | **731.78** | **733.78** | **730.30** |
| **Total** | **1439.28** | **1545.18** | **1551.17** |
| OTHER HOSPITAL. |  |  |  |
| GYALSING HOSPITAL. | 158.63 | 163.63 | 163.34 |
| MANGAN HOSPITAL | 100.62 | 105.62 | 107.10 |
| NAMCHI HOSPITAL | 429.57 | 443.42 | 434.55 |
| SINGTAM HOSPITAL | 126.75 | 131.75 | 128.90 |
| **TOTAL: OTHER HOSPITAL:-** | **815.57** | **844.42** | **833.89** |
|  |  |  |  |
| **I.S.M.** | **24.32** | **24.32** | **24.14** |
| **C.R.H. TADONG.** | **0.00** | **0.00** | **0.00** |
| **BLOOD TRAN. COUNCIAL** | **7.00** | **7.00** | **7.00** |
| **STATE ILLNESS ASSISTANCE FUND** | **25.00** | **25.00** | **25.00** |
| **ANNUAL HEALTH CHECK-UP** | **100.00** | **100.00** | **100.01** |
| **ASHA** | **200.00** | **201.58** | **201.58** |
| **MMSSYASSY** | **30.00** | **0.08** | **0.08** |
| **SIKKIM NURSING COUNCIL** | **5.00** | **5.00** | **5.00** |
| **SIKKIM MEDICAL COUNCIL** | **7.00** | **7.00** | **7.00** |
| **SIKKIM DENTAL COUNCIL** | **5.00** | **0.00** | **0.00** |
| **SIKKIM PHARMACY COUNCIL** | **5.00** | **5.00** | **5.00** |
| **TOTAL** | **408.32** | **374.98** | **374.81** |
| **HEALTH SUB CENTRE.** |  |  |  |
| EAST DISTRICT. | 52.43 | 50.43 | 50.39 |
| WEST DISTRICT | 48.99 | 48.99 | 35.81 |
| NORTH DISTRICT. | 5.75 | 5.75 | 5.74 |
| SOUTH DISTRICT. | 8.30 | 8.30 | 8.29 |
| **TOTAL:- HEALTH SUB CENT.** | **115.47** | **113.47** | **100.23** |
| **PRIMARY HEALTH CENTRE.** |  |  |  |
| EAST DISTRICT. | 198.10 | 179.10 | 178.85 |
| WEST DISTRICT | 182.69 | 182.69 | 182.66 |
| NORTH DISTRICT. | 2.53 | 2.53 | 2.51 |
| SOUTH DISTRICT. | 157.21 | 157.21 | 157.19 |
| **TOTAL: PRIMARY HEALTH C.** | **540.53** | **521.53** | **521.21** |
|  |  |  |  |
| **GRANT-IN-AID TO N.R.H.M** | **650.00** | **1632.00** | **1632.00** |
| **State share for NPCDCS,NPHCE & TCC** | **0.01** | **0.01** | **0.00** |
| **OAE** | **50.00** | **31.00** | **31.00** |
| **D.O.N.S.** | **62.67** | **62.67** | **56.81** |
|  | **762.68** | **1725.68** | **1719.81** |
| N.VECTOR B.D.C.PROG. |  |  |  |
| H.OFFICE. | 60.91 | 60.91 | 60.98 |
| EAST DISTRICT. | 84.06 | 84.06 | 83.97 |
| WEST DISTRICT | 6.60 | 6.60 | 5.39 |
| NORTH DISTRICT. | 5.08 | 5.08 | 5.04 |
| SOUTH DISTRICT. | 22.33 | 22.33 | 22.32 |
| **TOTAL: N.V.B.D.C.POG.** | **178.98** | **178.98** | **177.70** |
| N.T.C.P |  |  |  |
| HEAD OFFICE | 44.14 | 46.14 | 45.99 |
| WEST DISTRICT | 31.27 | 31.27 | 31.27 |
| NORTH DISTRICT. | 15.53 | 15.53 | 15.57 |
| SOUTH DISTRICT. | 25.36 | 25.36 | 25.36 |
| **TOTAL: N.T.C.P** | **116.30** | **118.30** | **118.19** |
|  |  |  |  |
| **N.L.C.P** | **54.72** | **54.72** | **54.69** |
| **TOBACCO CONTROL PROG.** | **0.00** | **0.00** | **0.00** |
| **P.F.A.** | **49.66** | **51.26** | **49.57** |
| **DRUG CELL.** | **50.50** | **50.50** | **50.41** |
| **ANTI DRUG** | **0.01** | **0.01** | **0.00** |
| **Total** | **154.89** | **156.49** | **154.67** |
| **PUBLIC HEALTH EDUCATION** |  |  |  |
| HEAD OFFICE | 19.86 | 19.86 | 21.62 |
| EAST DISTRICT. | 36.22 | 35.22 | 35.18 |
| WEST DISTRICT | 22.56 | 22.56 | 22.49 |
| NORTH DISTRICT. | 31.99 | 31.99 | 31.42 |
| SOUTH DISTRICT. | 9.70 | 9.70 | 9.70 |
| **TOTAL: PUBLIC HEALTH EDU** | **120.33** | **119.33** | **120.41** |
|  |  |  |  |
| **PREV. OF MALNUTRI. & ANAEMIA** | **0.00** | **0.00** | **0.00** |
| **STATE MEDICAL LIBRARY** | **0.00** | **0.00** | **0.00** |
| **H.M.I.S** | **0.00** | **0.00** | **0.00** |
| **CLINICAL ESTABLISHMENT** | **5.00** | **5.00** | **5.00** |
| **3454-BIRTH & DEATH** | **49.10** | **50.70** | **50.65** |
| **TSP** | **0.00** | **0.00** | **0.00** |
| **SCSP** | **0.00** | **0.00** | **0.00** |
| **Total(76+77+78+79+80+81+82)** | **54.10** | **55.70** | **55.65** |
| **TOTAL: REVENUE** | **4706.45** | **5754.06** | **5727.74** |
| **CAPITAL** |  |  |  |
| S.T.N.M. | 16.55 | 37.70 | 37.70 |
| MECH WORKSHOP | 0.00 | 0.00 | 0.00 |
| Land compensation for Nandok PHSC | 0.00 | 0.00 | 0.00 |
| HCMs 42 Days Tour | 0.00 | 0.00 | 0.00 |
| Const of MDR Ward at STNM | 0.00 | 0.00 | 0.00 |
| Const.of Exit Road for M.S Hospital | 150.00 | 0.00 | 0.00 |
| NEW C. R. HOSPITAL (State Share) | 4000.00 | 500.00 | 500.00 |
| NEW C. R. HOSPITAL (SPA) | 6000.00 | 9458.95 | 9458.95 |
| PHARMACY COLLEGE | 100.00 | 74.03 | 74.03 |
| **TOTAL: CAPITAL** | **10266.55** | **10070.68** | **10070.68** |
| ***GRAND TOTAL*** | ***14973.00*** | ***15824.74*** | ***15798.42*** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **EXPENDITURE UNDER STATE NON- PLAN FOR THE YEAR -2013-14** | | | (Rs. In Lakhs) |
| S.NO. | HEAD OF ACCOUNTS. | B.P | R.E | EXPDT. |
|
|
|  | **REVENUE** |  |  |  |
| 1, | DIRECTION AND ADMINISTRATION |  |  |  |
| a | HEAD OFFICE | 495.68 | 532.58 | 532.77 |
| b | MECHANICAL WORKSHOP | 33.99 | 33.99 | 33.99 |
|  | **TOTAL: DIR. AND ADM.** | **529.67** | **566.57** | **566.76** |
|  | **SCHOOL HEALTH** | **42.26** | **42.26** | **42.26** |
| 2 | **C.M.S.** | **1231.26** | **1124.36** | **1126.35** |
| 3 | **S.T.N.M.** | **2416.77** | **2514.77** | **2519.52** |
| 4 | OTHER HOSPITAL. |  |  |  |
| a | GYALSING HOSPITAL. | 248.74 | 257.91 | 257.33 |
| b | MANGAN HOSPITAL | 216.35 | 221.35 | 221.42 |
| c | NAMCHI HOSPITAL | 469.13 | 481.13 | 481.17 |
| d | SINGTAM HOSPITAL | 545.46 | 552.46 | 552.25 |
| e | T.B HOSPITAL, NAMCHI | 66.46 | 66.46 | 66.46 |
|  | **TOTAL: OTHER HOSPITAL:-** | **1546.14** | **1579.31** | **1578.63** |
| 5 | **C.P.D.M** | **316.70** | **316.70** | **316.65** |
| 6 | **MMJRK** | **250.00** | **250.00** | **250.00** |
| 7 | HEALTH SUB CENTRE. |  |  |  |
| a | EAST DISTRICT. | 391.99 | 391.99 | 391.87 |
| b | WEST DISTRICT | 257.27 | 256.10 | 256.09 |
| c | NORTH DISTRICT. | 114.72 | 114.72 | 113.91 |
| d | SOUTH DISTRICT. | 284.22 | 284.22 | 284.22 |
|  | **TOTAL:- HEALTH SUB CENTRE** | **1048.20** | **1047.03** | **1046.09** |
| 8 | PRIMARY HEALTH CENTRE. |  |  |  |
| a | EAST DISTRICT. | 397.98 | 368.98 | 368.89 |
| b | WEST DISTRICT | 262.17 | 232.17 | 231.63 |
| c | NORTH DISTRICT. | 228.28 | 228.28 | 228.86 |
| d | SOUTH DISTRICT. | 300.59 | 300.59 | 300.59 |
|  | **TOTAL: PRIMARY HEALTH CENTRE** | **1189.02** | **1130.02** | **1129.97** |
| 9 | **GRANT IN AID TO GRAM PANCH.** | **0.00** | **0.00** | **0.00** |
| 10 | **GRANT IN AID TO ZILLA PANCH.** | **0.00** | **0.00** | **0.00** |
| 11 | **GRANT IN AID TO SIKKIM MANIPAL** | **0.00** | **0.00** | **0.00** |
| 12 | **D.O.N.S.** | **47.26** | **47.26** | **47.26** |
| 13 | **N.V.B.D.C.P** | **16.57** | **16.57** | **16.49** |
| 14 | **N.L.C.P** | **11.37** | **11.37** | **12.02** |
| 15 | **PUBLIC HEALTH EDUCATION** |  |  |  |
| a | HEAD OFFICE | 61.39 | 60.39 | 59.6 |
| b | SOUTH DISTRICT. | 19.42 | 19.42 | 19.42 |
|  | **TOTAL: PUBLIC HEALTH EDU.** | **80.81** | **79.81** | **79.02** |
| a | **2059 PUBLIC WORK** | 52.79 | 52.79 | 49.46 |
| b | 2216 HOUSING | 46.73 | 46.73 | 45.85 |
|  | **TOTAL: WORKS** | **99.52** | **99.52** | **95.31** |
|  | ***GRAND TOTAL*** | ***8825.55*** | ***8825.55*** | ***8826.33*** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **EXPENDITURE UNDER FAMILY WELFARE (2211) FOR THE YEAR 2013-14** | | | **(Rs in Lakhs)** |
| S.NO. | HEAD OF ACCOUNT | Budget Provision | Revised Estimate | Expenditure |
|
| **1** | **DIR & ADM** |  |  |  |
| (a) | Head Office. | 156.02 | 196.02 | 190.25 |
| (b) | East District | 119.88 | 131.88 | 131.67 |
| (c ) | West District | 85.02 | 85.02 | 84.99 |
| (d) | North District | 83.11 | 93.11 | 93.1 |
| (e) | South District | 78.02 | 138.02 | 140.44 |
|  | **Total** | **522.05** | **644.05** | **640.45** |
| **2** | **Lum Provision** | **0.00** | **0.00** | **0.00** |
| **3** | **Training** | **40.04** | **40.04** | **39.96** |
| **4** | **Rural F W Services** |  |  |  |
| (a) | East District | 285.86 | 285.86 | 285.76 |
| (b) | West District | 267.89 | 257.89 | 256.52 |
| (c ) | North District | 114.17 | 124.17 | 123.87 |
| (d) | South District | 175.06 | 259.06 | 272.96 |
|  | **Total** | **842.98** | **926.98** | **939.11** |
| **5** | **Urban F W Services** |  |  |  |
| (a) | **STNM** | **45.02** | **56.02** | **51.98** |
| **6** | **Other Services and Supplies** | **0.00** | **0.00** | **0.00** |
|  | **Total** | **1450.09** | **1667.09** | **1671.50** |
|  |  |  |  |  |
|  | **EXPENDITURE UNDER 100% CSS (2210) FOR THE YEAR 2013-14** | | | **(Rs in Lakhs)** |
| S.NO. | HEAD OF ACCOUNT | Budget Provision | Revised Estimate | Expenditure |
|
| **1** | **Hospital Waste Management** | **0.00** | **0.00** | **0.00** |
| **2** | **SIAFF** | **50.00** | **0.00** | **0.00** |
| **3** | **ISM (Amji Clinic)** | **0.00** | **0.00** | **0.00** |
| **4** | **DONS** | **0.00** | **0.00** | **0.00** |
| **5** | **NVBDCP** | **0.00** | **0.00** | **0.00** |
| **6** | **NPCB** | **0.00** | **0.00** | **0.00** |
| **7** | **NLCP** | **0.00** | **0.00** | **0.00** |
| **8** | **NIDDCP** | **40.00** | **36.62** | **36.92** |
| **9** | **NCCP** | **0.00** | **0.00** | **0.00** |
| **10** | **Major Works (100% CSS) AYUSH** | **90.00** | **1.73** | **1.89** |
| **11** | **NMHP** | **0.00** | **0.00** | **0.00** |
| **12** | **Drug De-addiction Programme (Procurement of medicine,linen etc)** | **0.18** | **0.01** | **0.00** |
|  | **Total** | **180.18** | **38.36** | **38.81** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **EXPENDITURE UNDER NEC FOR THE YEAR 2013-14** | | | **(Rs in Lakhs)** |
| S.NO. | HEAD OF ACCOUNT | Budget Provision | Revised Estimate | Expenditure |
|
| **1** | **CHSO** | **0.00** | **0.00** | **0.00** |
| **2** | **Trauma Centre** | **0.01** | **0.01** | **0.00** |
| **3** | **Telemedicine** | **0.01** | **0.01** | **0.00** |
| **4** | **X-Ray Block/Kitchen/Seminar Hall** | **26.31** | **25.41** | **25.40** |
| **5** | **Const. of T.B hospitals at Mangan & Gayzing** | **110.00** | **41.57** | **41.58** |
| **6** | **Strengthening of Radiology Deptt. at Mangan, Singtam & Namchi CHC** | **292.01** | **0.00** | **0.00** |
|  | **Total** | **428.34** | **67.00** | **66.98** |

**PART - II**

**1. SIR THOUTOB NAMGYAL MEMORIAL HOSPITAL (AS ISO 9001 – 2008 CERTIFIED HOSPITAL).**

The Sir Thutob Namgyal Memorial Hospital is the oldest hospital in Sikkim and was established in the year 1917. Initially it was started as a 50 bedded hospital and currently is expended to a multispecialty hospital with over 300 beds. The hospital is headed by the Principal Chief Consultant – cum- Medical Superintendent and is the busiest hospital in the State. Services are provided in all departments on 24 hours basis. Investigation facilities like C.T. Scan, MRI, Pathology and Microbiology are available round the clock for the emergency patients. The STNM Hospital has recently acquired a state of the art digital X – ray machine in the beginning of 2014. A 5 bedded Dialysis Unit has recently been operationalised.

The STNM Hospital is an ISO 9001 – 2008 certified hospital. It received its recertification on 7/1/2014 and is valid 6/1/2017. This certificate has been given by the Indian Register Quality Systems.

The treatment in the indoor facilities is free for the patients from Sikkim, outdoor patients charged a nominal registration fees and investigations are heavily subsidized.

The Medical Board of the State functions from the STNM Hospital and is chaired by the PCC cum Medical Superintendent and comprises of Senior Doctors from various specialties.

Monthly Scientific Meetings are conducted by the Doctors of the STNM Hospital. Speaker from outside of various specialties’ are also invited to address the doctors.

The occupancy of the hospital is almost 100% throughout the year:

Available Service.

* Cardiology
* Surgery
* Medicine
* Eye
* ENT
* Orthopaedic
* Gynae & Obstetrics
* Psychiatry
* Paediatrics
* Dermatology
* Gastroenterology
* Pathology
* Microbiology
* Blood Bank
* Emergency Services (24x7)
* Respiratory Medicine
* Ophthalmology
* Dental
* Radiology

**CONSOLIDATED ANNUAL REPORT OF S.T.N.M HOSPITAL.**

**REPORT FOR THE YEAR : 2013**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| SL  NO |  | NAME OF DEPTT: | No of in-patients discharged | | No. of Deaths | |  |
| Male | Female | Male | Female |
| 1 |  | Male Medical Ward | 799 | - | 46 | - |
| 2 |  | Female Medical Ward | - | 873 | - | 46 |
| 3 |  | Male Surgical Ward | 667 | 52 | 11 | - |
| 4 |  | Female Surgical Ward | 58 | 572 | - | 2 |
| 5 |  | Orthopedic Ward | 428 | 195 | 3 | 1 |
| 6 |  | Burns Ward | 18 | 28 | 4 | 2 |
| 7 |  | Cardiology Deptt: | 173 | 194 | 16 | 15 |
| 8 |  | Pediatric Ward | 785 | 634 | 6 | 6 |
| 9 |  | Emergency Ward | 679 | 697 | 140 | 92 |
| 10 |  | Casualty Ward/R.R Ward) | 288 | 260 | 21 | 20 |
| 11 |  | New Private Ward | 417 | 419 | 12 | 12 |
| 12 |  | PP Unit | - | 3345 | - | 5 |
| 13 |  | Psychiatric Ward | 262 | 153 | 4 | - |
| 14 |  | NICU | 414 | 360 | 14 | 13 |
| 15 |  | TOTAL | 4988 | 7782 | 277 | 214 |

**II NEW REGISTRATION (OUT PATIENT)**.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | MALE | | FEMALE | TOTAL |
|  | |  |  |
| A. | GENERAL OPD | 47080 | | 48020 | 95100 |
| B | GYNAE/PAED | 16625 | 27824 | | 44449 |
| C | EMERGENCY | 21035 | 15489 | | 36524 |
|  | TOTAL | 84740 | | 91333 | 176073 |

**STATEMENT SHOWIMG THE IN-PATIENTS DISCHARGED AND DEATHS DURING THE YEAR: 2013**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SL NO | PARTICULARS | MALE | FEMALE | TOTAL |
| 1 | DISCHARGED | 4988 | 7782 | 12770 |
| 2 | DEATHS | 277 | 214 | 491 |

III**. RADIOLOGICAL INVESTIGATIONS**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | MALE | FEMALE | TOTAL |
| 1.. | ULTRASOUND |  |  |  |
| (A) | IN-PATIENT | 2032 | 2343 | 4375 |
| (B) | OUT-PATIENT | 831 | 1299 | 2130 |
|  | TOTAL | 2863 | 3642 | 6505 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | MALE | | FEMALE | | TOTAL | |
| 2. | **X-RAY** | 10-2pm | 2-10am | 10-2pm | 2-10am | 10-2pm | 2-10am |
| (A) | IN-PATIENT | **3829** | **2375** | **3014** | **1549** | **6843** | **3924** |
| (B) | OUT-PATIENT | **6528** | **-** | **5503** | **-** | **12031** | **-** |
|  | TOTAL | **10357** | **2375** | **8517** | **1549** | **18874** | **3924** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3. | **C.T.SCAN** | MALE | FEMALE | TOTAL |
| (A). | IN-PATIENT | **1060** | **629** | **1689** |
| (B). | OUT-PATIENT | **503** | **452** | **955** |
|  | TOTAL | **1563** | **1081** | **2644** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4. | **ENDOSCOPY** | MALE | FEMALE | TOTAL |
| (A) | IN-PATIENT | **180** | **106** | **286** |
| (B) | OUT-PATIENT | **36** | **30** | **66** |
|  | TOTAL | **216** | **136** | **352** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5 | **ECG** | MALE | FEMALE | TOTAL |
| (A) | IN-PATIENT | **3074** | **3260** | **6334** |
| (B) | OUT-PATIENT | **742** | **830** | **1572** |
|  | TOTAL | **3816** | **4090** | **7906** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **6** | **T.M.T.** | MALE | FEMALE | TOTAL |
| (A) | IN-PATIENT | **0** | **1** | **1** |
| (B) | OUT PATIENT | **42** | **21** | **63** |
|  | TOTAL | **42** | **22** | **64** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 7 | **ECO** | MALE | FEMALE | TOTAL |
| (A) | IN-PATIENT | **281** | **252** | **533** |
| (B) | OUT-PATIENT | **411** | **515** | **926** |
|  | TOTAL | **692** | **767** | **1459** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 9 | **THERAPEUTIC** | MALE | FEMALE | TOTAL |
| (A) | IN-PATIENT | **13** | **8** | **21** |
| (B) | OUT PATIENT | **-** | **2** | **2** |
|  | TOTAL | **13** | **10** | **23** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 10 | **HOLTER MONITOR** | MALE | FEMALE | TOTAL |
| (A) | IN-PATIENT | **14** | **5** | **19** |
| (B) | OUT-PATIENT | **9** | **5** | **14** |
|  | TOTAL | **23** | **10** | **33** |
| 11 | **M R I** | MALE | FEMALE | TOTAL |
| (A) | IN-PATIENT | **228** | **176** | **404** |
| (B) | OUT-PATIENT | **215** | **191** | **406** |
|  | TOTAL | **443** | **367** | **810** |

**IV. OPERATION CONDUCTED**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **OPERATION** | | **MALE** | **FEMALE** | **TOTAL** |
| **(a)** | **SURGICAL** | **MAJOR** | **203** | **308** | **511** |
|  |  | **MINOR** | **1077** | **1128** | **2205** |
| **TOTAL** | **1280** | **1436** | **2716** |
| **(b)** | **ENT** | **MAJOR** | **43** | **44** | **97** |
|  |  | **MINOR** | **221** | **204** | **425** |
| **TOTAL** | **264** | **248** | **512** |
| **©** | **EYE** | **MAJOR** | **112** | **106** | **218** |
| **MINOR** | **123** | **137** | **260** |
| **TOTAL** | **235** | **243** | **478** |
| **(d)** | **GYNAE** | **MAJOR** | **-** | **1106** | **1106** |
|  |  | **MINOR** | **-** | **228** | **228** |
| **TOTAL** | **-** | **1334** | **1334** |
| **(e)** | **ORTHO** | **MAJOR** | **187** | **83** | **270** |
|  |  | **MINOR** | **656** | **794** | **1450** |
| **OTHERS** | **3710** | **2044** | **5754** |
| **TOTAL** | **4553** | **2921** | **7474** |
| **GRAND TOTAL** | **6332** | **6182** | **12514** |

**STATEMENT SHOWING THE PATIENTS REFERRED OUTSIDE SIKKIM DURING THE YEAR:2013**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **-** |  | **MALE** | **FEMALE** | **TOTAL** |
| **A** | EMPLOYEES | **435** | **398** | **833** |
| **B** | PUBLIC | **315** | **288** | **603** |
|  | **TOTAL** | **750** | **686** | **1436** |

**STATEMENT SHOWING THE DOG BITE CASES AND SNAKE BITE CASES DURING THE YEAR: 2013**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SL NO** | **PARTICULARS** | **MALE** | **FEMALE** | **TOTAL** |
| **1** | DOG BITE | **648** | **429** | **1077** |
| **2** | SNAKE BITE | **18** | **8** | **26** |

**STATEMENT SHOWING THE LAB INVESTIGATION DONE AT (PATHOLOGY DEPTT;) OF S.T.N.M. HOSPITAL DURING THE YEAR 2013**

|  |  |  |
| --- | --- | --- |
| **SLNO** | **PARTICULARS** | **TOTAL** |
| **1** | **BIOCHEMISTRY** | **183010** |
| **2** | **FNAC** | **2435** |
| **3** | **HAEMATOLOGY** | **153651** |
| **4** | **HORMONE** | **1718** |
| **5** | **URINE** | **44443** |
| **6** | **STOOL EXAMINATION** | **2700** |
| **7** | **HISTOPATHOLOGY** | **1097** |
|  | **GRAND TOTAL** | **390151** |

**STATEMENT SHOWING THE LAB INVESTIGATION DONE AT (MICROBIOLOGY DEPTT :) OF STNM. HOSPITAL DURING THE YEAR 2013**

|  |  |  |
| --- | --- | --- |
| **SL NO** | **PARTICULARS** | **TOTAL** |
| **1** | **BACTERIOLOGY: Culture &Sensitivity** | **2605** |
| **2** | **FUNGAL** | **57** |
| **3** | **SEROLOGICAL TEST** | **17707** |
| **4** | **MICROSCOPY** | **1762** |
|  | **GRAND TOTAL** | **22131** |

**STATEMENT SHOWING REPORTS ON AUTOPSY CONDUCTED AT S.T.N.M. HOSPITAL DURING THE YEAR 2013**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl No** | **Male** | **Female** | **Total** |
| **1** | **112** | **33** | **145** |

**STATEMENT SHOWING THE PATIENTS TREATED IN VARIOUS CLINICS DURING THE YEAR 2013**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SlNO** | **CLINICS** | **MALE** | **FEMALE** | **TOTAL** |
| 1 | ENT | **10270** | **10317** | **20587** |
| 2 | ORTHOPAEDICS | **10704** | **11175** | **21879** |
| 3 | MEDICAL | **22869** | **28756** | **51625** |
| 4 | SURGICAL | **8216** | **8578** | **16794** |
| 5 | SKIN | **10268** | **12906** | **23174** |
| 6 | GYNAE | **-** | **6387** | **6387** |
| 7 | ANC NEW |  | **319** | **319** |
| 8 | ANC OLD |  | **6640** | **6640** |
| 9. | PSYCHIATRICS | **2033** | **2003** | **4036** |
| 10 | PAEDIATRICS | **14400** | **12972** | **27372** |
| 11 | EYE | **8994** | **12350** | **21344** |
| 12 | CARDIOLOGY | **916** | **1499** | **2415** |
| 13 | DENTAL | **9563** | **12190** | **21753** |
| 14 | AMJI | **2809** | **4722** | **7531** |
| 15 | TB CLINIC | **2349** | **1701** | **4050** |
| 16 | DIABETIC | **162** | **226** | **388** |
| 17 | M.L.C | **1264** | **246** | **1510** |
| 18 | AYUSH | **4234** | **3753** | **7987** |
|  | **TOTAL** | **109051** | **136740** | **245791** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | PHYSIOTHERAPY | **5944** | **8461** | **14405** |
| 2 | DRESSING | **7228** | **3470** | **10698** |
| 3 | INJECTION | **7445** | **5960** | **13405** |
|  | TOTAL | **20617** | **17891** | **38508** |
|  | **GRAND TOTAL** | **129668** | **154631** | **284299** |

**18. DETAIL HEADWISE EXPENDITURE FOR 2013 – 14 & BUDGET ESTIMATE FOR 2014 – 15 (STNM HOSPITAL) (RS IN LAKHS)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SL.NO: | MAJOR NON – PLAN (A) | REVISED ESTIMATE | EXPENDITURE | BUDGET ESTIMATE (2014 – 15) |
| 1 | 2210-01-01.110-62-62.00.01 Salaries | 2382.05 | 2386.86 | 2721.99 |
| 2 | 2210-01-01.110-62-62.00.02 wages | 40.16 | 40.16 | 55.12 |
| 3 | 2210-01-01.110-62-62.00.11 Travel expenses | 1.19 | 1.17 | 3.00 |
| 4. | 2210-01-01.110-62-62.00.13 Office expenses | 29.27 | 29.27 | 35.00 |
| 5 | 2210-01-01.110-62-62.00.21 Emergency purchase of medicines | 46.60 | 46.60 | 35.00 |
| 6 | 2210-01-01.110-62-62.00.51 Motor Vehicle | 15.50 | 15.50 | 30.00 |
| 7 | 2210-01-01.110-61-61.00.84 Purchase of consumables for Incinerator | 6.99 | 6.99 | 8.00 |
| 8 | 2210-01-01.800-59-59.00.78 CPDM | 144.00 | 144.00 | 160.00 |
| 9 | 2059-60-60.053-61-79-61.79.21 Supplies & Materials | 2.00 | 2.00 | 5.00 |
|  | TOTAL (A) | 2667.76 | 2672.51 | 3053.11 |
|  | PLAN (B) |  |  |  |
| 1. | 2210-01-01.110-62-62.00.01 Salaries | 728.77 | 725.30 | 864.36 |
| 2 | 2210-01-01.110-62-62.00.02 Wages | 20.00 | 0.00 | 20.00 |
| 3 | 2210-01-01.110-62-62.00.77 Repair & Maintenance of Hospital Equipt. | 0.00 | 0.00 | 10.00 |
| 4 | 2210-01-01.110-62-62.00.51 Motor Vehicle | 5.00 | 5.00 | 15.00 |
| 5 | 2210-01-01.800-64-59-64-59.01 Salaries other Expenses (ISM) | 19.35 | 19.35 | 26.49 |
|  | TOTAL(B) | 773.12 | 749.65 | 935.85 |
|  | URBAN FAMILY WELFARE (100%CSS) © |  |  |  |
| 1 | 2211-00-102-64.59.01 Salaries | 45.00 | 51.03 | 67.69 |
| 2 | 2211-00-102-64.59.11 Travel Expenses | 0.01 | 0.00 | 1.00 |
| 3 | 2211-00-102-64-59.13 Office Expenses | 11.01 | 11.00 | 5.00 |
|  | TOTAL | 56.02 | 62.03 | 73.69 |
|  | TOTAL (A+B+C) | 3496.90 | 3484.19 | 4062.65 |

***2. EAST DISTRICT (Activities and Achievements)***

***DEMOGRAPHIC PROFILE OF EAST DISTRICT***

Sikkim is the smallest Himalayan state of India. It is divided into four districts for administrative purposes. East district is one of the thickly populated district of Sikkim. Gangtok the capital of Sikkim is in the east district. Further it is divided into urban and rural areas. Rural areas are under the control of DistrictHospital Singtam for delivery of Health Care Services. STNM hospital is the state referral hospital which is located at Gangtok. East district occupies an area of 964 sq. km with a total population of **281293**as per the census 2011. District collector is the administrative head and is the chairman of district health society and national health programmes.

TABLE-I

|  |  |  |
| --- | --- | --- |
| **Description** | **2011 CENSUS** | **2001 CENSUS** |
| **Actual Population** | **283,583** | **245,040** |
| Male | 151,432 | 132,917 |
| Female | 132,151 | 112,123 |
| **Population Growth** | **15.73%** | **37.31%** |
| Area Sq. Km | 954 | 954 |
| **Density/km2** | **297** | **257** |
| Proportion to Sikkim Population | 46.45% | 45.31% |
| **Sex Ratio (Per 1000)** | **873** | **844** |
| Child Sex Ratio (0-6 Age) | 960 | 950 |
| **Average Literacy** | **83.85** | **74.67** |
| Male Literacy | 88.47 | 81.20 |
| Female Literacy | 78.50 | 66.80 |
| **Total Child Population (0-6 Age)** | **27,984** | **31,410** |
| Male Population (0-6 Age) | 14,277 | 16,105 |
| Female Population (0-6 Age) | 13,707 | 15,305 |
| **Literates** | **214,329** | **159,521** |
| Male Literates | 121,345 | 94,850 |
| Female Literates | 92,984 | 64,671 |
| **Child Proportion (0-6 Age)** | **9.87%** | **12.82%** |
| Boys Proportion (0-6 Age) | 9.43% | 12.12% |
| Girls Proportion (0-6 Age) | 10.37% | 13.65% |

**Public Health Infrastructure in the district**

**Table II**

|  |  |  |  |
| --- | --- | --- | --- |
| **Health Facility** | **Number** | | **Remarks** |
| **Government Buildings** | **Rented** |  |
| DistrictHospital | 1 |  | SingtamDistrictHospital |
| MedicalCollege/ Hospital | 1 |  | SMMC /CRH |
| AYUSH /AYUR CLINIC | 1 |  | Singtam |
| UFWC | 1 |  | STNM |
| BPHC | 7 |  |  |
| Subcentre | 48 | 4 |  |
| HealthCenter at Sherethang | 1 |  |  |
| NHPCHospital | 1 |  | Balutar, Singtam |

**MANPOWER STATUS UNDER EAST DISTRICT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MANPOWER DETAILS UNDER Dh & PHC** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|
| **FACILITY** | **MO** | | **AYUSH** | | **ANM/**  **MPHWF** | | **GNM** | | **CHO/LHV** | | **LAB TECH** | | **XRAY TECH** | | **PHAR**  **MACIST** | | **DPMU** | | **DENTIST** | | **MPHW M** | | **MWA** | | **FWA** | |
| **R** | **C** | **R** | **C** | **R** | **C** | **R** | **C** | **R** | **C** | **R** | **C** | **R** | **C** | **R** | **C** | **R** | **C** | **R** | **C** | **R** | **C** | **R** | **C** | **R** | **C** |
| **SANG PHC** | 0 | 1 | 0 | 0 | 24 | 2 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 16 | 0 | 7 | 1 | 7 | 2 |
| **MACHONG PHC** | 0 | 1 | 0 | 0 | 10 | 2 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 6 | 0 | 2 | 0 | 6 | 0 |
| **SAMDONG PHC** | 0 | 1 | 0 | 0 | 16 | 0 | 0 | 3 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 10 | 0 | 5 | 0 | 4 | 0 |
| **RHENOCK PHC** | 1 | 1 | 0 | 1 | 6 | 2 | 0 | 1 | 3 | 0 | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 1 | 4 | 0 | 3 | 1 | 2 | 0 |
| **RANGPO PHC** | 0 | 1 | 0 | 0 | 12 | 3 | 0 | 2 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 1 | 0 | 2 | 1 | 0 | 10 | 0 | 2 | 1 | 7 | 3 |
| **PAKYONG PHC** | 1 | 1 | 0 | 0 | 21 | 6 | 0 | 3 | 3 | 0 | 2 | 0 | 0 | 1 | 0 | 1 | 0 | 2 | 0 | 1 | 9 | 0 | 4 | 0 | 10 | 2 |
| **RONGLI PHC** | 1 | 0 | 0 | 1 | 6 | 9 | 0 | 2 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 0 | 10 | 0 | 4 | 0 | 6 | 3 |
| **DHS** | 12 | 10 | 0 | 2 | 23 | 1 | 16 | 11 | 1 | 0 | 3 | 7 | 1 | 3 | 0 | 1 | 0 | 4 | 1 | 1 | 8 | 0 | 3 | 1 | 7 | 6 |
| **TOTAL** | **15** | **16** | **0** | **4** | **118** | **25** | **16** | **23** | **12** | **0** | **12** | **9** | **2** | **4** | **0** | **4** | **0** | **18** | **3** | **3** | **73** | **0** | **30** | **4** | **49** | **16** |

**Programme Management Unit (PMU):**

Under NHM, District Programme Management unit at District level and Block Programme Management unit at PHC level were established and operationalized by appointing qualified management graduates personnel to provide support on planning, implementing, monitoring and accounts keeping of the NHM activities.

**Financial Management System (FMS):**

The District Accounts Manager appointed at the District level, and the Block Programme Manager / Accounts Manager at the Block level maintain the proper financial records. Computerized financial management and monitoring is being introduced. Internal and external audit features apart from the monthly and quarterly financial report.

For the accurate and timely submission of the Financial Management Report (FMR) the mission has designed a web portal for monthly reporting.

**Untied Fund:**

Untied fund are being provided to PHC and PHSC for emergencies purchases (Life saving drugs, consumables, etc) further untied funds can also be used for minor modification of health centers , emergency transport etc

In the year 2013-14

48 PHSC were provided with untied fund @ Rs 10,000

7 PHCs @ Rs25,000 .

**Annual Maintenance Grant**

Annual Maintenance Grant were provided to 48 PHSCs @ Rs 10,000

7 PHC s @ Rs 50,000

For Minor repair works including electrification, water supply and any patient friendly activities.

**RogiKalyanSamiti (RKS)**

Under east district there are total 8 RogiKalyanSamiti one at the District Hospital and other 7 RKS at PHCs these registered society act as a group of trustees for management and development of hospitals and health centers all 7 PHC s were provided with corpus grant of Rs 1,00,000 and District RKS was provided with Rs 5,00,000.

Under District Hospital SingtamRogiKalyanSamiti has conducted the following activities for the year 2013-14

1. Construction of Physiotherapy unit.
2. Renovation of eye OT
3. Miscellaneous activities

**24X7 PHCs:**

Under East 7 PHCs have been providing 24X7 health care services. In order to make it effective and functional Medical Officers along with other medical and administrative staffs has been appointed at different PHCs and PHSCs.

**Ambulance for Health Centers:**

State Health Society, has provided Ambulance in all the PHCs and district Hospital. These ambulances are fitted with all the basic health kits. This Ambulance is used to refer the patient free of cost to the Higher Health Centers round the clock.

**Village Health and Nutrition Day (VHND):**

Aganwadi centers located at different villages are to conduct VHNDs. In the financial year 2013-14, VHNDs were carried out at different aganwadi centers under different PHCs and District.

**Health Management Information System (HMIS):**

HMIS reporting comprises of Online web portal reporting and prepration of HMIS hard copy report and submit it to higher level facility.

Under East District all 48 Sub centers prepares monthly HMIS reports and submits it to concerned PHC for compilation. 7 PHCs compile the monthly report and submits it to District. DEO of each PHC uploads the web portal HMIS report every month.

DDM , DDA& DEO stationed at the district & PHC uploads the monthly HMIS report for the District and further compiles the Hard copy HMIS report and submits it to state officials.

**MOTHER AND CHILD TRACKING SYSTEM (MCTS)**

All 48 PHSCs, 7 PHCs and District are provided with MCTS registers for mother and children. MCTS web portal reports are being uploaded by DEOs stationed at the PHC and DDA at District.

**IEC/BCC**

The district has fully established IEC/BCC cell at District level and health educator are posted at PHC for implementation of the programme. All the programmes under IEC/ BCC cell are carried out in coordination with NGOs ,panchayats, teachers, ASHAs , along with formal and informal leaders

**IEC / BCC Programme Conducted during the year 2013 – 2014:**

|  |  |  |
| --- | --- | --- |
| Sl. No. | Types of Programme | No. of Programme |
| 1 | SENSITIZATION CAMP IN THE FELT NEED AREA | 10 |
| 2 | OUTSOURCING HEALTH COMMUNICATION PROGRAM | 2 |
| 3 | AWARENESS ON NON COMMUNICABLE DISEASES | 9 |
| 4 | AWARENESS ON COMMUNICABLE DISEASES | 9 |
| 5 | WORLD POPULATION DAY | 1 |
| 6 | CELEBRATION OF NEW BORN WEEK | 56 |
| 7 | IDD AWARENESS PROGRAM | 32 |
| 8 | HEALTH EXHIBITION AND QUIZ | 2 |
| 9 | WORLD EYE SIGHT DAY CELEBRATION | 11 |

**ASHAs**

**ACCREDITED SOCIAL HEALTH ACTIVIST (ASHA)**

There are in total 199 villages under east district , 199 ASHAs have been selected in order to serve these villages all ASHAs under east district are trained upto 6th and 7th module Round IV .Ashas have been receiving Rs 3000 per month as Honorarium from State Government.

|  |  |  |
| --- | --- | --- |
| **Sl.No** | **Activity** | **Goal for District** |
| 01 | Number of ASHA monthly meeting per month | 8 |
| 02 | Number of VHSNC MEETING PER MONTH | 199 |
| 03 | Number of fully trained ASHAs for every 1000 population | 199 |
| 04 | Number of clients benefited under JananiSurakshyaYojana (JSY) | 1063 |
| 05 | Number of VHSC constituted and untied grants provided to them | 199 |
| 06 | Number ASHAs trained under 6th& 7TH module (Round I TO IV) | 199 |

**Mobile Medical Unit:**

The services like Ante Natal Care, general health checkup with basic investigation and diagnostic facilities, immunization pre treatment& referral facilities and health education are available through MMU facilities.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of the District | | | | EAST DISTRICT | | | | |  |  |  |  |  |
| No. of MMU in the District | | | | 1 | | | | |  |  |  |  |  |
|  | | | | | | | | | | | | | |
| Month | April'13 | May'13 | June,13 | July,13 | August,13 | September,13 | October,13 | November,13 | December,13 | January,14 | February,14 | March, 14 | Total |
| No of Camps held | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 14 | 13 | 35 |
| No of Patient Treated | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 386 | 691 | 816 | 1893 |
| No of ANC | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 15 | 20 |
| No of PNC | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  | 0 |
| No of X-Ray | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 51 | 0 |  | 51 |
| No of USG | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  | 0 |
| No of ECG | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  | 0 |
| No of Patient examined for Hemoglobin | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 225 | 14 | 1 | 240 |
| No of Patient examined for Malaria parasite | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| No of Patient examined for Urine Test | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

**Details of MMU activity for the year 2013-14**

**Report of CATCH (Issue of Health Card) for the year 2013-14 of East District under District Hospital Singtam**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.No** | **Name of PHC/ Hospital** | **Total Health Card Issued** | **Total Lab Test Done** | **Total VIA Done** |
| 1 | DHS | 4780 | 3233 | 376 |
| 2 | Sang | 1714 | 2128 | 75 |
| 3 | Samdong | 1776 | 321 | 216 |
| 4 | Rongli | 1800 | 800 | 290 |
| 5 | Rhenok | 1633 | 1338 | 96 |
| 6 | Pakyong | 1532 | 290 | 23 |
| 7 | Machong | 1863 | 571 | 186 |
| 8 | Rangpo | 2122 | 1691 | 13 |
| **9** | **Total** | **17220** | **10372** | **1275** |

**FINDINGS ON CATCH**:based on the general examination and lab investigations done the measure findings on CATCH are as follows:-

* **HYPERTENSION:**out of the total population covered for the issue of Health Card i.e.17220, the total Population screened for Blood Pressure (12 yrs and above) was 16,503 and 3721 (22.54%)were reported to be Hypertensive.
* **DIABETIES:**out of the total population covered for the issue of Health Card i.e.17220, the total Diabetic cases found were 973 which accounts for 5.65%.
* **ANEMIA:** out of the total population covered for the issue of Health Card i.e.17220, test for hemoglobin was made mandatory for 0and above age group and hence individual cases reported anemic was 6333 i.e 36.77%.
* Besides this, other findings reported on CATCH are amongst the diseases:

1. **Tuberculosis**
2. **Asthma**
3. **Pulmonary Heart Disease**
4. **Refractive error**
5. **Obesity**
6. **Dental Caries etc.**

**OTHER ACTIVITIES CONDUCTED UNDER EAST DISTRICT (2013-14).**

1. **CATARACT CAMP WITH IOL IMPLANTATION**

District health society, East organized 3 days Cataract camp with IOL implantation. patients were operated successfully without any complication. Dr B.P Dhakal Senior Consultant along with a team from STNM and Dr K.L Bhutia (Opthalmologist) from District hospital Singtam along with other staffs made the camp successful.

1. **IPPI**

First round of IPPI was on 19th January 2014 and second round of IPPI was on 13thfebruary 2014. In First round total 15035 childrens were vaccinated and in the second round 14950 childrens were vaccinated.

**MEETINGS CONDUCTED UNDER EAST DISTRICT.**

1. **MATERNAL DEATH REVIEW MEETING**

MDR meeting was organized at Facility level *as* well as it was organized with District Magistrate and Maternal death cases was discussed in detail on

PCPNDT review meeting was also organized under the Chairmanship of DC east on

1. **DISTRICT HEALTH MISSION/DISTRICT HEALTH SOCIETY/RKS GOVERNING BODY MEETING**

Under the chairmanship of ZillaAdakshaya Meeting of District Health Mission and RKS governing body was held at the office of ZillaAdakshaya east. During the second half Meeting of District Health society was held under the chairmanship of D.C East.

1. **MONTHLY MEETING**

Every month Meeting was Organised at District Hospital Singtam with Staffs of District, PHCS in order to discuss Issues and performance of various health facilities. Further in monthly meeting Monthly activities and future activities are planned and discussed.similarly such monthly meetings are being organized at PHC and PHSC level as well.

1. **ASHA MONTHLY MEETING**

Every month Meeting of ASHAs are being organized at 7 PHC and District Hospital in order to discuss ASHA Issues. E very quarter ASHA Facilitators meeting was organized at District with District Asha mentoring Group and AshaGrevianceReadressal Committee.

District Asha mentoring group meeting is being held regularly to discuss ASHA issues and further District AshaGrevianceReadressal committee is also constituted and its meeting is also conducted regularly.

**IDSP Brief Report**

Integrated Disease Surveillance Programme (IDSP) is a decentralized, State based Surveillance Program in the country. It is intended to detect early warning signals of impending outbreaks and help initiate an effective response in a timely manner. Major components of the project are

(1) Integrating and decentralization of surveillance activities;

(2) Strengthening of public health laboratories

(3) Human Resource Development – Training of State Surveillance Officers, District Surveillance Officers, Rapid Response Team, other medical and paramedical staff; and

(4) Use of Information Technology for collection, collation, compilation, analysis and dissemination of data.

**Acute Diarrhoeal disease**: The cases were mainly found in pre- monsoon and monsoon season. District Hospital Singtam reported a maximum cases followed byPakyong, Rangpo, Samdong and Rhenock.(DHS-3645, pakyong- 864, Rangpo-549, Rhenock- 534, Samdong- 469 in 2013).

**Dog-Bite**: The cases were maximum found in District Hospital Singtam i.e., 222 cases, followed by Pakyong 192 cases, Rangpo 191 cases, and Rhenock 149 cases in 2013.

**Dengue:** the first case of dengue was reported on 22nd August, 2013 from Rangpo. Then after cases goes on increasing. The total number of cases were 445, out of which 358 cases were from in and around Singtam and Rangpo area and 87 cases from West Bengal.

**Unnatural Death:** Total there are 144 cases of unnatural death in 2013 out of which 64 were sucide and 9 were un-identified body.

**TRAININGS CONDUCTED UNDER EAST DISTRICT FOR THE YEAR 2013-2014**

1. **ASHA 6TH AND 7TH MODULE TRAINING**

Resource persons for the training were :MD (NHM), JD NHM,CHO Pakyong, LHV Rhenock, DPHNO, HE sang, HE Pakyong,HESamdong and NGO member Mr Kamal Bhattarai

Total 7 Number of batches were trained comprising of 30 ASHAs in one batch

ASHA 6th and 7th module training was complete residential training for 5 days, training was successfully organized at Pakyong.

1. **RE-ORIENTATION TRAINING ON HMIS& MCTS TO HEALTH WORKERS**

3 batches of Reorientation training on HMIS & MCTS to health workers was organized under east District. Resource persons for the training were JD(RCH),JD (NRHM), SDO. Participants for the training were MO/ICs , LHVs, BPMs, DEOs, ANMs, MPHW-F, MPHW-M from all health facilities under east district. Further 35 health workers were trained in each batch.

1. **IUCD TRAINING:**

1 batch of IUCD training was organized at District Hospital Singtam. Training was imparted on mannequin and practical was conducted at MCHclinic . Resource person for the training was Gynecologist and training duration was for 5 days.

1. **PPIUCD TRAINING:**

1 batch of PP- IUCD training was organized at District Hospital Singtam. Training was imparted on mannequin and practical was conducted at MCH clinic . Resource person for the training was Gynecologist and training duration was for 5 days.

1. **SBA TRAINING:**

In the year 5 Batchs of SBA(SKILLED BIRTH ATTENDANT) Training was organized under east District and 10 Nursing staffs were trained.

1. **CONTRACEPTIVE UPDATE SEMINAR:**

1 batch of contraceptive update seminar to health workers from PHSC and PHC s was organized at District Hospital Singtam in the year .

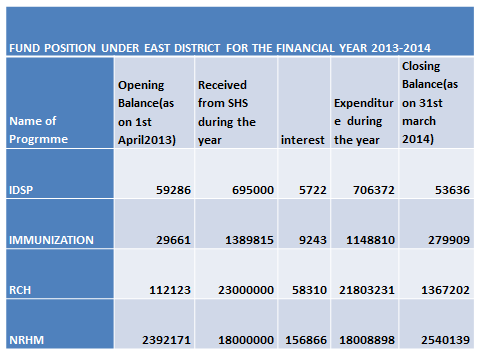
Resource persons for the seminar were: CMO, Gynecologist,DRCHO/E.

1. **IMMUNIZATION REFRESHER:**

Immunization refresher was organized at District Hospital Singtam where the resource person for the program were DRCHO,CMO.

1. **C.M.E PARAMEDICS**

One batch of CME to paramedical staffs was organized under East district, total 45 health workers from PHC and PHSCs attended the seminar. CME was organized in collaboration CALMED Model.



**3. SOUTH DISTRICT ( Activities and Achievements)**

**Socio demography:**

TOTAL POPULATION OF SOUTH DISTRICT ACCORDING TO (Community Need Assessment) (1,42,2264)

SEX WISE POPULATION OF SOUTH DISTRICT – 2013

SEX RATIO –1000:955

**No. of Health related Institution South District**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Health Institution | PHSCs | ASHA | VHNSC | School Government | Total Population (Health Survey 2014) | Villages |
| District Hospital, Namchi | 6 | 25 | 25 | 40 | 24743 | 51 |
| Yangang PHC | 4 | 16 | 16 | 38 | 17670 | 13 |
| Namthang PHC | 5 | 21 | 22 | 34 | 17051 | 44 |
| Jorthang PHC | 5 | 20 | 20 | 25 | 22416 | 35 |
| Ravongla PHC | 9 | 30 | 30 | 39 | 22524 | 52 |
| Melli PHC | 4 | 19 | 19 | 22 | 16926 | 23 |
| Temi PHC | 4 | 10 | 10 | 29 | 9931 | 30 |
| Bermoik PHC | 2 | 11 | 11 | 08 | 11003 | 29 |
| Total | 39 | 153 | 153 | 235 | 142264 | 277 |

**BLOOD BANK:**

Annual Performance of Blood Bank of District Hospital Namchi - 2013 – 2014.

|  |  |  |
| --- | --- | --- |
| Sl. No | Activities | Performance |
| 1 | Total units of Blood Collected | 1114 |
| 2 | Total units of Blood demanded from various wards | 1031 |
| 3 | Total units of Blood supplied to various wards | 948 |
| 4 | Total No. of voluntary blood donation | 983 |
| 5 | Percentage of voluntary blood donation | 88.2 |
| 6 | Number of replacement donation | 131 |
| 7 | Percentage of replacement donation | 11.8 |
| 8 | No. of blood units discarded | 130 |
| 9 | Wastage percentage | 11.7 |
| 10 | Total No. of Cross Matching done | 948 |
| 11 | Total No. of Blood Donation Camps Held | 16 |
| 12 | Number of Blood units collected in camps | 880 |
| 13 | Total number of blood grouping done | 1095 |
| 14 | Transfusion diseases (mandatory) testing done:-   1. HIV & AIDS No Positive – 01 (0.08%) 2. HBsAg No of Positive – 07 (0.6%) 3. HCV No of Positive – Nil (0%) 4. VDRL No of Positive – 01(0.08%) 5. MALARIA No of Positive – NIL (0%) |  |

**FACILITY WISE PERFORMANCES: 2013 – MARCH 2014 – (HOSPITAL SERVICES)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Health Institution | Particulars | 2009 | 2010 | 2011 | 2012 | 2013 |
| Namthang PHC | OPD | 9714 | 8146 | 10694 | 14928 | 31470 |
| Jorthang PHC | 25848 | 27598 | 51806 | 23659 | 35289 |
| Temi PHC | 10692 | 11812 | 12769 | 12276 | 7493 |
| Yangang PHC | 7120 | 14402 | 10696 | 17340 | 14522 |
| Melli PHC | 10278 | 11192 | 10554 | 13455 | 16260 |
| Ravangla | 13136 | 19609 | 10721 | 22510 | 21056 |
| Namchi District Hospital | 91791 | 98555 | 90301 | 60109 | 100596 |
| Bermoik PHC | - | - | - | - | 10246 |
| Total | 168579 | 191314 | 197541 | 164277 | 236932 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Health Institution | Particulars | | 2009 | | 2010 | | 2011 | | 2012 | | | 2013 |
| Namthang PHC | IPD | | 93 | | 104 | | 264 | | 161 | | | 128 |
| Jorthang PHC | 1014 | | 1034 | | 1201 | | 977 | | | 1578 |
| Temi PHC | 362 | | 392 | | 332 | | 137 | | | 140 |
| Yangang PHC | 249 | | 447 | | 496 | | 1590 | | | 443 |
| Melli PHC | 433 | | 227 | | 154 | | 154 | | | 338 |
| Ravangla | 263 | | 124 | | 149 | | 137 | | | 117 |
| Namchi District Hospital | 6332 | | 6396/DH 728/TB | | 6869/DH 728/TB | | 7261/DH 119/TB | | | 8975 |
| Bermoik PHC | - | | - | | - | | 106 | | | 117 |
| Total | 8746 | | 9452 | |  | | 10761 | | | 11836 |
| Health Institution | | Particulars | | 2009 | | 2010 | | 2011 | | 2012 | 2013 | |
| Namthang PHC | | Dental Cases | | 81 | | 69 | | 105 | | - | 48 | |
| Jorthang PHC | | 1951 | | 2545 | | 2066 | | 2588 | 3219 | |
| Temi PHC | | 310 | | 98 | | 112 | | - | 68 | |
| Yangang PHC | | 270 | | 610 | | 573 | | - | 165 | |
| Melli PHC | | 164 | | 39 | | 86 | | 954 | 997 | |
| Ravangla | | 816 | | 1077 | | 712 | | 948 | 1133 | |
| Namchi District Hospital | | 16844 | | 18654 | | 19511 | | 8460 19/IPD | 9254 | |
| Bermoik PHC | | - | | - | | - | | - | 65 | |
| Total | | 20436 | | 23092 | | 23165 | | 12969 | 14949 | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Health Institution | | Particulars | 2009 | 2010 | | 2011 | | 2012 | | 2013 | |
| Namthang PHC | | Pathological Test | 104 | 191 | | 213 | | 284 | | 551 | |
| Jorthang PHC | | 3366 | 2539 | | 2200 | | 2037 | | 6621 | |
| Temi PHC | | 739 | 1273 | | 1153 | | - | | 1091 | |
| Yangang PHC | | 1399 | 2428 | | 1412 | | 1235 | | 2310 | |
| Melli PHC | | 1022 | 899 | | 519 | | 1040 | | 2310 | |
| Ravangla | | 1611 | 427 | | 588 | | 509 | | 813 | |
| Namchi District Hospital | | 213411 | 23339 | | 21613 | | 112579 | | 143593 | |
| Bermoik PHC | | - | - | | - | | - | | 904 | |
| Total | | 29582 | 31096 | | 27698 | | 995 | | 155883 | |
| Health Institution | | Particulars | | 2009 | | 2010 | | 2011 | | 2012 | | 2013 | |
| Jorthang PHC | | X-ray | | 902 | | 617 | | 309 | | 1011 | | 1869 | |
| Ravangla | | 110 | | 125 | | 103 | | 195 | | 349 | |
| Namchi District Hospital | | 12473 | | 9561 | | 8046 | | 10316 | | 8299 | |
| Namthang PHC | |  | |  | |  | |  | | 60 | |
| Total | | 13485 | | 10303 | | 8458 | | 11522 | | 10577 | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Health Institution | Particulars | 2009 | 2010 | 2011 | 2012 | 2013 |
| Namthang PHC | Bed Occupancy rate | 16% | 15% | 29% | 30% | 11% |
| Jorthang PHC | 95% | 98% | 109% | 112% | 100+ |
| Temi PHC | 30% | 33% | 36% | 35% | 11.50% |
| Yangang PHC | 35% | 49% | 54% | 56% | 58% |
| Melli PHC | 22% | 19% | 17% | 19% | 3.20% |
| Ravangla | 28% | 19% | 16% | 18% | 119% |
| Total | 91% | 94% | 93% | 105% | 3.45% |

**THE OBSTETRIC AND GYNAECOLOGY DEPARTMENT conducted 422 c- section this year-**

Primary health centers/Primary Health sub centers – 2013

Primary Heath center of Jorethang is under process of upgrading to Community Health center duly fulfilling the criteria under Indian Public Health Center in near future.

PRIMARY HEALTH CENTERS (PHC) – Primary Health centers are located at Yangang, Temi, Bermoik, Namthang, Ravongla and Melli with ten beds each. All the PHCs are providing 24X7 services to the community. They are delivering medical management, institution are providing 24X7 services to the community. They are delivering medical management, institutional delivery and emergency services and other public health programmes organized under different National and State Health Programmes.

PRIMARY HEALTH SUB CENTERS (PHSC) – A total number of 39 PHSCs provide primary health care services at the community level in South District. The PHSCs are equipped in managing minor treatment, delivery, referral services and all the National Health Services envisaged under NRHM. The staffs posted at the Sub Centers are skilled and well trained in Skilled Birth Attendants, FIMNCI, Modular Training on Immunization and IUD Insertions. 75% of this institution are located at motor – able roads and others are at few minutes walking distances. In this year 2013, 86 number of delivery was conducted at PFSC level, thereby contributing to Institutional delivery of the District.

**ACTIVITIES UNDER NATIONAL RURAL MISSION.**

DISTRICT HEALTH MISSION – It is apex body at the District level and takes all decisions concerning to issues under National Heath Mission and also monitors the programmes in the District. Hon’ble Zilla Adhyaksha is the chairman of the District Heath Mission. The Meetings of Districts Health Mission was held on 30th January 2014 to review the performance and activities of 2013 under the chairmanship of Hon’ble Zilla Adhyaksha.

DISTRICT HEALTH SOCIETY – The District Health Society is headed by District Magistrate as Chairperson and other heads of department and NGOs as the members. The meeting of the District Health Society was held twice in the reported year to discuss various issues and took important decisions.

DISTRICT HOSPITAL MANAGEMENT SOCIETY/ROGI SAMITI – The Hospital Management Society/Rogi Kalyan Samiti is a registered society under Society Registration Act. This is a group of trustees for management and development of hospital and other health centers. The Rogi Kalyan samiti at District and other seven centers are provided with flexible funds to meet up the urgent need for the benefit of the patients. In all the seven blocks the RKS is headed by the respective Block Development Officers. The Governing Body of the Social hold meeting at District Hospital, conference Hall every quarter of each financial year when they review the performance and unanimously decide to improve the services of the Hospital and PHCs. Current status of Rogi Kalyan Samiti in the District

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hospital | No of HMS/RKS formed/Year | No of Members | Corpus grant (Rs) | No of meeting Held during 2013-2014 |
| District Namchi Hospital | 1(2008) | 14 | 500,000/pa | 4 |
| 7 PHC | 7(2013) | 10 X 7 =70 | 100,000/pa/PHC | 8 |

Allocation and Pattern of Utillization 2013-2014

**ROGI KALLYAN SAMITI FUND**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Centers | No of HMS/RKS formed/year | No of Members | Corpus grant (Rs) | No of meeting Held during – 2013 |
| District Hospital, Namchi | 1 | 10 | 5,00000 | 2 |
| 7 PHC | 7 | 72 | 7,00000 | 22 |
| TOTAL | 8 | 82 | 12,00000 | 24 Nos |

**UNTIED FUND**

|  |  |  |  |
| --- | --- | --- | --- |
| Health Institution/Grant in Aid | PHC | PHSC | VHSC |
| United Fund | 175000 | 390000 | 1530000 |
| % of utilization in 2013-14 | 100% | 100% | 100% |
| Annual Maintenance Grant | 350000 | 390000 | 100% |
| % of utilization in 2013-14 | 100% | 100% |

**JANANI SURAKSHA YOJANA**

|  |  |  |  |
| --- | --- | --- | --- |
| SCHEMES | CRITERIA | BENEFITS | PERFORMANCE 2012-2013 |
| Janani Suraksha Yojana (JSY) | SC/ST (BPL) Others Full ANC | 700/PW Institutional Delivery, 500/PW for Home delivery | 868 Pregnant Women |
| Mukhya Mantri Sutkeri Sayoug Avam Sishu Suraksha Yojana(MMSSASSY) (State Govt. initiative implemented from Sept 2011) | +19 yrs BPL as per DESME list Sikkim subject/COI holder Institutional delivery 1st child & (2nd)girl child only | 3000/PW during delivery & 5000/PW upto 72 month for children | 13PW 24 Childern |

**JANANI SISHU SURAKSHA KARYAKAM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl. No | JSSK SERVICES DELIVERY | FREE DRUGS | FREE DIET | FREE DISGNOSTIC | FREE BLOOD |
| 1 | Pregnant women who availed Free Entitlements | 1448 | 1360 | 1309 | 128 |
| 2 | Sick Neonates who availed free Entitlements | 48 | - | 29 | 0 |

**JANANI SISHU SURAKSHA KARYAKAM – II**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl. No | JSSK SERVICE DELIVERY | 7 PHC | 39 PHSC | DICT HOSPITAL | PVT INSTITUTION | TOTAL |
| 1 | Deliveries conducted at Health facility | 361 | 76 | 1171 | 69 | 1677 |
| 2 | Sick Neonates treated within 30 days at Health facility | 27 | 11 | 61 | 0 | 99 |

**ASHA STATUS – 2013.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl. No | Name of Blocks | Total No. of ASHA | Drop out | Replaced | ASHA functioning |
| 1 | District | 25 | 01 (Elected as Panchayat) | 01 through Gram Sabha | 25 |
| 2 | Ravong | 30 | Nil | - | 30 |
| 3 | Jorethang | 20 | 02 (Elected as Panchayat as;) | 02 through Gram Sabha | 20 |
| 4 | Melli | 19 | Nil | - | 19 |
| 5 | Temi | 10 | Nil | - | 10 |
| 6 | Bermoik | 7 | Added 3 ASHAs from Tingley and 1 from Mangley | - | 11 |
| 7 | Yangang | 17 | Nil | 1 added to Bermoik | 16 |
| 8 | Namthang | 25 | less 3 who are now under Bermoik & 2 elected as Panchayat | 2 replaced through Gram Sabha | 22 |
|  | Total | 152 | 05 elected as Panchayat | 5 replaced | 153 |

**ASHA ACTIVITIES & PERFORMANCE – 2013**

|  |  |  |
| --- | --- | --- |
| Sl. No | ACTIVITIES | PERFORMANCE |
| 1 | Training on 8th Module | 5 Days Residential Completed |
| 2 | ASHA Facilitator Diwas | Held Quarterly at District |
| 3 | ASHA Monthly Diwas | Conducted Monthly |
| 4 | Mobilization of Children for Immunization | 100% |
| 5 | VHSNC Conducted | (1836) 100% |
| 6 | VHND Conducted | 100% |
| 7 | HBNC Conducted | 957 (877 ID/80 HD) |
| 8 | JSY for supporting mothers for Delivery | Registered 1450 cases. |
| 9 | Total No Of Infants weighted | 1708 infants weighed. |
| 10 | Functionality Report | Submitting monthly |
| 11 | Participation and mobilizing community in all Health Programmes | 100 |

**ASHA Incentives paid – 2013**

|  |  |  |  |
| --- | --- | --- | --- |
| Sl. No | ACTIVITIY | Amount per Activity (Rs) | Amount Paid |
| 1 | JSY incentives for escorting Pregnant Women during institutional pregnant | 600 | Rs 31,200 |
| 2 | Mobilizing children for Routine Immunization | 150 | Rs 2,75,400 |
| 3 | Escorting Cataract patient for operation | - | - |
| 4 | Motivating for Male/Female sterilization | Male – 150  Female – 200 | Male – Rs53,605  Female – Rs 25,230 |
| 5 | Motivating IUCD Acceptors | 50 | - |
| 6 | Incentives for organizing VHND | 150 | Rs 2,75,400 |
| 7 | Incentive for attending monthly meeting | 150 | Rs 2,75,400 |
| 8 | Incentive for HBNC services | 250 | Rs 2,36,550 |

**Performance of RCH services according to HMIS – 2013**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ACTIVITIY | 2009-10 | 2010-11 | 2011-12 | 2012-13 | 2013-114 |
| ANC Target | 2700 | 2493 | 2460 | 2261 | 2307 |
| Full Registration | 85.5% | 89.3% | 95.3% | 85% | 95% |
| Full ANC (2ANC, TT, 100IFA) | 98.6% | 90.1% | 88.3% | 77% | 80% |
| Total Delivery within District | 1780 | 1608 | 1738 | 1946 | 1732 |
| Home Delivery | 32.5% | 28.2% | 20.9% | 13.8% | 10% |
| Home delivery assisted by Skilled attendant | 37.0% | 43.9% | 66.3% | 72.48% | 49% |
| Institution delivery | 67.5% | 71.8% | 79.1% | 86.4% | 90% |
| JSY Beneficiaries | 917 | 846 | 768 | 868 | 150 |
| Maternal Death | 01 | 02 | 02 | 05 | 02 |
| 3 PNC (Complete) | 66.2% | 67.3% | 66.5% | 82.42% | 86.39% |
| Total Live Birth | 1752 | 1600 | 1713 | 1868 | 1705 |
| Total of Infant Death (Still & 0-1) | 28 | 14 | 30 | 11 | 37 |
| New Born <2.5kg | 15 | 17 | 21 | 67 | 63 |
|  |  |  |  |  |  |
| BCG | 80.7% | 85.5% | 86.5% | 84% | 89.23% |
| DPT-III | 91.7% | 96.1% | 92.6% | 99% | 102.32% |
| Measles | 90.0% | 95.6% | 94.3% | 100+% | 101% |
| Hepatitis ‘B’ | 88.7% | 97.6% | 88.3% | 100+% | 62% |
| Full Immunization | 80.7% | 07.4% | 86.3% | 100+% | 101% |
| No of Immunization sessions held (Routine) | 804 | 804 | 804 | 804 | 804 |
| No of Immunization sessions held (Outreach) | 588 | 588 | 588 | 588 | 588 |
|  |  |  |  |  |  |
| Eligible Couple | 21298 | 21345 | 21380 | 21906 | 23102 |
| NSV acceptors | 30 | 16 | 17 | 34 | 37/Vasec |
| Lab Ligation Acceptors | 57 | 30 | 27 | 65 | 75/Tubect |
| OCP Users | 1883 | 1753 | 1753 | 1778 | 1795 |
| CC Users | 857 | 792 | 792 | 875 | 2388 |
| IUD Acceptors | 589 | 485 | 485 | 264 | 202 |

**Institution wise Performance on Immunization – 2013 – Immunization**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Health Institution** | **Particulars** | **2009-10** | **2010-11** | **2011-12** | **2012-13** | **2013-14** |
| Namthang PHC | BCG | 269 | 205 | 182 | 198 | 103 |
| Jorethang PHC | 333 | 354 | 301 | 339 | 190 |
| Temi PHC | 200 | 247 | 278 | 121 | 58 |
| Yangang PHC | 328 | 291 | 261 | 169 | 134 |
| Melli PHC | 178 | 195 | 153 | 159 | 84 |
| Ravangla PHC | 351 | 278 | 276 | 245 | 141 |
| Bermoik PHC | - | - | - | 44 | 42 |
| Namchi District Hospital | 352 | 245 | 342 | 371 | 979 |
| Total | 2011 | 1915 | 1793 | 1646 | 1731 |
| Namthang PHC | DPT-IIV OPV-III | 307 | 275 | 284 | 280 | 230 |
| Jorethang PHC | 360 | 362 | 343 | 362 | 365 |
| Temi PHC | 258 | 244 | 312 | 161 | 122 |
| Yangang PHC | 388 | 321 | 309 | 317 | 353 |
| Melli PHC | 194 | 182 | 165 | 185 | 179 |
| Ravangla PHC | 394 | 273 | 317 | 288 | 306 |
| Bermoik PHC | - | - | - | 120 | 192 |
| Namchi District Hospital | 373 | 372 | 382 | 369 | 224 |
| Total | 2274 | 2029 | 2112 | 2082 | 1971 |
| Namthang PHC | MEASLES | 273 | 261 | 262 | 283 | 266 |
| Jorethang PHC | 353 | 380 | 329 | 334 | 339 |
| Temi PHC | 242 | 244 | 314 | 161 | 155 |
| Yangang PHC | 374 | 350 | 303 | 307 | 328 |
| Melli PHC | 192 | 185 | 174 | 167 | 180 |
| Ravangla PHC | 409 | 350 | 262 | 292 | 337 |
| Bermoik PHC | - | - | - | 124 | 160 |
| Namchi District Hospital | 374 | 374 | 313 | 376 | 198 |
| Total | 2217 | 2144 | 1957 | 2044 | 1963 |
| Namthang PHC | Full Immunization | 273 | 261 | 262 | 283 | 266 |
| Jorethang PHC | 353 | 380 | 329 | 334 | 333 |
| Temi PHC | 242 | 244 | 312 | 161 | 155 |
| Yangang PHC | 374 | 350 | 303 | 307 | 326 |
| Melli PHC | 192 | 185 | 174 | 167 | 180 |
| Ravangla PHC | 409 | 350 | 262 | 292 | 332 |
| Bermoik PHC | - | - | - | 124 | 158 |
| Namchi District Hospital | 374 | 374 | 313 | 376 | 198 |
| Total | 2217 | 2144 | 1949 | 2044 | 1948 |

**Child Health – 2013**

* A total of 101% of children are fully immunized 2013-14.
* Total of 804 numbers of Routine Immunization sessions and 588 numbers of Outreach Sessions were held in the district each year.
* A total of 153 ASHAs and 273 are continuously mobilizing the children of vaccination
* A total of 11,815 (99.84%) numbers of children between 0-5 yrs provided Polio vaccine in the first and 11,541 (97.53%) in the second round of Pulse Polio Immunization campaign in the year 2013-14.

**School Health Programme/RBSK. (RASTRIYA BAL SURAKSHA KARYAKRAM)**

* The School Health Programme is routinely implemented in the district, and it aims to reduce instances of morbidity among school going children by providing promotive, preventive and curative and rehabilitative Health Services.
* The District has completed School; Health Programme in 191 schools covering 11,279 students who were provided services of general checkup. Eye, dental care, counseling for healthy life style, vaccination, supplementation of nutrition through Iron Folic Acids, Calcium in the year 2013-2014.
* WIFS Programme has been implemented in 100 schools and Folic Acid distributed to 14,738 students from class VI and above to prevent anemia amongst students from classes VI and XII. The model school teachers from all the schools have been trained for administration of Folic Acids to students in the year 2012-2013.
* The common health problems among school children were found to be Protein Energy Malnutrition/Vitamin A deficiency/IDD/Anemia/worm infestation/Diarrhea and other ailments of Eye, Dental, Ear and Skin.
* **Rastriya Bal Suraksha Karyakaram:** The RBSK Programme shall replace the current ongoing School Health Programme in the coming year. As a preparing phase for the same, the following trainings and programmes were conducted:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl. No | TYPE OF PROG/TRAINING | TARGET GROUP | TOTAL NO OF TRAINING/PROG | TOTAL ATTENDANCE |
| 1 | RBSK Training | Medical Officers/Other Officers | 01 | 30 |
| 2 | RBSK Training | Nurse | 04 | 114 |
| 3 | Screening in school | Students | 14 | 623 |
| 4 | Screening | Child | 07 | 32 |

**Information Education & Communication/Behavioral Change Communication Programmes Conducted (IEC/BCC)-2013-2014**

There is a full fledged IEC/BCC Cell in the District, headed by Dy.Director and the activities are conducted by Health Education Officers under Jorethang and Melli PHCs. All the programmes are organized and implemented through team work supported by NGOs, PRIs, ASHAs, AWWs and the local leaders and Health Service Providers. The following programmes were conducted during the year 2013 in South District.

|  |  |  |  |
| --- | --- | --- | --- |
| Sl. No | Types of Programme | Target Group | Total No Conducted |
| 1 | Counseling camps | Eligible Couples | 16 |
| 2 | Debate Competition | Students/Adolescents | 08 |
| 3 | Quiz Competition | Mothers/Adolescents | 08 |
| 4 | Skit Play on RCH services-NGOs | The Community | 08 |
| 5 | New Born week | ANC/PNC Mothers/Newly Married | 08 |
| 6 | Breast Feeding Week | Same as above | 08 |
| 7 | World population Day | Adolescents/Eligible Couples | 08 |
| 8 | Interactive Session with VHSNC | VHSNC Members | 08 |
|  |  | **TOTAL** | **72** |

**NATIONAL PROGRAMME FORCONTROL OF BLINDNESS (NPCB):**

The Eye Department of Namchi District Hospital made significant achievements this year.

Regular cataract operation was started along with other eye Surgeries Total number of 50 Cataract Surgeries and 79 number of other eye surgeries was performed. Total OPD patients increased from 6146 in 2012 to 7457 in 2013. 1088 school students were screened during the school screening camp. Various Eye camps were organized in the South District with distribution of free glasses with eye medicines. The deaths are as under.

|  |  |  |
| --- | --- | --- |
| DATE | PLACE | NO OF PATIENTS CHECKED |
| 21/09/13 | Namthang | 56 |
| 23/09/13 | Jorethang | 40 |
| 26/10/13 | Yangang | 28 |
| 29/10/13 | Ravong | 50 |
| 1/11/2013 | Temi | 42 |
| 29/01/14 | Namthang | 50 |
| 11/2/2014 | Lingmoo | 177 |
| 14/02/14 | Temi | 77 |
| 15/02/14 | Sumbuk | 170 |
| Total | | 690 |

**REPORT ON LEPROSY PROGRAMME 2013-2014**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| District /State | PR/10000 | NCDR/10000 | PD Ratio | MB % | V.Deformity | Child % | Female % |
| South District | 0.46% | 4.6% | 0.08% | 60% | 0% | 16% | 40% |

**Programme Conducted : 2013-2014**

|  |  |  |  |
| --- | --- | --- | --- |
| Sl. No | Type Of Programme | Target Group/ No attended | Total no of Programme |
| 1 | IEC/BCC | Community/277 | 06 |
| 2 | Refresher Training | HWs/Health Supervisors | 3 Batch |
| 3 | Sensitization | ASHAs/153 | 4 Batch |
| 4 | Specific plan for high Endemic Blocks | Community/4968 | 20 Blocks Covered |
| 5 | Anti Leprosy Fornight | Community/1472 | 05 Blocks Covered |
| 6 | Sensitization Training | VHSNC Members/29 | 01 |

**REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME (RNTCP)**

The RNTCP in the district is implemented through District Tuberculosis Centre (DTC) and has registered 352 cases. Number of new cases detected is109 and cure rate is 86.3%. This year in 2013, MDR cases registered is 45. Total number of indoor patient admitted this year is 113 and in 2012 it was 119.

As usual the World TB day was observed at District Hospital, Namchi on 24th March 2013, and was attended by 60 participants. All the Health Worker, ASHAs, Patients and their family were invited to attend the program. The theme of the day was “Reach 3 Mothers for TB Test, Cure and Treatment for all”. The ASHAs and Health Workers took part on Quiz Contest organized of the day.

RMDT Training was given to 46 Health Workers and Retraining on DOTs was provided to 36 community members.

IEC Programme was conducted at 65 schools and 4 programmes at Community level and 3 number of Patient Provider Meeting was conducted at DTC this year.

**NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NBVDCP)**

Under this programme, Anti-Malaria month was observed in the month of June, 2013 in the district by organizing Advocacy meeting and Awareness Programme at Community level and Quiz Competitions at Schools for students in the malaria prone areas.

The Indoor Residual Spray was done in the lower belt of Jorethang and Melli area in the month of June and July, 2013. A total of 02 malaria cases (PV PF J & Mixed) were detected and treated successfully, 4 cases of jaka-azar were also admitted and treated in the District Hospital, Namchi. There were no reports of Death due to Vector Borne Disease in the District. A total number 935 numbers of blood slides were collected and screened on a regular basis in this year.

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

Performance :2013

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year | Consumers & Retailers | | Total | HH are consuming adequate iodized salt |
| >15 PPM | <15 PPM |
| 2008-09 | 2233 | 167 | 2400 | 93 |
| 2009-10 | 1824 | 76 | 1900 | 96 |
| 2010-11 | 2350 | 50 | 2400 | 97.7 |
| 2011-12 | 2265 | 30 | 2295 | 96 |
| 2012-13 | 2435 | 43 | 2501 | 98 |
| 2013-14 | 11425 | 00 | 11425 | 100 |

**PERFORMANCES ON NON COMMUNICABLE DISEASE CONTROL PRAGRAM:**

**April 2013-March 2014**

**NATIONAL PROGRAMME FOR CONTROL & PREVENTION OF CANCER, DIABETES, CARSIO-VASCULAR DISEASE AND STROKE (NPCDCS)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl.No | Total Screened for Blood Sugar | Total Screened for Hypertension | Total NCD Clinics | Total Patients Treated Physiotherapy |
| 1 | 27292 | 5375 | 16683 | 1922 |

**NATIONAL PROGRAMME FOR HEALTH OF THE ELDERLY (NPHCE)**

|  |  |  |  |
| --- | --- | --- | --- |
| Sl.No | No of Patients Admitted | Male | Female |
| 1 | 1016 | 484 | 532 |

**NATIONAL TOBACCO CONTROL PROGRAMME (NTCP)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl. No | Type of Prog/Training | Target Group | Total Attendance | Total no of Camps/Training Held |
| 1 | School Awareness | Students | 1583 | 08 |
| 2 | Training | ASHAs | 150 | 01 |

**MENTAL HEALTH PROGRAMME:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl. No | Type of Prog/Training | Target Group | Total Attendance | Total No of Camps/Training Organized |
| 1 | Awareness/orientation | Students | 682 | 03 |

**Health camps and Other Programmes**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Camps | 2009-10 | 2010-11 | 2011-12 | 2012-13 | 2013-14 |
| MMU Camps | 111 | - | 141 | 146 | 67 |
| Lap Ligation Camps | 2 | 1 | 1 | 0 | Routine |
| NSV Camps | 1 | 1 | 1 | 1 | Routine |
| Cataract Camp | 2 | 1 | 1 | 2 | 09 |
| Health Mela | 2 | 2 | 2 | 1 | NIL |
| VHND | 1836 | 1836 | 1836 | 1836 | 1836 |

**INTEGRATED DISEASE SURVEILLANCE REPORT (IDSP) – 2013**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Types of Reports** | **Number of Cases Reported** | | | | | |
|  | **2008** | **2009** | **2010** | **2011** | **2012** | **2013** |
| **Syndromic cases reported (S Form)** | | | | | | |
| **Only Fever** | **6286** | **15514** | **9439** | **8041** | **9312** | **7918** |
| **Fever with Rash** | **31** | **9** | **95** | **36** | **37** | **14** |
| **Fever with cough >3 weeks** | **3046** | **7434** | **7109** | **5989** | **6579** | **6199** |
| **Diarrhea with dehydration** | **206** | **407** | **207** | **114** | **3883** | **142** |
| **Diarrhea with no dehydration** | **1089** | **3514** | **3361** | **3050** | **3315** | **2797** |
| **Diarrhea with blood in stool** | **15** | **43** | **2** | **39** | **29** | **5** |
| **Presumptive Cases Reported (P Form)** | | | | | | |
| **Snake Bite** | **NA** | **27** | **33** | **19** | **23** | **37** |
| **Dog Bite** | **NA** | **379** | **633** | **747** | **724** | **653** |
| **Enteric Fever** | **4** | **12** | **57** | **3** | **5** | **2** |
| **Pneumonia** | **262** | **289** | **473** | **214** | **396** | **270** |
| **Viral Hepatitis** | **1** | **24** | **42** | **92** | **79** | **24** |
| **Measles** | **115** | **50** | **46** | **92** | **53** | **7** |
| **Bacillary Dysentery** | **150** | **152** | **458** | **723** | **62** | **104** |
| **Chicken Pox** | **NA** | **200** | **302** | **173** | **158** | **146** |
| **Acute Respiratory Infection** | **5368** | **10415** | **12031** | **10580** | **12885** | **8976** |
| **Acute Diarrheal Diseases** | **1384** | **3123** | **3498** | **10712** | **3883** | **3474** |
| **Motor Vehicle Accident Cases** | **NA** | **NA** | **120** | **104** | **112** | **214** |
| **Diabetes** | **NA** | **NA** | **93** | **194** | **383** | **352** |
| **Meningitis** | **0** | **6** | **2** | **12** | **4** | **4** |
| **Scrub Typhus** | **NA** | **NA** | **NA** | **0** | **42** | **14** |
| **Kalazar** | **NA** | **NA** | **NA** | **NA** | **4** | **2** |
| **Lab Report (L Form)** | | | | | | |
| **Tuberculosis +ve Cases** | **111** | **195** | **187** | **171** | **161** | **162** |
| **Malaria + cases** | **9** | **6** | **8** | **4** | **3** | **2** |

**MONITORING AND EVALUATION:**  Unit

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Budget** | 2009-10 | 2010-11 | 2011-12 | 2012-13 | 2013-14 |
| **RCH II** | | | | | |
| **Total Fund Received** | 8005750 | 11310971 | 17307409 | 21662371 | 23708535 |
| **Total Utilized** | 7139063 | 8003562 | 16385686 | 20352936 | 22353674 |
| **NRHM Additional** | | | | | |
| **Total Fund Received** | 11469180 | 15223905 | 12544375 | 13281342 | 15540368 |
| **Total Utilized** | 5989486 | 15035530 | 11750532 | 11861837 | 10677929 |
| **IMMUNIZATION** | | | | | |
| **Total Fund Received** | **1464612** | 490814 | 949940 | 1244738 | 1297767 |
| **Total Utilized** | **1001517** | 544834 | 879881 | 1235977 | 1297000 |
| **NBCP** | | | | | |
| **Total Fund Received** | **1325097** | 4655493 | 5099629 | 2168680 | 1882395 |
| **Total Utilized** | **663604** | 828798 | 3371917 | 1635977 | 817316 |
| **NLEP** | | | | | |
| **Total Fund Received** | 400000 | 442230 | 661222 | 372831 | 508886 |
| **Total Utilized** | 411000 | 422743 | 677009 | 354268 | 513332 |
| **RNTCP** | | | | | |
| **Total Fund Received** | 755922 | 1049761 | 1126582 | 1250401 | 1560000 |
| **Total Utilized** | 525229 | 1040562 | 1126407 | 1233039 | 1541502 |
| **IDSP** | | | | | |
| **Total Fund Received** | 79692 | 237013 | 363154 | 332000 | 428732 |
| **Total Utilized** | 79596 | 236173 | 335507 | 272511 | 393871 |
| **NPCDCS** | | | | | |
| **Total Fund Received** | NA | NA | NA | 4617841 | 4453915 |
| **Total Utilized** | NA | NA | NA | 2195296 | 2497427 |
| **NPHCE** | | | | | |
| **Total Fund Received** | NA | NA | NA | 1401900 | 1066190 |
| **Total Utilized** | NA | NA | NA | 1374500 | 1015032 |

1. **WEST DISTICT (ACTIVITIES AND ACHIEVEMENTS)**

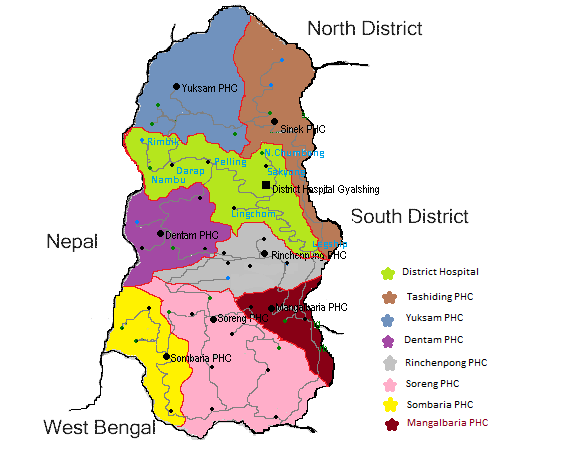
**INTRODUCTION**

West district is one of the four administrative districts of the state Sikkim. Geographically the district covers 1161 sq.km. The district head quarter is Gyalshing. West District is the second largest district of Sikkim in terms of its population. As per 2011 Census the population size of the district is 1,36,299. The population as per the survey conducted during Community Need Assessment in the month of February 2013-14 is 1, 42,714.

Climatologically, during monsoon the heavy rain fall is a common feature of West District. It causes lot of problems by triggering off multiple landslides. Road blockage and destruction are common consequences of such landslides. Due to this kind of disaster this part of the state sometimes remains cut off from other part of the state including state capital for almost 1-2 weeks.

West Sikkim is one of the backward district having difficult, hard to reach and inaccessible areas and with more PHC and PHSCs than other district. Of the 7 PHCs, Sombaria PHC is the farthest with 73 kms from Gyalshing and Tashiding PHC which is the nearest is 32 kms from District Hospital.

**DISTRICT MAP**



**West District**

|  |  |  |
| --- | --- | --- |
| Sl.no | Particulars |  |
| 1 | No. of PHCs | 7 |
| 2 | No. of PHSCs | 41 |
| 3 | No. of ICDS centers | 288 |
| 4 | No. of GPUs | 55 |
| 5 | No. of Wards | 317 |
| 6 | No. of ASHA Selected | 205 |
| 7 | No. of VHSNC Committed formed | 205 |
| 8 | No. of Schools | Govt.: 227 & Pvt. : 120 |
| 9 | No. Households (as per IPPI 2012) | 26,602 |
| 10 | Total Population (census 2011) | 136,299 (70,225 male & 66,074 female) |
| 11 | Sex Ratio per 1000 male (census 2011) | 941 |
| 12 | Child Sex Ratio 0-6 yrs. (census) | 950 |
| 13 | % Decadal growth Rate | 10.59% |

**GOALS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Source** | **IMR** | **MMR** | **TFR** |
| **SRS-2011** | 26 | NA | 1.9 |
| **NHSRC-2012-13** | 26 | 6 nos. | 2.0 |
| **Projection** | | | |
| **2014-15** | 20 | <4 nos. | Maintained at replacement level |
| **2015-16** | 16 | <3 nos. |
| **2016-17** | 09 | <2 nos. |

**Formation of committees:** 1. District Health Mission

2. District Health Society

3. Rogi Kalyan Samiti at District and PHCs

4. Village Health Sanitation & Nutrition Committee

**DHM** (District Health Mission) and **DHS** (District Health Societies) have been formed and Hon’ble Zilla Adhayksha and District Collector are designated Chairman respectively.

**RKS/HMS** (Rogi Kalyan Samitis/Hospital Management Society) has also been formed in all the health centres including Hospital Monitoring committee at District Hospital Gyalshing. The BDO (Block Development Officers) are the Chairman of RKS for the respective Primary Health Centres.

**Grievance Redressal Mechanism of RKS:** Under the Grievance redressal mechanism of RKS, the suggestion/complaint box is placed in District Hospital & 7 PHC. During the meeting of RKS committee, the committee members will check the suggestion/complain box and accordingly, they discuss in the meeting.

**Monitoring committee of RKS:** Monitoring committee of RKS District Hospital Gyalshing, visite at least twice in a year and submits the report on inspection (visit Hospital wards & collect patient feedback) of hospital to DMS. After the submission of inspection report, the meeting of executive body is called and accordingly rectification is done, and reports have been submitting the District Collector & Chairperson, Zilla Adhakshya/West. Some of the important issues which were raised on executive body meeting were discussed during the meeting with RKS/HMS Governing Body.

Monitoring of RKS Fund/Accounts has been done regularly be statutory audit & AG audit and report has been distributed to respective member of Governing Body of RKS

***VHSNC*** *(Village Health Sanitation & Nutrition Committee) are formed under every ASHA village whose main responsibility is to make a health plan of their respective villages and are shouldered with the responsibility to supervise and monitor every health activities at the village level.*

***District level monitoring committee was formed by Dr. Thinlay Wongyal, CMO/West, consisting of CMO, District RCH Officer, District Tuberculosis Officer, District Medical Superintendent/District Leprosy Officer, District Nodal Officer for IDSP/RBSK/CATCH, and District Programme Manager for monitoring and evaluation of the activities being undertaken in******West District. This committee meets once in a month to review the performance and help in supportive supervision of the underperforming health centres.***

***Each member is allotted a PHC for supportive supervision. He/She attends the monthly meeting at PHC with the staffs and ASHAs and has to submit a report during the monthly meeting at District Hospital Gyalshing.***

*Monthly Review Meeting with District Officials & Programme Management Unit (District & Block) on 2nd of every month and with Medical Officer/Block level Officers on 6th of every month at Conference Hall, District Hospital Gyalshing.*

**SUPERVISORS FOR PHC & PHSCs**

To monitor the Primary Health Centers (PHC) and Primary Health Sub-Center (PHSC), especially the underperforming Health Centers, supervisory level officers like Medical Officers, DHEO/HEs, LHVs and BPAMs etc. have been allotted PHCs and PHSCs for supportive supervision and on every 6th of the month the reports are presented and discussed in detail about the problems and solving them.

**RESPONSIBILITY OF NODAL OFFICERS:**

To make the programme/schemes more efficient the different programmes are looked after by different nodal officers who are selected by the head office in consultation with Chief Medical Officer. Chief Medical Officer overall supervises the entire programme.

**Nodal Officers for the programmes / schemes are as follows:**

Dr. Tseten Namgyal, DRCHO/West RCH programme

Dr. Anusha Lama, DMS/West NLEP/MMU

Dr. Shanti Mishra, DTO/West RNTCP

Dr. Bikash Pradhan DNO/West IDSP/NCD/CATCH/DMHP/RBSK

Mr. Digam Gurung, DPM/West VHSNC/ASHA programme

**PERFORMANCE FOR THE YEAR 2013-1`4**

|  |  |
| --- | --- |
| Population as per C.N.A. (2013) | 142714 |
| Birth Rate | 16/1000 |
| Eligible couple | 22672 |
| IMR | 24 (SRS 2013) |
| MMR (in Number) | 00 |
| **RMNCH+A** | |
| **Particulars** | **Achievement** |
| Total ANC Registered | 2183 |
| % 1st trimester registration to total ANC registration (within 12 Weeks) | 71% (1549) |
| % Pregnant women received 4 ANC to total ANC registration | 83% (1817) |
| % Pregnant women given 100 IFA to total ANC registration | 87% (1910) |
| Total Delivery | 1911 |
| % Institutional Delivery to Total Delivery | 90%(1716) |
| % Home Delivery to Total Delivery | 10% (195) |
| % SBA attended home deliveries to total reported home deliveries | 40.5% (79) |
| % Women discharged in less than 48 hours after inst. Delivery | 11% (115) |
| % Newborns weighing less than 2.5 kg to newborns weighed at birth | 6% (71) |
| % Newborn visited within 24 hours of home delivery to total reported home deliveries | 88% (172) |
| JSY Beneficiaries (Inst. Delivery) | 485 |
| JSY Beneficiaries (Home Delivery) | 14 |
| BCG | 65% (1341) |
| Full Immunization | 90% (1868) |
| IUCD Acceptor | 89% (483) |
| PPIUCD Acceptor | 9% (45) |
| OCP Users | 60%(1952) |
| Condom Users | 73% (9820) |

**A. REPRODUCTIVE CHILD HEALTH (RCH-II)**

**A.1) Maternal Health:**

* **Village Health Nutrition Day (VHND):**

VHND are being organized and conducted in the ICDS centers where RMNCH+A services are provided and reports are submitted on regular basis during the monthly review meeting of ASHA at PHC & District Hospital. During VHND programme MPHWs/ANMs /AWWs are designated as resource persons. Beneficiaries like ANC mothers, Nursing mothers, infants up to 5 years and ECs of the villages attends the VHND programme. Services on immunization, ANC, PNC, New born care, Distribution of Nutrition, distribution of Contraception and IEC on nutrition, communicable and non-communicable diseases are provided. VHNSC members also take active part during VHND programme. During the financial year 2013-14, 2429 VHND programme was conducted in West District.

* **Jannani Suraksha Yojna (JSY):**

Under Janani Suraksha Yojana scheme, cash assistance is being provided to the mothers of all Indian BPL group for enabling them to deliver in health institutions. Cash assistance is also being provided to SC/ST mothers. ASHAs are also eligible for Cash incentive of Rs. 600/beneficiary, if they can ensure the mother for Institutional delivery.

* + Cash Assistance to Mother (inst. delivery) @ Rs, 700/- per case
  + Cash Assistance to Mother (home delivery) @ Rs. 500/- per case
  + ASHA incentive @ Rs. 600/- per case (inst. Delivery only)

From the month of January 2013, the JSY incentive is being paid in the accounts of beneficiaries as per the DBT programme. Since nationalized bank doesn’t exist in every town at PHC level, the beneficiaries are facing difficulty in opening bank account, as such the Mission Director, NHM has been requested to request the Ministry of Health to allow the state government to follow the old method of paying the cash assistance at least to the beneficiaries belonging to difficult and inaccessible areas.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Physical** | | | **Financial** | | |
| **JSY Beneficiaries** | | **ASHA** | **JSY Beneficiaries** | | **ASHA** |
| **2013-14** | **Home Delivery** | **Inst. Delivery** | **Home Delivery** | **Inst. Delivery** |
| 11 | 480 | 480 | Rs.5,500/- | Rs.3,36,000/- | Rs.288,000/- |

* **Drugs & Consumables for Normal Deliveries, Caesarean Deliveries and Referral Transport:**

*Janani Sishu Suraksha Karyakaram (JSSK):*It stipulates out of all expenses related to delivery in a public institution and the schemes have been borne entirely by the government and no user charges would be imposed. Under this initiative ,a pregnant women is entitled to free transport from home to the Government health facility ,between facilities, in case she is referred on account of complications, and also drop back home after 48 hours of delivery. It also include free drugs and consumables, free diagnostic, free blood when required and free diet for the duration of a woman’s in the facility. Similarly this scheme is also entitled for the sick children up to one year accessing public health institutions for healthcare .They also get free treatment, free transport both ways and between facilities in case of referral. So far 1041 beneficiaries have been benefited by this scheme under west District.

**A.2) Child Health:**

* Incentive to ASHA on Child Health (HBNC):

1310 beneficiaries have been provided facility under HBNC programme during the year 2013-14.

**A.3) Family Planning:**

* **Permanent Method:** In the financial year 2012-13, the birth rate of west District has been recorded as 15/1000 population as per HMIS and CNA report. As per Census 2011 report the birth rate of Sikkim is recorded as 17.6/1000 population .The Total Fertility Rate as per DLHS –III is 1.8. Since the birth rate is low and TFR is less than 2, the emphasis is mainly given on temporary method of family Planning.
* **Spacing Method:** This year total of 346 beneficiaries have accepted long acting IUCD380A. To improve the quality of IUCD insertion the ANMs have been given hands on training for 05 days by the gynaecologists and total 10 ANMs were trained on IUCD insertion

**A.4) Adolescent Reproductive and Sexual Health (ARSH):**

* **School Health Programme:**

Out of total 227 Schools under west district 160 Schools have been covered last year for school health programme. Students were provided with free health Check up including Dental and Eye, free medicines were distributed. Immunisation & awareness on personal hygiene & nutrition were also undertaken. A total of 11456 students were examined out of which 1436 students were referred to DHG and PHCs.

**A.5) Tribal RCH:**

Tribal RCH fund provided is to be utilized as performance based incentive for the Medical Officer, Staff Nurse/ ANM and other health functionaries (FWA/Sweeper). The payment of incentive is to be done only after the PHC & PHSC crosses the 10% of the estimated number of deliveries as projected in their respective CNAs.

The incentive will be given to notified areas, which are as follows:

* District Hospital Gyalshing
* Tashiding PHC- Karjee PHSC, Kongri PHSC, Gangyap PHSC, Naku Chumbong PHSC
* Yuksam PHC- Gerethang PHSC, Thingling PHSC, Melli Aching PHSC, Rimbik PHSC, Nambu PHSC, Darap PHSC, Pelling PHSC
* Dentam PHC - Radhu Khandu PHSC, Lingchum PHSC, Uttray PHSC, Bongten PHSC, Hee-Yangthang PHSC
* Rinchenpong PHC- Samdong PHSC, Zeel hathidunga PHSC, Boom Reshi PHSC, Deythang PHSC
* Sombaria PHC - Okheray PHSC Rebdi Bharang PHSC

***Note: As a HPD,from 2014-15 all the health center of West District are included under Tribal RCH scheme to improve performance as well as Inst. Delivery.***

**A.6) PC-PNDT & Sex Ratio:**

In west district, there are no cases of sex determination and no female foeticide have been reported. Continuous IEC programme on PCPNDT Act are being carried out at the Community level and during VHND days. Sex ratio of west district as per census 2011 is 941 per 1000 and the child sex ratio is 950 girls per 1000 boys. Quarterly Review Meeting of Members in presence of DC is being conducted to review all the activities under PCPNDT. The Quarterly reporting is being submitted to the State.

One day re-orientation training on PC-PNDT Act was organized and conducted on 23rd August at Tashiding and 30th August at Mangalbaria for Health Workers and ASHAs of Tashiding, Yuksam & Mangalbaria.

Dr.T.Namgyal, DRCHO (W) explained the concept of PCPNDT ACT. He mentioned that this ACT was passed to stop the misuse of Pre natal Diagnostic Technique. PNDT should be used only to detect the foetal growth/viability and to find out any abnormalities in the foetus but not for sex determination and sex selective abortion. He also explained the fines and punishment have been imposed on Doctors and parents in case if they misuse the ACT.

Dr. T. Wongyal CMO (West) informed about the Sex ratio of 0-6 years of Sikkim and west district as per Census 2001 & 2011. He also spoke on the topic and he emphasized that PNDT should not be misused and sex determination must be avoided as girl child is equally important and efficient as male child. He requested all the participants to be vigilant regarding this issue. He added that continuous awareness at community level through VHSNC committee should be carried out in regular basis.

**A.8) Training:**

* **Maternal Health Training: SBA training of ANM/GNM**

A total of 47 ANMs including GNMs in 23 batches SBA training have been trained at District Hospital Gyalshing till the year 2013. During the training period, SBA trainees were provided with the theory classes on management of Normal Pregnancy, labour and post partum period and new born care. They were also given hands on training by gynaecologists and sufficient time to practice for the skill development. Every individual were posted in labour room to conduct minimum eight deliveries. Those who have completed SBA training are conducting institutional delivery at their respective health PHCs and PHSCs.

* **Child Health Training:**

**IMNCI training of ANM, Orientation training on promotion of IYCF**

IMNCI for ANM: Total 52 ANMs including GNMs have been provided Eight days training on IMNCI at District hospital Gyalshing under West District till the March 2014. Paediatricians, Gynaecologists & DRCHO were the Resource persons for the entire training period.

The Participants were provided with Theory classes, Video show on neonatal & childhood illness & its management, Demonstration & Role play. On the last day of the training programme, Participants were assessed for the knowledge & skill acquired during the Eight days training programme.

NSSK for ANM: Total 32 ANMs have been provided Two days training on NSSK at District Hospital Gyalshing till the year March 2014. Main Objective of this training is to make service providers more skills & to update their knowledge in intra natal care, newborn care & newborn resuscitation.

* **Family Planning Training: Training of ANMs/LHVs in IUD Incretion**

The five days skill training on Postpartum IUCD/ interval IUCD insertion on “No Touch Technique” conducted under the technical guidance of Gynecologists at District Hospital Gyalshing under west district in the month of October & November 2013. Total 10 ANMs & 05 GNMs in a unit of 05 in three batches for a period of 05 days have been trained. Training includes Theoretical and Hands on training. Dummy was provided for demonstration for the insertion of IUCD to make them more Skilled and familiar to the subject. Training concluded with Post –test evaluation.

* **ARSH Training:**

WIFS refresher training for MO/LHV/ANM/HWs: One day refresher training on WFS has been provided to the PHC MOs and Paramedic Officials during the year 2013-2014.

WIFS refresher training for AWW/ICDS supervisors: One day orientations training on WIFS for ICDS Supervisors & AWWs under West – District have been provided during the year 2013- 2014. Total 120 AWWs including ICDS Supervisors were trained on WIFS. Main Objective of this training was to ensure full coverage of WIFS programme in the entire ICDS centre for dropouts’ Adolescent girl child.

* **Continuing Medical Education (CME) of Medical Officers & Paramedical Officers:**

CME is conducted to update the knowledge and skills in recent advances. So that doctors and patients both will be benefited with new issues. Two days of Continuing Medical Education (CME) for Doctors has been completed and participants from all seven PHCs and District were attended. Similarly, Continuing Medical Education (CME) for paramedical staff (LHV, HE, Staff Nurse, paramedical and others) has also conducted.

CME of Medical Officer at Tashigang Resort, Yangtay, West Sikkim:-

CME of Paramedical Staff

**A.9) Programme Management Unit:** Programme Management Units are set up in all the 7 PHCs & District Hospital Gyalshing for proper and better management of the programmes being conducted in the district. The management units are fully equipped with computers and have internet connection too.

|  |  |  |  |
| --- | --- | --- | --- |
| **District Programme Management Supporting Unit** | | | |
| **Sl.no** | **Designation** | **In Position** | |
| **Sanction** | **In position** |
| 1 | DPM | 1 | 1 |
| 2 | DAM | 1 | 1 |
| 3 | DDA | 1 | 1 |
| 4 | Logistic Manager | 1 | 1 |
| 5 | Computer Asst. | 1 | 1 |
| 6 | School Health Coordinator | 1 | 1 |
| 7 | ARSH Counsellor | 1 | 1 |
| **Total** | | **7** | **7** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Block Programme Management Supporting Unit** | | | |
| **Sl.no** | **Designation** | **In Position** | |
| **Sanction** | **In position** |
| 1 | BPPM | 7 | 6 |
| 2 | DEO | 7 | 7 |
| **Total** | | **14** | **13** |

**B. NATIONAL RURAL HEALTH MISSION (NRHM Additionalties)**

**B.1) Accredited Social Health Activist (ASHA):** A total of 205 ASHAs have been selected for 205 macro-villages and have been trained in various subjects which are incorporated in 6th & 7th module (4th rounds) of training was completed. Certificates and drug kits were distributed. The training module specially focus on basic essential care of mother and child i.e. how to recognize and identify the high risk, emergency referral, non-emergency referral and normal cases during antenatal and post natal period for the appropriate referral services to the appropriate health facility and to manage at their setting.

On top of that the training provided with the good communication skill to create awareness on health seeking behaviour among the needy communities of rural below poverty line and inaccessible or underserved people for the healthy living practice. The ultimate goal of the training is to reduce the current maternal and infant mortality rate.

Resource Person:

* Dr. P.M. Pradhan, MD/NHM
* Dr. Thinlay Wongyal, CMO/West
* Dr. M. Lepcha, JD/NHM
* Dr. Rojana Tamang
* Mr. N.N. Shrarma State Facilitator/NRHM Sikkim
* Mrs.Tarun Rai DPHNO/S (National Trainer),
* Mrs. Chitra Rekha Pradhan DHEO/S,
* Mrs. Riki Lhamu Lepcha, Retired CNO,
* Mrs. Madhu Gurung, CHO/Rinchenpong
* Mr. Passang Lendup Sherpa H.E. Senik PHC
* Miss Bindya Subedi H.E. and
* Mr. Digam Gurung DPM/W (ASHA Nodal Officer)

**ASHA Diwas (monthly meeting)** organized in presence of CMO, DRCHO, and DPM/ASHA Nodal Officer at District Level and in the PHC level it was usually conducted by the Block Programme Manager along with the Medical Officer In-charge, LHV and other Health Staff.

During ASHA Diwas all the ASHA submits their monthly Report like Iodine Test Report, VHND Report and VHSC Utilisation Certificate along with proper bills on that day. Maximum of the meetings are done with the orientation on the utilization of Fund. They are also taught about J.S.Y. documentation, release of fund, timely submission of Bills, proper utilization of fund (according to the plan prepared with their respective VHSC members), etc. They are also constantly reminded to maintain good rapport with the Health workers as well as their respective village peoples so that, it will be easy to deliver the health services.

**B.2) Untied Fund:**

**Untied Fund of 7 PHC, 41 PHC & 205 VHSNC:**

The funds has been used for payment to labour for minor water supply connection, curtains for duty rooms/OPD/wards, bleaching powder, repair of kitchen window to avoid leakage of water, purchase of bamboo for cleaning of hospital building from outside, replacing of damaged taps in delivery room/wards/toilets, wall clock, common seal of society and committee etc.

205 nos. of Village Health, Sanitation & Nutrition Committee are formed in the 205 villages of West District with ASHAs as the Member Secretary. The bank accounts are opened. The Panchayats and the community are aware of the organisation of the VHSNCs as they have been given orientation on the same. The bank account will be operated jointly by the member secretary and the president of VHSNC.

* + 7 PHC Rs.25,000/- per annum
  + 41 PHSC Rs.10,000/- per annum &
  + 205 VHSNC Rs.10,000/- per annum

**B.3) Annual Maintenance Grant (AMG):**

**AMG of 7 PHC, AMG of 37 PHSC** (4 PHSC are running under rented buildings):

The funds has been used for water connection in mortuary, waste bins for wards/OPD/office/emergency, Citizen’s charters, improvement of waste pit & mesh wire cover for incinerator room, wheel barrow, repair of water connection in health centers, complaints and suggestions box, case sheets with cover, paintings of inner walls of wards, water filter in wards/emergency/OPD/office, Notice and key boards in indoor duty room, replacement of broken window glass, Homeopathy and Adolescent clinic board, notice and white board and emergency lights or inverter for wards etc.

* + 7 PHC Rs.50,000/- per annum &
  + 37 PHSC Rs.10,000/- per annum

**B.4) Hospital Strengthening: Sub-center Rent:**

Out of 41 PHSC, 4 PHSC are running at rented house, namely- Gangyap PHSC, Kamling PHSC, Nayabazar PHSC and Daramdin PHSC.

**B.5) Corpus Grant to RKS/HMS:**

* **Corpus Grant to District RKS/HMS & 7 PHCs:** Corpus fund provided to Gyalshing District hospital & 7 PHC was utilized mainly in those areas to ensure the continuous water supply & power supply, in maintaining hygiene and at times for purchase of medicines & essential medical equipments. In totality, to ensure convenience & quality service to the patient during their stay / visit to the health centre.

Detail of work undertaken -

1. Construction of drinking water facility
2. Construction & Facelift of registration counter.
3. Purchase of medical disinfectant.
4. Minor repair of main OT (wall & toilet),X ray room & gynae OPD
5. Printing of important hospital register, case sheet etc.
6. Purchase of medical equipments.
7. Minor repair of water connections and electrical works.
8. Purchase of medicines.
9. Purchase of heater for PNC, labour room. & Paediatric.
   * DH Gyalshing Rs.5,00,000/- per annum &
   * 7 PHC Rs.1,00,000/- per annum

**B.6) District Health Action Plan:**

Preparation of District Health Action Plan for the year 2014-15:The District Health Action Plan (DHAP) is (very important exercise to bring the changes in providing effective, efficient and people friendly health services at their doorsteps, by reviewing of the past performance where and how have we failed in meeting with the needs of the people.) It is an important tool for a state to bring about architectural changes in public health care delivery. The DHAP is prepared on the basis of bottom-up, need-based, participatory and convergent planning process with plans emerging at village levels which are integrated at the Block level and District levels.

**DISTRICT LEVEL HEALTH ACTION PLAN:** The BHAP plan was reviewed and supported by DPM and DAM. The facility survey and IPHS survey of District Hopital Gyalshing was done by DPM in consultation with CMO, DMS, DRCHO, DTO and concerned in-charge of the division of the Hospital. The group discussion was conducted with RKS members on the pre defined topics.The DHAP for the 2014-15 was then developed on the basis of the inputs from facility survey, group discussion and BHAPs.

**B.7) Panchayati Raj Initiative:**   
One day orientation training of PRI members on NHM conducted at Dentam BAC on 26th July and conference Hall, Sangadorjee, Rinchenpong at 30th July 2013.

Sensitization for PRI members, Interaction with GVA, VHSNC member and others were organised at Dentam & Rinchenpong.

All the participants were sensitised on functioning, role and responsibilities of VHSNC, Selection process of ASHA, role & responsibilities of ASHAs, objective, Role and responsibilities of RKS and monitoring committee, Revised IPHS norms 2012 and functioning of PHSC, PRI, Schemes and programme of the State & Central Government and CATCH.

CMO/West directed the members to conduct awareness programme focussing on sanitation, hygiene, nutrition and other public health related IEC programme. He requested for proper utilisation of fund for conducting VHND from VHSNC fund. He also highlighted about JSY, JSSK, MMSSYASSY and WIFS which has been launched recently. He told the gathering that everyone should know about this programme and guide the clients to avail their rights. Dr. Tseten Namgyal, DRCHO talked on how to bring down the MMR/IMR, importance of ANC registration within 1st trimester, institutional delivery by ANM who is a trained SBA and prevention of early pregnancy. He directed the ASHAs to make a regular tour of the village, interact and extend help and direct them to avail health services in time. They should interact with the married couple, inquire about pregnancy and help them in early registration to avoid any complication. Dr. Bikash Pradhan also joined and talked on CD & NCD including suicide. DPM West talked on the role and responsibilities of VHSNC, fund utilisation and making a proper work plan to carry out the activities for the whole year. He advised the members to utilise the fund in time and save some amount as emergency fund.

**B.8) Mainstreaming of AYUSH:**

In the year 2008, September, AYUSH Clinic was set up at District Hospital Gyalshing. With the full support of the authorities and public, the Homoeopathic clinic gained momentum gradually in Gyalshing.

The AYUSH clinic in the District is to provide health care facility to the common people through safe, simple and cost effective treatment. And also create awareness regarding the role of natural medicine and understanding its holistic approach. Regular counseling sessions with the patients regarding diet and life style, also attending meetings with the ASHA and teaching them the benefits of natural medicine.

**B.9) IEC/BCC:**

IEC (Information, Education and Communication) is a continuous process, through IEC we communicate the communities on various health issues like Maternal and Child health, eligible couple counseling, behavior change communication, awareness on social mobilization and imparting training to penchants, AWW, ASHA and health functionaries. Mostly IEC programme carried out in need base, after conducting IEC programme we usually allow interacting among the participants for the participatory action and feedback as well.

**Details of programme:**

|  |  |  |
| --- | --- | --- |
| **Sl. no** | **Activity** | **No .of Programme** |
| 1 | World population day | 49 |
| 2 | Group discussion among VHNSC member | 5 |
| 3 | Group discussion among felt need VHNSC | 5 |
| 4 | Motivational camp to newly couple weeded | 9 |
| 5 | Breast feeding week | 8 |
| 6 | Debate competition among adolescents | 1 |
| 7 | Quiz competition | 2 |
| Total | | 79 |

**B.10) Mobile Medical Unit (MMU):**

* Human Resource (MMU only):

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.no** | **Designation** | **Sanction** | **In position** |
| 1 | Medical Officers | 2 | 1 |
| 2 | GNM | 1 | 0 |
| 3 | Lab. Technician | 1 | 1 |
| 4 | X-Ray Technician | 1 | 1 |
| 5 | Drivers | 3 | 3 |

* **MMU (Mobile Medical Unit):**

A total of 45 camps were conducted in the year 2013-14. Total population covered is 3688. Besides health check up investigations like X-ray and other laboratory investigations are done. IEC activities are also conducted in collaboration with NLEP, DTC, NCD & RCH during MMU camps. Camps are conducted under District and under various PHCs & PHSCs.

**B.13) Mental Health Programme:** Mental Health Staff Office is set up at Administrative Section, District Hospital Gyalshing for proper and better management of the programmes. The office is equipped with furniture and has computer with printers etc. Details of Human Resource appointed under Mental Health Programme are as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl.no | Designation | Sanction | In-position | Remarks |
| 1 | Staff Nurse/GNM | 1 | 1 | Attached to the ward |
| 2 | Programme Manager | 1 | 0 |  |
| 3 | Programme Assistant | 1 | 1 |  |
| 4 | Record Keeper | 1 | 1 |  |

**IMMUNISATION:**

**C.1) Routine Immunisation Strengthening Programme (Review meeting, Mobility Support, Outreach services etc.)**

* **Supervision & Monitoring**

Supervision & Monitoring of Immunisation sessions are being conducted by CMO/DRCHO at District and by MO I/Cs at their respective PHCs and PHSCs.

* **Quarterly Review Meeting at District/PHC level**

Quarterly review meeting is conducted at district level with MOI/c of respective PHCs to discuss quarterly performance and any difficulties faced by field staffs during the planning and implementation of programme.

* **Mobilization of Children by ASHA / Link Workers**

All the Children are mobilized to the Immunisation site by Village ASHAs to ensure timely vaccination and that no children are left out without any vaccines.

* **Alternate Vaccine Delivery to Session Sites & Hard to Reach areas and other areas**

Mobility support for vaccine delivery to the Session Sites & Hard to reach areas is provided every month to ensure the proper cold chain and timely reaching of all vaccines.

* **Micro planning at PHSC/Block/District level**

Micro planning of Immunisation programme is being conducted in all the Sub-centres ,PHCs & DH every year.

**C.2) Immunisation Training:**

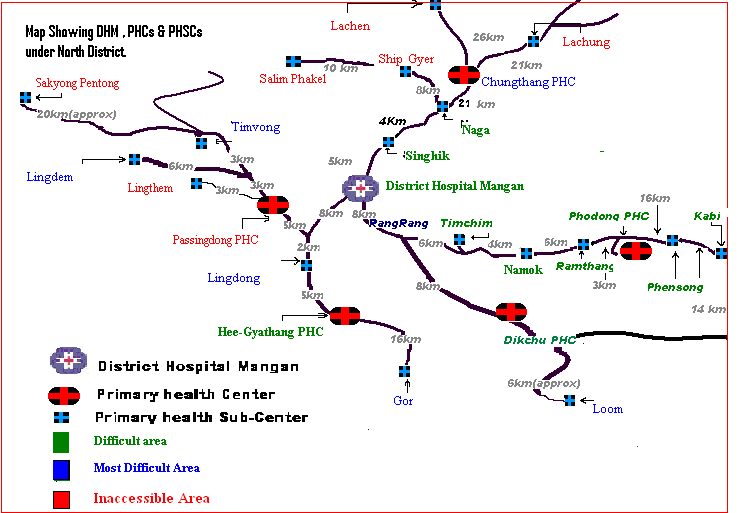
* Two days district level Orientation training on Immunisation for ANMs, Multi Purpose Health Workers (Male), LHV, have been conducted in the month of March 2013 in a unit of 25 participants for two days. The training programme was conducted by District Resource Persons namely, Paediatrician, Gynaecologist, CMO & DRCHO.

**C.3) Full Immunization Incentive to ASHAs:**

ASHAs from villages have been provided with incentive of Rs. 150/- per beneficiary for ensuring complete Immunisation till the age of 24 months.

**5. NORTH DISTRICT (Activities and Achievements)**

MAP OF NORTH DISTRICT SHOWING LOCATION OF HEALTH INSTITUTIONS

****

**Human Resource at Mangan District Hospital**

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff** | **Sanctioned (IPHS)** | **In-Position** | |
| **R** | **C** |
| Chief Medical Officer | 1 | 1 | 0 |
| Medical Superintendent | 1 | 1 | 0 |
| Blood Bank Officer | 1 | 0 | 0 |
| Medical Specialist | 2 | 0 | 0 |
| Surgery Specialists | 2 | 0 | 0 |
| O & G specialist | 2 | 1 | 0 |
| Dermatologist/Dendrologist | 1 | 0 | 0 |
| Pediatrician | 2 | 0 | 1 |
| Anesthetist | 2 | 0 | 0 |
| Ophthalmologist | 1 | 0 | 0 |
| Orthopaedician | 1 | 0 | 0 |
| Radiologist | 2 | 0 | 0 |
| Casualty Doctor/General Duty doctor | 9 | 0 | 4 |
| Dental Surgeon | 3 | 2 | 1 |
| Forensic Specialist | 1 | 0 | 0 |
| ENT Surgeon | 1 | 0 | 0 |
| AYUSH Physician(Homeopathy) | 1 | 0 | 2 |
| Pathologist & Microbiologist | 2 | 1 | 0 |

**Para Medical Staffs at District Hospital Mangan as on 31st March 2014**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Personnel** | **IPHS Norm** | **In-Position** | |
| **R** | **C** |
| 1 | Staff Nurse | 50 | 6 | 9 |
| 2 | Attendant | - | 4 | 0 |
| 3 | Ophthalmic Assistant/Refractionist | 1 | 1 | 0 |
| 4 | Laboratory Technician | 5 | 4 | 0 |
| 5 | Radiographer | 3 | 3 | 0 |
| 6 | Pharmacist | 5 | 0 | 0 |
| 7 | Matron | 2 | 1 | 0 |
| 8 | Physiotherapist | 1 | 2 | 0 |
| 9 | Medical record Officer/technician | 1 | 1 | 0 |
| 10 | Electrician | 1 | 0 | 0 |
| 11 | Plumber | 1 | 1 | 0 |

**Human Resource in the 5 PHCs as on 31st March 2014**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Personnel** | **IPHS Norm** | **In-Position** | |
| **R** | **C** |
| 1 | Medical Officers | 2/PHC | 0 | 7 |
| 2 | Lab. Technicians | 1/PHC | 3 | 2 |
| 3 | Staff Nurse | 3/PHC | 0 | 8 |
| 4 | Pharmacist | 1/PHC | 0 | 1 |
| 5 | LHV | 1/PHC | 2 | 0 |
| 6 | Health Educator | 1/PHC | 0 | 0 |
| 7 | ANMs/MPHW (F) | 3/PHC | 8 | 0 |

**Human Resources in the PMU & MMU (NRHM)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **Staffs** | **Required** | **In position** |
|  | District Programme Management Unit (DPMU) | | |
| 1 | District Programme Manager | 1 | 1 |
| 2 | District Accounts Manager | 1 | 1 |
| 3 | District Data Manager | 1 | 1 |
| 4 | Logistic Manager | 1 | 1 |
| 5 | District Data Assistant | 1 | 1 |
|  | Block Programme Management Unit (BPMU) | | |
| 1 | Block Programme Manager | 5 | 5 |
| 2 | Data Entry Operator | 5 | 4 |
|  | Mobile Medical Unit (MMU) | | |
| 1 | Medical Officer | 2 | 2 |
| 2 | Staff Nurse | 1 | 1 |
| 3 | Lab Technician | 1 | 1 |
| 4 | X-Ray Technicians | 1 | 1 |
| 5 | Pharmacist | 1 | 1 |
| 6 | Driver | 3 | 3 |

**Target and Achievement of Health Care Services**

**(As per District HMIS in numbers)**

|  |  |  |
| --- | --- | --- |
| **Services** | **2013-2014**  **Target** | **2013-2014**  **Achievement** |
| Total ANC Registration | 638 | 684 (107 %) |
| Full ANC (3 ANC,TT,100 IFA tbs. given) | 638 | 600 (94 %) |
| Total Delivery | 580 | 343 |
| Institutional Delivery | 522 | 319 |
| Home Delivery | 58 | 24 |
| JSY Beneficiaries (Inst. Delivery) | 470 | 235 |
| JSY Beneficiaries (Home delivery) | 52 | 2 |
| No. of JSY incentive for ASHA(Inst. Delivery) | 470 | 216 |
| Maternal Death | 00 | 02 |
| Immunization |  | |
| **BCG** | 580 | 344 (59%) |
| **DPT-I** | 580 | 557 (96%) |
| **DPT-II** | 580 | 578 (99%) |
| **DPT-III** | 580 | 585 (100%) |
| **OPV-0** | 580 | 305 (52%) |
| **OPV-I** | 580 | 555 (96%) |
| **OPV-II** | 580 | 581(100%) |
| **OPV-III** | 580 | 584(100%) |
| **MMR** | 580 | 547 (94%) |
| **HEPATITIS I** | 580 | 556 (96%) |
| **HEPATITIS II** | 580 | 579(99%) |
| **HEPATITIS III** | 580 | 584(100%) |
| **Measles** | 580 | 557(97%) |
| **Full immunization** | 580 | 554(96%) |
| **DPT 5 Yrs** | 1037 | 516 |
| **TT - 10 Yrs** | 1057 | 814 |
| **TT- 16 Yrs** | 918 | 567 |
| **FAMILY PLANNING** | | |
| Male Sterilization |  | 00 |
| Female sterilization |  | 00 |
| IUCD acceptor | 65 | 67 |
| OCP users – cycle | 5980 | 6360 |
| CC users – cycle | 2600 | 9578 |

**Major Services at District Hospital, Mangan**

|  |  |
| --- | --- |
| **Services** | **2013-2014** |
| OPD | 51580 |
| IPD | 1707 |
| Dental Cases treated | 1027 |
| Total X-Ray | 1836 |

****

**LAB Services 2013 – 2014**

|  |  |  |
| --- | --- | --- |
| **Sl.No** | **Service** | **2013-2014**  **Achievement** |
| 1 | Hb% estimation | 1216 |
| 2 | Pregnancy test | 446 |
| 3 | Urine RE | 436 |
| 4 | Blood slides examined for MP | 142 |
| 5 | Sputum Samples examined | 292 |
| 6 | Sputum found +ve | 29 |

**REFERRAL SERVICES 2013 – 2014**

|  |  |  |
| --- | --- | --- |
| **Sl.No** | **Service** | **2013-2014**  **Achievement** |
| 1 | High Risk Pregnant women referred | 86 |
| 2 | High risk children referred | 23 |
| 3 | Others referred | 130 |

**Health Camps and Programmes, North District**

|  |  |  |
| --- | --- | --- |
| **Camps** | **2013-2014**  **Target** | **2013-2014**  **Achievement** |
| MMU Camps | 95 | 92 |
| VHND | 1115 | 1011 |

**NRHM Initiatives under North District**

**ROGI KALYAN SAMITI:**

The RKS meeting of governing bodies was organized on quarterly basis. During the meeting performance of District Hospital Mangan and proper fund utilization for the year 2013 – 2014 was evaluated by RKS Committee in District Hospital and four PHCs.

**Programme Management Unit**

A District Programme Management Unit at District level and Block Programme Unit at block level is in place as proposed under NHM. The DPMU comprises of a Programme Manager, Accounts Manager,Data Manager & Data Entry Operator at District level and the PMU at block level consist of Block Programme Manager and Data Entry Operator to prepare accounts and assist in programme management.

**ASHA**

The selection of Accredited Social Health Activists (84 in number) has been completed in the district. All the ASHA are trained upto 8th module (Round 4) during the year 2013-2014.

**ASHA incentives during the year 2013-2014**

|  |  |  |
| --- | --- | --- |
| **Incentives based activity** | **Amount per activity** | **No. of ASHA paid** |
| JSY incentives | 350/ case | 216 |
| Mobilizing child for immunization | 150/ month /ASHA | 43550 |

**MNGO scheme**

**MNGO and FNGOs under North District**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.No** | **Name of NGOs** | **Key Activities** | **Operational Area** |
| 01 | MLAS (MNGO) | RCH-II  Community Development | North District |
| 02 | Toong-Naga Development Welfare Association (FNGO) | RCH II | Toong, Naga, Safo, Shipgyer, Chungthang |
| 03 | Sikkim Youth Welfare Association (FNGO) | RCH II | Mangshila, Tingchim, Namok |
| 04 | RBRK Phidang (FNGO) | RCH II | Gor, Phidang, Loom, Hee-Gyathang |

**JANANI SURAKSHA YOJNA (JSY)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Year** | **Home Delivery** | **Institutional Delivery** | **Total** |
| 1 | 2006 -2007 | 134 | 105 | 239 |
| 2 | 2007 – 2008 | 51 | 136 | 187 |
| 3 | 2008 – 2009 | 53 | 243 | 296 |
| 4 | 2009 – 2010 | 57 | 230 | 287 |
| 5 | 2010-2011 | 33 | 211 | 244 |
| 6 | 2011-2012 | 39 | 293 | 332 |
| 7 | 2012-2013 | 16 | 256 | 272 |
| 8 | 2013-2014 | 02 | 235 | 237 |



**VHSNC:**

There are 84 VHSNC till date and all are functional. There is a functional joint account for all VHSC. Training and reformation for all the VHSNC members has been completed during this year.

**MOBILE MEDICAL UNIT**

Mobile Medical Unit was flagged off by Honorable chief minister of Sikkim on 14th of December 2008 at Mangan North Sikkim. The following figure envisage the achievements of MMU under North District for the year 2013-2014 –

**OPD**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **YEAR** | **CAMP** | **MALE** | **FEMALE** | **TOTAL** | **ANC** |
| 2013-2014 | 92 | 1064 | 1664 | 2728 | 137 |

**LAB.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| YEAR | UREA | VDRL | CHOL | Hb% | RBS | ABORh | X-RAY |
| 2013-2014 | 78 | 81 | 23 | 359 | 202 | 320 | 28 |

**NATIONAL DISEASE CONTROL PROGRAMMES**

**1. INTEGRATED DISEASE SURVEILLANCE PROJECT (IDSP)**

Integrated Diseases Surveillance is intended to detect early warning signal of impending outbreak and help to initiate an effective response in time. IDSP is also expected to provide data to monitor programme of ongoing disease control programme and help in allocating health resources more optimally.

**2. REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME (RNTCP)**

Amongst all communicable diseases, Tuberculosis is the leading killer in the world. The disease and its associated illness affect the human being in its most productive age group causing immense socio economic loss. It is also a leading cause of death among women and contributes to intense stigma resulting in social discrimination. Women some times, are the worst sufferers.

**Dedicated Human resources for RNTCP in North District**

|  |  |  |
| --- | --- | --- |
| **Human Resources** | **Regular** | **Contractual** |
| DTO | 1 | 0 |
| MO-TC | 1 | 0 |
| STS | 0 | 1 |
| STLS | 0 | 1 |
| Data Entry Operator | 0 | 1 |
| Statistical Assistant | 0 | 0 |
| Driver | 0 | 1 |

**RNTCP Infrastructure in the District**

|  |  |
| --- | --- |
| **RNTCP Infrastructure in the District** | **Number** |
| District TB Centre | 1 |
| Tuberculosis Unit | 1 |
| Designated Microscopic Centers | 3 |
| DOT Centers | 126 |

**Performance under RNTCP-North District**

|  |  |
| --- | --- |
| **Services** | **2013-2014** |
| No. of new smear positive cases put on treatment | 61 |
| No. of new smear negative cases put on treatment | 45 |
| No. of extra pulmonary cases put on treatment | 51 |
| No. of failure cases put on treatment | 5 |
| No. of TAD cases put on treatment | 2 |
| No. of other cases put on treatment | 14 |
| No. of relapse cases on treatment | 8 |
| MDR TB patients under treatment | 16 |
| Total No. of patient put on treatment | 201 |
| Annual case detection Rate | 413% |
| Cure Rate for case detected | 73% |

District is trying its best to achieve the case detection rate of at least 70% among newly detected infections (new smear positive cases) and to maintain the cure rate of 90%.

District is facing a limitation to meet fund requirement. Since the fund is calculated according to population, North District being the least populated get very little fund which is not enough to carry out the programme on IEC, training, civil works, laboratories maintenance, miscellaneous etc. This restricts the district to expand network of DOTS providers in rural & hard to reach areas.

**NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS**

India was the first country to launch the national Programme for Control of Blindness in the year 1976 with a goal of reducing the prevalence of blindness in India. Blindness is a curse on mankind. A large no of blind people in a country denote poor socio-economic development and an inefficient eye care service in the country this is because about 80-90% of the blindness are either curable or preventable.

**Blindness Control Programme Services**

|  |  |  |
| --- | --- | --- |
| **S. No.** | **Services** | **Achievement 2013- 2014** |
| 1 | Screening Camp | 00 |
| 2 | Cataract Camp | 00 |
| 3 | Number of patient operated | 00 |
| 4 | No. of school children detected with refractive errors | 21 |

**NATIONAL LEPROSY ERADICATION PROGRAMME**

The North district Leprosy Society was formed in the year 1995 under the chairmanship of District Magistrate same has been merged with district health society under NHRM, North. The main aim of the programme is to identify and treat all the leprosy cases in the district. District focuses on elimination and bringing down the prevalence rate below 1/10,000 population and developing the skills and knowledge of service providers and promoting community awareness through quiz, rally, folk show, IPC, workshop, Health Mela, wall painting etc.

**NLEP Performance under North District 2013-14**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **No. of patient/new cases detected** | **No. of cases others patients/old MB** | **No. of cases others patients/old PB** |
| **2013-2014** | **01(MB)** | **0** | **0** |

|  |  |  |
| --- | --- | --- |
| **Sl. No.** | **Services** | **Achievement 2013- 2014** |
| 1 | School Quiz | 02 |
| 2 | Hoarding repair & printing | NIL |
| 3 | IEC Programme/anti lep.day observation | 04(IEC)  01(ANTILEPROSY DAY) |
| 4 | I P C meeting | NIL |
| 5 | RCS Screening Camp at Phensong PHSC | 01 |
| 6 | Wall painting | 02 |
| 7 | Skin Screening Camp at District Hospital Mangan | 01 |
| 8 | I E C MATERIALS | NIL |
| 9 | LEPROSY BOOKLETS | NIL |

**NATIONAL IODINE DEFICIENCY DISORDERS CONTROL PROGRAM**

Iodine is an essential micronutrient. It is required at 100-150 micrograms daily for normal human growth and development. The Iodine deficiency disorder is caused due to lack of nutritional iodine in the food.

Presently Iodine Deficiency Disorders is a public health problem in the district. National Iodine Deficiency Disorders Control Programme is implemented in the state. NIDDCP is implemented from the state for which programme officers are deputed. The test report conducted at every village is submitted to DRCHO at District on weekly basis. Mass awareness programme was conducted by IEC cell north district during the financial year 2013-14 through the public gatherings which was available at VHNDs.

**NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAM (NVBDCP)**

The National Vector Borne disease Control Programme (NVBDCP) is an Umbrella programme for prevention and control of **Malaria** and other Vector Borne diseases like **Dengue, Filaria, Kala Azar, Japanese Encephalitis and Chikungunya** with special focus on the vulnerable groups of the society. Under the programme, it ensures that the disadvantaged and marginalized section benefit from the delivery of service so that the desired National Health Policy and Rural Health Mission Goals are achieved.

There is no proper District NVBDCP Wings at the district. For the proper functioning of the programme District NVBDCP Wing has to be setup in the districts having one DMO, Data Entry operator and Account Staff along with the Technical staffs.

**Other Vector Borne Diseases**

**Dengue**

No cases of Dengue have been reported till date.

**Kala Azar**

No case of Kala Azar was reported during the year 2013 – 2014.

There are no reported cases of **Japanese Encephalitis** and **Chikungunya** till date.

**IEC/BCC ACTIVITY**

**OBJECTIVES:-**

1. To create awareness about health & diseases
2. To bring about health related behaviors.

Traditionally, IEC in the health sector has concentrated on the provision of information through the use of visuals, such as posters or with the help of mass media.

Such earlier approach had a heavy emphasis on providing general health messages creations.

The main shift in the new approach is BCC i.e. behavioral change communication where all communications strategy skill for bringing about change in health behavior and attitude has been applies like segmentation of target audience, two ways & interpersonal communication, verbal skill, non verbal skill, writing skill, feedback of the message etc.

**IEC /BCC ACTIVITIES**

Under NRHM, nomination of ASHAs in the field level and also formation of village health & sanitation committee duly including important member like Panchyats, ANMs, AWW, member of NGOs, ASHAs in this committee.

**IEC/BCC Programme conducted during 2013-2014**

|  |  |
| --- | --- |
| **Types of Programme** | **No. of Programme** |
| Debate competition among Adolescent | 06 |
| Celebration of world population Day | 26 |
| Group Discussion among VHSNC | 03 |
| World Breast Feeding Week | 05 |
| Group Discussion among VHSNC member | 06 |
| Celebration of New Born care week | 05 |
| Sensitization Programme on VHSNC | 05 |
| Celebration of Safe Motherhood | 05 |
| Awareness of communicable disease/ Dengue | 08 |
| Sanitization programme on various health issues | 01 |
| Awareness on Vector Borne Disease | 04 |
| International Day Against Drug Abuse And Illicit Trafficking | 01 |
| Folk Media | 11 |
| Global IDD Observation | 12 |
| Quiz among AN Mothers ,EC,Adolescent | 06 |
| Sensitization on Vector Borne Disease/Dengue and Malaria | 07 |
| Quiz on Malaria and Dengue | 03 |
| Counseling Camp to Newlywed Couple | 15 |
| Motivation Camp to Newlywed Couple | 01 |

**Capacity Building and Training under North District**

|  |  |  |  |
| --- | --- | --- | --- |
| **Types of Training** | **Training Achievement**  **2013-2014** | **Duration of**  **training** | **Place of Training** |
| Skill Birth Attendant | 2GNM  2ANM | 21 days | STNM |
| Refresher Training on Leprosy | 5 MO, 84 ASHA | 1 day | District Hospital |
| Training of VHSNC members | 840 VHSNC members  (17 Batches) | 7 day | District Hospital and PHC |
| CME for Medical Officer | MO | 2 days | District Hospital |
| CME for Paramedics | Paramedical Staff | 2 days | District Hospital |
| Contraceptive Update Seminar | Paramedical Staff | 1 day | District Hospital |
| Refresher Training on Immunization | LHV,GNM,ANM &MPHW(M) | 2 days | District Hospital and PHC’s |
| Refresher Training On Iodine | Paramedical Staff | 1 day | District Hospital |
| Reorientation Training on HMIS | MO,LHV,GNM,ANM,  BPM,DEO | 1 day | District Hospital |
| Reorientation Training on MCTS | MO,LHV,GNM,ANM,  BPM,DEO | 1 day | District Hospital |

**PART – III**

**1. DEMOGRAPHIC PROFILE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl.No** | **State/District** | **Place of Residence** | **Total Population &Sex** | **Scheduled Castes** | **Scheduled Tribes** |
| **1.** | **SIKKIM** | **TOTAL PERSONS**  **MALES**  **FEMALES** | **610577**  **323070**  **287507** | **28275**  **14454**  **13821** | **206360**  **105261**  **101099** |
| **RURAL PERSONS**  **MALES**  **FEMALES** | **456999**  **242797**  **214202** | **20335**  **10496**  **9839** | **167146**  **86059**  **81087** |
| **URBAN PERSONS**  **MALES**  **FEMALES** | **153578**  **80273**  **73305** | **7940**  **3958**  **3982** | **39214**  **19202**  **20012** |
| **2.** | **EAST** | **TOTAL PERSONS**  **MALES**  **FEMALES** | **283583**  **151432**  **132151** | **15305**  **7743**  **7562** | **78436**  **39479**  **38957** |
| **RURAL PERSONS**  **MALES**  **FEMALES** | **161096**  **87147**  **73949** | **8826**  **4508**  **4318** | **47148**  **24170**  **22978** |
| **URBAN PERSONS**  **MALES**  **FEMALES** | **122487**  **64285**  **58202** | **6479**  **3235**  **3244** | **31288**  **15309**  **15979** |
| **3.** | **WEST** | **TOTAL PERSONS**  **MALES**  **FEMALES** | **136435**  **70238**  **66197** | **5935**  **3117**  **2818** | **57817**  **29485**  **28332** |
| **RURAL PERSONS**  **MALES**  **FEMALES** | **131187**  **67528**  **63659** | **5663**  **2978**  **2685** | **56394**  **28773**  **27621** |
| **URBAN PERSONS**  **MALES**  **FEMALES** | **5248**  **2710**  **2538** | **272**  **139**  **133** | **1423**  **712**  **711** |
| **4.** | **NORTH** | **TOTAL PERSONS**  **MALES**  **FEMALES** | **43709**  **24730**  **18979** | **982**  **536**  **446** | **28715**  **14741**  **13974** |
| **RURAL PERSONS**  **MALES**  **FEMALES** | **39065**  **22274**  **16791** | **804**  **441**  **363** | **26695**  **13751**  **12944** |
| **URBAN PERSONS**  **MALES**  **FEMALES** | **4644**  **2456**  **2188** | **178**  **95**  **83** | **2020**  **990**  **1030** |
| **5.** | **SOUTH** | **TOTAL PERSONS**  **MALES**  **FEMALES** | **146850**  **76670**  **70180** | **6053**  **3058**  **2995** | **41392**  **21556**  **19836** |
| **RURAL PERSONS**  **MALES**  **FEMALES** | **125651**  **65848**  **59803** | **5042**  **2569**  **2473** | **36909**  **19365**  **17544** |
| **URBAN PERSONS**  **MALES**  **FEMALES** | **21199**  **10822**  **10377** | **1011**  **489**  **522** | **4483**  **2191**  **2292** |

**Source: Census of India, 2011**

**2. GENERAL STATISTICS OF SIKKIM**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.No.** | **PARTICULARS** | **YEARS** | **EAST** | **WEST** | **NORTH** | **SOUTH** | **SIKKIM** |
| **1.** | **Decadal Population Growth Rate** | **1981-1991** | **28.60** | **30.55** | **18.09** | **29.78** | **28.47** |
| **1991-2001** | **37.3** | **25.57** | **31.34** | **33.39** | **33.06** |
| **2001-2011** | **15.72** | **10.70** | **6.52** | **11.65** | **12.90** |
| **2.** | **Density of Population** | **1991** | **187** | **82** | **07** | **131** | **57** |
| **2001** | **257** | **106** | **10** | **175** | **76** |
| **2011** | **297** | **117** | **10** | **196** | **86** |
| **3.** | **Literacy Rate**  **Excluding (0-6) age group.** | **1991** | **65.1** | **45.6** | **53.5** | **54.1** | **56.9** |
| **2001** | **74.7** | **58.8** | **67.2** | **67.3** | **68.8** |
| **2011** | **83.8** | **77.4** | **78.0** | **81.4** | **81.4** |
| **4.** | **Sex Ratio (Females per 1000 males)** | **1991** | **859** | **915** | **828** | **892** | **878** |
| **2001** | **844** | **929** | **752** | **927** | **875** |
| **2011** | **873** | **942** | **767** | **915** | **890** |
| **5.** | **Population in the age group**  **(0-6 years)** | **1991** | **30627** | **18917** | **6486** | **18617** | **74647** |
| **2001** | **31410** | **20153** | **5958** | **20674** | **78195** |
| **2011** | **27984** | **15706** | **4677** | **15744** | **64111** |
| **6.** | **Sex Ratio**  **(0-6 years)** | **1991** | **948** | **997** | **960** | **962** | **965** |
| **2001** | **950** | **966** | **995** | **969** | **963** |
| **2011** | **960** | **964** | **929** | **953** | **957** |
| **7.** | **Scheduled Castes (% of Total Population)** | **1991** | **7.0** | **5.0** | **3.6** | **5.6** | **5.9** |
| **2001** | **5.8** | **4.7** | **2.1** | **4.8** | **5.0** |
| **2011** | **5.4** | **4.3** | **2.2** | **4.1** | **4.6** |
| **8.** | **Scheduled Tribes(% of Total Population)** | **1991** | **21.1** | **19.7** | **55.4** | **16.9** | **22.4** |
| **2001** | **18.5** | **19.3** | **53.1** | **15.6** | **20.6** |
| **2011** | **27.6** | **42.4** | **65.7** | **28.2** | **33.8** |
| **9.** | **Area (Sq. Km.)** | **2011** | **954** | **1166** | **4226** | **750** | **7096** |

**2. HEALTH STATUS IN SIKKIM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl.No** | **INDICATORS** | | **SOURCE** | **PRESENT STATUS** | **All INDIA** |
| **1.** | **Crude Birth Rate (CBR)**  **(Per 1000 population)** | | **SRS 2013** | **17.1** | **21.4** |
| **2.** | **Crude Death Rate (CDR)**  **(Per 1000 population)** | | **SRS 2013** | **5.2** | **7.0** |
| **3.** | **Infant Mortality Rate (IMR)(Per 1000 Live births)** | | **SRS 2013** | **22** | **40** |
| **4.** | **Total Fertility Rate (TFR)**  **(Number of Children per women)** | | **NFHS III(2005-06)** | **2.02** | **2.70** |
| **5.** | **Full Immunization %** | | **NFHS III(2005-06)**  **SR 2013-14** | **70**  **92** | **44**  **--** |
| **6.** | **Institutional Delivery%** | | **NFHS III(2005-06)**  **SR 2013-14** | **49**  **93.2** | **39**  **--** |
| **7.** | **Contraceptive Prevalence Rate % (Any Method)** | | **NFHS III**  **(2005-06)** | **58** | **56** |
| **8.** | **Under 5 Mortality Rate** | | **NFHS III**  **(2005-06)** | **40** | **NA** |
| **9.** | **3 or More Ante Natal Checkup (ANC)%** | | **NFHS III(2005-06)**  **SR 2013-14** | **70**  **82.8** | **52**  **--** |
| **10.** | **Child Sex Ratio (0-6yrs)**  **(Per 1000 Males)** | | **NFHS III(2005-06)**  **2001 Census**  **2011 Census** | **999**  **963**  **957** | **--**  **927**  **914(P)** |
| **11.** | **Sex Ratio( All ages)**  **(Per 1000 Males)** | | **NFHS III(2005-06)**  **2001 Census**  **2011 Census** | **936**  **875**  **890** | **--**  **933**  **940(P)** |
| **12.** | **T.B.Cure Rate** | | **SR 2013** | **79 %** | **-** |
| **13.** | **Prevalence Rate of Goiter** | | **State & ICCIDD Survey 2009-10** | **13.37%** | **--** |
| **14.** | **Prevalence Rate of Leprosy**  **(Per 10000 Population)** | | **SR 2013-14** | **0.2%** | **--** |
| **15.** | **Prevalence Rate of Malaria/1000 Pop.** | | **SR 2013** | **0.39 %** |  |
| **15.** | **Civil Registration of** | **Birth** | **SR 2013** | **82%** | **--** |
| **Death** | **SR 2013** | **106%** |  |
| **16.** | **Hepatitis ‘B’ Vaccination (Introduced by State Govt. since 14.09.2001)(Free of Cost)** | | **SR 2013-14** | **91%** | **--** |

**NFHS III (2005-06) – National Family Health Survey**

**SR – State Report (2013-2014)**

**SRS (2013) – Sample Registration System**

**3. TREND OF HEALTH INDICATORS IN SIKKIM**

**1. CRUDE BIRTH RATE 2. CRUDE DEATH RATE**

**(PER 1000 POPULATION) (PER 1000 POPULATION)**

**SOURCE** **SIKKIM ALL INDIA SOURCE** **SIKKIM ALL INDIA**

**(SRS 1995) 22. 5 28.3 (SRS 1995) 6.9 9.0**

**(SRS 1996) 20. 0 -- (SRS 1996) 6.5 9.0**

**(SRS 1997) 19. 8 27.2 (SRS 1997) 6.5 8.9**

**(SRS 1998) 20. 9 26.4 (SRS 1998) 6.1 9.0**

**(SRS 1999) 21. 6 26.1 (SRS 1999) 5.8 8.7**

**(SRS 2000) 21. 8 25.8 (SRS 2000) 5.7 8.5**

**(SRS 2001) 21. 6 25.4 (SRS 2001) 5.1 8.4**

**(SRS 2002) 21. 9 25.0 (SRS 2002) 4.9 8.1**

**(SRS 2003) 21. 9 24.8 (SRS 2003) 5.0 8.0**

**(SRS 2004) 19. 5 24.1 (SRS 2004) 4.9 7.5**

**(SRS 2005) 19. 9 23.8 (SRS 2005) 7.6 5.1**

**(SRS 2006) 19. 2 23.5 (SRS 2006) 5.6 7.5**

**(SRS 2007) 18. 1 23.1 (SRS 2007) 5.3 7.4**

**(SRS 2008) 18.4 22.8 (SRS 2008) 5.2 7.4**

**(SRS 2009) 18.1 22.8 (SRS 2009) 5.7 7.4**

**(SRS 2010) 17.8 22.1 (SRS 2010) 5.6 7.2**

**(SRS 2011) 17.6 21.8 (SRS 2011) 5.6 7.1**

**(SRS 2012) 17.2 21.6 (SRS 2012) 5.4 7.0**

**(SRS 2013) 17.1 21.4 (SRS 2013) 5.2 7.0**

**3. INFANT MORTALITY RATE 4. TOTAL FERTILITY RATE (TFR)**

**(Per 1000 live Births) (Number of children per women)**

**SOURCE** **SIKKIM ALL INDIA SOURCE** **SIKKIM ALL INDIA**

**(SRS 1995) 47 74 NFHSII (1998-99) 2.75 3.40**

**(SRS 1996) 47 74 NFHSIII(2005-06 2.02 2.70**

**(SRS 1997) 51 71**

**(SRS 1998) 52 72**

**(SRS 1999) 49 70**

**(SRS 2000) 49 68**

**(SRS 2001) 42 66**

**(SRS 2002) 34 64**

**(SRS 2003) 33 60**

**(SRS 2004) 32 58**

**(SRS 2005) 30 58**

**(SRS 2006) 33 57**

**(SRS 2007) 34 55**

**(SRS 2008) 33 53**

**(SRS 2009) 34 53**

**(SRS 2010) 30 47**

**(SRS 2011) 26 44**

**(SRS 2012) 24 42**

**(SRS 2013) 22 40**

**Remarks: SRS – Sample Registration System (Scheme)**

**NFHS – National Family Health Survey**

**4. HEALTH INFRASTRUCTURE IN SIKKIM AS ON 31.08.2014**

**NO. OF HEALTH INSTITUTIONS IN SIKKIM**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SLNO** | **HEALTH INSTITUTION** | **EAST** | **WEST** | **NORTH** | **SOUTH** | STATE |
| **1** | **STATE REFERRAL HOSPITAL/STNM HOSPITAL** | **1** | **-** | **-** | **-** | **1** |
| **2** | **DISTRICT HOSPITAL** | **1** | **1** | **1** | **1** | **4** |
| **3** | **\*COMMUNITY HEALTH CENTRE** | **1** | **-** | **-** | **1** | **2** |
| **4** | **PRIMARY HEALTH CENTRE** | **6** | **7** | **5** | **6** | **24** |
| **5** | **PRIMARY HEALTH SUB CENTRE** | **48** | **41** | **18** | **39** | **146** |
| **6** | **DISTRICT TUBERCULOSIS CENTRE,NAMCHI** | **-** | **-** | **-** | **1** | **1** |
| **7** | **CENTRE REFERRAL HOSPITAL MANIPAL TADONG (PVT.)** | **1** | **-** | **-** | **-** | **1** |
| **8** | **TOTAL** | **58** | **49** | **24** | **48** | **179** |

**\*Remarks (1) Jorethang & Rhenock PHC is under process for upgradation to CHC**

**5. HOSPITAL BED SANCTIONED STRENGTH IN SIKKIM AS ON 31.08.2014**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SLNO** | HEALTH INSTITUTIONS | **NO. OF BEDS** | | | | |
| **EAST** | **WEST** | **NORTH** | **SOUTH** | **STATE** |
| **1** | **STATE REFERRAL HOSPITAL** | **300** | **-** | **-** | **-** | **300** |
| **2** | **DISTRICT HOSPITAL** | **100** | **100** | **100** | **100** | **400** |
| **3** | **\*COMMUNITY HEALTH CENTRE** | **30** | **-** | **-** | **30** | **60** |
| **4** | **PRIMARY HEALTH CENTRE** | **60** | **70** | **50** | **60** | **240** |
| **4** | **DISTRICT TUBERCULOSIS CENTRE,NAMCHI** | **--** | **---** | **---** | **60** | **60** |
| **5** | **CENTRAL REFERRAL HOSPITAL, MANIPAL TADONG (PVT.)** | **500** | **---** | **---** | **-** | **500** |
|  | **TOTAL** | **990** | **170** | **150** | **250** | **1560** |

\* Bed strength of CHC is under process.

**4. DISTRICTWISE INPATIENTS/OUTPATIENTS, POPULATION/DOCTOR, DOCTOR/PATIENT RATIO, NURSE/ PATIENT RATIO AS ON AUGUST, 2014.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Serial No.** | **PARTICULARS** | **EAST** | **WEST** | **NORTH** | **SOUTH** | **STATE** |
| **1** | **POPULATION/DOCTORS** | **1418** | **3898** | **1619** | **2407** | **1890** |
| **2** | **POPULATION/NURSE** | **2251** | **5053** | **1285** | **9178** | **3008** |
| **3** | **POPULATION/ANMs** | **1233** | **1364** | **892** | **1175** | **1211** |
| **4** | **POPULATION/BED** | **286** | **803** | **291** | **587** | **391** |
| **5** | **POPULATION/HEALTH ASSISTANTS (M&F)** | **28358** | **68217** | **14570** | **29370** | **30529** |
| **6** | **POPULATION/HEALTH WORKERS (M&F)** | **1866** | **1550** | **1121** | **1984** | **1730** |
| **7** | **POPULATION/LAB TECH** | **9148** | **9096** | **5464** | **10489** | **8979** |
| **8** | **BED/DOCTORS** | **4.9** | **4.8** | **5.5** | **4.1** | **4.8** |
| **9** | **BED/NURSE** | **7.8** | **6.3** | **4.4** | **15.6** | **7.6** |
| **10** | **BED/ANMs** | **4.3** | **17.0** | **3.1** | **2.0** | **3.1** |
| **11** | **INDOOR PATIENTS TREATED (2013)** | **17112** | **5322** | **1344** | **12486** | **36264** |
| **12** | **OUTDOOR PATIENTS TREATED (2013)** | **508892** | **121866** | **26853** | **122563** | **780174** |

NB: Ratio based on Population Census 2011 (State-610577/North-43709/East-283583/South-146850/West-136435) Suggested National Norms:

|  |  |
| --- | --- |
| 1. Doctors | -1/3500 population |
| 2. Nurses | -1 per 5000 population |
| 3. Health Workers (Male & Female) | -1 per 5000 in plain area and 3000 in tribal hilly areas |
| 4. Trained Dai | -1 per each village |
| 5. Health Assistant (Male & Female) | -1 per 30,000 population in plain area and 20,000 in tribal hilly areas |
| 6. Lab Tech | -1 per 10,000 population |

**6. District wise Doctors in Position in the State as on 31.08.2014**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.**  **No.** | **Particulars** | **STNM/**  **Gangtok/**  **HO** | **EAST** | | **WEST** | | **NORTH** | | **SOUTH** | | **STATE** |
| **DH** | **PHC** | **DH** | **PHC** | **DH** | **PHC** | **DH** | **PHC** |  |
| **1.** | **PCC/Chief Consultants/**  **Consultants/**  **Specialists** | **82** | **9** | **2** | **8** | **1** | **3** | **-** | **17** | **1** | **123** |
| **2.** | **Doctors(Other than mentioned in Sl. NO. 1)** | **49** | **7** | **8** | **6** | **5** | **5** | **2** | **9** | **9** | **100** |
| **3.** | **MO(Specialist )**  **(Contractual)** | **1** | **2** | **-** | **-** | **-** | **1** | **-** | **5** | **-** | **09** |
| **4.** | **MO (Contractual)** | **-** | **3** | **5** | **3** | **6** | **4** | **5** | **5** | **5** | **36** |
| **5.** | **MO**  **(AMJI/AYUSH)**  **Regular/Contractual** | **1** | **2** | **3** | **1** | **1** | **2** | **1** | **1** | **1** | **13** |
|  | **TOTAL** | **133** | **23** | **18** | **18** | **13** | **15** | **8** | **37** | **16** | **281** |

**7. District wise Doctors (Dental Service) in Position in the State**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.No** | **Designation** | **STNM/**  **Gangtok**  **HO** | **East** | **West** | **North** | **South** | **State** |
| **1.** | **Pr.Director/**  **Pr.Chief Consultant** | **01** | **-** | **-** | **-** | **-** | **01** |
| **2.** | **Addl.Director/**  **Consultant Grade I** | **01** | **-** | **-** | **-** | **-** | **01** |
| **3.** | **Consultants**  **Grade II** | **5** | **-** | **-** | **-** | **-** | **5** |
| **4.** | **Dental Surgeon**  **Senior Grade** | **7** | **3** | **1** | **1** | **3** | **15** |
| **5.** | **Dental Surgeon**  **Junior Grade** | **1** | **2** | **-** | **1** | **1** | **5** |
| **6.** | **Dental Surgeon (Contract)** | **3** | **2** | **-** | **-** | **2** | **7** |
| 7. | **Dental Surgeon (NRHM)** | **-** | **1** | **3** | **2** | **2** | **8** |
|  | **Total** | **18** | **8** | **4** | **4** | **8** | **42** |

**8. Departmentwise No. of Specialist as on August 2014.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S.N** | **Particulars** | **HO/STNM/**  **GANGTOK** | | **EAST** | | **WEST** | | **NORTH** | | **SOUTH** | | **STATE** | | |
| **R** | **C** | **R** | **C** | **R** | **C** | **R** | **C** | **R** | **C** | **R** | **C** | **TOTAL** |
| **1.** | **Cardiology** | **01** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **01** | **-** | **01** |
| **2.** | **General Medicine** | **07** | **-** | **02** | **-** | **01** | **-** | **-** | **-** | **02** | **-** | **12** | **-** | **12** |
| **3.** | **Gynaecology & Obstetric** | **08** | **-** | **01** | **01** | **02** | **-** | **01** | **-** | **02** | **01** | **14** | **2** | **16** |
| **4.** | **Paediatrician** | **6** | **-** | **02** | **-** | **01** | **-** | **-** | **01** | **01** | **-** | **10** | **1** | **11** |
| **5.** | **Orthopaedic** | **03** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **01** | **-** | **4** | **-** | **04** |
| **6.** | **Surgeon** | **05** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **02** | **01** | **7** | **1** | **08** |
| **7.** | **Anaesthesist/DA** | **06** | **-** | **01** | **-** | **01** | **-** | **-** | **-** | **01** | **02** | **9** | **2** | **11** |
| **8.** | **Psychiatrist** | **03** | **-** | **-** | **01** | **01** | **-** | **-** | **-** | **01** | **-** | **5** | **1** | **06** |
| **9.** | **Medico Legal** | **02** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **01** | **-** | **3** | **-** | **03** |
| **10.** | **Pathology/DCP** | **08** | **-** | **01** | **-** | **02** | **-** | **-** | **-** | **02** | **-** | **13** | **-** | **13** |
| **11.** | **Radiology/Dip. In Radiology** | **03** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **01** | **-** | **4** | **-** | **04** |
| **12.** | **TB & Respiratory** | **02** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **01** | **-** | **3** | **-** | **03** |
| **13.** | **Opthalmology** | **03** | **01** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **01** | **3** | **2** | **06** |
| **14.** | **Dermatology** | **04** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **4** | **-** | **04** |
| **15.** | **GastroEnterology** | **01** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **1** | **-** | **01** |
| **16.** | **ENT** | **03** | **-** | **-** | **-** | **01** | **-** | **-** | **-** | **01** | **-** | **5** | **-** | **05** |
| **17.** | **Microbiology** | **04** | **-** | **01** | **-** | **-** | **-** | **-** | **-** | **01** | **-** | **6** | **-** | **06** |
| **18.** | **Community Medicine** | **06** | **-** | **-** | **-** | **-** | **-** | **01** | **-** | **01** | **-** | **8** | **-** | **08** |
| **20.** | **Pharmalogy** | **01** | **-** | **01** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **2** | **-** | **02** |
| **21.** | **Anatomy/DNB** | **01** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **1** | **-** | **01** |
| **22** | **PMR (Physical Medicine of Rehabitation** | **01** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **1** | **-** | **01** |
| **23** | **Physiology** | **-** | **-** | **01** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **1** | **-** | **01** |
| **24** | **Bio Chemistry** | **4** | **-** | **01** | **-** | **-** | **-** | **01** | **-** | **-** | **-** | **6** | **-** | **06** |
|  | **TOTAL** | **82** | **01** | **11** | **3** | **9** | **-** | **3** | **01** | **18** | **5** | **123** | **9** | **132** |

**9. DISTRICT WISE POSTING OF NURSING PERSONNELS IN POSITION AS ON AUGUST 2014**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. N.** | **Designation** | **STNM/HO** | **East** | **West** | **North** | **South** | **State** |
| **1.** | **Joint Director(Nursing)** | **1** | **-** | **-** | **-** | **-** | **1** |
| **2.** | **Community Nursing Officer** | **-** | **-** | **-** | **-** | **-** | **-** |
| **3.** | **Principal Nursing Officer** | **1** | **-** | **-** | **-** | **-** | **1** |
| **4.** | **Nursing Supdt.** | **-** | **-** | **-** | **-** | **-** | **-** |
| **5.** | **Senior CHO** | **-** | **-** | **-** | **-** | **-** | **-** |
| **6.** | **Deputy Director Nursing** | **2** | **-** | **-** | **-** | **-** | **2** |
| **7.** | **Sr. PHNO** | **1** | **1** | **-** | **1** | **1** | **4** |
| **8.** | **Sr. Sister Tutor** | **5** | **-** | **-** | **-** | **-** | **5** |
| **9.** | **Dy. Nursing superintendent** | **3** | **-** | **-** | **1** | **1** | **5** |
| **10.** | **Asstt. Director Nursing** | **2** | **-** | **-** | **-** | **-** | **2** |
| **11.** | **CHO** | **-** | **4** | **2** | **-** | **3** | **9** |
| **12.** | **PHNO** | **1** | **-** | **-** | **-** | **1** | **2** |
| **13.** | **Jr. Sister Tutor** | **2** | **-** | **-** | **-** | **-** | **2** |
| **14.** | **Assistant Nursing Superintendent** | **16** | **1** | **1** | **1** | **1** | **20** |
| **15** | **LHV/HA(F)** | **1** | **9** | **2** | **3** | **5** | **20** |
| **16.** | **Staff Nurse** | **96** | **14** | **9** | **18** | **5** | **142** |
| **17.** | **Sr.ANM(Selection Grade)** | **32** | **23** | **13** | **3** | **31** | **102** |
| **18.** | **ANM (G-I)** | **45** | **37** | **25** | **15** | **52** | **174** |
| **19.** | **ANM/MPHW (G-II)** | **13** | **33** | **21** | **7** | **13** | **87** |
| **20.** | **ANM/MPHW G-III)** | **3** | **23** | **16** | **4** | **13** | **59** |
| **21.** | **Staff Nurse (NRHM)** | **-** | **16** | **18** | **16** | **11** | **61** |
| **22.** | **ANM/MPHW (NRHM)** | **-** | **21** | **25** | **20** | **16** | **82** |
|  | **TOTAL** | **224** | **182** | **132** | **89** | **153** | **780** |

**10. District wise Position of Paramedics (Group A & B) as on 31.8.2014**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.**  **No** | **Particulars** | **STNM/HO** | **EAST** | **WEST** | **NORTH** | **SOUTH** | **STATE** |
| **1** | **Joint Med. Store Officer** | **-** | **-** | **-** | **-** | **-** | **-** |
| **2** | **Addl. Director (PFA)** | **-** | **-** | **-** | **-** | **-** | **-** |
| **3** | **Addl. Director (IEC)** | **-** | **-** | **-** | **-** | **-** | **-** |
| **4** | **Dy. Director (IEC)** | **02** | **1** | **1** | **1** | **1** | **06** |
| **5** | **Dy. Director (Sanitation)** | **01** | **-** | **-** | **-** | **-** | **01** |
| **6** | **Joint Director (Drugs)** | **-** | **01** | **-** | **-** | **-** | **01** |
| **7** | **Sr. Public Analyst** | **01** | **-** | **-** | **-** | **-** | **01** |
| **8** | **Sr. Med. Store Officer** | **01** | **-** | **-** | **-** | **-** | **01** |
| **9** | **Sr. Food Inspector** | **-** | **03** | **-** | **-** | **-** | **03** |
| **10** | **Sr. Tech. Officer** | **01** | **-** | **-** | **-** | **-** | **01** |
| **11** | **Health Edn. Officer (IEC)** | **02** | **02** | **01** | **-** | **02** | **07** |
| **12** | **Non- Med. Leprosy Officer** | **-** | **01** | **01** | **-** | **-** | **02** |
| **13** | **Community Health Officer (CHO)** | **01** | **01** | **-** | **-** | **-** | **02** |
| **14** | **Technical Officer** | **11** | **1** | **1** | **1** | **2** | **16** |
| **15** | **Entomologist (NRHM)** | **01** | **-** | **-** | **-** | **-** | **01** |
| **16** | **Dietician** | **01** | **-** | **-** | **-** | **-** | **01** |
| **17** | **Asstt. Director (Sanitation)** | **01** | **01** | **01** | **-** | **01** | **03** |
| **18** | **Counselor (on Deputation to another deptt.** | **01** | **-** | **-** | **-** | **-** | **01** |
| **19** | **Physiotherapist** | **01** | **02** | **01** | **01** | **01** | **06** |
| **20** | **Clinical Psychologist** | **02** | **-** | **-** | **-** | **-** | **02** |
| **21** | **Sr. Drug Inspector** | **-** | **02** | **-** | **-** | **-** | **02** |
| **22** | **Sr. NML Officer/NMLO** | **01** | **01** | **01** | **01** | **-** | **04** |
| **23** | **Med. Store Officer** | **02** | **01** | **01** | **01** | **01** | **06** |
|  | **TOTAL** | **30** | **17** | **8** | **5** | **8** | **68** |

**11. District wise Position of Paramedics (Group C) as on 31.8.2014.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.No** | **Particulars** | **STNM/HO** | **EAST** | **WEST** | **NORTH** | **SOUTH** | **STATE** |
| **1** | **Compounder** | **02** | **-** | **-** | **-** | **01** | **03** |
| **2** | **Health Assistant** | **-** | **-** | **-** | **-** | **-** | **-** |
| **3** | **MPHW (M)** | **08** | **59** | **44** | **22** | **42** | **175** |
| **4** | **MRT** | **03** | **01** | **-** | **01** | **-** | **05** |
| **5** | **X- Ray- Technician** | **09** | **02** | **01** | **03** | **05** | **20** |
| **6** | **Radiographer/CT Scan** | **03** | **-** | **-** | **-** | **01** | **04** |
| **7** | **ECG Technician** | **01** | **01** | **01** | **-** | **-** | **03** |
| **8** | **Lab. Tech. (1, II & III)** | **14** | **14** | **9** | **6** | **10** | **53** |
| **9** | **Blood Bank Tech.** | **8** | **-** | **-** | **-** | **01** | **09** |
| **10** | **Orth.Tech.** | **03** | **02** | **-** | **-** | **01** | **06** |
| **11** | **OT Technician** | **06** | **02** | **02** | **01** | **03** | **14** |
| **12** | **Ophthalmic Assistant** | **01** | **-** | **-** | **01** | **01** | **03** |
| **13** | **Health Educator** | **-** | **01** | **01** | **-** | **-** | **02** |
| **14** | **Counsellor Drug De – adddic.** | **01** | **-** | **-** | **-** | **-** | **01** |
| **15** | **Non Med. Supervisor** | **03** | **03** | **03** | **03** | **04** | **16** |
| **16** | **PMW** | **-** | **-** | **01** | **-** | **-** | **01** |
| **17** | **Dental Assistant** | **03** | **01** | **02** | **02** | **02** | **10** |
| **18** | **Dental Hygienist** | **01** | **01** | **01** | **-** | **01** | **04** |
| **19** | **Treatment Organiser** | **-** | **02** | **02** | **01** | **-** | **05** |
| **20** | **Asstt. Pgysiotherapist** | **06** | **-** | **01** | **01** | **02** | **10** |
| **21** | **Ward Master** | **02** | **01** | **-** | **-** | **01** | **04** |
| **22** | **Store Inspector** | **01** | **02** | **-** | **-** | **-** | **03** |
| **23** | **Sanitary Inspector** | **01** | **-** | **-** | **-** | **-** | **01** |
| **24** | **Drug Inspector** | **-** | **-** | **-** | **-** | **-** | **-** |
| **25** | **Autopsy Technician** | **01** | **-** | **-** | **-** | **-** | **01** |
| **26** | **Insect Collector** | **04** | **01** | **-** | **-** | **-** | **05** |
| **27** | **Dark Room Asstt.** | **-** | **-** | **-** | **-** | **01** | **01** |
| **28** | **Refractionist** | **01** | **-** | **-** | **-** | **-** | **01** |
| **29** | **Lab Tech. (NRHM)** | **-** | **03** | **06** | **02** | **04** | **15** |
| **30** | **X – Ray Tech. (NRHM)** | **01** | **-** | **02** | **03** | **01** | **01** |
| **08** | **Paramedics (Ayush) NRHM** | **-** | **01** | **01** | **01** | **02** | **05** |
| **32** | **Pharmacist (NRHM)-** | **-** | **4** | **5** | **5** | **5** | **19** |
| **33** | **MPHW (M) (NRHM)** | **-** | **13** | **7** | **6** | **6** | **32** |
| **34** | **Dental Assistant (NRHM)** | **-** | **3** | **1** | **-** | **2** | **6** |
| **35** | **O T Tech. (NRHM)** | **-** | **1** | **1** | **-** | **1** | **3** |
| **36** | **Ophthalmic Assistant (NRHM)** | **-** | **1** | **-** | **-** | **-** | **1** |
| **37** | **ECG Tech. (NRHM)** | **-** | **1** | **1** | **-** | **-** | **2** |
|  | **TOTAL** | **83** | **122** | **93** | **56** | **97** | **451** |

**12. CASES AND DEATHS DUE TO PRINCIPAL COMMUNICABLE DISEASES DURING 2013, STATE OF SIKKIM (JANUARY TO DECEMBER)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.**  **No:** | **Name of Diseases as per standard definition of cases** | **ICD-10 code** | **CASES** | **DEATHS** |
| **1** | **Cholera (Lab. confirmed** | **A00** | **0** | **0** |
| **2** | **Acute Diarrhoeal Diseases (including Gastro Enteritis etc.)** | **A09** | **45132** | **1** |
| **3** | **Diphtheria** | **A36** | **0** | **0** |
| **4** | **Tetanus other than Neonatal** | **A35** | **0** | **0** |
| **5** | **Neonatal Tetanus** | **A33** | **0** | **0** |
| **6** | **Whooping Cough** | **A37** | **0** | **0** |
| **7** | **Measles** | **B05** | **79** | **0** |
| **8** | **Acute Respiratory Infection (ARI) (including Influenza and) excluding Pneumonia)** | **J22** | **95517** | **15** |
| **9** | **Pneumonia** | **J18** | **916** | **5** |
| **10** | **Enteric Fever** | **A01** | **210** | **0** |
| **11** | **Viral Hepatitis-A** | **B15.9** | **13** | **0** |
| **12** | **Viral Hepatitis-B** | **B16.9** | **774** | **1** |
| **13** | **Viral Hepatitis-C,D,E** | **B17.8** | **0** | **0** |
| **14** | **Meningococcal Meningitis** | **A39.0** | **2** | **0** |
| **15** | **Rabies** | **A82** | **0** | **0** |
| **16** | **Syphilis** | **A50-A53** | **9** | **0** |
| **17** | **Gonococcal Infection** | **A54** | **15** | **0** |
| **18** | **Chicken Pox** | **BO1** | **209** | **0** |
| **19** | **Encephalitis** | **Go4.9** | **0** | **0** |
| **20** | **Viral Meningitis** | **Go3.9** | **0** | **0** |
| **21** | **Others** |  | **224838** | **47** |
|  | **Total** |  | **367714** | **69** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **13. MONTHLY REPORT ON CASES AND DEATHS DUE TO NON-COMMUNICABLE DISEASES IN THE STATE / UT** | | | | |
|  | | | | |
| S. No | Nature/ Group of Non Communicable Diseases | ICD-10 Code | CASES | DEATHS |
| **1** | **Cardio Vascular Diseases** |  |  |  |
| 1.1 | Rheumatic Fever | I00 – I02 | **0** | **0** |
| 1.2 | Hypertension | I10 - I15 | 22661 | 11 |
| 1.3 | Ischemic Heart Diseases | I20 - I25 | 48 | 7 |
| 1.4 | Congenital Heart Disease | Q20 - Q28 | 0 | 0 |
| 1.5 | Other Cardio Vascular Diseases | I05-I09,I26-I52,I70- I99 | 5 | 0 |
| **2** | **Neurological Disorders** | |  |  |
| 2.1 | Cerebro Vascular Accident | I60-I69 | 225 | 67 |
| 2.2 | Chronic Neurological Disorder | G90-G99 | 0 | 0 |
| 2.3 | Other Neurological Disorders \*\* | F 00-03,  G 00-G83 | 124 | 5 |
| **3** | **Diabetes Mellitus** | | |  |
| 3.1 | Type -1 | E 10 | 57 | 1 |
| 3.2 | Type 2 | E 11 | 3787 | 22 |
| **4** | **Lungs Disease** | | | |
| 4.1 | Bronchitis | J 40 | 1810 | 1 |
| 4.2 | Emphysemas | J 43 | 0 | 0 |
| 4.3 | Asthma | J45 | 3044 | 3 |
| 5 | Psychiatric Disorder |  |  |  |
| 5.1 | Common Mental Disorder | F10-F19 | 5161 | 0 |
| 5.2 | Server Mental Disorders | F99 | 889 | 2 |
| 6. | Accidental Injuries | S00-S99,T00,T14 | 18273 | 4 |
| 7. | Cancer (Malignant & Benign) |  |  |  |
| 7.1 | Cervix Cancer | C50 & D24 | 32 | 0 |
| 7.2 | Breast Cancer | X50 & D24 | 54 | 0 |
| 7.3 | Lung Cancer | 2 | 60 | 4 |
| 0 | Oral Cancer (Lip, Oral Cavity and Pharynk) | C00 – C14, D10 | 28 | 0 |
| 7.5 | Other Cancer (excluding 7.1 to 7.4) | C00 – D48 | 482 | 30 |
| 8 | Snake Bite | T63.0 | 119 | 1 |
| 9 | Renal Failure |  | 0 | 0 |
| 9.1 | Acute Renal Failure | N18 | 0 | 1 |
| 9.2 | Chornic Renal Failure | N 18 | 0 | 0 |
| 10 | Obesity | E66 | 0 | 0 |
| 11 | Road Traffic Accidents | V0l – V89 | 984 | 3 |
| 12 | Other NCD |  | 390914 | 270 |
|  | Total |  | 448757 | 432 |

**14. INSTITUTIONAL CASES AND DEATHS DUE TO COMMUNICABLE DISEASES FOR THE YEAR 2013 (JAN TO DEC ) STATE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | |  | | |  |  | |  |  | |  | |  | |
| **Sl.**  **No.** | **Name of Disease as per**  **standard**  **definition of case** | **ICD –**  **10 Code** | **Patients Reported/Treated During the Year** | | | | | | | | | | | | | | | | | **Total Deaths** | | |
| **Out-Patient**  **(OPD) Cases** | | | **In-Patient (IPD) Cases**  **Referred Amongst**  **Out-Patients**  **(OPD)** | | | | **IPD Cases Reported**  **Direct** | | | | | **Total Cases** | | | | | **During the**  **Reporting**  **Year** | | |
| M | F | | M | F | | | M | | | F | | M | | F | | Total | M | F | Total |
| 1 | 2 | 3 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 |  |  |  |
| 1 | Cholera (Lab. confirmed) | A00 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 2 | Acute Diarrhoeal Diseases  (including Gastro Enteritis  Etc.) | A09 | 20490 | 21479 | | 107 | 137 | | | 1285 | | | 1634 | | 21882 | | 23250 | | 45132 | 0 | 1 | 1 |
| 3 | Diphtheria | A36 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 4 | Tetanus other than Neonatal | A35 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 5 | Neonatal Tetanus | A33 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 6 | Whooping Cough | A37 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 7 | Measles | B05 | 33 | 34 | | 1 | 1 | | | 5 | | | 5 | | 39 | | 40 | | 79 | 0 | 0 | 0 |
| 8 | Acute Respiratory Infection  (ARI) (including Influenza  and excluding Pneumonia) | J00-06 ,  J10-11, J20-22 | 44538 | 48791 | | 75 | 139 | | | 940 | | | 1034 | | 45553 | | 49964 | | 95517 | 7 | 8 | 15 |
| 9 | Pneumonia | J12-18 | 403 | 315 | | 5 | 9 | | | 95 | | | 89 | | 503 | | 413 | | 916 | 3 | 2 | 5 |
| 10 | Enteric Fever | A01 | 84 | 96 | | 2 | 3 | | | 9 | | | 16 | | 95 | | 115 | | 210 | 0 | 0 | 0 |
| 11 | Viral Hepatitis – A | B15.9 | 8 | 5 | | 0 | 0 | | | 0 | | | 0 | | 8 | | 5 | | 13 | 0 | 0 | 0 |
| 12 | Viral Hepatitis – B | B16.9 | 370 | 294 | | 4 | 4 | | | 40 | | | 62 | | 414 | | 360 | | 774 | 1 | 0 | 1 |
| 13 | Viral Hepatitis - C,D, E | B17.8 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 14 | Meningococcal Meningitis | A39.0 | 1 | 0 | | 0 | 0 | | | 1 | | | 0 | | 2 | | 0 | | 2 | 0 | 0 | 0 |
| 15 | Rabies \*\*\* | A82 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 16 | Syphilis | A50-A53 | 0 | 9 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 9 | | 9 | 0 | 0 | 0 |
| 17 | Gonococcal Infection | A54 | 5 | 10 | | 0 | 0 | | | 0 | | | 0 | | 5 | | 10 | | 15 | 0 | 0 | 0 |
| 18 | Chicken Pox | B01 | 98 | 99 | | 1 | 0 | | | 6 | | | 5 | | 105 | | 104 | | 209 | 0 | 0 | 0 |
| 19 | Encephalitis | G04.9 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 20 | Viral Meningitis | G03.9 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 21 | Others |  | 98891 | 115915 | | 366 | 608 | | | 3911 | | | 5147 | | 103168 | | 121670 | | 224838 | 29 | 18 | 47 |
|  | TOTAL |  | 164921 | 187047 | | 561 | 901 | | | 6292 | | | 7992 | | 171774 | | 195940 | | 367714 | 40 | 29 | 69 |

**15. INSTITUTIONAL CASES AND DEATHS DUE TO COMMUNICABLE DISEASES FOR THE YEAR 2013 (JAN TO DEC ) EAST**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | |  | | |  |  | |  |  | |  | |  | |
| **Sl.**  **No.** | **Name of Disease as per**  **standard**  **definition of case** | **ICD –**  **10 Code** | **Patients Reported/Treated During the Year** | | | | | | | | | | | | | | | | | **Total Deaths** | | |
| **Out-Patient**  **(OPD) Cases** | | | **In-Patient (IPD) Cases**  **Referred Amongst**  **Out-Patients**  **(OPD)** | | | | **IPD Cases Reported**  **Direct** | | | | | **Total Cases** | | | | | **During the**  **Reporting**  **Year** | | |
| M | F | | M | F | | | M | | | F | | M | | F | | Total | M | F | Total |
| 1 | 2 | 3 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 |  |  |  |
| 1 | Cholera (Lab. confirmed) | A00 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 2 | Acute Diarrhoeal Diseases  (including Gastro Enteritis  Etc.) | A09 | 11426 | 11724 | | 77 | 85 | | | 638 | | | 816 | | 12141 | | 12625 | | 24766 | 0 | 1 | 1 |
| 3 | Diphtheria | A36 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 4 | Tetanus other than Neonatal | A35 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 5 | Neonatal Tetanus | A33 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 6 | Whooping Cough | A37 | 20 | 16 | | 0 | 0 | | | 0 | | | 2 | | 20 | | 18 | | 38 | 0 | 0 | 0 |
| 7 | Measles | B05 | 20 | 16 | | 0 | 0 | | | 0 | | | 2 | | 20 | | 18 | | 38 | 0 | 0 | 0 |
| 8 | Acute Respiratory Infection  (ARI) (including Influenza  and excluding Pneumonia) | J00-06 ,  J10-11, J20-22 | 24728 | 26889 | | 58 | 105 | | | 610 | | | 689 | | 25396 | | 27578 | | 52974 | 7 | 8 | 15 |
| 9 | Pneumonia | J12-18 | 256 | 178 | | 1 | 5 | | | 32 | | | 31 | | 289 | | 214 | | 503 | 3 | 2 | 5 |
| 10 | Enteric Fever | A01 | 56 | 67 | | 1 | 2 | | | 8 | | | 15 | | 65 | | 84 | | 149 | 0 | 0 | 0 |
| 11 | Viral Hepatitis – A | B15.9 | 8 | 5 | | 0 | 0 | | | 0 | | | 0 | | 8 | | 5 | | 13 | 0 | 0 | 0 |
| 12 | Viral Hepatitis – B | B16.9 | 366 | 292 | | 4 | 4 | | | 39 | | | 59 | | 409 | | 355 | | 764 | 1 | 0 | 1 |
| 13 | Viral Hepatitis - C,D, E | B17.8 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 14 | Meningococcal Meningitis | A39.0 | 1 | 0 | | 0 | 0 | | | 1 | | | 0 | | 2 | | 0 | | 2 | 0 | 0 | 0 |
| 15 | Rabies \*\*\* | A82 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 16 | Syphilis | A50-A53 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 17 | Gonococcal Infection | A54 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 18 | Chicken Pox | B01 | 13 | 14 | | 0 | 0 | | | 0 | | | 1 | | 13 | | 15 | | 28 | 0 | 0 | 0 |
| 19 | Encephalitis | G04.9 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 20 | Viral Meningitis | G03.9 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 21 | Others |  | 49403 | 57103 | | 141 | 322 | | | 990 | | | 1907 | | 50529 | | 59332 | | 109861 | 29 | 18 | 47 |
|  | TOTAL |  | 86277 | 96288 | | 282 | 523 | | | 2318 | | | 3520 | | 88877 | | 100331 | | 189208 | 40 | 29 | 69 |

**16. INSTITUTIONAL CASES AND DEATHS DUE TO COMMUNICABLE DISEASES FOR THE YEAR 2013 (JAN TO DEC ) WEST**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | |  | | |  |  | |  |  | |  | |  | |
| Sl.  No. | **Name of Disease as per**  **standard**  **definition of case** | **ICD –**  **10 Code** | **Patients Reported/Treated During the Year** | | | | | | | | | | | | | | | | | **Total Deaths** | | |
| **Out-Patient**  **(OPD) Cases** | | | **In-Patient (IPD) Cases**  **Referred Amongst**  **Out-Patients**  **(OPD)** | | | | **IPD Cases Reported**  **Direct** | | | | | **Total Cases** | | | | | **During the**  **Reporting**  **Year** | | |
| **M** | **F** | | **M** | **F** | | | **M** | | | **F** | | **M** | | **F** | | **Total** | **M** | **F** | **Total** |
| 1 | 2 | 3 | 4 | 5 | | 6 | 7 | | | 8 | | | 9 | | 10  (4+8) | | 11  (5+9) | | 12  (10+11) | 13 | 14 | 15 |
| 1 | Cholera (Lab. confirmed) | A00 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 2 | Acute Diarrhoeal Diseases  (including Gastro Enteritis  Etc.) | A09 | 2869 | 3228 | | 18 | 37 | | | 163 | | | 180 | | 3050 | | 3545 | | 6595 | 0 | 0 | 0 |
| 3 | Diphtheria | A36 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 4 | Tetanus other than Neonatal | A35 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 5 | Neonatal Tetanus | A33 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 6 | Whooping Cough | A37 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 7 | Measles | B05 | 10 | 8 | | 1 | 1 | | | 4 | | | 1 | | 15 | | 10 | | 25 | 0 | 0 | 0 |
| 8 | Acute Respiratory Infection  (ARI) (including Influenza  and excluding Pneumonia) | J00-06 ,  J10-11, J20-22 | 6115 | 6752 | | 12 | 27 | | | 68 | | | 89 | | 6196 | | 6868 | | 13964 | 0 | 0 | 0 |
| 9 | Pneumonia | J12-18 | 47 | 51 | | 4 | 4 | | | 8 | | | 12 | | 59 | | 67 | | 126 | 0 | 0 | 0 |
| 10 | Enteric Fever | A01 | 17 | 13 | | 1 | 1 | | | 0 | | | 0 | | 18 | | 14 | | 32 | 0 | 0 | 0 |
| 11 | Viral Hepatitis – A | B15.9 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 12 | Viral Hepatitis – B | B16.9 | 2 | 1 | | 0 | 0 | | | 1 | | | 1 | | 3 | | 2 | | 5 | 0 | 0 | 0 |
| 13 | Viral Hepatitis - C,D, E | B17.8 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 14 | Meningococcal Meningitis | A39.0 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 15 | Rabies \*\*\* | A82 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 16 | Syphilis | A50-A53 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 17 | Gonococcal Infection | A54 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 18 | Chicken Pox | B01 | 50 | 49 | | 1 | 0 | | | 4 | | | 0 | | 55 | | 49 | | 104 | 0 | 0 | 0 |
| 19 | Encephalitis | G04.9 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 20 | Viral Meningitis | G03.9 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 21 | Others |  | 30533 | 38003 | | 175 | 232 | | | 841 | | | 1079 | | 31549 | | 39314 | | 70863 | 0 | 0 | 0 |
|  | TOTAL |  | 39644 | 48205 | | 212 | 302 | | | 1089 | | | 1362 | | 40945 | | 49869 | | 90814 | 0 | 0 | 0 |

**17. INSTITUTIONAL CASES AND DEATHS DUE TO COMMUNICABLE DISEASES FOR THE YEAR 2013 (JAN TO DEC ) NORTH**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | |  | | |  |  | |  |  | |  | |  | |
| Sl.  No. | **Name of Disease as per**  **standard**  **definition of case** | **ICD –**  **10 Code** | **Patients Reported/Treated During the Year** | | | | | | | | | | | | | | | | | **Total Deaths** | | |
| **Out-Patient**  **(OPD) Cases** | | | **In-Patient (IPD) Cases**  **Referred Amongst**  **Out-Patients**  **(OPD)** | | | | **IPD Cases Reported**  **Direct** | | | | | **Total Cases** | | | | | **During the**  **Reporting**  **Year** | | |
| **M** | **F** | | **M** | **F** | | | **M** | | | **F** | | **M** | | **F** | | **Total** | **M** | **F** | **Total** |
| 1 | 2 | 3 | 4 | 5 | | 6 | 7 | | | 8 | | | 9 | | 10  (4+8) | | 11  (5+9) | | 12  (10+11) | 13 | 14 | 15 |
| 1 | Cholera (Lab. confirmed) | A00 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 2 | Acute Diarrhoeal Diseases  (including Gastro Enteritis  Etc.) | A09 | 2048 | 2004 | | 12 | 15 | | | 69 | | | 75 | | 2129 | | 2094 | | 4225 | 0 | 0 | 0 |
| 3 | Diphtheria | A36 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 4 | Tetanus other than Neonatal | A35 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 5 | Neonatal Tetanus | A33 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 6 | Whooping Cough | A37 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 7 | Measles | B05 | 3 | 10 | | 0 | 0 | | | 1 | | | 2 | | 4 | | 12 | | 16 | 0 | 0 | 0 |
| 8 | Acute Respiratory Infection  (ARI) (including Influenza  and excluding Pneumonia) | J00-06 ,  J10-11, J20-22 | 4279 | 4375 | | 5 | 7 | | | 22 | | | 17 | | 4306 | | 4399 | | 8705 | 0 | 0 | 0 |
| 9 | Pneumonia | J12-18 | 0 | 0 | | 0 | 0 | | | 1 | | | 0 | | 1 | | 0 | | 1 | 0 | 0 | 0 |
| 10 | Enteric Fever | A01 | 11 | 16 | | 0 | 0 | | | 1 | | | 1 | | 12 | | 17 | | 29 | 0 | 0 | 0 |
| 11 | Viral Hepatitis – A | B15.9 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 12 | Viral Hepatitis – B | B16.9 | 2 | 1 | | 0 | 0 | | | 1 | | | 1 | | 3 | | 2 | | 5 | 0 | 0 | 0 |
| 13 | Viral Hepatitis - C,D, E | B17.8 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 14 | Meningococcal Meningitis | A39.0 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 15 | Rabies \*\*\* | A82 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 16 | Syphilis | A50-A53 | 0 | 9 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 9 | | 9 | 0 | 0 | 0 |
| 17 | Gonococcal Infection | A54 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 18 | Chicken Pox | B01 | 31 | 34 | | 0 | 0 | | | 2 | | | 4 | | 33 | | 38 | | 71 | 0 | 0 | 0 |
| 19 | Encephalitis | G04.9 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 20 | Viral Meningitis | G03.9 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 21 | Others |  | 2694 | 2749 | | 50 | 54 | | | 243 | | | 261 | | 2987 | | 3064 | | 6051 | 0 | 0 | 0 |
|  | TOTAL |  | 9068 | 9198 | | 67 | 76 | | | 339 | | | 362 | | 9474 | | 9636 | | 19110 | 0 | 0 | 0 |

**18. INSTITUTIONAL CASES AND DEATHS DUE TO COMMUNICABLE DISEASES FOR THE YEAR 2013 (JAN TO DEC ) SOUTH**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | |  | | |  |  | |  |  | |  | |  | |
| Sl.  No. | **Name of Disease as per**  **standard**  **definition of case** | **ICD –**  **10 Code** | **Patients Reported/Treated During the Year** | | | | | | | | | | | | | | | | | **Total Deaths** | | |
| **Out-Patient**  **(OPD) Cases** | | | **In-Patient (IPD) Cases**  **Referred Amongst**  **Out-Patients**  **(OPD)** | | | | **IPD Cases Reported**  **Direct** | | | | | **Total Cases** | | | | | **During the**  **Reporting**  **Year** | | |
| **M** | **F** | | **M** | **F** | | | **M** | | | **F** | | **M** | | **F** | | **Total** | **M** | **F** | **Total** |
| 1 | 2 | 3 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 |  |  |  |
| 1 | Cholera (Lab. confirmed) | A00 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 2 | Acute Diarrhoeal Diseases  (including Gastro Enteritis  Etc.) | A09 | 4147 | 4423 | | 0 | 0 | | | 415 | | | 563 | | 4562 | | 4986 | | 9548 | 0 | 0 | 0 |
| 3 | Diphtheria | A36 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 4 | Tetanus other than Neonatal | A35 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 5 | Neonatal Tetanus | A33 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 6 | Whooping Cough | A37 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 7 | Measles | B05 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 8 | Acute Respiratory Infection  (ARI) (including Influenza  and excluding Pneumonia) | J00-06 ,  J10-11, J20-22 | 9415 | 10775 | | 0 | 0 | | | 240 | | | 239 | | 9655 | | 11014 | | 20669 | 0 | 0 | 0 |
| 9 | Pneumonia | J12-18 | 100 | 86 | | 0 | 0 | | | 54 | | | 46 | | 154 | | 132 | | 286 | 0 | 0 | 0 |
| 10 | Enteric Fever | A01 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 11 | Viral Hepatitis – A | B15.9 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 12 | Viral Hepatitis – B | B16.9 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 13 | Viral Hepatitis - C,D, E | B17.8 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 14 | Meningococcal Meningitis | A39.0 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 15 | Rabies \*\*\* | A82 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 16 | Syphilis | A50-A53 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 17 | Gonococcal Infection | A54 | 5 | 10 | | 0 | 0 | | | 0 | | | 0 | | 5 | | 10 | | 15 | 0 | 0 | 0 |
| 18 | Chicken Pox | B01 | 4 | 2 | | 0 | 0 | | | 0 | | | 0 | | 4 | | 2 | | 6 | 0 | 0 | 0 |
| 19 | Encephalitis | G04.9 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 20 | Viral Meningitis | G03.9 | 0 | 0 | | 0 | 0 | | | 0 | | | 0 | | 0 | | 0 | | 0 | 0 | 0 | 0 |
| 21 | Others |  | 16261 | 18060 | | 0 | 0 | | | 1837 | | | 1900 | | 18098 | | 19960 | | 38058 | 0 | 0 | 0 |
|  | TOTAL |  | 29932 | 33356 | | 0 | 0 | | | 2546 | | | 2748 | | 32478 | | 36104 | | 68482 | 0 | 0 | 0 |

**19. DISTRICTWISE CASES AND DEATHS DUE TO NON-COMMUNICABLE DISEASES FOR THE YEAR 2013 (JAN. TO DEC.)**

**(STATE - SIKKIM)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | |  | | | | | | | | | | | | | | |
| **S. No** | **Nature/ Group of Non Communicable Diseases** | | **ICD-10 Code** | **New\* Patients Reported/Treated** | | | | | | | | | | **Total Deaths** | | |
| **Out-Patient** | | | **In-Patient(IPD) Cases Referred Amongst Out-Patients(OPD)** | | **IPD Cases Reported**  **Direct** | | **Total Cases** | | |
| **(OPD)** | | |
| **Cases** | | |
| **M** | **F** | | **M** | **F** | **M** | **F** | **M** | **F** | **Total** | **M** | **F** | **Total** |
|  | **1** | | **2** | **3** | **4** | | **5** | **6** | **7** | **8** | **9**  **(3+7)** | **10**  **(4+8)** | **11**  **(9+10)** | **12** | **13** | **14** |
| **1** | **Cardio Vascular Diseases** | |  |  |  | | | | | | | | | | | |
| **1.1** | **Rheumatic Fever** | | **I00 – I02** | **0** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **1.2** | **Hypertension** | | **I10 - I15** | **10427** | **11507** | | **30** | **27** | **326** | **344** | **10783** | **11878** | **22661** | **6** | **5** | **11** |
| **1.3** | **Ischemic Heart Diseases** | | **I20 - I25** | **21** | **18** | | **0** | **1** | **5** | **3** | **26** | **22** | **48** | **6** | **1** | **7** |
| **1.4** | **Congenital Heart Disease** | | **Q20 - Q28** | **0** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **1.5** | **Other Cardio Vascular Diseases** | | **I05-I09,I26-I52,I70- I99** | **2** | **3** | | **0** | **0** | **0** | **0** | **2** | **3** | **5** | **0** | **0** | **0** |
| **2** | **Neurological Disorders** | | | | | | | | | | | | | | | |
| **2.1** | **Cerebro Vascular Accident** | | **I60-I69** | **85** | | **72** | **2** | **1** | **35** | **30** | **122** | **103** | **225** | **34** | **33** | **67** |
| **2.2** | **Chronic Neurological Disorder** | | **G90-G99** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **2.3** | **Other Neurological Disorders \*\*** | | **F 00-03,**  **G 00-G83** | **50** | | **49** | **1** | **0** | **16** | **8** | **67** | **57** | **124** | **5** | **0** | **5** |
| **3** | **Diabetes Mellitus** | | | | | | | | | | | | | | | |
| **3.1** | **Type 1** | | **E 10** | **32** | **25** | | **0** | **0** | **0** | **0** | **32** | **25** | **57** | **0** | **1** | **1** |
| **3.2** | **Type 2** | | **E 11** | **1468** | **2000** | | **8** | **10** | **157** | **144** | **1633** | **2154** | **3787** | **10** | **12** | **22** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4** | **Lungs Disease** | | | | | | | | | | | | | | |
| **4.1** | **Bronchitis** | **J 40** | **873** | **887** | **5** | **3** | **23** | **19** | **896** | **909** | **1810** | **1** | **0** | **1** | |
| **4.2** | **Emphysemas** | **J 43** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | |
| **4.3** | **Asthma** | **J 45** | **1437** | **1320** | **4** | **2** | **145** | **136** | **1586** | **1458** | **3044** | **3** | **0** | **3** | |
| **5** | **Psychiatric Disorder** | | | | | | | | | | | | | | |
| **5.1** | **Common Mental Disorders** | **F10-F19** | **2319** | **2530** | **0** | **0** | **113** | **199** | **2432** | **2729** | **5161** | **0** | **0** | | **0** |
| **5.2** | **Severe Mental Disorders** | **F 99** | **394** | **311** | **18** | **12** | **89** | **65** | **501** | **388** | **889** | **2** | **0** | | **2** |
| **6** | **Accidental Injuries** | **S00-S99,T00-T14** | **11560** | **5541** | **23** | **14** | **766** | **369** | **12349** | **5924** | **18273** | **3** | **1** | | **4** |
| **7** | **Cancer (Malignant & Benign)** |  |  |  |  |  |  |  |  |  |  |  |  | |  |
| **7.1** | **Cervix Cancer** | **C53, D26** | **0** | **19** | **0** | **0** | **0** | **13** | **0** | **32** | **32** | **0** | **0** | | **0** |
| **7.2** | **Breast Cancer** | **C50 & D24** | **0** | **18** | **0** | **0** | **0** | **36** | **0** | **54** | **54** | **0** | **1** | | **1** |
| **7.3** | **Lung Cancer** | **C34, D14.3** | **16** | **13** | **0** | **0** | **20** | **11** | **36** | **24** | **60** | **2** | **2** | | **4** |
| **7.4** | **Oral Cancer (Lip, Oral Cavity and Pharynx)** | **C00 - C14, D10** | **13** | **7** | **0** | **0** | **4** | **4** | **17** | **11** | **28** | **0** | **0** | | **0** |
| **7.5** | **Other Cancers(excluding 7.1 to 7.4)** | **C00-D48** | **156** | **126** | **15** | **9** | **87** | **89** | **258** | **224** | **482** | **15** | **15** | | **30** |
| **8** | **Snake Bite** | **T 63.0** | **60** | **36** | **1** | **0** | **12** | **10** | **73** | **46** | **119** | **0** | **1** | | **1** |
| **9** | **Renal Failure** | | | | | | | | | | | | | | |
| **9.1** | **Acute Renal Failure** | **N 170** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **1** | | **1** |
| **9.2** | **Chronic Renal Failure** | **N 18** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | **0** |
| **10** | **Obesity** | **E 66** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | **0** |
| **11** | **Road Traffic Accidents** | **V01-V89** | **477** | **348** | **13** | **6** | **93** | **47** | **583** | **401** | **984** | **3** | **0** | | **3** |
| **12** | **Others NCD** |  | **168950** | **205036** | **244** | **600** | **6165** | **9919** | **175359** | **215555** | **390914** | **162** | **108** | | **270** |
|  | **TOTAL** |  | **198340** | **229866** | **364** | **685** | **8056** | **11446** | **206760** | **241997** | **448757** | **252** | **180** | | **432** |

\*\* - Other Neurological disorders like Epilepsy, Parkinson’s Diseases`

M - Male, F - Female, T - Total

\* - New Registrations are to be considered as New Patients.

**20. DISTRICTWISE CASES AND DEATHS DUE TO NON-COMMUNICABLE DISEASES FOR THE YEAR 2013 (JAN. TO DEC.)**

**DISTRICT HOSPITAL NAMCHI (SOUTH DISTRICT,)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | | | | | | | | | | | | | | |
| **S. No** | **Nature/ Group of Non Communicable Diseases** | | **ICD-10 Code** | **New\* Patients Reported/Treated** | | | | | | | | | | **Total Deaths** | | |
| **Out-Patient** | | | **In-Patient(IPD) Cases Referred Amongst Out-Patients(OPD)** | | **IPD Cases Reported**  **Direct** | | **Total Cases** | | |
| **(OPD)** | | |
| **Cases** | | |
| **M** | **F** | | **M** | **F** | **M** | **F** | **M** | **F** | **Total** | **M** | **F** | **Total** |
|  | **1** | | **2** | **3** | **4** | | **5** | **6** | **7** | **8** | **9**  **(3+7)** | **10**  **(4+8)** | **11**  **(9+10)** | **12** | **13** | **14** |
| **1** | **Cardio Vascular Diseases** | |  |  |  | | | | | | | | | | | |
| **1.1** | **Rheumatic Fever** | | **I00 – I02** | **0** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **1.2** | **Hypertension** | | **I10 - I15** | **3106** | **3557** | | **0** | **0** | **103** | **108** | **3209** | **3665** | **6874** | **0** | **0** | **0** |
| **1.3** | **Ischemic Heart Diseases** | | **I20 - I25** | **0** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **1.4** | **Congenital Heart Disease** | | **Q20 - Q28** | **0** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **1.5** | **Other Cardio Vascular Diseases** | | **I05-I09,I26-I52,I70- I99** | **0** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **2** | **Neurological Disorders** | | | | | | | | | | | | | | | |
| **2.1** | **Cerebro Vascular Accident** | | **I60-I69** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **2.2** | **Chronic Neurological Disorder** | | **G90-G99** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **2.3** | **Other Neurological Disorders \*\*** | | **F 00-03,**  **G 00-G83** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **3** | **Diabetes Mellitus** | | | | | | | | | | | | | | | |
| **3.1** | **Type 1** | | **E 10** | **19** | **13** | | **0** | **0** | **0** | **0** | **19** | **13** | **32** | **0** | **0** | **0** |
| **3.2** | **Type 2** | | **E 11** | **117** | **103** | | **0** | **0** | **46** | **32** | **163** | **135** | **298** | **0** | **0** | **0** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4** | **Lungs Disease** | | | | | | | | | | | | | | |
| **4.1** | **Bronchitis** | **J 40** | **25** | **18** | **0** | **0** | **7** | **9** | **32** | **27** | **59** | **0** | **0** | **0** | |
| **4.2** | **Emphysemas** | **J 43** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | |
| **4.3** | **Asthma** | **J 45** | **187** | **169** | **0** | **0** | **35** | **30** | **222** | **199** | **421** | **0** | **0** | **0** | |
| **5** | **Psychiatric Disorder** | | | | | | | | | | | | | | |
| **5.1** | **Common Mental Disorders** | **F10-F19** | **340** | **530** | **0** | **0** | **29** | **75** | **369** | **605** | **974** | **0** | **0** | | **0** |
| **5.2** | **Severe Mental Disorders** | **F 99** | **212** | **203** | **0** | **0** | **57** | **46** | **269** | **249** | **518** | **0** | **0** | | **0** |
| **6** | **Accidental Injuries** | **S00-S99,T00-T14** | **3160** | **2387** | **0** | **0** | **391** | **201** | **3551** | **2588** | **6139** | **0** | **0** | | **0** |
| **7** | **Cancer (Malignant & Benign)** |  |  |  |  |  |  |  |  |  |  |  |  | |  |
| **7.1** | **Cervix Cancer** | **C53, D26** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | **0** |
| **7.2** | **Breast Cancer** | **C50 & D24** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | **0** |
| **7.3** | **Lung Cancer** | **C34, D14.3** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | **0** |
| **7.4** | **Oral Cancer (Lip, Oral Cavity and Pharynx)** | **C00 - C14, D10** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | **0** |
| **7.5** | **Other Cancers(excluding 7.1 to 7.4)** | **C00-D48** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | **0** |
| **8** | **Snake Bite** | **T 63.0** | **9** | **6** | **0** | **0** | **2** | **1** | **11** | **7** | **18** | **0** | **0** | | **0** |
| **9** | **Renal Failure** | | | | | | | | | | | | | | |
| **9.1** | **Acute Renal Failure** | **N 170** | **1** | **0** | **0** | **0** | **1** | **0** | **2** | **0** | **2** | **0** | **0** | | **0** |
| **9.2** | **Chronic Renal Failure** | **N 18** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | **0** |
| **10** | **Obesity** | **E 66** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | **0** |
| **11** | **Road Traffic Accidents** | **V01-V89** | **41** | **37** | **0** | **0** | **16** | **9** | **57** | **46** | **103** | **0** | **0** | | **0** |
| **12** | **Others NCD** |  | **21589** | **23446** | **0** | **0** | **2748** | **3246** | **24337** | **26692** | **51029** | **0** | **0** | | **0** |
|  | **TOTAL** |  | **28806** | **30469** | **0** | **0** | **3435** | **3757** | **32241** | **34226** | **66467** | **0** | **0** | | **0** |

\*\* - Other Neurological disorders like Epilepsy, Parkinson’s Diseases`

M - Male, F - Female, T - Total

\* - New Registrations are to be considered as New Patients.

**21. DISTRICTWISE CASES AND DEATHS DUE TO NON-COMMUNICABLE DISEASES FOR THE YEAR 2013 (JAN. TO DEC.)**

**DISTRICT HOSPITAL MANGAN (NORTH DISTRICT)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | | | | | | | | | | | | | | |
| **S. No** | **Nature/ Group of Non Communicable Diseases** | | **ICD-10 Code** | **New\* Patients Reported/Treated** | | | | | | | | | | **Total Deaths** | | |
| **Out-Patient** | | | **In-Patient(IPD) Cases Referred Amongst Out-Patients(OPD)** | | **IPD Cases Reported**  **Direct** | | **Total Cases** | | |
| **(OPD)** | | |
| **Cases** | | |
| **M** | **F** | | **M** | **F** | **M** | **F** | **M** | **F** | **Total** | **M** | **F** | **Total** |
|  | **1** | | **2** | **3** | **4** | | **5** | **6** | **7** | **8** | **9**  **(3+7)** | **10**  **(4+8)** | **11**  **(9+10)** | **12** | **13** | **14** |
| **1** | **Cardio Vascular Diseases** | |  |  |  | | | | | | | | | | | |
| **1.1** | **Rheumatic Fever** | | **I00 – I02** | **0** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **1.2** | **Hypertension** | | **I10 - I15** | **1309** | **1340** | | **7** | **10** | **19** | **18** | **1335** | **1368** | **2703** | **0** | **0** | **0** |
| **1.3** | **Ischemic Heart Diseases** | | **I20 - I25** | **0** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **1.4** | **Congenital Heart Disease** | | **Q20 - Q28** | **0** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **1.5** | **Other Cardio Vascular Diseases** | | **I05-I09,I26-I52,I70- I99** | **0** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **2** | **Neurological Disorders** | | | | | | | | | | | | | | | |
| **2.1** | **Cerebro Vascular Accident** | | **I60-I69** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **2.2** | **Chronic Neurological Disorder** | | **G90-G99** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **2.3** | **Other Neurological Disorders \*\*** | | **F 00-03,**  **G 00-G83** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **3** | **Diabetes Mellitus** | | | | | | | | | | | | | | | |
| **3.1** | **Type 1** | | **E 10** | **0** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **3.2** | **Type 2** | | **E 11** | **0** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4** | **Lungs Disease** | | | | | | | | | | | | | | |
| **4.1** | **Bronchitis** | **J 40** | **0** | **2** | **2** | **2** | **0** | **0** | **2** | **4** | **6** | **0** | **0** | **0** | |
| **4.2** | **Emphysemas** | **J 43** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | |
| **4.3** | **Asthma** | **J 45** | **28** | **49** | **0** | **0** | **1** | **0** | **29** | **49** | **78** | **0** | **0** | **0** | |
| **5** | **Psychiatric Disorder** | | | | | | | | | | | | | | |
| **5.1** | **Common Mental Disorders** | **F10-F19** | **6** | **2** | **0** | **0** | **0** | **0** | **6** | **2** | **8** | **0** | **0** | | **0** |
| **5.2** | **Severe Mental Disorders** | **F 99** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | **0** |
| **6** | **Accidental Injuries** | **S00-S99,T00-T14** | **640** | **286** | **5** | **2** | **12** | **1** | **657** | **289** | **946** | **0** | **0** | | **0** |
| **7** | **Cancer (Malignant & Benign)** |  |  |  |  |  |  |  |  |  |  |  |  | |  |
| **7.1** | **Cervix Cancer** | **C53, D26** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | **0** |
| **7.2** | **Breast Cancer** | **C50 & D24** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | **0** |
| **7.3** | **Lung Cancer** | **C34, D14.3** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | **0** |
| **7.4** | **Oral Cancer (Lip, Oral Cavity and Pharynx)** | **C00 - C14, D10** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | **0** |
| **7.5** | **Other Cancers(excluding 7.1 to 7.4)** | **C00-D48** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | **0** |
| **8** | **Snake Bite** | **T 63.0** | **2** | **2** | **0** | **0** | **1** | **1** | **3** | **3** | **6** | **0** | **0** | | **0** |
| **9** | **Renal Failure** | | | | | | | | | | | | | | |
| **9.1** | **Acute Renal Failure** | **N 170** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | **0** |
| **9.2** | **Chronic Renal Failure** | **N 18** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | **0** |
| **10** | **Obesity** | **E 66** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | **0** |
| **11** | **Road Traffic Accidents** | **V01-V89** | **12** | **3** | **0** | **0** | **0** | **0** | **12** | **3** | **15** | **0** | **0** | | **0** |
| **12** | **Others NCD** |  | **2371** | **2535** | **47** | **47** | **159** | **166** | **2577** | **2748** | **5325** | **4** | **1** | | **5** |
|  | **TOTAL** |  | **4362** | **4219** | **61** | **61** | **192** | **186** | **4621** | **4466** | **9087** | **4** | **1** | | **5** |

\*\* - Other Neurological disorders like Epilepsy, Parkinson’s Diseases`

M - Male, F - Female, T - Total

\* - New Registrations are to be considered as New Patients.

**22. DISTRICTWISE CASES AND DEATHS DUE TO NON-COMMUNICABLE DISEASES FOR THE YEAR 2013 (JAN. TO DEC.)**

**DISTRICT HOSPITAL GYALSHING (WEST DISTRICT)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | | | | | | | | | | | | | | |
| **S. No** | **Nature/ Group of Non Communicable Diseases** | | **ICD-10 Code** | **New\* Patients Reported/Treated** | | | | | | | | | | **Total Deaths** | | |
| **Out-Patient** | | | **In-Patient(IPD) Cases Referred Amongst Out-Patients(OPD)** | | **IPD Cases Reported**  **Direct** | | **Total Cases** | | |
| **(OPD)** | | |
| **Cases** | | |
| **M** | **F** | | **M** | **F** | **M** | **F** | **M** | **F** | **Total** | **M** | **F** | **Total** |
|  | **1** | | **2** | **3** | **4** | | **5** | **6** | **7** | **8** | **9**  **(3+7)** | **10**  **(4+8)** | **11**  **(9+10)** | **12** | **13** | **14** |
| **1** | **Cardio Vascular Diseases** | |  |  |  | | | | | | | | | | | |
| **1.1** | **Rheumatic Fever** | | **I00 – I02** | **0** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **1.2** | **Hypertension** | | **I10 - I15** | **1544** | **1914** | | **0** | **0** | **58** | **84** | **1602** | **1998** | **3600** | **0** | **0** | **0** |
| **1.3** | **Ischemic Heart Diseases** | | **I20 - I25** | **0** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **1.4** | **Congenital Heart Disease** | | **Q20 - Q28** | **0** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **1.5** | **Other Cardio Vascular Diseases** | | **I05-I09,I26-I52,I70- I99** | **2** | **3** | | **0** | **0** | **0** | **0** | **2** | **3** | **5** | **0** | **0** | **0** |
| **2** | **Neurological Disorders** | | | | | | | | | | | | | | | |
| **2.1** | **Cerebro Vascular Accident** | | **I60-I69** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **2.2** | **Chronic Neurological Disorder** | | **G90-G99** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **2.3** | **Other Neurological Disorders \*\*** | | **F 00-03,**  **G 00-G83** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **3** | **Diabetes Mellitus** | | | | | | | | | | | | | | | |
| **3.1** | **Type 1** | | **E 10** | **3** | **1** | | **0** | **0** | **0** | **0** | **3** | **1** | **4** | **0** | **0** | **0** |
| **3.2** | **Type 2** | | **E 11** | **25** | **40** | | **0** | **0** | **4** | **3** | **29** | **43** | **72** | **0** | **0** | **0** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4** | **Lungs Disease** | | | | | | | | | | | | | | |
| **4.1** | **Bronchitis** | **J 40** | **11** | **10** | **0** | **0** | **0** | **0** | **11** | **10** | **21** | **0** | **0** | **0** | |
| **4.2** | **Emphysemas** | **J 43** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | |
| **4.3** | **Asthma** | **J 45** | **160** | **197** | **0** | **0** | **25** | **36** | **185** | **233** | **418** | **0** | **0** | **0** | |
| **5** | **Psychiatric Disorder** | | | | | | | | | | | | | | |
| **5.1** | **Common Mental Disorders** | **F10-F19** | **1** | **2** | **0** | **0** | **0** | **0** | **1** | **2** | **3** | **0** | **0** | | **0** |
| **5.2** | **Severe Mental Disorders** | **F 99** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | **0** |
| **6** | **Accidental Injuries** | **S00-S99,T00-T14** | **677** | **351** | **0** | **0** | **21** | **20** | **698** | **371** | **1069** | **0** | **0** | | **0** |
| **7** | **Cancer (Malignant & Benign)** |  |  |  |  |  |  |  |  |  |  |  |  | |  |
| **7.1** | **Cervix Cancer** | **C53, D26** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | **0** |
| **7.2** | **Breast Cancer** | **C50 & D24** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | **0** |
| **7.3** | **Lung Cancer** | **C34, D14.3** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | **0** |
| **7.4** | **Oral Cancer (Lip, Oral Cavity and Pharynx)** | **C00 - C14, D10** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | **0** |
| **7.5** | **Other Cancers(excluding 7.1 to 7.4)** | **C00-D48** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | **0** |
| **8** | **Snake Bite** | **T 63.0** | **3** | **3** | **0** | **0** | **3** | **0** | **6** | **3** | **9** | **0** | **0** | | **0** |
| **9** | **Renal Failure** | | | | | | | | | | | | | | |
| **9.1** | **Acute Renal Failure** | **N 170** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | **0** |
| **9.2** | **Chronic Renal Failure** | **N 18** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | **0** |
| **10** | **Obesity** | **E 66** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | **0** |
| **11** | **Road Traffic Accidents** | **V01-V89** | **17** | **12** | **0** | **0** | **2** | **2** | **19** | **14** | **33** | **0** | **0** | | **0** |
| **12** | **Others NCD** |  | **13377** | **15664** | **0** | **0** | **708** | **1424** | **14085** | **17088** | **31173** | **0** | **0** | | **0** |
|  | **TOTAL** |  | **15820** | **18197** | **0** | **0** | **821** | **1569** | **16641** | **19766** | **36407** | **0** | **0** | | **0** |

\*\* - Other Neurological disorders like Epilepsy, Parkinson’s Diseases`

M - Male, F - Female, T - Total

\* - New Registrations are to be considered as New Patients.

**23. DISTRICTWISE CASES AND DEATHS DUE TO NON-COMMUNICABLE DISEASES FOR THE YEAR 2013 (JAN. TO DEC.)**

**DISTRICT HOSPITAL SINGTAM + STNM HOSPITAL (EAST DISTRICT)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | | | | | | | | | | | | | | |
| **S. No** | **Nature/ Group of Non Communicable Diseases** | | **ICD-10 Code** | **New\* Patients Reported/Treated** | | | | | | | | | | **Total Deaths** | | |
| **Out-Patient** | | | **In-Patient(IPD) Cases Referred Amongst Out-Patients(OPD)** | | **IPD Cases Reported**  **Direct** | | **Total Cases** | | |
| **(OPD)** | | |
| **Cases** | | |
| **M** | **F** | | **M** | **F** | **M** | **F** | **M** | **F** | **Total** | **M** | **F** | **Total** |
|  | **1** | | **2** | **3** | **4** | | **5** | **6** | **7** | **8** | **9**  **(3+7)** | **10**  **(4+8)** | **11**  **(9+10)** | **12** | **13** | **14** |
| **1** | **Cardio Vascular Diseases** | |  |  |  | | | | | | | | | | | |
| **1.1** | **Rheumatic Fever** | | **I00 – I02** | **0** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **1.2** | **Hypertension** | | **I10 - I15** | **4468** | **4696** | | **23** | **17** | **146** | **134** | **4637** | **4847** | **9484** | **6** | **5** | **11** |
| **1.3** | **Ischemic Heart Diseases** | | **I20 - I25** | **21** | **18** | | **0** | **1** | **5** | **3** | **26** | **22** | **48** | **6** | **1** | **7** |
| **1.4** | **Congenital Heart Disease** | | **Q20 - Q28** | **0** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **1.5** | **Other Cardio Vascular Diseases** | | **I05-I09,I26-I52,I70- I99** | **0** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **2** | **Neurological Disorders** | | | | | | | | | | | | | | | |
| **2.1** | **Cerebro Vascular Accident** | | **I60-I69** | **85** | | **72** | **2** | **1** | **35** | **30** | **122** | **103** | **225** | **34** | **33** | **67** |
| **2.2** | **Chronic Neurological Disorder** | | **G90-G99** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **2.3** | **Other Neurological Disorders \*\*** | | **F 00-03,**  **G 00-G83** | **50** | | **49** | **1** | **0** | **16** | **8** | **67** | **57** | **124** | **5** | **0** | **5** |
| **3** | **Diabetes Mellitus** | | | | | | | | | | | | | | | |
| **3.1** | **Type 1** | | **E 10** | **10** | **11** | | **0** | **0** | **0** | **0** | **10** | **11** | **21** | **0** | **1** | **1** |
| **3.2** | **Type 2** | | **E 11** | **1326** | **1857** | | **8** | **10** | **107** | **109** | **1441** | **1976** | **3417** | **10** | **12** | **22** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4** | **Lungs Disease** | | | | | | | | | | | | | | |
| **4.1** | **Bronchitis** | **J 40** | **837** | **857** | **3** | **1** | **16** | **10** | **856** | **868** | **1724** | **1** | **0** | **1** | |
| **4.2** | **Emphysemas** | **J 43** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | |
| **4.3** | **Asthma** | **J 45** | **1062** | **905** | **4** | **2** | **84** | **70** | **1150** | **977** | **2127** | **3** | **0** | **3** | |
| **5** | **Psychiatric Disorder** | | | | | | | | | | | | | | |
| **5.1** | **Common Mental Disorders** | **F10-F19** | **1972** | **1996** | **0** | **0** | **84** | **124** | **2056** | **2120** | **4176** | **0** | **0** | | **0** |
| **5.2** | **Severe Mental Disorders** | **F 99** | **182** | **108** | **18** | **12** | **32** | **19** | **232** | **139** | **371** | **2** | **0** | | **2** |
| **6** | **Accidental Injuries** | **S00-S99,T00-T14** | **7083** | **2517** | **18** | **12** | **342** | **147** | **7443** | **2676** | **10119** | **3** | **1** | | **4** |
| **7** | **Cancer (Malignant & Benign)** |  |  |  |  |  |  |  |  |  |  |  |  | |  |
| **7.1** | **Cervix Cancer** | **C53, D26** | **0** | **19** | **0** | **0** | **0** | **13** | **0** | **32** | **32** | **0** | **0** | | **0** |
| **7.2** | **Breast Cancer** | **C50 & D24** | **0** | **18** | **0** | **0** | **0** | **36** | **0** | **54** | **54** | **0** | **0** | | **0** |
| **7.3** | **Lung Cancer** | **C34, D14.3** | **16** | **13** | **0** | **0** | **20** | **11** | **36** | **24** | **60** | **2** | **2** | | **4** |
| **7.4** | **Oral Cancer (Lip, Oral Cavity and Pharynx)** | **C00 - C14, D10** | **13** | **7** | **0** | **0** | **4** | **4** | **17** | **11** | **28** | **0** | **0** | | **0** |
| **7.5** | **Other Cancers(excluding 7.1 to 7.4)** | **C00-D48** | **156** | **126** | **15** | **9** | **87** | **89** | **258** | **224** | **482** | **15** | **15** | | **30** |
| **8** | **Snake Bite** | **T 63.0** | **46** | **25** | **1** | **0** | **6** | **8** | **53** | **33** | **86** | **0** | **1** | | **1** |
| **9** | **Renal Failure** | | | | | | | | | | | | | | |
| **9.1** | **Acute Renal Failure** | **N 170** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **1** | | **1** |
| **9.2** | **Chronic Renal Failure** | **N 18** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | **0** |
| **10** | **Obesity** | **E 66** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | **0** |
| **11** | **Road Traffic Accidents** | **V01-V89** | **407** | **296** | **13** | **6** | **75** | **36** | **495** | **338** | **833** | **3** | **0** | | **3** |
| **12** | **Others NCD** |  | **131612** | **163391** | **197** | **553** | **2549** | **5083** | **134358** | **169027** | **303385** | **158** | **107** | | **265** |
|  | **TOTAL** |  | **149346** | **176981** | **303** | **624** | **3608** | **5934** | **153257** | **183539** | **336796** | **248** | **179** | | **427** |

\*\* - Other Neurological disorders like Epilepsy, Parkinson’s Diseases`

M - Male, F - Female, T - Total

\* - New Registrations are to be considered as New Patients.

**24. Annual repport showing the district wise performance on Immunization, MCH & Family Welfare for the year from April 2013 to March 2014**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **District** | **Estd. No. of infants** | **Estd. No. of Pregnant women** | **DPT** | **OPV** | **BCG** | **Measles** | **Full Immunisation** | **Hepatitis**  **‘B’** | **MMR** | **TT of pregnant women** |
| **EAST** | **4191** | **4000** | **3701**  **(88.3)** | **3993**  **(95.3)** | **4650**  **(110.9)** | **4019**  **(95.9)** | **4002**  **(95.5)** | **3709**  **(88.5)** | **3985**  **(95.1)** | **3789**  **(94.7)** |
| **WEST** | **2031** | **2200** | **1643**  **(80.9)** | **1643**  **(80.9)** | **1336**  **(65.8)** | **1893**  **(93.2)** | **1869**  **(92.0)** | **1935**  **(95.3)** | **1840**  **(90.6)** | **2006**  **(91.1)** |
| **NORTH** | **646** | **700** | **582**  **(90.1)** | **582**  **(90.1)** | **336**  **(52.0)** | **562**  **(87.0)** | **562**  **(87.0)** | **589**  **(91.2)** | **556**  **(86.1)** | **615**  **(87.8)** |
| **SOUTH** | **2186** | **2300** | **1935**  **(88.5)** | **1935**  **(88.5)** | **1697**  **(77.6)** | **1964**  **(89.8)** | **1848**  **(84.5)** | **2014**  **(92.1)** | **1879**  **(85.9)** | **1973**  **(103.8)** |
| **STATE** | **9054** | **9200** | **7861**  **(86.8)** | **8153**  **(90.0)** | **8019**  **(88.6)** | **8438**  **(93.2)** | **8281**  **(91.5)** | **8247**  **(91.0)** | **8260**  **(91.2)** | **8383**  **(91.1)** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **District** | **DT (5YRS.)** | | **TT (10YRS.)** | | **TT (16 YRS.)** | | **VITAMIN ‘A’** | | **FOLIFER FOR CHILDREN** | | **FOLIFER FOR WOMEN** | |
| **Target** | **Ach.** | **Target** | **Ach.** | **Target** | **Ach.** | **Target** | **Ach.** | **Target** | **Ach.** | **Target** | **Ach.** |
| **UFWC** | **1100** | **976 (88.7)** | **1200** | **1265 (105.4)** | **800** | **761 (95.1)** | **1600** | **2975 (185.9)** | **1400** | **130 (9.3)** | **1500** | **2651 (76.7)** |
| **EAST** | **2500** | **2782 (111.2)** | **3600** | **3377 (93.8)** | **2600** | **2625 (100.9)** | **2300** | **4756 (191.4)** | **2300** | **2102 (191.4)** | **2500** | **4668 (186.7)** |
| **WEST** | **4000** | **2329 (58.2)** | **3400** | **2910 (85.5)** | **2900** | **2494 (86.0)** | **1900** | **2151 (113.2)** | **1900** | **2152 (113.2)** | **2200** | **3452 (156.9)** |
| **NORTH** | **1000** | **616 (61.6)** | **1000** | **792 (79.2)** | **900** | **552 (79.2)** | **600** | **648 (108.0)** | **600** | **648 (108.0)** | **700** | **1218 (174.0)** |
| **SOUTH** | **2900** | **2237 (77.1)** | **3100** | **2897 (93.4)** | **2800** | **2589 (92.4)** | **1900** | **4953 (260.6)** | **1900** | **2596 (136.6)** | **2300** | **3839 (166.9)** |
| **STATE** | **11500** | **8940 (77.7)** | **12300** | **11241 (91.3)** | **10000** | **9021 (90.2)** | **8300** | **19041 (229.4)** | **8300** | **7627 (91.9)** | **9200** | **15828 (172.0)** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **District** | **NSV** | | **TUBECTOMY** | | **TOTAL STERILISATION** | | **IUD INSERTION** | | **OP CYCLES USERS** | | **CC USERS** | |
| **Target** | **Ach.** | **Target** | **Ach.** | **Target** | **Ach.** | **Target** | **Ach.** | **Target** | **Ach.** | **Target** | **Ach.** |
| **UFWC** | **20** | **08**  **(40.0%)** | **80** | **52 (65.0%)** | **100** | **60 (60.0)** | **250** | **241**  **(96.4%)** | **70** | **110 (157.1%)** | **260** | **402 (154.6%)** |
| **EAST** | **NIL** | **0**  **0.00** | **NIL** | **38** | **NIL** | **38** | **300** | **393**  **(131.0%)** | **1000** | **1031 (103.1%)** | **600** | **670 (111.7%)** |
| **WEST** | **100** | **0**  **0.00** | **130** | **0** | **230** | **0** | **540** | **517**  **(95.7%)** | **2300** | **1921 (83.5%)** | **1600** | **977 (61.1%)** |
| **NORTH** | **NIL** | **0**  **0.00** | **NIL** | **0** | **NIL** | **0** | **60** | **74**  **(123.3%)** | **450** | **461 (102.4%)** | **200** | **141 (70.5%)** |
| **SOUTH** | **NIL** | **37** | **NIL** | **75** | **NIL** | **112** | **370** | **206**  **(55.7%)** | **1780** | **1620 (91.0%)** | **880** | **1039 (118.1%)** |
| **STATE** | **120** | **45**  **(37.5%)** | **210** | **165**  **(78.6%)** | **330** | **210 (63.6%)** | **1520** | **1431 (94.1%)** | **5600** | **5143 (91.8%)** | **3540** | **3229 (91.2%)** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DISTRICT** | **ANC REGISTRATION** | **ANC 3 CHECK UPS** | **INSTITUTIONAL**  **DELIVERIES** | **HOME DELIVERIES** | **TOTAL**  **DELIVERIES** | **HOME DELIVERIES ASSISTED BY**  **Non SBA(TBA/Relatives)** | **HOME DELIVERIES ASSISTED BY DOCTOR/NURSE/ ANM** |
| **UFWC** | **1783**  **(118.9%)** | **1680**  **(94.2%)** | **\*3562**  **(99.2%)** | **28**  **(0.77%)** | **3590**  **(201.3%)** | **28**  **(0.8%)** | **0**  **(0.00%)** |
| **EAST** | **2622**  **(104.9%)** | **1958**  **(74.7%)** | **1017**  **(87.9%)** | **140**  **(12.1%)** | **1157**  **(44.1%)** | **63**  **(5.4%)** | **77**  **(6.6%)** |
| **WEST** | **2190**  **(99.5%)** | **1801**  **(82.2%)** | **1055**  **(84.3%)** | **197**  **(15.7%)** | **1252**  **(57.2%)** | **120**  **(9.6%)** | **77**  **(6.1%)** |
| **NORTH** | **680**  **(97.1%)** | **603**  **(88.7%)** | **310**  **(92.8%)** | **24**  **(7.2%)** | **334**  **(49.1%)** | **13**  **(3.9%)** | **11**  **(3.3%)** |
| **SOUTH** | **2196**  **(95.5%)** | **1757**  **(80.0%)** | **1611**  **(90.9%)** | **161**  **(9.1%)** | **1772**  **(80.7%)** | **84**  **(4.7%)** | **77**  **(4.3%)** |
| **STATE** | **9471**  **(102.9%)** | **7799**  **(82.3%)** | **7555**  **(93.2%)** | **550**  **(6.8%)** | **8105**  **(85.6%)** | **308**  **(3.8%)** | **242**  **(3.0%)** |

**\* 903 (CRH)+ 2659 (STNM)= 3562**