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**Sikkim: State Overview**

Sikkim became 22nd State of India on 26 April 1975 .

**Population:** of Sikkim as per census 2011 is 610577 and the projected population as per census is 640000 for 2015.

Sikkim Map

**Location:** Sikkim lies between 27.04 degree to 28.07 degree North latitude and 80.00 degree to 88.55 degree East longitude..

**Area:** State in the north-western Himalayan mountain ranges covers a total area of 7,096 square kilometers constituting 0.22 percent of India’s geographical area and 2.7 percent of the Northeast.

**Boundaries:** Sikkim is a landlocked [Indian state](https://en.wikipedia.org/wiki/States_and_territories_of_India) located in the [Himalayan](https://en.wikipedia.org/wiki/Himalaya) mountains. The state is bordered by [Nepal](https://en.wikipedia.org/wiki/Nepal) to the west, China's [Tibet Autonomous Region](https://en.wikipedia.org/wiki/Tibet_Autonomous_Region) to the north and east, and [Bhutan](https://en.wikipedia.org/wiki/Bhutan) to the east. The Indian state of [West Bengal](https://en.wikipedia.org/wiki/West_Bengal) lies to the south.

**Climate:** The climate of the state has been roughly divided into the tropical, temperature and alpine zones. For most of the period in a year, the climate is cold and humid as rainfall occurs in each month. The area experiences a heavy rainfall due to its proximity to the Bay of Bengal.

**Administrative Division:** Sikkim has four districts-East Sikkim, West Sikkim, North Sikkim and South Sikkim. The district capital are Gangtok, Gyalshing, Mangan and Namchi respectively. These four districts are futher divided into nine subdivisions; Pakyong and Rongli are the subdivision of the East district, Soreng is the subdivision of the West district, Chungthang is the subdivision of the North district and Ravongla is the subdivision of the South district.

### Language and Religion: Sikkim has 11 official languages: Nepali (which is its lingua franca), Bhutia, Lepcha, Tamang, Limbu, Newari, Rai, Gurung, Mangar, Sunwar and English. English is taught in schools and used in government documents. The predominant religions are Hinduism and Vajrayana Buddhism.

**Economy:** Sikkim’s economy is largely dependent on agriculture and tourism and it is one of the fastest-growing economy in the country. In 2015, Sikkim fully implemented organic farming statewide, becoming India’s first “organic state”.

**Smoking and Chewing tobacco invites cancer, Avoid it.**

1. **STATE HEALTH PROFILE**

**Introduction**

Annual Health Report is published annually by Planning, Monitoring & Evaluation (PME) cell of the Department of Health Care, Human Service and Family Welfare, Government of Sikkim. Planning, Monitoring and Evaluations Division was established in the year 2002. The Division is under the Charge of Additional Director Health Services and manned by two officers and other staff of the State Statistical Cadre, One Computer Operator and LDC.

The feature of annual health report has always been to highlight current health status, achievements, future goals and strategies of different National health programmes and various states initiatives for upliftment of health of its populations.

The aims and objective of this report remains the same as before but this year effort has been made to prepare it slightly in a different format. This year report has been divided into four broad Chapters.

First Chapter is of State Health Profile giving information about Demography, socio economic status, health status (this include information on Communicable and Non Communicable Diseases that are not covered under major health programme). The chapter on health profile also covers Human resource and Health Infrastructure and has been prepared in the line of National Health Profile, Central Bureau of Health Intelligienc (CBHI) prepares annually compiling reports from state and union territories and other sources.

Second Chapter is of National Health Mission a flagship programme of Government of India which is being implemented throughout the country. This chapter presents status of different programmes and schemes being implemented in the state under the umbrella of National Health Mission (NHM).

Third Chapter is about the other National Programmes and Projects which does not come under NHM.

Fourth Chapter covers the schemes and programmes initiated by State Government to provide quality health care at door steps of the community. This chapter also includes different wings established by the state government for supporting health system for effective provision of health care to its population.

**1.1. Demographic Indicators.**

Demographic characteristics of a State provide an overview of its population size, composition, distribution, changes therein. This has been divided into population statistics and Vital statistics. These indicators will help the states to identify the areas that need policy and interventions, setting long and short terms objectives and also priorities.

**1.1.1. Population Statistics**

These include indicators that measure the population size, sex ratio, density etc.

**1.1.2. Trend in Census Population in Sikkim (1951-2011) Sex Ratio and Growth rate of India for the same period.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Population Statictics**  **Sl. No.** | **Year** | **Population** | **Sex Ratio** | **Growth Rate** | |
| **Sikkim** | **India** |
| 1 | 1951 | 138000 | 907 | - | 13.30% |
| 2 | 1961 | 162000 | 904 | 17.40% | 21.64% |
| 3 | 1971 | 210000 | 863 | 29.60% | 24.80% |
| 4 | 1981 | 316000 | 835 | 50.50% | 24.66% |
| 5 | 1991 | 406000 | 878 | 28.50% | 23.87% |
| 6 | 2001 | 541000 | 875 | 33.30% | 21.54% |
| 7 | 2011 | 610577 | 890 | 12.90% | 17.70% |

Source: Census India.

Table 1.1.2 The population of Sikkim during 1951 was 138000, it has shown steady growth to more than three times in 2011. The above table shows some trend of sex ratio vis a vis growth rate trend in Sikkim. The growth rate of Sikkim have not shown steady curve like National growth rate. India’s growth rate from 1971 onwards has shown steady decline, where as Sikkim’s growth rate nearly doubled between 1971 and 1981. It is in this period we have sex ratio not favourable to females. The trend shows that higher the growth rates the sex ratio increases in favour of males. The growth rate projected in the table is natural growth plus inmigrating population. Further it is noticed that in 1991 state’s growth rate had declined 28.50 %, there is marked improvement of ratio to 878 from 835. Again growth rate increased in 2001 to 33.30 %, there was decline in sex ratio. In 2011 growth rate has declined considerably leading to marked improvement in sex ratio favouring females.

**1.1.3. Projected Population of Sikkim, 2014 – 2016.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl No** | **Year** | **Population** | | |
| **Female** | **Male** | **Total** |
| **1.** | 2014 | 297000 | 336000 | 633000 |
| **2.** | 2015 | 300000 | 340000 | 640000 |
| **3.** | 2016 | 303000 | 344000 | 647000 |

Source: Census India.

Table 1.1.3 The Population of state has been projected at six lakhs thirty thousand in 2014, Six lakhs forty thousand in 2015 and six lakhs forty seven thousand in 2016. Hence for planning exercises we can used this figures. The sex ratio scenario does not seem to favour females as per the projected population of females.

**1.1.4. Distribution of Population District wise, Decadal Growth Rate, Sex-Ratio and Population Density**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **District Code** | **State/**  **District** | **Population 2011** | | | **Percentage decadal growth rate of population** | | **Sex- Ratio (Number of Females per 1000 Males)** | | **Population density per sq. km.** | |
|
|
| **Persons** | **Males** | **Females** | **1991-01** | **2001-11** | **2001** | **2011** | **2001** | **2011** |
|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
|  | **SIKKIM** | **610577** | **323070** | **287507** | **33.07** | **12.36** | **875** | **890** | **76** | **86** |
| 01 | North District | 43709 | 24730 | 18979 | 31.34 | 5.67 | 752 | 769 | 10 | 10 |
| 02 | West District | 136435 | 70238 | 66197 | 25.57 | 10.59 | 929 | 941 | 106 | 117 |
| 03 | South District | 146850 | 76670 | 70180 | 33.39 | 11.57 | 927 | 914 | 175 | 196 |
| 04 | East District | 283583 | 151432 | 132151 | 37.32 | 14.80 | 844 | 872 | 256 | 295 |

Source: Census India.

Table 1.1.4 The North District is the least populated district in Sikkim with a population of 43709. East is the most populated district with a population of 283583.Percentage of decadal growth rate is highest in the south with 33.39 % growth during 1991. It was lowest in the west district 25.57 % during 1991. In 2011 growth is highest in the east 14.80 % and lowest in the north 5.67 %.

Sex ratio found to be lowest in the north though there is improvement from 752 to 769 from 2001 to 2011. West district has the best sex ratio and has improved from 929 to 941 from 2001 to 2011. The sex ratio of the state has improved from 875 in 2001 to 890 in 2011. In 2011 India’s sex ratio was 943.

Density of population has shown increase in consecutive censuses and has increased in 2001 to 2011 too. It is highest in the East district with 295/sq.km and lowest in the north 10/sq.km. Average density of the state is 86. Average density of the country was 382/ sq km during 2011.

**1.1.5. Sex Ratio 0-6 years district wise/state. 1991 - 2011**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl No** | **Year** | **East** | **West** | **North** | **South** | **State** |
| 1. | 1991 | 948 | 997 | 960 | 962 | 965 |
| 2. | 2001 | 950 | 966 | 995 | 969 | 963 |
| 3. | 2011 | 960 | 964 | 929 | 953 | 957 |

Source: census.

Table 1.1.5 the sex ratio (0-6) yrs which is vital indicator for prevalence of female infanticide is good in the state. It was 965 in 1991 census and 957 in 2011. Among the districts too, it is good and uniform in all the four districts. NFHS 3 the sex ratio of the state was 936 and it has drastically gone down to 809 in NFHS 4. In NFHS 4 the urban 0-6 yrs sex ratio is only 632.

**1.1.6. Proportion of Child Population in the Age-Group 0-6 to Total Population:**

**2001 and 2011**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **District Code** | **State/District** | **Proportion of Child Population in the Age-Group 0-6 to Total Population** | | | | | |
| **2001** | | | **2011** | | |
| **P** | **M** | **F** | **P** | **M** | **F** |
| **1** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  | **SIKKIM** | **14.5** | **13.8** | **15.2** | **10.0** | **9.8** | **10.4** |
| 01 | North District | 14.53 | 12.76 | 16.88 | 10.34 | 9.64 | 11.25 |
| 02 | West District | 16.35 | 16.04 | 16.69 | 10.98 | 10.92 | 11.03 |
| 03 | South District | 15.72 | 15.39 | 16.08 | 10.27 | 10.10 | 10.47 |
| 04 | East District | 12.82 | 12.12 | 13.65 | 9.45 | 9.09 | 9.86 |

Source: Census.

Table 1.1.6 Child population age group 0-6 years is vital component of population statistics. This would be very vital for planning and implementation of various Infants and children centric programmes and schemes. It gives some indication on vital issue of sex ratio. The table shows in 2001 west districts has the largest number, 16.35 % and east district had the lowest proportion at 12.82 %. The state’s average in 2001 was 14.5 %. In 2001 in all districts female population was higher than the male. In 2011 proportion decreased in all districts. Female population is seen to be less in all the districts. It’s lowest in the east districts. The average proportion at state level in 2011 was 10.4 %

**1.1.7. Vital Health Indicators of Sikkim.**

These include indicators such as birth rate, death rate, natural growth rate, and mortality and fertility rates.

**1.1.8. Trend of Crude Birth Rate India/Sikkim**

Source: SRS.

In Table1.2.1. The Crude birth rate is calculated as number of birth per thousand populations. The Crude Birth rate of India is showing steady decline. It was 25.4 in 2001 and has come down to 21.4 in 2013. The State has also shown similar trend, it was 21.6 in the year 2001 and 17.1 in the year 2014. The state’s CBR is lower than National average.

**1.1.9. Trend of Crude Death Rate India/Sikkim**

Table 1.1.9. The crude death rate is calculated as number of Death per thousand populations. India’s CDR was 8.4 in 2001 and declined to 7 in 2013. Similarly Sikkim’s CDR remained constant to 5.2 in 2014. But the trend is different than India’s. The rate was 4.9 in 2004 and shot up to 7.6 in 2005, then showed steady decline till 2008. The rate increased to 5.7 in 2009 thereafter has shown decline to 5. in 2014.

**1.1.10. Trend of Natural Growth India/Sikkim**

Table 1.1.10. The natural Growth rate is difference between CBR and CDR. the National average has declined from 17 in 2001 to 14.4 in 2013. Similarly State’s Natural Growth Rate has decline from 16.5 in 2001 to 12.0 in 2014. The state has lower NGR than National average.

**1.1.11. Trend of Infant Mortality India/Sikkim.**

Table 1.1.11. Infant Mortality Rate is one of the most important indicators accepted worldwide, which indicate Health of Child in the community. IMR is calculated as number of Infants deaths per 1000 live births. Trend shows steady decline in National and State’s average. Only during 2009 there was slight increase both in national average and state’s average. National average declined from 66 in 2001 to 40 in 2013. Where as, State’s figure declined from 42 in 2001 to 19 in 2014.

**1.1.12. Trend of Total Fertility Rate India/Sikkim**

Table 1.1.12. shows the TFR of the state and the Nation. During NFHS II TFR of India was 2.9 and TFR of Sikkim was 2.75. The TFR of Sikkim showed rapid decline to 2.02, the national decline in TFR during the same period was 2.7. The NFHS IV has shown more alarming decline of states TFR to 1.2. The figure indicates states TFR has gone far below the replacement level of 2.1. This is the goal of the family planning programme of the country. Hence policy maker in the state needs to rethink about present strategy and further probe into the issue.

Regarding the issue of declining T.F.R. workshop was held at Gangtok with the experts from the Ministry and Health Officials. The experts from Ministry had some reservation about the available data and suggested State to conduct it own survey since Sikkim has a very small p[opulation.

**1.2. Socio-Economic Indicator.**

The Socio-Economic status of the population has direct impact on health seeking behavior of the population. These are very important for planning and implementation of various Health programmes and has significant role in the health outcomes of the community. Some of the important indicator which has direct impact on health has been selected for analysis in this chapter.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **District Code** | **State/District** | **Literacy rate(India-73.0 in 2011)** | | | | | |
|
| **Persons** | | **Males** | | **Females** | |
| **2001** | **2011** | **2001** | **2011** | **2001** | **2011** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  | **SIKKIM** | **68.81** | **82.20** | **76.04** | **87.30** | **60.41** | **76.43** |
| 01 | **North District** | 67.21 | 77.39 | 75.69 | 83.03 | 55.39 | 69.92 |
| 02 | **West District** | 58.81 | 78.69 | 66.82 | 84.86 | 50.10 | 72.12 |
| 03 | **South District** | 67.31 | 82.07 | 74.29 | 87.06 | 59.73 | 76.58 |
| 04 | **East District** | 74.68 | 84.67 | 81.20 | 89.22 | 66.81 | 79.41 |

**1.2.1. Literacy Rate.**

Source: Census India. 2011.

Table 1.2.1. The literacy rate of Sikkim stands at 76.43% among females and 87.30% among males in 2011. This is marked increase from 60.41% among females and 68.81% males in 1991. Average literacy improved from 68.81% in 1991 to 82.20% in 2011. The literacy is found to be highest in the East districts 84.67% and lowest in the North 77.39%. We expect further improvement in present day literacy since already it is past five years since last census in year 2011.

**1.2.2. PER CAPITA NET STATE DOMESTIC PRODUCT AT CURRENT PRICES; BASE YEAR 2011-12.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **State** | **2011-12** | **2012-13** | **2013-14** | **2014-15** | **2015-16** |
| **Sikkim** | 158667 | 174183 | 194624 | 210394 | 227465 |
| **India** | 63460 | 71050 | 79412 | 86879 | 93293 |

Source: DESME**.**

Table 1.2.2. Per capita Net SDP is also important indicator for health outcome. Improved State Domestic Product empowers state for undertaking various social and developmental schemes, which can have positive impact on health of the community. The Per Capita Net SDP of the Sikkim has improved significantly. It was Rs 158667 in the year 2011-12 and was Rs 227465 in 2015-16. National per capita during the same period was Rs 63460 in 2011-12 and increased to 93293 during 2015-16.

* + 1. **Distribution of Household by Predominant Material of Roof.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl No** | **Type of roofing** | **Sikkim** | **India** |
| **1.** | **Grass, Thatch,Bamboo, Wood,Mud etc** | **5.7 %** | **15%** |
| **2.** | **Plastic, Polythene** | **1 %** | **0.6 %** |
| **3.** | **G.I, Metal, Asbestos Sheets** | **68.2 %** | **15.9 %** |
| **4.** | **Concrete** | **23.1%** | **29 %** |
| **5.** | **Any other material (Machine/hand made tiles,Bricks,Stone Slabs, etc)** | **2%** | **39.5 %** |

NB: Number of Household – 128131. Source: Census India. 2011.

Table 1.2.3 Type of house a family has is also an important indicator which affects health outcome. In the State 68.2% families have GI/Metal/Asbestos sheets roofing. 23.1% have concrete roof. 5.7% have Grass/ Bamboo/ wood/mud roofs. 1% have Plastic/polythene roof and 2% have roof of any other material. This figure of 2011 census is bound to improve significantly by now. Hundreds of families have been benefitted by free housing schemes launched by Government for poor and underprivileged families every year.

**1.2.4. Household having safe Drinking water in the State.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl no** | **Indicators** | **Sikkim** | **India** |
| **1.** | **From Treated source** | **29.2 %** | **32.0 %** |
| **2.** | **From Untreated Source** | **56.1 %** | **11.6 %** |
| **3.** | **spring** | **11.1%** | **0.5 %** |
| **4.** | **River, canal, tank, pond, lake, Covered/uncovered well,**  **Hand pump and Tube well.** | **1 %** | **55.4 %** |
| **5.** | **Any other source** | **2.6%** | **1.5 %** |

NB: Number of households 128131. Source Census India. 2011.

Table.1.2.4. Households having drinking water from treated source in Sikkim is 29.2% which is lower than national average of 32%. Drinking from untreated source in the state is 56.1% significantly higher than national average of 11.6%. Drinking from springs is 11.1% which is higher than national average of 0.5%. 2.6% of household in the State and 1.5% in the country is drinking from any other source not listed above.

**1.2.5. Household by Availability of Toilet.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl no** | **Indicators** | **Sikkim** | **India** |
| **1.** | **Toilet within the premises** | **87.2 %** | **46.9 %** |
| **2.** | **Public Latrine** | **1.5 %** | **3.2 %** |
| **3.** | **Open** | **11.3 %** | **49.8 %** |

Source: Census 2011

Table1.2.5. Availability of Toilet within household is also an important indicator of personal hygiene and health outcome in the community. In the state 87.2% household has been shown to have toilet within household premises. This figure is nearly double of national average of 46.9 %. 11.3% household has been shown to do it in open compared to 49.8 % in India. 1.5 % household in the State is shown to be using public latrines against national average of 3.2 %.

**Sikkim became the first Nirmal Rajya in the country for 100% Sanitaion.**

**1.2.6. Women Empowerment and Gender Based Violence (15-49 yrs).**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.No** | **Indicators** | **NFHS 3**  2005-06. | **NFHS 4**  2015-16. |
| **1.** | **Married women in decision making** | **93.6 %** | **95 %** |
| **2.** | **Women ever experienced spouse violence** | **16.3 %** | **2.6 %** |
| **3.** | **Women having saving account they themselves use** | **20.9 %** | **63.5 %** |

Table 1.2.6. In Sikkimese society historically women have been always involved in household decision making. The data too shows that 93.5 % women were involved in decision making during NFHS 3, which has increased to 95 % in NFHS 4. Spouse violence use to be quite prevalent in our society but the data shows marked decrease. It was 16.5 % during 2005-06, decreased significantly in 2015-16. The women having their own bank account and using them themselves have improved more than three fold in Sikkim. It was 20.9 % during 2005-06 and is 63.5 during 2015-16.

**1.2.7. Tobacco use and Alcohol consumption among Adults**

**(age 15-49 yrs).**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.no** | **Indicators** | **NFHS 3** | **NFHS 4** |
| **1.** | **Women who use any kind of tobacco** | **18.7 %** | **7.3** |
| **2.** | **Men who use any kind of tobacco** | **61.8 %** | **40.3 %** |
| **3.** | **Women who consume alcohol** | **19.2 %** | **23.0 %** |
| **4.** | **Men who consume alcohol** | **45.4 %** | **51.2 %** |

Table 1.2.7. The use of tobacco has gone down significantly in the state. It indicates to some extent success of tobacco ban by the Government of Sikkim. The findings shows that Women using tobacco has gone down from 18.7 % in NFHS 3 to 7.3 % NFHS 4. The men using tobacco has also gone down from 61.8 % during NFHS 3 to 40.3 % in NFHS 4.

The alcohol use is ingrained in majority of Sikkimese culture and society. The survey also shows increased in consumption amongst both women and men. Amongst women it has gone up from 19.2 % to 23 % and amongst men it has gone up from 45.4 % to 51.2 %.

**1.3. Health Status.**

**1.3.1. Reproductive and Child Health.**

**1.3.1.. Statement showing the State/district wise performance on Maternal Health for the year from April 2015 to March, 2016**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Indicators** | **East** | **West** | **North** | **South** | **State** |
| **Estd. No. Of Pregnant Women** | **4237** | **2149** | **663** | **2187** | **9236** |
| **ANC Registration** | **4395**  **(103.7%)** | **1965**  **(91.4%)** | **616**  **(92.9%)** | **1965**  **(89.8%)** | **8941**  **(96.8%)** |
| **ANC 3 Check Ups** | **3867**  **(88%)** | **1811**  **(92.2%)** | **537**  **(87.2%)** | **1656**  **(84.3%)** | **7871**  **(88.1%)** |
| **Institutional Deliveries** | **5027**  **(99.2%)** | **973**  **(97.5%)** | **219**  **(99.1%)** | **1432**  **(96.2%)** | **7651**  **(98.4%)** |
| **Home Deliveries** | **42**  **(0.8%)** | **25**  **(2.5%)** | **2**  **(0.9%)** | **56**  **(3.8%)** | **125**  **(1.6%)** |
| **Home Deliveries Assisted By Sba(Tba/Relatives)** | **29**  **(0.6%)** | **13**  **(1.3%)** | **1**  **(0.5%)** | **26**  **(1.7%)** | **69**  **(0.9%)** |
| **Home Deliveries Assisted By Doctor/Nurse/Anm** | **13**  **(0.3%)** | **12**  **(1.2%)** | **1**  **(0.5%)** | **30**  **(2.0%)** | **56**  **(0.7%)** |

Source: PME Div. DHS.

Table 1.3.1. The data in this table are compilation of monthly reporting format from all the four districts/Urban FW centre, STNM and Central Referral Hospital, Manipal. Percentage calculated is against the estimated number of pregnant women in top row of the table. ANC Registration is 96.8% in the State. It is highest in the east district with 103.7% and lowest in the south 89.8%. ANC three check ups is 88.1 % in the state. Institutional deliveries at the state level is 98.4%. East is showing 99.2%, this may be because of the State Rreferral Hospital (STNM) and CRH Manipal is being in the east. Home delivery is 1.6% at the state level. It is highest in the south district i.e 3.8%. Out of total home deliveries, the deliveries assisted by Non-SBA(TBA/Relatives etc) are higher than those assisted by Doctor/Nurse/ANMs.

**1.3.2. Statement showing the State/district wise performance on Immunization for the year from April 2015 to March, 2016.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Indicators** | **EAST** | **WEST** | **NORTH** | **SOUTH** | **STATE** |
| **ESTD. NO. OF INFANTS** | **3852** | **1952** | **604** | **1988** | **8396** |
| **DPT** | **2346**  **(61%)** | **1266**  **(65%)** | **388**  **(64%)** | **1244**  **(63%)** | **5244**  **(62%)** |
| **OPV** | **3784**  **(98%)** | **1822**  **(93%)** | **556**  **(92%)** | **1859**  **(94%)** | **8021**  **(96%)** |
| **BCG** | **5069**  **(132%)** | **1048**  **(54%)** | **231**  **(38%)** | **1517**  **(76%)** | **7865**  **(94%)** |
| **Measles** | **3885**  **(101%)** | **1818**  **(93%)** | **549**  **(91%)** | **1848**  **(93%)** | **8100**  **(96%)** |
| **Full Immunizations** | **3828**  **(99%)** | **1785**  **(91%)** | **533**  **(88%)** | **1819**  **(91%)** | **7965**  **(95%)** |
| **Hepatitis ‘B’** | **2322**  **(60%)** | **1264**  **(65%)** | **388**  **(64%)** | **1234**  **(62%)** | **5208**  **(62%)** |
| **MMR** | **3430**  **(89%)** | **1559**  **(80%)** | **445**  **(74%)** | **1738**  **(87%)** | **7172**  **(85%)** |

Source- HMIS.PME Division. DHS.

Table 1.3.2. The DPT vaccination at the state level is 62.0%. It is highest in the West District with 65%. OPV at the state is 96 %. BCG average at the state level is 94% and it is lowest 38% in the North. Measles at the state level is 96%. 95% of the infants are fully immunized in the state, Highest with 99% in the East and lowest 88% in the North Districts. Hepatitis ‘B’ is 62% at the state level and highest with 65% in the West District. MMR 85% state level, Highest 89% in the East District.

**1.3.3. KEY INDICATOR MATERNAL HEALTH.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **INDICATOR** | **EAST** | | **WEST** | | **NORTH** | | **SOUTH** | | **STATE** | | |
| DLHS-IV | DLHS-III | DLHS-IV | DLHS-III | DLHS-IV | DLHS-III | DLHS-IV | DLHS-III | DLHS-IV | DLHS-III | NFHS – IV  2015-16 |
| **1** | **Contraceptive Prevalence.** | 49.4 | 72.3 | 70.8 | 68.5 | 73.5 | 70.6 | 67.4 | 69.7 | 64.1 | 71.1 | 46.7 |
| **2** | **Unmet Need (Family Planning)** | 32.9 | 15.4 | 13.0 | 15.3 | 10.9 | 16.4 | 18.8 | 16.3 | 20.2 | 16.1 | 21.7 |
| **3** | **Ante Natal Care** | | | | | | | | | | | |
| \*Any Ante Natal Check-up | 94.0 | 97.0 | 87.4 | 94.7 | 91.0 | 98.0 | 94.3 | 93.0 | 91.8 | 95.2 | NA |
| \*ANC First Trimester | 74.8 | 61.5 | 56.1 | 46.5 | 70.3 | 47.6 | 70.0 | 45.1 | 68.5 | 49.2 | 76.2 |
| \*Three or more ANC | 81.1 | 72.9 | 82.7 | 62.9 | 86.2 | 67.9 | 91.5 | 73.8 | 84.8 | 69.9 | 74.7 |
| **4** | **Delivery Care** | | | | | | | | | | | |
| Total Institutional Delivery | 92.6 | 66.3 | 73.7 | 41.8 | 82.0 | 47.4 | 81.3 | 47.5 | 82.7 | 49.8 | 94.7 |
| \*Delivery at Govt. Health Institutions | 71.3 | 60.5 | 66.4 | 39.8 | 77.0 | 44.9 | 76.0 | 44.0 | 71.3 | 46.2 | 82.7 |
| \*Delivery at Private Health Institutions | 21.3 | 5.8 | 7.3 | 2.0 | 5.0 | 2.5 | 5.3 | 3.5 | 11.4 | 3.6 | 12.0 |
| \*Home Delivery | 6.9 | 33.3 | 24.1 | 56.9 | 17.0 | 51.2 | 17.9 | 51.0 | 16.0 | 49.0 | 5.3 |
| **5** | **JSY Benefits** | | | | | | | | | | | |
| \*Home Delivery | 0.0 | 11.9 | 16.4 | 11.6 | 20.5 | 25.0 | 18.2 | 17.1 | 15.6 | 16.2 | NA |
| \*Institution Delivery | 21.4 | 22.6 | 31.7 | 25.8 | 64.3 | 39.2 | 33.0 | 20.1 | 35.0 | 26.2 | 74.2 |

Source: District Level Household Survey (DLHS) & National Family Health Survey.

Table 1.3.3. The table features some of the key Maternal Health indicators. Contraceptive prevalence has decreased from 71.1% during DLHS 3 to 64.1 % in DLHS 4. NFHS IV shows more decreased figure of 46.7 %. The west district shows increase from 68.5 % to 70.8%. North also shows increase from 70.6 to 73.5. South there is marginal decrease from 69.7 to 67.4. The major decrease is seen in east district i.e. from 72.3 to 49.4, this has drag down the states figure considerably. Unmet need in family planning has increased from 16.1 DLHS III to 20.2 in DLHS IV. The NFHS IV figure is 21.7. The unmet need has increased maximum in east district i.e more than double. It was 15.4 during DLHS III and was 32.9 in DLHS IV. In west it decreased from 15.3 to 13 and in the north too it decreased from 16.4 to 10.9. South increase is of only 1.5 %.

Any ante natal check up is down from 95.2 DLHS III to 91.8 DLHS IV at the state level. East it is down by around 3 %, west it is down from 94.7 to 87.4 %, north it is down from 98 to 91 % and only in south district it has gone up from 93 to 94.3 %. There is marked increase in ANC first trimester at the state level. It has gone up from 49.2 DLHS III to 68.5 in IV. Districts have also shown similar trends. There is increase in all the districts. Three or more ANCs has also improved at the state level from 69.9 to 84.8 %. NFHS IV figure is 74.7 %.

Institutional delivery has gone up from 49.8 DLHS III to 82.7 in DLHS IV. NFHS IV figure is 94.7. The trend is similar in all the districts. East district shows largest proportion of women delivering in hospitals i.e 92.6 %. Out of the institutional delivery 71.3 % have delivered in Government institution, which were 46.2 in DLHS III survey. The trend is similar across all districts. The delivery in private health institution has increased considerably from 3.6 % DLHS III to 11.4 % DLHS IV at the state level. The districts are showing similar trend. Home delivery has come down significantly from 49 % in DLHS III to 16 % DLHS IV. NFHS IV figure is at 5.3 %.

Women receiving JSY benefits when they delivered at home have decreased from 16.2 % DLHS III to 15.6 % DLHS IV at state level. The west and south district this has increased but this has decreased in north district and is showing nil in east districts. The JSY benefits on institutional delivery have gone up from 26.2 to 35.0 DLHS IV at the state level. NFHS IV figure is 74.2 %. Across the districts the trend is same only in the east district the women receiving benefits declined by around 1%.

**1.3.4. KEY INDICATOR CHILD HEALTH (Age 12-23 months)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **INDICATOR** | **EAST** | | **WEST** | | **NORTH** | | **SOUTH** | | **STATE** | | |
| **DLHS-IV** | **DLHS-III** | **DLHS-IV** | **DLHS-III** | **DLHS-IV** | **DLHS-III** | **DLHS-IV** | **DLHS-III** | **DLHS-IV** | **DLHS-III** | **NFHS – IV**  **2015-16** |
| 1 | **Child Immunization** | | | | | | | | | | | |
| \*Received full vaccination | 83.3 | 85.7 | 88.4 | 69.0 | 86.0 | 81.5 | 83.3 | 73.9 | 85.2 | 77.8 | 83.0 |
| \*Received BCG vaccine | 100.0 | 98.9 | 100.0 | 99.0 | 98.2 | 99.0 | 98.1 | 97.7 | 99.2 | 98.5 | 98.0 |
| \*Received 3 doses of DPT vaccine | 97.6 | 93.0 | 97.1 | 88.3 | 96.5 | 89.5 | 94.3 | 84.8 | 95.9 | 88.7 | 93.0 |
| \*Received 3 doses of polio vaccine\* | 85.7 | 94.3 | 94.2 | 75.7 | 87.7 | 89.0 | 92.5 | 83.0 | 90.4 | 86.6 | 87.7 |
| \*Received measles vaccine | 97.6 | 89.0 | 97.1 | 95.5 | 94.7 | 95.8 | 90.7 | 91.4 | 94.9 | 92.5 | 93.3 |
| 2 | **Child feeding practices** | | | | | | | | | | | |
| \*0-5 months exclusively breastfed | 58.8 | NA | 61.9 | NA | 60.9 | NA | 55.6 | NA | 58.7 | 40.0 | 54.6 |
| 3. | **Anaemia Status** | | | | | | | | | | | |
| \*6 - 59 months having anaemia | 79.1 | NA | 83.8 | NA | 86.5 | NA | 82.9 | NA | 82.9 | NA | 55.1 |
| \*15 - 19 yrs having anaemia | 56.1 | NA | 59.4 | NA | 63.0 | NA | 78.0 | NA | 68.7 | NA | NA |
| \*15 - 49 yrs Pregnant women having anaemia | 60.7 | NA | 75.2 | NA | 74.0 | NA | 88.2 | NA | 74.9 | NA | 23.6 |
| \*9 - 35 months at least one dose of Vitamin – A | 82.7 | 86.7 | 92.4 | 88.3 | 94.5 | 89.1 | 89.1 | 85.7 | 89.8 | 86.8 | 84.3 |

Source: NFHS, DLHS III and DLHS IV.

Table 1.3.4. The percentage of children receiving full immunization at the state level has gone up from 77.8 % DLHS III to 85.2 in DLHS IV. NFHS IV it is 83.0. District wise too trend is same except for the east where it has decreased from 85.7 DLHS III to 83.3 DLHS IV. BCG vaccination is 99.2 % at state level. NFHS IV it is 98 %. East and west districts have achieved 100%. South and north is at 98 % mark. Children who have received three doses of DPT vaccine is 95.9 % % DLHS IV at state level up from 88.7 % during DLHS III. NFHS IV it is 93 %. Those who received three doses of Polio Vaccine 90.4 % DLHS IV at state level up from 86.6 DLHS III. NFHS IV it is 87.7 %. District wise it is observed that it has decreased markedly in the east i.e. 94.3 DLHS III to 85.7 DLHS IV. North district too it has declined from 89.0 to 87.7 % DLHS IV. South and west districts it has shown significant increase in percentages. Measles vaccine immunization rate at the state level was shown as 94.9 % DLHS IV, which is improvement from 92.5 % DLHS III. NFHS IV figure is 93.3 %. It has increased in east and west districts and has decreased in north and south districts..

58.7 % (DLHS IV) of infants 0-5 months have been found to be exclusively breast fed, which is improvement from 40 % DLHS III. NFHS IV it is 54.6 %.

82.9 % (DLHS IV) of children under age group 6-59 months are found to be anaemic in the state. NFHS IV it is 55.1 %. Among age group 15 – 19 yrs it is 68.7 %. Anaemia amongst 15 – 49 yrs group of pregnant women it was found to be 74.9 % DLHS IV. Where as it was 23.6 as per NFHS IV. Children and infants 09-35 months age group receiving atleast one dose of Vitamin A was found to be 89.8 % DLHS IV which was 86.8 % in DLHS III. NFHS IV It was 84.3 %.North district has the highest number receiving Vitamin A with 94.5 % DLHS IV and east has the lowest percentage of 82.7 % DLHS IV.

**1.3.5. Communicable Diseases.**

**1.3.5. Cases and Deaths Due to Principal Communicable Diseases during 2015 -Sikkim.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No** | **Nature/ Group of Non Communicable Diseases** | **ICD-10 Code** | **Total Cases** | **Total Deaths** |
| **1** | **Cholera(Lab confirmed)** | **A00** | **0** | **0** |
| **2** | **Acute Diarrhoeal Diseases (including Gastro enteritis etc.)** | **A09** | **53295** | **3** |
| **3** | **Diptheria** | **A36** | **0** | **0** |
| **4** | **Tetanus other than Neontal** | **A35** | **0** | **0** |
| **5** | **Neonatal Tetanus** | **A33** | **0** | **0** |
| **6** | **Whooping cough** | **A37** | **0** | **0** |
| **7** | **Measles** | **B05** | **802** | **0** |
| **8** | **Acute Respiratory Infection (ARI) including Influenza and excluding Pneumonia** | **J00-06 22** | **104346** | **36** |
| **9** | **Pneumonia** | **J12-18** | **915** | **5** |
| **10** | **Enteric Fever** | **A01** | **453** | **2** |
| **11** | **Viral Hepatitis – A** | **B15.9** | **17** | **0** |
| **12** | **Viral Hepatitis – B** | **B16.9** | **1320** | **0** |
| **13** | **Viral Hepatitis C.D.E** | **B 17.8** | **7** | **0** |
| **14** | **Meningococcal Meningits** | **A39.0** | **0** | **0** |
| **15** | **Rabies\*\*\*\*** | **A82** | **0** | **3** |
| **16** | **Syphilis** | **A50-A53** | **0** | **0** |
| **17** | **Gonococcal Infection** | **A54** | **11** | **0** |
| **18** | **Chicken Pox** | **B01** | **448** | **0** |
| **19** | **Encephalitis** | **G04.9** | **6** | **0** |
| **20** | **Viral Meningitis** | **Go3.9** | **0** | **0** |
| **21** | **Others** |  | **288587** | **70** |
|  | **TOTAL** |  | **450207** | **119** |

Source. HMIS. PME.DHS.

Table 1.3.5. shows ICD-10 of the Principal Communicable diseases with number of cases and death due to the disease in the state. This is standard format prescribed by Central Bureau of Health Information and is used for reporting by whole of the country. The table shows that there were no reported cases of Cholera, Diptheria, Tetanus, Neo-natal Tetanus, Whooping- Cough, Viral Hepatitis C,D,E, Meningococcal Meningitis, Rabies and Viral Meningitis in the State.

Total of 53295 cases of Acute Diarrhoel Diseases and 3 deaths were reported. 802 cases of measles were reported but no deaths. 104346 cases of Acute Respiratory Infection were reportedly treated there were 36 deaths. Out of 915 cases of Pneumonia 5 deaths were reported. There were 288587 cases and 70 deaths due to other Communicable Disease were reported.

There were 453 cases of Enteric fever, 17 cases of Viral Hepatitis- A, 1320 cases of Viral Hepatitis-B, 11 cases of Gonococcal Infection, 448 cases of Chicken Pox and 6 cases so there were 450919 and 119 deaths in the State due to Communicable Disease during 2015. 3 deaths were reported due to Rabbies.

**1.3.6. Cases and Deaths due to Non-Communicable Diseases During 2015 –Sikkim.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No** | **Nature/ Group of Non Communicable Diseases** | **ICD-10 Code** | **Total Cases** | **Total Deaths** |
| **1** | **Cardio Vascular Diseases** |  |  |  |
| **1.1** | **Rheumatic Fever** | **I00 – I02** | **0** | **0** |
| **1.2** | **Hypertension** | **I10 - I15** | **23030** | **43** |
| **1.3** | **Ischemic Heart Diseases** | **I20 - I25** | **105** | **2** |
| **1.4** | **Congenital Heart Disease** | **Q20 - Q28** | **0** | **0** |
| **1.b** | **Dilated Cardiomyopathy** |  | **333** | **9** |
| **1.c** | **Myocarditis** |  | **2** | **0** |
| **1.g** | **Rheumatic Heart Disease** |  | **417** | **8** |
| **1.h** | **Hypertensive Heart Disease** |  | **197** | **4** |
| **1.i** | **Acute myocardial Infarction** |  | **174** | **12** |
| **1.j** | **Pericardial Effusion** |  | **12** | **0** |
| **1.k** | **Acute Corpulmonale** |  | **12** | **3** |
| **1.l** | **Chronic Corpulmonale** |  | **4** | **1** |
| **ii.** | **Other Cardio Vascular Diseases** | **I05-I09,I26-I52,I70- I99** | **0** | **0** |
| **2** | **Neurological Disorders** |  |  |  |
| **2.1** | **Cerebro Vascular Accident** | **I60-I69** | **681** | **64** |
| **2.2** | **Chronic Neurological Disorder** | **G90-G99** | **0** | **0** |
| **2.3** | **Other Neurological Disorders \*\*** | **F 00-03, G 00-G83** | **251** | **4** |
| **3** | **Diabetes Mellitus** |  |  |  |
| **3.1** | **Type 1** | **E 10** | **509** | **0** |
| **3.2** | **Type 2** | **E 11** | **3458** | **18** |
| **4** | **Lungs Disease** |  |  |  |
| **4.1** | **Bronchitis** | **J 40** | **1159** | **0** |
| **4.2** | **Emphysemas** | **J 43** | **32** | **0** |
| **4.3** | **Asthma** | **J 45** | **2768** | **3** |
| **5** | **Psychiatric Disorder** |  |  |  |
| **5.1** | **Common Mental Disorders** | **F10-F19** | **6456** | **0** |
| **5.2** | **Severe Mental Disorders** | **F 99** | **1834** | **0** |
| **6** | **Accidental Injuries** | **S00-S99,T00-T14** | **18594** | **1** |
| **7** | **Cancer (Malignant & Benign)** |  |  |  |
| **7.1** | **Cervix Cancer** | **C53, D26** | **18** | **2** |
| **7.2** | **Breast Cancer** | **C50 & D24** | **30** | **2** |
| **7.3** | **Lung Cancer** | **C34, D14.3** | **37** | **3** |
| **7.4** | **Oral Cancer (Lip, Oral Cavity and Pharynx)** | **C00 - C14, D10** | **22** | **0** |
| **7.5** | **Other Cancers(excluding 7.1 to 7.4)** | **C00-D48** | **295** | **31** |
| **8** | **Snake Bite** | **T 63.0** | **130** | **0** |
| **9** | **Renal Failure** |  |  |  |
| **9.1** | **Acute Renal Failure** | **N 170** | **16** | **0** |
| **9.2** | **Chronic Renal Failure** | **N 18** | **9** | **0** |
| **10** | **Obesity** | **E 66** | **0** | **0** |
| **11** | **Road Traffic Accidents** | **V01-V89** | **2018** | **13** |
| **12** | **Others NCD** |  | **355243** | **358** |
|  | **TOTAL** |  | **417843** | **581** |

Source: HMIS. PME Division. DHS.

Table 1.3.6. It shows ICD code of different Non Communicable Diseases, number of cases and deaths due to Non Communicable Diseases in the state. There were no cases of Congenital Heart Disease, Chronic Neurological Disorder and Obesity in the state during the period of reporting. 23030 cases of hypertension were reported out of which 43 died. There were 333 cases of cardiomyopathy resulting in death of 9 persons. 414 cases of rheumatic heart disease reported and 8 deaths. There were 197 cases of hypertensive heart disease and 4 deaths, Chronic Corpulmonale 4 cases and 1 deaths. 681 cases of Cerebro Vascular Accidents and 64 deaths.

There were 251 cases of other neurological disorder out of which four died. There were 3458 cases of Type 2 Diabetes Mellitus and 18 deaths due to it. Out of 2768 cases of Asthma there were 3 deaths. Out of 18594 Accidental injuries 1 deaths were reported.

There were 402 cases of different type of cancers reported in the state out of which deaths were 38 persons.

Total of 355243 person attended hospital with different ailments of Non communicable diseases. There were 358 deaths because of Non Communicable diseases in the state.

**1.4. Human Resource.**

This section provides an overview of availability of trained and specialized medical, nursing and paramedical personnel in the State. This will also give an overview of district wise distribution and inter districts disparities.

**1.4.1. Average No of person served by Government Doctor/Dental Surgeon/Nurse/ANM/ as on 31/12/2016**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SL. No.** | **PARTICULARS** | **EAST** | **WEST** | **NORTH** | **SOUTH** | **STATE** |
| **1** | **ALLOPATHIC DOCTORS** | **1620** | **4873** | **1987** | **2771** | **2196** |
| **2** | **DENTAL DOCTOR** | **10128** | **27287** | **6244** | **16317** | **12461** |
| **3** | **NURSE** | **2181** | **5457** | **2300** | **5245** | **3023** |
| **4** | **ANMs** | **1411** | **1605** | **662** | **1335** | **1322** |

Source: PME Division. DHS. State.

NB: Ratio based on Population Census 2011 (State-610577/North-43709/East-283583/South-146850/West-136435).

Table 1.4.1.The average population served by the Government Allopathic Doctors is lowest in east district may be because state referral hospital is situated in the east districts. Number is largest in the west followed by south then north districts. The good figure in the north district may not be because of number of Doctors in the district. It may be because population of north district is smallest. Trend is similar regarding Dental Doctors and ANM. In comparision to national figure state is far better of in respect of allopathy and Dental doctor serving average population. One significant observation noticed in the table is that average number of population served by Nurse is far larger than that of doctors. This indicates severe shortages of Nurses in the State.

**1.4.2. District wise Allopath/Ayush Doctors in Position in the State as on**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |  |  |  |  |  |  |  |  |  |  |
| **2.** | **Doctors(Other than mentioned in Sl. NO. 1)** |  |  |  |  |  |  |  |  |  |  |
| **3.** | **MO(Specialist )**  **(Contractual)** |  |  |  |  |  |  |  |  |  |  |
| **4.** | **MO (Contractual)** |  |  |  |  |  |  |  |  |  |  |
| **5.** | **MO**  **(AMJI/AYUSH)**  **(Contractual)** |  |  |  |  |  |  |  |  |  |  |
|  | **TOTAL** |  |  |  |  |  |  |  |  |  |  |

Source: PME Div. DHS.

**1.4.3. District wise Dental Doctors in Position in the State**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.No** | **Designation** | **STNM/**  **Gangtok HO** | **East** | **West** | **North** | **South** | **State** |
| **1.** | **Pr.Director/**  **Chief Consultant** |  |  |  |  |  |  |
| **2.** | **Addl.Director/**  **Consultant Grd I** |  |  |  |  |  |  |
| **3.** | **Consultants**  **Grade II** |  |  |  |  |  |  |
| **4.** | **Dental Surgeon**  **Senior Grade** |  |  |  |  |  |  |
| **5.** | **Dental Surgeon**  **Junior Grade** |  |  |  |  |  |  |
| **6.** | **Dental Surgeon (Contract)** |  |  |  |  |  |  |
| **7.** | **Dental Surgeon (NRHM)** |  |  |  |  |  |  |
|  | **Total** |  |  |  |  |  |  |

Source:PME. Div. DHS.

**1.4.4. Department wise No. of Specialist as on 31/12/2016.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | **1** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **1** | **-** | **1** |
| **2.** | **General Medicine** | **7** | **-** | **2** | **-** | **1** | **-** | **-** | **-** | **-** | **1** | **10** | **1** | **11** |
| **3.** | **Gynaecology & Obstetric** | **9** | **-** | **2** | **-** | **2** | **-** | **1** | **-** | **2** | **1** | **16** | **1** | **17** |
| **4.** | **Paediatrician** | **7** | **-** | **2** | **-** | **1** | **-** | **-** | **-** | **1** | **-** | **11** | **-** | **11** |
| **5.** | **Orthopaedics** | **3** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **1** | **-** | **4** | **-** | **4** |
| **6.** | **Surgeon** | **5** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **2** | **1** | **7** | **1** | **8** |
| **7.** | **Anaesthesist/DA** | **6** | **-** | **1** | **-** | **1** | **-** | **-** | **-** | **1** | **-** | **9** | **-** | **9** |
| **8.** | **Psychiatrist** | **3** | **-** | **1** | **-** | **-** | **1** | **-** | **-** | **1** | **-** | **5** | **1** | **6** |
| **9.** | **Medico Legal** | **2** | **-** | **1** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **3** | **-** | **3** |
| **10.** | **Pathology/DCP** | **9** | **-** | **1** | **-** | **-** | **-** | **-** | **-** | **2** | **-** | **12** | **-** | **12** |
| **11.** | **Radiology/Dip. In Radiology** | **3** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **1** | **-** | **4** | **-** | **4** |
| **12.** | **TB & Respiratory** | **4** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **4** | **-** | **4** |
| **13.** | **Opthalmology** | **3** | **-** | **-** | **1** | **-** | **-** | **-** | **-** | **-** | **1** | **3** | **2** | **5** |
| **14.** | **Dermatology** | **4** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **1** | **-** | **5** | **-** | **5** |
| **15.** | **GastroEnterology** | **1** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **1** | **-** | **1** |
| **16.** | **ENT** | **5** | **-** | **-** | **-** | **1** | **-** | **1** | **-** | **1** | **-** | **8** | **-** | **8** |
| **17.** | **Microbiology** | **9** | **-** | **-** | **-** | **1** | **-** | **-** | **-** | **1** | **-** | **11** | **-** | **11** |
| **18.** | **Community Medicine** | **9** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **2** | **-** | **11** | **-** | **11** |
| **20.** | **Pharmalogy** | **2** | **-** | **1** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **3** | **-** | **3** |
| **21** | **PMR (Physical Medicine of Rehabitation** | **1** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **1** | **-** | **1** |
| **22** | **Physiology** | **2** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **2** | **-** | **2** |
| **23** | **Bio Chemistry** | **7** | **-** | **1** | **-** | **-** | **-** | **-** | **-** | **1** | **-** | **9** | **-** | **9** |
|  | **TOTAL** | **102** | **-** | **12** | **1** | **7** | **1** | **2** | **-** | **17** | **4** | **140** | **6** | **146** |

Source: PME.Div.DHS.

**1.4.5. District wise postings of Nursing personnels (Nurse/LHV/ANM ) regular and contractual in position as on 31/12/2016.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. N.** | **Designation** | **STNM/HO** | **East** | **West** | **North** | **South** | **State** |
| **1.** | **Joint Director (Nursing)** | **1** | **-** | **-** | **-** | **-** | **1** |
| **2.** | **Community Nursing Officer** | **-** | **-** | **-** | **-** | **1** | **1** |
| **3.** | **Principal Nursing Officer** | **1** | **-** | **-** | **-** | **-** | **1** |
| **4.** | **Nursing Supdt.** | **1** | **-** | **-** | **-** | **-** | **1** |
| **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** | **4** | **-** | **-** | **-** | **-** | **4** |
| **10.** | **Asstt. Director Nursing** | **2** | **-** | **-** | **-** | **-** | **2** |
| **11.** | **CHO** | **2** | **4** | **1** | **-** | **3** | **10** |
| **12.** | **PHNO** | **1** | **1** | **-** | **1** | **1** | **4** |
| **13.** | **Jr. Sister Tutor** | **-** | **-** | **-** | **-** | **-** | **-** |
| **14.** | **Assistant Nursing Superintendent** | **16** | **1** | **1** | **1** | **1** | **20** |
| **15** | **LHV/HA(F)** | **-** | **8** | **2** | **2** | **4** | **16** |
| **16.** | **Staff Nurse** | **96** | **13** | **8** | **5** | **18** | **140** |
| **17.** | **Sr.ANM(Selection Grade)** | **22** | **14** | **6** | **4** | **18** | **64** |
| **18.** | **ANM (G-I)** | **44** | **38** | **19** | **17** | **50** | **168** |
| **19.** | **ANM/MPHW (G-II)** | **12** | **35** | **21** | **8** | **12** | **88** |
| **20.** | **ANM/MPHW G-III)** | **2** | **11** | **15** | **17** | **14** | **59** |
| **21.** | **Staff Nurse (NRHM)** | **3** | **18** | **17** | **14** | **10** | **62** |
| **22.** | **ANM/MPHW (NRHM)** | **1** | **22** | **24** | **20** | **16** | **83** |
|  | **TOTAL** | **216** | **166** | **144** | **90** | **149** | **735** |

Source: PME. Div.DHS.

**1.4.6. District wise Position of Paramedics (Group A & B) as on 31/12/2016.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.**  **No** | **Particulars** | **STNM/HO** | **EAST** | **WEST** | **NORTH** | **SOUTH** | **STATE** |
| **1** | **Joint Med. Store Officer** | **1** | **-** | **-** | **-** | **-** | **1** |
| **2** | **Joint Director (PFA)** | **-** | **1** | **-** | **-** | **-** | **1** |
| **3** | **Dy. Director (IEC)** | **1** | **-** | **-** | **-** | **-** | **1** |
| **4** | **Dy. Director (Sanitation)** | **1** | **-** | **-** | **-** | **-** | **1** |
| **5** | **Joint Director (Drugs)** | **-** | **-** | **-** | **-** | **-** | **-** |
| **6** | **Sr. Public Analyst** | **-** | **-** | **-** | **-** | **-** | **-** |
| **7** | **Sr. Med. Store Officer** | **-** | **-** | **-** | **-** | **-** | **-** |
| **8** | **Sr. Food Inspector** | **1** | **-** | **-** | **-** | **1** | **2** |
| **9** | **Sr. Tech. Officer** | **-** | **-** | **-** | **-** | **-** | **-** |
| **10** | **Health Edn. Officer (IEC)** | **2** | **3** | **-** | **-** | **1** | **6** |
| **11** | **Sr./Non- Med. Leprosy Officer** | **-** | **1** | **1** | **1** | **1** | **4** |
| **12** | **Community Health Officer (CHO)** | **1** | **1** | **-** | **-** | **02** | **4** |
| **13** | **Technical Officer** | **24** | **5** | **8** | **4** | **10** | **51** |
| **14** | **Entomologist (NRHM)** | **1** | **-** | **-** | **-** | **-** | **1** |
| **15** | **Dietician** | **1** | **-** | **-** | **-** | **1** | **2** |
| **16** | **Asstt. Director (Sanitation)** | **-** | **1** | **1** | **1** | **-** | **3** |
| **17** | **Counselor (on Deputation to another deptt.** | **1** | **-** | **-** | **-** | **-** | **1** |
| **18** | **Physiotherapist** | **3** | **1** | **1** | **-** | **1** | **6** |
| **19** | **Clinical Psychologist** | **1** | **-** | **-** | **-** | **-** | **1** |
| **20** | **Sr. Drug Inspector** | **-** | **2** | **-** | **-** | **-** | **2** |
| **21** | **Med. Store Officer** | **1** | **1** | **1** | **1** | **1** | **5** |
|  | **TOTAL** | **40** | **16** | **12** | **7** | **18** | **93** |

Source: PME.DIV. DHS>

**1.4.7. District wise Position of Paramedics (Group C) as on 31/12/2016.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.No** | **Particulars** | **STNM/HO** | **EAST** | **WEST** | **NORTH** | **SOUTH** | **STATE** |
| **1** | **MPHW (M)** | **6** | **72** | **38** | **21** | **36** | **173** |
| **2** | **MRT** | **-** | **-** | **-** | **01** | **-** | **1** |
| **3** | **X- Ray- Technician** | **3** | **1** | **3** | **1** | **07** | **15** |
| **4** | **Radiographer/CT Scan** | **3** | **-** | **-** | **2** | **1** | **6** |
| **5** | **ECG Technician** | **4** | **1** | **1** | **-** | **-** | **6** |
| **6** | **Lab. Tech. (1, II & III)** | **9** | **13** | **9** | **6** | **14** | **51** |
| **7** | **Blood Bank Tech.** | **1** | **-** | **-** | **-** | **3** | **4** |
| **8** | **Orth.Tech.** | **4** | **1** | **-** | **-** | **2** | **7** |
| **9** | **OT Technician** | **5** | **1** | **2** | **-** | **3** | **11** |
| **10** | **Ophthalmic Assistant** | **3** | **-** | **1** | **1** | **1** | **6** |
| **11** | **Health Educator** | **-** | **2** | **1** | **2** | **3** | **8** |
| **12** | **Counsellor Drug De – adddic.** | **1** | **-** | **-** | **-** | **-** | **1** |
| **13** | **Non Med. Supervisor** | **3** | **3** | **4** | **2** | **4** | **16** |
| **14** | **PMW** | **1** | **-** | **1** | **-** | **-** | **2** |
| **15** | **Dental Assistant** | **2** | **1** | **2** | **2** | **2** | **9** |
| **16** | **Dental Hygienist** | **2** | **1** | **-** | **-** | **1** | **4** |
| **17** | **Treatment Organiser** | **-** | **1** | **-** | **-** | **1** | **2** |
| **18** | **Asstt. Pgysiotherapist** | **3** | **-** | **1** | **-** | **2** | **6** |
| **19** | **Ward Master** | **2** | **1** | **-** | **-** | **1** | **4** |
| **20** | **Store Inspector** | **-** | **1** | **-** | **-** | **-** | **1** |
| **21** | **Sanitary Inspector** | **-** | **-** | **-** | **1** | **1** | **2** |
| **22** | **Drug Inspector** | **-** | **-** | **-** | **-** | **-** | **-** |
| **23** | **Autopsy Technician** | **1** | **-** | **-** | **-** | **-** | **1** |
| **24** | **Insect Collector** | **4** | **1** | **-** | **-** | **-** | **5** |
| **25** | **Dark Room Asstt.** | **1** | **-** | **-** | **-** | **1** | **2** |
| **26** | **Lab Tech. (NRHM)** | **-** | **3** | **6** | **2** | **4** | **15** |
| **27** | **X – Ray Tech. (NRHM)** | **1** | **2** | **3** | **1** | **1** | **8** |
| **28** | **Paramedics (Ayush) NRHM** | **-** | **1** | **2** | **1** | **2** | **6** |
| **29** | **Pharmacist (NRHM)-** | **-** | **3** | **5** | **5** | **5** | **18** |
| **30** | **MPHW (M) (NRHM)** | **-** | **-** | **-** | **-** | **-** | **-** |
| **31** | **Dental Assistant (NRHM)** | **-** | **3** | **-** | **-** | **3** | **6** |
| **32** | **O T Tech. (NRHM)** | **-** | **1** | **1** | **-** | **1** | **3** |
| **33** | **Ophthalmic Assistant (NRHM)** | **1** | **-** | **-** | **-** | **-** | **1** |
| **34** | **ECG Tech. (NRHM)** | **1** | **1** | **-** | **-** | **-** | **2** |
|  | **TOTAL** | **61** | **114** | **80** | **48** | **99** | **402** |

Source : PME Div.Table 1.4.7.

Many Vacant post of different category of Para medical personnel in the District and state is observed in the table. It indicates urgent need of Cadre review and immediate filling up of post priority wise and in a phased manner.

**1.5. Health Infrastructure.**

Health infrastructure is an important indicator to understand the healthcare delivery provision and mechanism in the state. It also indicates priority accorded to the health sector by the state. This section has been divided into two i.e Service infrastructure and Educational infrastructure.

**1.5.1. Service Infrastructure.**

**1.5.1.1. No of Health Institutions in Sikkim.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SL.NO.** | **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 | 19 | 39 | 147 |
| 6 | DISTRICT TUBERCULOSIS CENTRE,NAMCHI | - | - | - | 1 | 1 |
| 7 | CENTRE REFERRAL HOSPITAL MANIPAL TADONG (PPP.) | 1 | - | - | - | 1 |
| 8 | TOTAL | 58 | 49 | 25 | 48 | 180 |

**1.5.1.2. Hospital Beds Sanctioned Strength in the State of Sikkim as on 31/12/2016**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SLNO** | HEALTH INSTITUTIONS | **NO. OF BEDS** | | | | |
| **EAST** | **WEST** | **NORTH** | **SOUTH** | **STATE** |
| 1 | STATE REFERRAL HOSPITAL | 300 | NA | NA | NA | 300 |
| 2 | DISTRICT HOSPITAL | 100 | 100 | 100 | 100 | 400 |
| 3 | COMMUNITY HEALTH CENTRE | 30 | NA | NA | 30 | 60 |
| 4 | PRIMARY HEALTH CENTRE | 60 | 70 | 50 | 60 | 240 |
| 4 | DISTRICT TUBERCULOSIS CENTRE,NAMCHI | NA | NA | NA | 60 | 60 |
| 5 | CENTRAL REFERRAL HOSPITAL, MANIPAL TADONG (PVT.) | 500 | NA | NA | NA | 500 |
|  | TOTAL | 990 | 170 | 150 | 50 | 1560 |

**1.5.2 Educational Infrastructure:**

Training School was recognized in the year 1983 by the West Bengal Nursing Council. The Training School is affiliated to West Bengal Nursing Council (W.B.N.C) and follows the guidelines provided in the syllabus as per W.B.N.C and Indian Nursing Council (INC).

ANM was started from the year 1983.

ANM training is a certificated course of 2 years.

In the year 1994 - 19 Students.

In the year 1995 - 19 Students

In the year 1996 - 19 Students

In the year 1997 - 16 Students

In the year 1998 - 19 Students

In the year 1999 – 2005 (Admission was stopped due to administrative reason)

In the year 2006 - 20 Students

In the year 2007 - 19 Students.

In the year 2009 - 19 Students

In the year 2010 - 19 Students

In the year 2011 - 20 Students

In the year 2012 - 20 Students

In the year 2013 - 18 Students

In the year 2014 - NIL

In the year 2015 - 20 Students, Result not out

In the year 2016 - Not admitted.

Total - 247 Students.

The total Student was admitted as on 2016 was 208 students and all are passed out. G.N.M Training is a diploma course of 3 ½ years which was started from 1st Sep. 2000 with intake of 20 Students. The total 233 students were admitted till to the report.

The passed out student figure is shown below as year wise.

The amount of G.N.M Students – 233 Nos.

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

In the year 2014 - 20 Students

In the year 2015 - 20 Students

In the year 2016 - 20 Students Result not yet declared

Total - 233 Students.

The passed out student as on 2014 is 420 Nos. Students (227 No ANM and 193 Nos. GNM)

The total students as per our report till to date is 480 students (247 Nos. ANM+233 Nos. GNM).

**Activities of the Students.**

The Students get their Clinical Experiences in various word and departments of hospital in addition to their regular theory classes.

The second year students were taken to North Bengal Medical Colleges Hospital, Siliguri for their Experience in Dialysis and Cancer Radiotherapy. Now at present Dialysis and Oncology department started functioning in our STNM Hospital and we are posting the student for their clinical experience and for infectious disease (tuberculosis) we are posting Dist. Hospital Namchi.

The third year GNM students are taken to Old Age Home, Kalimpong and other institutional industry within the state as a Educational visit.

The First year GNM and ANM students are taken to Water Purification Plant, at salep Tanky and Sewage Disposal Plant, Adam pool, Sikkim Milk Union 5th Mile Tadong as an Educational visit.

Besides these, all the students are taken in rotation every year to Rural Health training Centre, Soreng, Pakyong for their Community Health Nursing Experience as per the syllabus. The conduct Health Education Programme and participate in School Health Programme as well. Every year our students participate in Pulse Polio Immunization Programme.

The GNM interns (4th year) are posted in the clinical area as a full – fledged staff and takes the responsibility of the ward they are posted. They also conduct research on various subjects on various subjects as a part of partial fulfillment of the Diploma Course. Years wise topics chosen for the research project are:

1. Knowledge of the Staff Nurse regarding Kangaroo Mother care.
2. Knowledge of the Staff Nurse regarding Universal Precaution.
3. Knowledge of the Staff Nurse regarding Legal responsibilities
4. Patient perception on sleep distracters in the hospital.

And also organized seminar on “Swacha Bharat Abiyan” “Waste Disposal Management” recently our student organized “Yad Karo Qurbani” Aezani Independence 70th to 19th Aug, 2016 Students participate in various activities like Quiz competition, Rangoli, Poster Making, Patriotic Song Competition, dance etc.

**Remuneration to the Students.**

The stipend has been increased from Rs.500/- per month to Rs. 1500/- per months from January – 2015.

GNM Students – Rs.1500/- per month as a stipend

ANM Students – Rs. 1500/- per month as a stipend

**Activities of the teaching faculty.**

The teachers supervise and guide the students in the clinical areas and community field beside talking regular theory classes. They also participate in conducting In- Service Training for the Nurse working all over Sikkim State. Besides these, they also conduct Board Examiner- Practical & theory both within and outside the State as External and Internal Examiner as advice by West Bengal Nursing Council.

These passed out candidates are working in different places within and outside the state viz STNM Hospital, SMIMS Tadong, Escorts Heard Institute, New Delhi, Apollo Hospital New Delhi AMRI C.M.R.I BM Birla Heart Institute, Kolkata GHATI, D.D.K. Bhawan New Delhi and some of them are working under NHM in District Hospital and PHCS.

Regarding (Health Assistant (F) LHV.

Year 1994 to 2016 (6th Month Course)

January 2001 - 14 Nos. Passed out

Year 2013 - 14 Nos. Passed out

Now July 2016 - 16 Nos. are under training.

**STAFF PATTERN OF THE GNM TRAINING SCHOOL.**

NAME NO.

1. Principal Nursing Officer - 1
2. Senior Sister Tutor - 6
3. Jr. Sister Tutor - 3
4. Hospital Wardern - 1
5. LDC/Typist - 2
6. Driver - 1
7. Cook - 3
8. Chowkdar - 2 (M.R.Basis)
9. Peon - NIL
10. Dhobi - 1
11. Lab. Attendant - 1(M.R.basis)
12. Safai Karmachari - 2 (Regular basis).

**BUDGETARY SUPPORT**

The School of Nursing upgraded in the year 2000 and the financial aid was provided by the Govt. of India. Since 2004, the GNM training is being funded from state plan and ANM training is from family welfare section. Since the P.N.O is not DDO, the Financial Control lies with the Head office only (HC, HS & FW Deptt.

**PROPOSAL**

Shifting of R.H.T.C from Soreng to nearby PHC (East)

As per the WBNC inspection team the R.H.T.C (Rural Health Training Centre) should be 1 to 1.5 km away from the main training centre. So that the students can follow – up the cases who have come across during their survey/home visits. The present RHTC at soreng is too far from the main training centre to follow up the cases.

**RE- STRENGTHENING OF THE INFRASTRUCTURE**

With the upcoming of super Specialty Hospital at Sokethang the NTC is planning to increase the Number of intake of both ANM and GNM candidates per annum for training after approved from Indian Nursing council and W.B.N.C,K Kolkata.

Library facilities & computer facilities need to be upgraded as per need of the students. Provision should be made for more number of books of latest edition and more number of relevant journal and internet facility may be made available for research projects.

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

The additional warden needs to be posted for smooth functioning and two more well trained cooks needed for better Mess Management for hostel. At present we have only one full – time warden. The School bus is not in working condition which is causing a lot of problem for the school as the students need to taken for community posting outside the capital. A new school bus is required immediately and one Pol. Vehicle requited for Principal Nursing offices. Further more computers for students and one computer teacher is required as advised by W.B.N.C Kolkata.

**2.1. REPRODUCTIVE AND CHILD HEALTH IMMUNIZATION**

**Reproductive and child Health II - Flexi pool**

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 Program. 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 & PNDT
* Tribal RCH

**Maternal Health**

**Service Delivery**

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

**MATERNAL HEALTH INDICATORS STATUS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Indicators** | **NHFS III**  **(2005-06)** | **NHFS IV**  **(2015-16)** | **UNICEF**  **CES 2009** | **DLHS IV**  **(2012-13)** | **2014-15**  **(HMIS)** | **2015-16**  **(HMIS)** |
| **3 ANC** | 69.4 | 74.7 | 87.3 | 94 | 88.4 | 88.1 |
| **ID** | 49 | 94.7 | 68.9 | 82.7 | 98 | 98.4 |
| **MMR \* by AN** | **NA** | **NA** | **NA** | - | 15 | 08 |
| **TFR** | 2.02 | 1.2 | - | - | - | - |
| **Anaemia (PW)** | 58.5 | 23.6 | - | 74.9 | - | - |
| **TT (PW)** | - | - | 94.2  DLHS 3 | 99.4 | 86.9 | 87.3 |

|  |
| --- |
| ***\*Maternal deaths by Absolute Number (AN)***  ***Maternal Health indicators target:-***   * ***Maternal deaths to < 10,*** * ***100% 3 ANC ,*** * ***100% ID and by 2017***   ***Anaemia among PW to <50%*** |

The performance of three ante natal check up has shown an improvement from 69.9% in DLHS III (2007-08) to 94% in DLHS IV (2012-13), and institutional delivery (ID) has gone up from 49.8% in DLHS III (2007-08) to 82.7% in DLHS IV (2012-13). Drastic decline is seen in maternal deaths which have come down from twenty six (26) in 2012-13 to eight (08) in 2015-16. Total Fertility Rate of 2.0 of the state has been projected as below the replacement level.

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 promotion of institutional deliveries like JSY and JSSK.
* Operationalisation of First Referral Unit (FRU) and 24x7 PHC 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.

**Schemes for promoting Institutional Delivery:**

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

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

**i. Janani 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. (%)*** |
| **2014-15** | 400 | 10  (2.5) | | 3000 | 2268  (75.6) | 3400 | 2278  (67) | *31.25* | *26.69*  *(85)* |
| **2015-16** | 100 | 3  (3) | | 1650 | 2821  (>100) | 1750 | 2824  (>100) | *22.50* | *48.34* |

The mode of payment for JSY was made through DBT – AADHAR based payment 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 nationalized 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 account payee cheque payment in some remote places where bank facilities are not available.

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

This scheme is 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.1,000/- for referral transport from home to facility and back.

**JSSK status:**

**Pregnant Women availing Free Entitlement of Service Delivery:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **year** | **target** | **Free Drugs & Consumables** | **Free Diet** | **Free Diagnostics** | **Free Blood** |
| 2014-15 | 7136 | 5723  (80%) | 8653 (121%) | 6125  (85%) | 69  (1%) |
| 2015-16 | 8620 | 6158  (71%) | 5398  (62%) | 5656  (66%) | 130  (1.5%) |

**Pregnant Woman availing Referral Transport (RT) Services**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Target** | **Referral transport availed** | **State Vehicle** | **EMRI/ EMTS** | **PPP** | **Others** | **Total (%)** |
| 2014-15 | 7136 | Home to health institution | 405 |  | 118 | 2612 | **3135(43)** |
| Transfer to higher level facility for complications | 513 |  | 72 | 384 | **969(13)** |
| Drop back home | 353 |  | 109 | 2163 | **2625(37)** |
| 2015-16 |  | Home to health institution | 1424 | 0 | 125 | 2088 | **3637(42)** |
| Transfer to higher level facility for complications | 824 | 8 | 50 | 359 | **1241(14)** |
| Drop back home | 240 | 4 | 92 | 1478 | **1814(21)** |

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 to improve implementation activities.

**Maternal Death Review (MDR)**

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 are 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 | |
| 2014-15 | 7 | 4 | 1 | 1 | 0 | 2 | 15 | |
| 2015-16 | 3 | 1 | 1 | 2 | 0 | 1 | 8 | |

Maximum death is found to be occurring at STNM/CRH and these cases are mostly referred cases from districts. One of the important corrective interventions to be taken up is making the FRUs fully operational in terms of manpower, infrastructure, equipments & blood storage facilities. Except for the north district all the other district are functioning as FRU.

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

The RTI/ STI services are being provided in collaboration 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 Health functionaries which includes MO, LHV, ANM & lab technician are trained. (SACS report.)

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

|  |  |  |
| --- | --- | --- |
| **Particulars** | **2014-15** | **2015-16** |
| Number of new cases of RTI/STI in males for which treatment was initiated | 548 | 546 |
| Number of new cases of RTI/STI in females for which treatment was initiated | 4854 | 5118 |
| Total number of new cases of RTI/STI in males and females | 5402 | 5664 |
| Number of suspected RTI/STI cases for whom wet mount test was conducted | 0 | 0 |

**Village Health & Nutrition Day (VHND):**

VHND is 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 the 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.

**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 nutrition
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 and boys

**District wise Village Health & Nutrition Day (VHND) performance**

|  |  |  |  |
| --- | --- | --- | --- |
| **District** | VHND conducted during last three years | | |
| **2013-14** | **2014-15** | **2015-16** |
| East | 2817 | 2853 | 2807 |
| North | 946 | 1085 | 1105 |
| South | 1809 | 1832 | 1690 |
| West | 2158 | 2684 | 3143 |
| Total | 7730 | 8454 | 8744 |

**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 districts hospitals. 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 states** |
| **Sub- centers** | **> 3 deliveries per month** | **> 2 deliveries per month** |
| **Primary Health Centers** | **> 10 deliveries per month** | **> 6 deliveries per month** |
| **Non- first Referral Units (FRU)/Community Health Centers (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** | **State Hospital** | **Medical College** |
| **2012-13** | **Nil** | East ; Pakyong, North : NIL  Rangpo South: Jorthang  Rhenock Yangang  Rongli  West: Dentam  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  Richenpong  Sombaria  Tashiding PHC, | Namchi Gyalshing Singtam | **STNM Hospital** | **Manipal Hospital** |
| **2014-15** | **Four PHSCs;** Simik lingay, Bermiok, Daramdin, Samdong Kaluk | East ; Pakyong, North : NIL  Rangpo South: Jorthang  Rhenock Yangang  Rongli  West: Dentam  Richenpong  Sombaria  Tashiding PHC, | Namchi Gyalshing Singtam | **STNM Hospital** | **Manipal Hospital** |

**Maternal Health Training:-**

Apart from training outside the State, training within the State is conducted at State & District hospitalby the trained resource persons under RCH II programme

1. **Emergency Obstetric care (EmOC) & Life saving Anaesthetic Skills ( LSAS) trained doctors status:**

|  |  |  |
| --- | --- | --- |
| **EmOC** | | |
| **Sl.no** | **Name of the Doctor** | **Place of posting** |
| 1 | Dr. Indu Rawat | Posted in Namchi DH |
| 2 | Dr. Hemlata Pradhan | gone for higher studies |
| 3 | Dr. Annet. Thattal | Resigned |
| 4 | Dr. Pema Seden | Posted in Mangan DH |
| 5 | Dr. ManiGurung | State Hospital |
| 6 | Dr. Solomit Lepcha | Posted in Emergency STNM hospital |
| 7 | Dr. Upashana. Rai | gone for higher studies |

|  |  |  |
| --- | --- | --- |
| **LSAS** | | |
| **Sl.no** | **Name of the Doctor** | **Place of posting** |
| 1 | Dr. Ugen Bhutia | Left for PG |
| 2 | Dr. Prabat Moktan | resigned |
| 3 | Dr. Tshering Wangchuk | Left for PG study |

As far as LSAS & EmOC trained doctors are concerned, they are to be posted at FRUs to compliment the Gynecologist and Anesthetists in providing maternal 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.

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

A total of 32 medical officers are trained for Basic Emergency Obstetric Care (BEmOC) from 2012-13 to 2015-16.

1. **Training on RTI/STI**

This year 2 batches of Medical Officer,1 batch of laboratory technician, and 1 batch of ANM were trained in RTI/STI.

1. **Skilled Birth Attendant** **(SBA) training status:**

Staff nurses and ANM are trained on Skilled Birth Attendant (SBA) every year. These trainings 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 ninety eight (298) ANMs & Staff Nurses have been trained up to 2015-16.

1. **Blood Storage:**

**I.** Two- day North East Zonal Workshop on Strengthening of Blood Services was held on 18th and 19th November 2015 at Hotel Rendezvous, Gangtok. The participants for this zonal workshop were the Mission Directors, Nodal officers & Blood Coordinators working under blood strengthening services and Medical Officers of Blood Banks and Blood Storage Centers of North Eastern States. Ms. Vinita Srivastava National Consultant Blood Cell along with the resource persons from various institutions also attended the programme.

**II.** Medical Officer In charge blood bank, Namchi, Medical Officer In charge Blood Storage, Singtam along with three Laboratory technician attended one month training on blood strengthening at Tata institute Mumbai from 1st March to 31st March 2016.

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

Comprehensive Abortion Care (CAC) is planned for all 4 districts and state where Gynecologists are 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 Gov. notification No537/dated 5th December 2007.With clinical establishment and State and district level committee under MTP Act-1971 in place, reporting from all private clinics are also being ensured.

|  |  |  |
| --- | --- | --- |
| District | Number of MTPs conducted up to 12 weeks of pregnancy | Number of MTPs conducted for more than 12 weeks of pregnancy |
| North | 7 | 1 |
| South | 0 | 0 |
| East | 13 | 2 |
| West | 0 | 0 |
| Total | 20 | 03 |

**CHILD HEALTH**

The implementation activities under this component include immunization, promotion of optimal Infant and young Child Feeding Practices (IYCF), prophylaxis for anaemia, management of ARI, and diarrhoea with ORS etc.

Under NHM, Newborn Care Corners at all delivery points, Newborn Stabilization Unit at Singtam, Gyalyzing and Mangan District hospital and Sick Neonatal Care Unit at STNM Hospital and Namchi District Hospital have been set up for reducing neonatal and infant mortality.

Further, comprehensive implementations of Facility Based Integrated Management of Neonatal and Child Illness (F-IMNCI), Integrated Management of Neonatal and Child Illness (IMNCI) and Navjat Sishu Suraksha Karyakam (NSSK) have also been introduced for skill development of the health personnel at all levels.

Janani Sishu Suraksha Karakam (JSSK) scheme has been implemented in providing free drugs and consumables, free diagnostics, free blood, free diet & free referral system for newborns & infants admitted in health facilities.

The problems of malnutrition and anaemia are being addressed through close coordination with link workers at the village level. Special intervention methods are adopted to address the problem of anaemia through observed consumption of IFA tablets by all school children along with biannual de-worming.

**Strategy and Activities**

* Strengthening facilities to provide new born care services through new born care corners in all 24 PHCs next to the delivery rooms with emergency resuscitation kits and drugs.
* Setting up of SNCU and NBSU being done in phased manner for district hospitals. Equipment and Furniture for NBSU have been proposed for all the four District Hospital.
* Comprehensive training of health functionaries including medical officers in IMNCI, F- IMNCI and NSSK.
* Strengthening of Routine Immunization.
* Introduction of Common Mother & Child Health Cards to cover complete ANC / PNC and Child Health services along with growth chart plotting.
* Implementation of Mother and Child Tracking System.
* Ensure adequate supply of essential drugs, ORS, Vitamin-A. IFA and de worming tablets.
* Promotion of Optimal IYCF practices.
* Extensive IEC activities and counselling services on child health.

**Child Health Indicators (SIKKIM)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Particulars** | **Source** | **Sikkim** | **India** |
| Crude Birth Rate (CBR) | SRS 2014 | 17.1 | 21.4 |
| Infant Mortality Rate (IMR) | SRS 2014 | 19 | 40 |
| Initiation of Breast Feeding within 1 hr of birth | DLHS 4 | 61.4 | - |
| Exclusive breast feeding for 6 months | CES 2009 | 63.6 | 36.8 |
| ORT or increased fluid for diarrhoea | CES 2009 | 63.5 | 53.6 |
| Care seeking for acute respiratory infection | CES 2009 | 91.2 | 82.6 |
| Anaemia in children | NFHS 4 | 55.1 | - |

|  |  |
| --- | --- |
| **Infant and Under 5 deaths (2015-16)** | |
| Early Neonatal Deaths | 48 (30%) |
| Late Neonatal Deaths | 23 (14%) |
| Post Neonatal Infant Deaths | 77 (48%) |
| Under 5 deaths | 14 (8.6%) |
| **TOTAL** | **162** |

**Newborn and Child Care Status**

The thrust areas for newborn and child health under NRHM are:-

* Immediate routine newborn care and care of the sick newborns.
* Child nutrition including essential micronutrients supplementation.
* Immunization against common childhood diseases, management of common neonatal and childhood illnesses.
* The main implementation activities include essential new born care through operationalization of Special Newborn Care Unit, New Born Stabilizing Unit and New Born Care Corner at all delivery points with deployment of skilled manpower.

ANMs trained in NSSK are posted at all delivery points to provide skilled and quality services. Efforts are being made to increase and improve institutional deliveries at these delivery points with basic newborn care services.

**Facility Based Care of the Sick Newborns**

* SNCUs have been established at STNM and Namchi District Hospital to strengthen the care of the sick, premature and low birth weight newborns. SNCUs provide advance care for sick newborns and serve as a referral center for the entire district and information for their optimum utilization has been made available to all the peripheral health facilities.
* NBSU (smaller unit) a 4 bedded unit providing basic level of sick newborn care have been established at district hospital, Singtam, Gyalzing and Mangan for moderately sick newborns.
* Newborn Care Corners (NBCCs) have been setup in all the delivery points, PHCs and CHCs in one corner of labour room with provision of radiant warmer and emergency resuscitation kits and drugs for provision of essential newborn care at birth.
* Janani Sishu Suraksha Karyakam (JSSK) :-

All sick Infants including newborns requiring facility based newborn care will receive free referral from home to facility and back, along with free diagnostic and drugs during their stay at the health facilities.

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

Reducing mortality in neonatal period is paramount if the IMR is to be impacted. The HBNC scheme launched in 2011 provides immediate post natal care especially in home delivery and essential care to all newborns upto 42 days of age. ASHAs are trained and incentivized to provide special care to preterm's and newborns. ASHAs are also trained in identification of illnesses, appropriate care and referral through home visits. Newborns discharged from SNCUs are followed up by the frontline workers like ASHAs and Health Workers.

**Child Nutrition and Essential Micronutrients Supplementation**

* One of the key preventive interventions in decreasing IMR is the promotion of optimal IYCF practices. The 1st two years of life is considered a critical window of opportunity for prevention of growth faltering. Optimal breast feeding and complementary feeding practices allow children 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 follow 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 tablets / syrup are given to children in aganwadi centers and Government and government aided schools under School Health Programme. 6 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 interval upto 9 doses is given.

**Integrated Management of Common Childhood Illnesses (diarrhoea and pneumonia)**

An integrated strategy which includes both preventive and curative interventions to address the most common causes of neonatal and child deaths known as IMNCI has been adopted. Training on IMNCI and F-IMNCI to comprehensively address childhood illnesses of all health functionaries have been taken up.

Diarrhoea and pneumonia are major cause of infant death. Supply of ORS and zinc tablets is ensured at all health facilities and frontline workers. Intensified Diarrhoea Control Fortnight (IDCF) campaign was implemented in the state during 2014-15 for creating awareness on diarrhoea & the importance of Zinc sulphate tablet & ORS in the management of diarrhoea.

Since 2014 Intensive Diarrheal Control fortnight (IDCF) is observed from 11th July to 23rd July with the goal to attain zero child deaths due to childhood diarrhoea. The main objective of IDCF is to improve awareness on use of ORS and zinc for childhood diarrhoea and to compliment awareness for management and prevention of diarrhoea in under five children.

For non severe pneumonia in children aged 2 month to 5 years, health workers have been trained to give antibiotic based on national guidelines.

Timely and prompt referral of cases with fast breathing and chest in-drawing are made to higher facilities. Hospital based care and management of children with severe diarrhoea and pneumonia is done by doctors and nurses specially trained in F-IMNCI.

|  |  |
| --- | --- |
| **Performance on Child Health as per HMIS report 2015-16** | |
| Total Live Births | 7703 |
| No. of still births | 130 |
| No. of newborn weighed at birth | 7316 |
| No. of newborns having weight less than 2.5 kgs. | 568 |
| No. of newborns breast fed within 1 hr. | 6125 |
| Number of cases of Measles reported in children below 5 yrs of age | 44 |
| Number of cases of Diarrhoea and Dehydration reported in children below 5 yrs of age | 8157 |
| Number of children below 5 yrs of age admitted with Respiratory Infection | 1348 |

**Other Activity**

National Deworming Day (NDD) for all children in the age group 1-19 years was observed on 28th March 2016. The objective of NDD is to improve the overall health, nutritional status, access to education and quality of life of children. All the children enrolled in government, government aided and private schools, anganwadi centers and out of school children were deworm on that day.

|  |  |
| --- | --- |
| Total number of Government school covered | 718 |
| Total private school covered | 380 |
| Total AWW covered | 1128 |
| Total children (1-19yrs) administered tab albendazole | 143434 |

**Introduction**

Child sex ratio statistics in the 0-6 age group for the last four decades show a continuous decline in the country, with sharpest fall from 1981 onwards. The main factors influencing Child Sex Ratio is deep-rooted prejudice and discrimination against girl child. The fall to 918 in 2011 census from 927 in 2001 and 945 in 1991 has been alarming especially when country seems to be registering an upward growth in other areas. This clearly indicates that economic prosperity and education have no bearing on sex ratio or in changing the traditional preference for sons over daughters.

**Sex ratio in the context of Sikkim:**

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 also have 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. However there is no data or studies to say whether Female foeticide or sex selective abortion is prevalent or not in the state. The child sex ratio as per census 2011 which is 957 females / 1000 males is among the best in the country (ranks 8th in the country) and is within or very close to the normal sex ratio at birth. The natural estimated range is 950 girls to 975 boys (lancet 2011; Guidance: Ensuring Access to Safe Abortion and Gender Biased Sex Selection, MHFW GoI, Feb’2015)

**Sex ration status: Sikkim/India**

|  |  |  |
| --- | --- | --- |
| **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 | 918 |
| **Target:2014-15: 950/1000 males:**  **2015-16: 960/1000males:**  **2016-17 : 970/1000 males** | | |

**District wise sex ratio status**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sex ratio per 1000males** | | | | | |
| **Year (Census)** | **State** | **North** | **East** | **South** | **West** |
| 1991 | 878 | 828 | 859 | 892 | 915 |
| 2001 | 875 | 752 | 844 | 892 | 929 |
| 2011 | 890 | 769 | 872 | 914 | 941 |
| **Child sex ratio 0-6 years** | | | | | |
| 2001 | 963 | 995 | 950 | 969 | 966 |
| 2011 | 957 (-19) | 929 (-66) | 960 (+10) | 953 (-16) | 964 (-02) |

North district taken as critical district under Beti Bachao Beti Padhao Scheme among 100 districts in the country. (CSR down by -66 females from 995 in 2001 to 929 in 2011 census report) BBBP scheme is under the process of implementation by the WCD department with full coordination from the health department.

**The PC & PNDT Act 1994, implementation:**

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.

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. All bodies, under PNDT Act, namely Genetic Counseling Centre, Genetic Laboratory or Genetic or USG Clinic cannot function unless registered with the Appropriate Authorities under the PC & PNDT Act.

**The PC & PNDT Act 1994, implementation Sikkim status**

The PC& PNDT Act 1994 was brought into operation in the state of Sikkim since 1996.The supervisory Board and committees have been constituted for the effective implementation of the Act both at state and district level i.e. all the Statutory Bodies are in place.

**At the State level**

1. **State Supervisory Board**
2. **State Appropriate Authority**
3. **State Advisory Committee and its functions:**

Constituted as per the Notification No.100/HC, HS & FW dated 17/9/2013.

**At the District level (four districts)**

1. **District Appropriate Authority:**
2. **Advisory Committee:**

Constituted as per the Notification No.100/HC, HS & FW dated 17/9/2013.

**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. D.S Kerongi, C.M.O South,  District Appropriate Authority (PNDT),  District Hospital Namchi, South Sikkim,  Department of Health Care, Human Service and Family Welfare. | 03595-26333 (O)  9434136948 (M) |
| 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. | 03595-251089(O)  9733076770 (M) |
| 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. | 03592-235379 (O)  9434178992 (M) |
| 4 | Dr. Barun Subba, C.M.O North,  District Appropriate Authority (PNDT),  District Hospital Mangan, North Sikkim,  Department of Health Care, Human Service and Family Welfare. | 03592-234244(O)  9434117251(M) |
| 5 | Dr. Namgay Shenga, Joint Director (RCH),  State Appropriate Authority (PNDT),  PNDT Cell, Room No:108, Health Secretariat, Tashiling  Department of Health Care, Human Service and Family Welfare,  Government of Sikkim. | 03592-202886 (O)  9434338717 (M) |

**Detail Address and User Name of Ultrasound Clinics in the state of Sikkim**

|  |  |  |
| --- | --- | --- |
| **Sl. No.** | **Name of the Centre with postal address** | **Name of User** |
| 1 | STNM Hospital, Gangtok, Sikkim  737101 | Dr K.Giri (Radiologist),  STNM Hospital |
| 2 | Gynae & Obstetric Department, STNM Hospital, Gangtok, Sikkim  737101 | Dr. R.N. Deokata (Gynaecologist)  Dr. Paras Mani Kharka (Gynaecologist)  STNM Hospital |
| 3 | Cardiology Department, STNM Hospital, Gangtok, Sikkim  737101 | Dr. Kumar Bhandari  (Cardiologist)  STNM Hospital |
| 4 | Central Referral Hospital, 5th mile Tadong, Gangtok-737102, Sikkim | 1. Dr.S.K Khanna (Radiologist), 2. Dr. Barun Sharma (Radiologist), 3. Dr. B.K Kanungo (Gynaecologist) |
| 5 | Ruchi Diagnostics Clinics (P) Ltd,  Behind Telephone Exchange, National Highway, Gangtok, Sikkim 737101 | Dr K.Giri (Radiologist), |
| 6 | Jagriti Diagnostic Centre, Opposite LIC Housing, Gairi Gaon, Tadong, Gangtok, Sikkim 737101 | Dr. Anup Pradhan (Gynaecologist)  Dr. Robina Bhandari, Sonologist |
| 7 | Sukhim Diagnostics & Research Center, Nam nang Road, Gangtok, Sikkim 737101 | Dr. Tenzing K Tonyot, Sonologist  Dr.K.N Sharma (Radiologist), |
| 8 | City Diagonistic Centre & Poly Clinic, Tadong, Dara Gaon. | Dr. Barun Sharma (Radiologist)  Dr. Mona Dhakal (MD Medicine/ Echo Cardiogram) |
| 9 | Ashirwad Clinic, 5th Mile, | Dr. Neeti Nepal (Gynaecologist) |
| 10 | District Hospital Singtam, East Sikkim-737134 | Dr.M.P Sharma (Gynaecologist) |
| 11 | Mobile Medical Unit | Dr.J.B Gurung (Gynaecologist) |
| 12 | Kanchendzonga Diagnostic & Ploy Clinic Centre | Dr. J. B Gurung (Gynaecologist) |
| 13 | District Hospital Mangan OBG Clinic, North Sikkim-737116 | Gynaecologist on duty |
| 14 | Mobile Medical Unit | Gynaecologist on duty |
| 15 | District Hospital Gyalshing, West Sikkim-737111 | Gynaecologist on duty |
| 16 | Mobile Medical Unit | Gynaecologist on duty |
| 17 | District Hospital Namchi, South Sikkim-737126 | Dr. Annie Rai, Sonologist  Dr. Uttam Kharka (Gynaecologist) on duty |
| 18 | Mobile Medical Unit, | Dr. Uttam Kharka (Gynaecologist) on duty |

**Mandatory Committee meeting conducted for 2015-16:**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | State Advisory Committee meeting on PC & PNDT Act | 2/5/15 | * Meeting chair by DG cum Secretary, Health |
| 2 | State Supervisory Board meeting on PC & PNDT Act | 10/3/15 | * Meeting chair by Hon. Minister, Health |
| 3 | State Advisory Committee meeting on PC & PNDT Act | 1/6/15 | * Meeting was chaired by Director Health Services-I |
| 4 | State Advisory Committee meeting on PC & PNDT Act | 22/7/15 | * Meeting was chaired by Director Health Services-I |
| 5 | State Supervisory Board meeting on PC & PNDT Act | 7/9/15 | * Meeting chair by Hon. Minister, Health |
| 6 | State Advisory Committee meeting on PC & PNDT Act | 4/9/15 | * Meeting was chaired by Director Health Services-I |
| 7 | State Advisory Committee meeting on PC & PNDT Act | 03/12/15 | * Meeting was chaired by Director Health Services-I |
| 8 | State Advisory Committee meeting on PC & PNDT Act | 03/03/16 | * Meeting was chaired by Director Health Services-I |
| 9 | State Supervisory Board meeting on PC & PNDT Act | 06/02/16 | * Meeting chair by Hon. Minister, Health |

**Other activities conducted at State and District level (2015-16)**

* 1. State Level orientation of health workers was held on 12th, 13th and 15th January 2016.
  2. Medical Officers from districts were oriented and sensitized on PC & PNDT Act. on 19th March 2016
  3. Orientation of Appropriate Authority on PC & PNDT Act. on 21st March 16.
  4. Orientation of Judiciary on 23rd, 29th and 30th March 2016
  5. Advertisement of Detail Address and User Name of Ultrasound Clinics in the state of Sikkim was given in Sikkim Express (31st March 2016).
  6. Supervision and monitoring from the state by State monitoring team having State Appropriate Authority/ State Nodal Officer , Legal officer and DEO (PNDT)conducted on quarterly basis. At times the supervision is conducted along Clinical establishment team.

**2.2. IMMUNIZATION**

**2.2.1. 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 eight vaccine preventable diseases (TB, Polio, Diphtheria, Pertusis, Tetanus, Measles, Hepatitis ‘B’ & HIB). The State government has introduced MMR vaccine in 2009 to prevent diseases 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 Auto Disabled (AD) syringe and hub cutter to ensure injection safety.
* Support for Alternate Vaccine Delivery (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.
* Mother & Child Tracking System (MCTS) for tracking of children and pregnant women.
* Quarterly review meetings on immunization are being done at PHCs, districts 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 Village Health & Nutrition Days (VHNDs) in the anganwadi centers and outreach session in hard to reach areas.
* Cold Chain Officer & Cold Chain Technician 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, safety pits, hub cutters etc.

**Acute Flaccid Paralysis (AFP) Surveillance and Adverse Event Following Immunization (AEFI) Committee**

* To detect any case of Acute Flaccid Paralysis (AFP) under polio surveillance & adverse event following immunization (AEFI), weekly reporting is being done along with measles surveillance from all the PHCs and district hospitals.
* 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 2015-16 as per HMIS report** | |
| Number of Cases of Abscess reported following immunization (AEFI) | 1 |
| Number of cases of other complications reported following immunization (AEFI) | 20 |
| Number of cases of death reported following immunization (AEFI) | Nil |

**Pulse Polio National Immunization Day (NID) rounds**

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

|  |  |  |
| --- | --- | --- |
| **NID Rounds 2015-16** | | |
| **Rounds** | **Target (as per District Action Plan)** | **Achievement** |
| 1st (17th January 2016) | 49882 | 45581 (91.3%) |
| 2nd (21st February 2016) | 49882 | 45958 (92.13%) |

**Full Immunization Coverage**

|  |  |  |
| --- | --- | --- |
| **Particulars** | **Source** | **Sikkim** |
| Full Immunization Coverage | DLHS 4 | 85.2 |
| NFHS 4 | 83 |
| HMIS  2015-16 | CNA target (8396) |
| 95% |

|  |  |  |
| --- | --- | --- |
| **Vaccine-wise Immunization Performance (2015-16) as per HMIS report** | | |
| **Vaccine** | **Target (as per CNA)** | **Performance** |
| BCG | 8396 | 7865 (94%) |
| DPT 1 | 8396 | 3666 (44%) |
| DPT 2 | 8396 | 4438 (53%) |
| DPT 3 | 8396 | 5244 (62%) |
| DPT B | 8396 | 8017 (95%) |
| OPV 0 | 8396 | 7436 (89%) |
| OPV 1 | 8396 | 7731 (92%) |
| OPV 2 | 8396 | 7933 (94%) |
| OPV 3 | 8396 | 8021 (96%) |
| OPV B | 8396 | 8241 (98%) |
| Hep ‘B’ 0 | 8396 | 7036 (84%) |
| Hep ‘B’ 1 | 8396 | 3783 (45%) |
| Hep ‘B’ 2 | 8396 | 4443 (53%) |
| Hep ‘B’ 3 | 8396 | 5208 (62%) |
| Measles | 8396 | 8100 (96%) |
| MMR | 8396 | 7172 (85%) |
| Penta 1\* | 8396 | 4228 (50%) |
| Penta 2\* | 8396 | 3539 (42%) |
| Penta 3\* | 8396 | 2826 (34%) |
| Full Immunization | 8396 | 7965 (95%) |
| DT (5 yrs) | 10560 (Census 2011) | 8301 (79%) |
| TT (10 Yrs) | 13543 (Census 2011) | 10028 (74%) |
| TT (16 Yrs) | 13428 (Census 2011) | 9132 (68%) |
| Vitamin ‘A’ (1st Dose) | 8396 (CNA) | 8094 (96%) |
| Vitamin ‘A’ (5th Dose) | 8715 (Census 2011) | 4796 (55%) |
| Vitamin ‘A’ (9th Dose) | 10560 (Census 2011) | 1. %) |
| **\*Pentavalent Vaccine was launched in Sikkim on 7th October 2015** | | |

|  |  |  |
| --- | --- | --- |
| **TT for Pregnant Women as per HMIS report 2015-16** | | |
| **Vaccine** | **Target (as per CNA)** | **Achievement** |
| TT 1 | 9236 | 7150 (77%) |
| TT 2 / Booster | 9236 | 7800 (84%) |

|  |  |
| --- | --- |
| **Other Immunization Performance** | |
| Number of Immunization Sessions Planned | 8978 |
| Number of Immunization Sessions Held | 8807 (98%) |
| Number of Immunization Sessions Held where ASHAs were present | 7838 (89%) |
| Number of cases of Diphtheria reported in children below 5 yrs of age | 0 |
| Number of cases of Pertussis reported in children below 5 yrs of age | 0 |
| Number of cases of Tetanus Neonatarum reported in children below 5 yrs of age | 0 |
| Number of cases of 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 |

**NEW GOI INITIATIVE DURING 2015-16 :-**

**PENTAVALENT VACCINE :-**

The Government of India decided to introduce Pentavalent vaccine in the national immunization programme throughout the Indian states. Initially, it was introduced in the states of Kerela and Tamil Nadu in December 2011. The vaccine was then subsequently introduced in late 2012 and early 2013 in a phased manner in six other states and union territories- Goa, Gujurat, Haryana, J&K, Karnataka and Pudducherry. Pentavalent vaccine was launched in Sikkim on 7th October 2015 & the vaccine is being administered to children at 6 weeks, 10 weeks & 14 weeks in-place of DPT vaccine in all government health facilities & in outreach immunization sessions free of cost. Pentavalent vaccine gives protection against Diphtheria, Pertussis, Tetanus, Hepatitis ‘B’, Hemophylus Influenza Type B (HIB).

**2.3. NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME**

**2.3.1. Introduction:**

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 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 work in project areas and construction sites.

**ENTOMOLOGICAL 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 the 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.

**IRS (Indoor Residual Spray)**

The routine Indoor Residual Spray (DDT) has been discontinued since 2015-16 as the State of Sikkim has been declared as Organic State.

**Activities for malarial areas of the state**

* Identification of the high risk areas.
* Increase in ABER by training of MPHWs.
* Monthly meeting with the MO, I / C PHC & CMOs.
* Involvement of Private Practitioners in monthly reporting of malaria cases and death.
* Monitoring and evaluation.

Inspite 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.

**Current Status- Physical**

Statements showing Malaria Situation from 2011- 2015

State- Sikkim

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **YEAR** | **Population** | **BS Collection** | **Total**  **Positive**  **Cases** | **No.of Pf Cases** | **No. of Death** | **ABER**  **(%)** | **SPR**  **(%)** | **Pf (%)** | **API** | **SFR**  **(%)** |
| **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** |
| **2014** | **203089** | **7970** | **35** | **18** | **Nil** | **3.9** | **0.4** | **51.4** | **0.01** | **0.2** |
| **2015** | **208166** | **8826** | **27** | **13** | **NIL** | **4.23** | **0.30** | **48.1** | **0.01** | **0.14** |

***STATEMENT SHOWING DISTRICT WISE DISTRIBUTION OF***

***CASES OF KALA-AZAR FROM 2011 – 2015***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Sl. No*** | ***Year*** | ***East*** | ***West*** | ***North*** | ***South*** | ***Total*** |
| ***1.*** | **2011** | **03** | **Nil** | **Nil** | **04** | **07** |
| ***2.*** | **2012** | **Nil** | **02** | **Nil** | **03** | **05** |
| ***3.*** | **2013** | **03** | **02** | **Nil** | **02** | **07** |
| **4.** | **2014** | **04** | **Nil** | **Nil** | **02** | **06** |
| **5.** | **2015** | **02** | **Nil** | **Nil** | **03** | **05** |

***STATEMENT SHOWING VECTOR BORNE DISEASE***

***SITUATION FROM – 2011 TO 2015***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***YEAR*** | ***MALARIA*** | ***FILARIASIS*** | ***KALA - AZAR*** | ***DENGUE*** |
| **2011** | **51** | **Nil** | **07** | **02** |
| **2012** | **77** | **Nil** | **05** | **07** |
| **2013** | **38** | **Nil** | **07** | **679** |
| **2014** | **35** | **Nil** | **06** | **03** |
| **2015** | **27** | **01** | **05** | **35** |

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

**Project Plan for the year 2015-16.**

* 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 Medical Officers & Paramedical staff including Lab. technician of the project areas.
* Constant supervision and monitoring.

**Financial Statement of receipt & expenditure for the year 2015-16**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Opening Bal.** | **Fund Received**  **(GOI)** | **State Share** | **Fund received from other agencies** | **Interest** | **Total Fund** | **Expenditure** | **Balance** |
| 34,41,252 | 24,00,000 | 0.0 |  | 88500.00 | 59,29,752 | 23,95,485 | 35,34,267 |

**2.4. INTEGRATED DISEASE SURVEILLANCE PROGRAMME**

At national level Integrated Disease Surveillance Programme (IDSP) was launched by Hon’ble Union Minister of Health & Family Welfare in November 2004. It 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 programme are:

(1) Integrating and decentralization of surveillance activities;

(2) Strengthening of public health laboratories;

(3) Human Resource Development – Training of health care workers involved

(4) Use of Information Technology.

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

Currently surveillance is working on three aspects of diseases surveillance.

1. **Syndromic**
2. **Presumptive**
3. **Confirmed**

*          **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 disease, acute paralysis, leptospirosis, 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.

In May 2012 Rabies Surveillance was started and on 2013 Vaccine Preventable Disease (VPD) Surveillance and Unnatural deaths surveillance was initiated.

**CURRENT STATUS- FINANCIAL AND PHYSICAL**

**PHYSICAL STATUS OF IDSP**

1. **Manpower of IDSP, Sikkim**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Designation** | **SSU** | **DSU** | **Medical Collage** | **Total** | **Nature of Post** | **Status** |
| **SSO** | 1 | 0 | 0 | 1 | **Regular** | Active |
| **DSO** | 0 | 4 | 0 | 4 | **Regular** | Active |
| **Training Consultant** | 1 | 0 | 0 | 0 | **Regular** | Inactive |
| **Epidemiologist** | 1 | 0 | 0 | 1 | **Contractual** | Inactive |
| **Entomologist** | 0 | 1 | 0 | 1 | **Contractual** | Active |
| **Financial Consultant** | 1 | 0 | 0 | 1 | **Contractual** | Active |
| **Microbiologist** | 0 | 2 | 0 | 2 | **Contractual** | Active |
| **Data Manger** | 1 | 4 | 0 | 5 | **Contractual** | Active |
| **Data entry operator** | 1 | 4 | 1 | 6 | **Contractual** | Active |
| **Lab Technician** | 1 | 0 | 0 | 1 | **Contractual** | Active |

**Human Resource Development** – To provide better technical expertise to system GOI has provided contractual staffs (Epidemiologist, Entomologist, Financial consultants, Microbiologists, Data manager, Data Entry operators and others). ***One lab technician was appointed in the year 2015-2016***. Presently a total of 22 staffs are working in IDSP in 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.

1. **Use of Information Technology** – All DSUs and SSU is well allied with Telephone, Fax Machines, Computers with Internet, EDUSAT & VSAT application facilities. Routine data is entered through the web based IDSP-portal (***www.idsp.nic.in***), VSAT has been installed in three Districts (except North District), State and Medical College Manipal, Hospital.

At present EDUSAT & VSAT facilities has been disrupted from the CSU due to no signal across the country.

**EDU-SAT/ V-SAT STATUS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.No** | **State/District** | **EDU SAT / VSAT** | **Broadband** |
| **1** | State Surveillance Unit | Installed\*\*\* | Working |
| **2** | Medical Collage Manipal | Un Installed due to shifting of room. | Not Installed |
| **3** | East | Installation incomplete | Working |
| **4** | West | Installed \*\*\* | Not Working |
| **5** | North | Not installed due to lack of equipments. | Not Working |
| **6** | South | Installed \*\*\* | Working |

\*\*\* EDUSAT & VSAT facilities have been disrupted from the CSU due to no signal across the country.

Note:-Inter- state wise VC session is done with CSU Delhi every Friday at 2.00pm – 4.30pm.

1. **Capacity building (Workshops and training)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl NO** | **Trainees** | **Year of Training** | **Total Trained** |
| 1 | MPHW/ANM/GNM/AWW | **2015-16** | **178** |

1. **Committee and surveillance**

State Surveillance Unit and District Surveillance Unit were established in year 2006. In all four Districts and State RRT (Rapid Response Team) for outbreak investigation and control are in function. These RRTs were framed in year 2007-08. State and district Influenza epidemic preparedness and response committees formed in Jan 2009.The framed State & District RRT has been revised on 2012-13. Also to tackle EBOLA & other Influenza like Illness (Swine Flu) hospital management committee has been formed consisting of dedicated staffs’ at STNM Hospital and CRH Tadong.

1. **PROGRAMME PLAN OF FINANCIAL YEAR (2015-16)**
2. **Physical Achievements.**

* One Lab Technician appointed for District Priority Lab. Microbiology Lab STNM Hospital.
* Annual IDSP Review Meeting conducted
* On 24th & 25th April 2015.SSO (IDSP) and Microbiologist attended workshop at NEC, Shillong regarding Swine flu and other Emerging Disease.
* On 30th April 2015.Awareness regarding seasonal influenza A(H1N1) for Nodal Officer with collaboration with NIDDCP at STNM Hospital.
* On 14th -16th May State Microbiologist attended National Review and IHR workshop at Telangana South India.
* Entomological survey conducted at Hot-belt areas of the State regarding Japanese Encephalitis and other Vector borne Disease.
* On 30th Jan 2016 Dispatched 50 vials of H1N1 Vaccine at UIP STNM Hospital.
* On 5th Feb 2016 meeting on ZIKA Virus Transmission at chamber of DGHS cum Secretary (Health).
* On 21st March 2016. SSO IDSP and staffs of SSU & DSU attended workshop on suicidal case reporting at Police Conference Hall organized by Mental Health wing HC, HS & FW Department in collaboration with SCRB police Department.
* **FINANCIAL STATUS OF IDSP**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Financial Status for the year 2015-16 (Till March 2016) Under IDSP** | | | | | | | | |
| **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 |
| ***2015-16*** | ***55.96*** | ***6.83*** | ***30.00*** | ***30.00*** | ***60.00*** | ***66.83*** | ***47.10*** | ***19.73*** |

**DISEASE OUTBREAKS DETECTED IN THE STATE OF SIKKIM UNDER IDSP**

**(FY.2015-16)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Outbreaks** | **Source of data for identification of these outbreaks** | **Outbreaks investigated by State / District RRT** | **Remarks** |
| Measles Outbreak at Zongu  Under Passingdong PHC on April 2015 | Reported by DSO (N) | Investigation done by District RRT, SIO and member from WHO. | Controlled in time |
| Food poisoning/AGE on 13th Sept. 2015 | Reported by MO/IC Soreng PHC West Sikkim, | Investigation done by District/State IDSP team and NVBDCP staffs. | Controlled in time |
| Measles Outbreak at Mamring under Machong PHC East District on 17th Nov 2015. | Reported by MO/IC Machong PHC | Investigation done by District RRT | Controlled in time |

**Photos**

**One Day Orientation cum Training for Urban Asha’s and AWW’s on 31st March 2016.**

 



**One Day Orientation cum Training for ANM’s and GNM’s on 31st March 2016.**

 

**Review Meeting 2015-16.**



**Preparedness meeting on ZIKA Virus**



**2.5 REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME**

On initiative of the Government of India, Revised National Tuberculosis Control Programme is one of the State run tuberculosis control programme running smoothly since 1st March, 2002.

It incorporates the principle of directly observed treatment short-course (DOTS) which is the global strategy of world Health Organization (WHO).

The total case notification is good in Sikkim. It is more than 203 per lakh population since 2011. However, the treatment success Rate is less than 87% due to higher failure rate (more than 9%). Although, our death and default rate is less than 5%.

District TB officers are personally visiting the patients on a monthly basis and also ensuring timely sputum test for the Chest symptomatic. They also make sure that all registered TB cases are taking DOTs on time and completing the full course to treatment.

The programme provides quality anti – tuberculosis drugs free of cost, which is rendered through various Primary Health Centres across the State.

The RNTCP has recently adopted a new strategy of universal access to quality diagnostic and treatment to all TB patients through installation of Cartridge based Nucleic Acid Amplification Test (CBNAAT)

**DOTS and its 5 Components:**

1. Political and administrative commitment
2. Good quality diagnosis.
3. Good quality drugs
4. Supervised treatment to ensure the right treatment.
5. Systematic monitoring and accountability.

**The main objectives of the RNTCP**

Early detection and treatment of at least 90% of estimated all types of TB cases in the community (including Drug Resistant and HIV associated TB). To attain the objective of RNTCP, the following infrastructure has been set up.

1. State TB Cell (STBC): Headed by Additional Director cum STO, oversees the whole RNTCP programmes in the state.
2. District TB Centre (DTC): Total of five (5) District TB Centers across the State with district TB officers as programme officers to oversee the TB control activities of their respective districts.
3. Tuberculosis Units (TU): It is a nodal unit in TB control programme where registrations of patients are done. There are five (5) TUs in the state presently.
4. Microscopy Centres: There are total thirty one (31) Microscopic Centres.
5. Intermediate Reference Lab. (IRL). The state boasts and IRL where CBNAAT facility and solid C&DST is done.
6. Catridge Based Nucleic Acid Amplification Test (CBNAAT) centres. There are 4 CBNAAT machines installed in IRL, Gangtok and District Hospitals at Geyzing Mangan and Namchi respectively and is functioning.
7. Drug Resistant TB Centre. There is one functional Drug Resistant TB centre at STNM complex, Gangtok with 10 beds.

**CURRENT STATUS – Financial and Physical**

Fund received and Expenditure during 2015 – 2016.

|  |  |
| --- | --- |
| Budget | 2015 -16 |
| Estimate | 95.47 |
| Expenditure | 53.63 |

1. State Plan Fund
2. Budget Summary under RNTCP for the year 2015 -16.

|  |  |  |
| --- | --- | --- |
| Sl.No: | Particulars | Amount |
| 1 | Opening Balance | 135,168 |
| 2 | GOI Grants | 15,180,000 |
| 3 | Grant from State Govt. State Share | 10,000,000 |
| 4 | Loan from NRHM | 3,3000,000 |
| 5 | Bank Interest | 185,136 |
| 6 | Other Income | 13,950 |
|  | Receipt Total | 22,214,254 |
| 7 | Expenditure | 21,777,402 |
| 8 | Balance | 436,852 |
| 9 | Advance | 151,400 |

**2. Physical Target and Achievement (2015)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.No:** | **Indicators** | **Target** | **2015** |
| **1** | Total TB patients registered for Treatment |  | 1508 |
| **2.** | NSP CDR | 75 per lakh population | 76  (101%) |
| **3** | Total Case Detection Rate | 203 per lakh population | 243  (120%) |
| **4** | Cure Rate | .85% | 8-0% |
| **5** | MDR – TB total patients registered |  | 199 |
| **6** | MDR-TB cure rate |  | 64(67%) |
| **7** | XDR – TB total patient registered |  | 27 |

* 1. **NON COMMUNICABLE DISEASE CONTROL PROGRAMME**

**Introduction**

Non- Communicable disease (NCD), also known as chronic disease include Cardiovascular diseases, diabetes, stroke most forms of cancers and injuries. Such diseases mainly result from lifestyle related factors such as unhealthy diet, lack of physical activity and tobacco use. Changes in lifestyle, behavioural patterns, demographic profile (aging population), socio-cultural and technological advancements are leading to sharp increase in the prevalence of NCD. These diseases by and large can be prevented by making simple changes in the way people live their lives or simply by changing our lifestyle.

To contain the increasing burden of Non-Communicable Diseases, Ministry of Health and Family Welfare, Government of India has initiated the National programme for Prevention and control of Cancer, Diabetes, Cardiovascular diseases and Stroke (NPCDCS) which focuses on health promotion and prevention, strengthening of infrastructure including human resources, early diagnosis and management and integration with the primary health care system through NCD cells at different levels for optimal operational synergies.

The NPCDCS Programme was initiated at 2 Districts (East and South Districts) of Sikkim in year 2010-11.

**Objectives:**

* Health promotion through behavior change with involvement of community, civil society, community based organizations, media etc.
* Opportunistic screening at all levels in the health care delivery system from sub-centre and above for early detection of diabetes, hypertension and common cancers. Outreach camps are also envisaged.
* To prevent and control chronic Non-Communicable diseases, especially Cancer, Diabetes, CVDs and Stroke.
* To build capacity at various levels of health care for prevention, early diagnosis, treatment, IEC/BCC, operational research and rehabilitation.
* To support for diagnosis and cost effective treatment at primary, secondary and tertiary levels of health care.
* To support for development of database of NCDs through Surveillance System and to monitor NCD morbidity and mortality and risk factors.

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

The National Programme for Prevention & Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) has been converged with CATCH( Chief Ministers Comprehensive Annual and Total Check up for Healthy Sikkim) the flagship programme of Government of Sikkim . Screening in conversion with CATCH includes the risk profile of individual, early detection of all communicable and non-communicable disease including hypertension, Diabetes, detection of common cancer i-e oral, cervical and breast cancer . IEC on Healthy lifestyles along with Counseling on risk reduction strategy are carried out throughout the state through CATCH Camp. Follow up of the case is being done at VHSND and NCD Clinics

**NCD Clinic Data for FY 2015-16**

|  |  |  |
| --- | --- | --- |
| **Indicators** | | **Person Checked (2015-16)** |
| **No. of persons attended NCD Clinic** | | 52982 |
| **No of persons reported in-referral** | | 210 |
| **Patients Diagnosed with** | **Diabetes** | 2088 |
| **HTN** | 4814 |
| **CVDs** | 133 |
| **Cancers** | 6 |
| **Persons put on Treatment** | **Diabetes** | 2088 |
| **HTN** | 4814 |
| **CVDs** | 119 |
| **No. person treated at CCU** | **CVDs** | 53 |
| **Strokes** | 53 |

**Financial Report Under NPCDCS for the FY 2015-16**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Programme** | **Opening Balance as on 01.04.2014 (Rs.)** | **Fund Received from GOI during the Year** | **Interest Accrued (Rs. In Lakhs)** | **Total**  **(Rs. In Lakhs)** | **Expenditure reported during the year (Rs. In Lakhs)** | **Unspent Balance as on 31.03.2016 (Rs. In Lakhs)** | **Remarks** |
| NPCDCS | 3,607,769.50 | Nil | 28.45 | 764.53 | 142.05 | 622.486 | Balance includes Rs. 480 Lakhs of TCC fund |

**\*including Rs.4.86 crores for upcoming Tertiary Cancer Center at Sochyagang.**

**2.7 NATIONAL TOBACCO CONTROL PROGRAMME**

**Background:**

Every 6.5 seconds someone dies from tobacco use, says World Health Organization. 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). Prevalence of Tobacco use in Sikkim was 18.7% in female and 61.8% in male (National Family Health Survey II).

Cigarette and Other Tobacco Product Act, 2003 has been fully extended in the State of Sikkim,State achieved the Status of Smoke Free State in the year 2010. Department of HC, HS& FW, Government of Sikkim is the Nodal Department implementing the Act. The State Tobacco Control Cell is located in Annexure Building, HC, HS& FW Department ,Convoy Ground Tadong. Similarly three districts tobacco cells have been established and functional in District Hospital Singtam (East) Namchi (South) &Gyalshing (West). Tobacco Cessation Centre in STNM Hospital, District Hospital Singtamand Namchihas been established and operational.State Tobacco Control Cell is headed by Additional Director cum SNO, NTCP and supported by the officials of the Sanitation cell of the department. District Nodal Officers under NTCP in the three districts has also been identified . However, North District were not included under NTCP programme, However activities related to NTCP were guided and supported from State Tobacco Control Cell, Head Quarter , Convoy Ground, Tadong, Gangtok .

**Goals and Objectives:**

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/Districts to effectively implement the tobacco control initiatives;
2. To train the health care workers, social workers, police personnel, school teachers and panchayats.
3. To strengthen the regulatory mechanism to monitor/ implement the tobacco control laws.
4. To protect minors and youths from tobacco menace.
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 sector for effective implementation of tobacco free laws.

**Following activities were carried out during the financial year 2015-16:**

1. Monitoring/Raids in various public places to ensure smoke free status of the state.
2. Sensitization/Awareness programmes for nodal teachers & Discipline Captains from selected Schools at the District and State Level by DTCC and STCC.
3. Printing of booklet “National tobacco control programme – a guide for teachers”, Challans, No Smoking Signages, IEC materials.
4. Sensitization/Awareness programmes for Local taxi drivers association , newly recruited police personnels at State and District Level,
5. Training of Stakeholders at Singtam.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PHYSICAL AND FINANCIAL REPORT UNDER TOBACCO CONTROL PROGRAMME FOR THE YEAR 2015-16.** | | | | | |
| **STATE LEVEL** | | | | | |
| **Sl. No.** | **Activities** | **Approved Budget** | | **Expenditure** | **Balance** |
| 1 | Training | 17.0 | | 3,82,240/- |  |
| 2 | IEC | - | | 5,58,901/- |  |
| 3 | Monitoring / Raids | - | | 68,400/- |  |
| 4. | School Programme | - | | 1,10,000/- |  |
|  | **TOTAL** | **-** | | **Rs.11,19,541/-** | **Rs. 580459/-** |
| **EAST DISTRICT** | | | | | |
| **Sl. No.** | **Activities** | **Approved Budget** | | **Expenditure** | **Balance as on 31st March 2016** |
| 1 | Training | Rs. 5.0 + RS. 30329 (Opening Balance) | | 1,68,125/- | - |
| 2 | IEC | - | | 1,80,000/- | - |
| 3 | Monitoring | - | | 73750/- | - |
| 4 | Miscellaneous Expenses | - | | 8600/- | - |
| 5 | School Programme | - | | 80000/- | - |
| 6. | Refund to NPCDCS | - | | 10,000/- | - |
|  | **TOTAL EXPENDITURE** | **-** | | **Rs. 5,20,475/-** | **Rs. 9454/-** |
|  | **Interest earned** | | | | **Rs. 4130/-** |
|  | **Balance as on 31st March 2016** | | | | **Rs. 13984** |
| **WEST DISTRICT** | | | | | |
| **Sl. No.** | **Activities** | **Approved Budget** | **Expenditure** | | **Balance** |
|  | | **Rs. 4.0 Lacs** |  | |  |
| 1 | Training | Rs. 1,50,000/- | Rs. 1,50,000/- | | Nil |
| 2 | IEC | Rs.1,00,000/- +  **Rs. 50,000/- (Opening balance**) | Rs. 1,50,000/- | | Nil |
| 3 | School Programme | Rs. 1,00,000/- | Rs. 96,000/- | | Rs. 4,000/- |
| 4 | Flexible Pool (Monitoring , Meetings, Printing of challan and Receipt book) | Rs. 50,000/- +  **Rs. 12,649 /-(Opening Balance)** | Rs. 39,608/- | | Rs. 39,608/- |
|  | **TOTAL** | **Rs. 4.0 Lacs**Approved Budget**&Rs. 62,649** Opening Balance | **Rs, 4,35,608/-** | | **Rs. 27,041/-** |
| **SOUTH DISTRICT** | | | | | |
| **Sl. No.** | **Activities** | **Approved Budget** | **Expenditure** | | **Balance** |
|  | | **5.0 Lacs-** | | |  |
| 1 | Training | - | RS. 1.79.230/- | |
| 2 | IEC | - | RS. 98,325/- | |
| 3 | School Programme | - | RS. 96,000/- | |
| 4 | Monitoring | - | Rs. 1,24,050/- | |
|  | **TOTAL** | **5.0 Lacs** | **Rs. 4,97,605/-** | | **Rs. 2,395/-** |
| **NORTH DISTRICT** | | | | | |
| **Sl. No.** | **Activities** | **Approved Budget** | **Expenditure** | | **Balance** |
| 1 | Training | - | RS. 1,06,210/- | | -  -  - |
| 2 | IEC | - | RS. 53,725/- | |
| 3 | Awareness & School Programme | - | RS. 98, 000/- | |
|  | **TOTAL** | **3.0 Lacs** | **Rs. 2,57,935/-** | | **Rs. 42,865/-** |

* 1. **MENTAL HEALTH PROGRAMME**

**INTRODUCTION**

The importance of mental health and mental wellbeing of every individual and the lack of awareness and stigma related to mental disorder, Government of India launched the District Mental Health Programme (DMHP) during the Ninth Five Year in phased manner starting with 27 districts in the Country which increased with covering all districts by 11th Five Year Plan. In Sikkim mental health programme was implemented from the year 2002 covering only one district i.e. East Sikkim. Now it has been extended to cover all four districts of the state.

**OBJECTIVES**

* The main objectives of DMHP is to provide community mental health services and integration of mental health with general health services through decentralization of treatment from specialized mental hospital based care to Primary health care services.
* To provide sustainable basic mental health care services in the community by integrating mental health into the existing general health care services in primary care settings.
* Early identification and treatment of persons with mental disorders in the community by active case identification by health workers, conducting periodic mental health camps in each taluk/tehsil of the district.
* To launch intensive education for the community about availability of treatment for mental disorders, universal nature of mental illness and regarding the need for regular follow up in the primary health centre. These efforts should bring in large number of persons with mental disorders into care and consequent reduction in stigma and discrimination.
* To facilitate adequate psychosocial care of the recovered mentally ill in the community by making appropriate linkages with NGOs in the local area.
* To initiate mental health promotion activities through schools, colleges.
* District Mental Health Programme, it is meant not only a rural district but also a unit of urban metropolis.

**Under District Mental Health Programme during the financial year 2015-16 many activities were carried out at all four districts and as well as at state level**

* Suicide/ Crisis Helpline 24X 7 helpline servicesNo, 03592-202111 & Toll Free helpline Tel. No. 18003453225, was established at Psychiatry Department of STNM Hospital on April 2015.
* Depression Specialty Clinic started at OPD Block of STNM Hospital. It is open every Tuesday and Thursday between 1pm and 4 pm.
* De-Addiction Beds earmarked for patients with alcohol and substance abuse problem at Psychiatry Ward of STNM Hospital
* Pledge Campaign launched byHon'ble Health Minister ShriArjun Kumar Ghatani.
* 93 Pledge Campaigns have been carried out till December 2015.
* Establishment of State Level Drug De- addiction Center at Chuwa Tar, Singtam has been initiated by the Department.
* Training:

The details of the training conducted for different personnel are as follows:

|  |  |  |
| --- | --- | --- |
| **Particulars** | **Category of personnel** | **2015-16** |
| Human Resource Development | Medical Officers | 88 |
| Health Workers ( ANM/ MPHW) | 607 |
| ASHA | 564 |
| AWW | 176 |
| NGOs& PRIs | 276 |
| Teachers sensitization | 177 |
| **Total** | **1612** |

* Under School Mental Health Programme, 93 schools have conducted “Winning ways to Well Being Programme”.
* Re-orientation of SATTHI (Chief Minister Youth Empowerment Program for eliminating alcohol/ substance abuse) Peer educators of Deorali&Tadong Schools.
* Observation of International Day against Drug Abuse & Illicit Trafficking was observed in the Districts as well as Gangtok by conducting rally with participation from various schools and college students, business community, recovering addicts, NGOs, Government Officials etc.,
* Skit play by students on Mental Health and Drug related issues at MG Marg on the eve of International Day against Drug Abuse & Illicit Trafficking
* Football Match between De-addiction Centers was organized at Gangtok, to encourage the youths to involve in healthy habits.
* Singtam observed Anti Drug Day in the presence of the Area MLA, ShriSomnathPoudyal with a rally followed by Skit play, Drama and short speech on substance abuse
* World Suicide Prevention Day was observed on 10/9/2015 by organizing Rally, cultural event and talk on Mental Health & Suicide Prevention at MG Marg.
* “East District Suicide Prevention Awareness Month” was carried out by 47 Primary Health Sub-Centresw.e.f. 11 Sept to 09 Oct 2015.
* World Mental Health Day was observed on 10/10/2015 throughout the state with various activities.



* Audio Spots and jingles on prevention of suicide and mental health related issues, prepared by the NCD Division in consultation with IEC Bureau, was aired in AIR, Doordarshan, targeting the schools students during the period of board exam result declaration.
* Different entertainment programmes organized by NGOs were also utilized to generate messages on suicide prevention.
* Flipcharts on suicide prevention and mental health has been prepared and is being distributed to all districts and peripheries as job aids for the health workers.
* Posters, pamphlets, handbills, banners etc. were also distributed for awareness generation.
* Advertisement on suicide prevention was printed in local papers as well as magazines.
* 462 Outreach Community Mental Health Campaign was conducted throughout the State.
* 123 Women’s Mental Health Campaign was conducted by District Hospital Singtam.
* Mothers Sensitization on Child Personality Development was conducted by District Hospital Singtam.
* Sensitization of PRI is being done in Districts.
* Sensitization workshop for the legal services in collaboration with the Sikkim State legal Services authority.
* Two Days Workshop on Psycho-social inquiry into suicide was organized for the Sikkim University students, teachers and PHC doctors in collaboration with Deptt. Of Sociology, Sikkim University.
* Sensitization of Journalists on Media Guidelines on Reporting Suicide was done.
  1. **NATIONAL PROGRAMME FOR HEALTH CARE OF THE ELDERLY**

**Introduction**

The National Programme for Health Care of the Elderly (NPHCE) is a modest attempt by the Ministry of Health & Family Welfare to address this issue by way of introducing a comprehensive health care set up completely dedicated and tuned to the needs of the elderly.

Countries with large populations such as India have a large number of people now aged 60 years or more. According to the 2011 census, there were 86.03 million Indians above the age of sixty years; of them 42.39 million were males and 43.64 million were females. 2011 Census of Sikkim, the figure shows the population of above 60 years as 36,342 out of which 20,087 are males and 16,255 are females.

The programme was initiated in the year 2011 in Sikkim with the aim to improve the health status of the elderly people and to provide an easy access to promotional, preventive, curative and rehabilitative services to the elderly through community based primary health care approach. In the initial Phase, only two districts, namely East and South Districts were involved.

**Objectives**

* To provide an easy access to promotional, preventive, curative and rehabilitative services to the elderly through community based primary healthcare 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 district hospitals, regional medical institutions
* Convergence with National Rural Health Mission, AYUSH and other line departments like Ministry of Social Justice and Empowerment.

**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 Healthy Sikkim) the flagship programme of government of Sikkim .

Comprehensive health care is being provided through convergence with CATCH and other programmes (NPCB, NPCDCS etc.) to make a health movement for healthy Sikkim.

**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 ASHAs at village level mobilizes the elderly to attend camps and home based care for bedridden elderly.

**Primary Health Centers**

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 etc.

Public awareness is given during health and village sanitation day/camps. Free medicines are provided to the elderly for their medical ailments and those requiring referrals to the higher centers are referred to community health centres district hospitals or STNM as per the need.

**Community Health Centers**

There are two Community Health Centres in Sikkim Jorethang (South Sikkim) &Rhenock (East Sikkim).

First referral Unit: CHCs is the first medical referral unit for patients from PHCs and below. Man power (Assistant Physiotherapist) has been placed in CHCs of both the Districts.

**District hospitals**

Ten bedded Geriatric wards have been set up in two Districts Hospital namely District Hospital Singtam, East District and District Hospital Namchi, South District. The physiotherapy unit in the districts are also provided with equipment.

**Geriatric Ward Namchi**

Geriatric clinic provides regular dedicated OPD services to the elderly and provisions for medicines and supportive appliances (Walking Stick, Callipers etc.) are also provided to the needy elders. Existing specialities like General medicine, Orthopaedics, Ophthalmology, ENT etc provides services needed by the elderly.

**Achievements during FY 2015-16:**

|  |  |
| --- | --- |
| **Indicators** | **Person Checked (2015-16)** |
| Elderly persons attended OPD | 19954 |
| Cases Admitted in wards | 532 |
| Persons given rehabilitation services | 8143 |
| Lab tests performed on elderly | 2467 |
| Elderly Persons provided home based care | 928 |
| Elderly provided supportive appliances | 82 |
| Cases referred | 308 |

**Financial Achievement under NPHCE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Programme** | **Opening Balance as on 01.04.2014** | **Fund Received from GOI during the Year** | **Interest Accrued** | **Total** | **Expenditure reported during the year** | **Unspent Balance as on 31.03.2016** |
| NPHCE | 46.74 | 20.00 | 1.11 | 67.85 | 51.05 | 16.80 |

**2.10 NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS**

**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 by 2020. Rapid survey on avoidable Blindness conducted under NPCB during year 2006-07 showed reduction in the Prevalence rate of Blindness from 1.1% (2001-02) to 1% (2006-07). With a view to achieve the above said objective, the Government has decided to continue this scheme during the 12th Plan with increased assistance for various component under the Scheme.

**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.

From the financial Year 2013-14 it was decided to continue the NPCB under the NCD flexi pool within the overarching under the recently approved National Health Mission.

**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 underserved 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

ASHAs

AO

Multi tasking Staff

***1. Review of physical and financial targets achieved in this financial year 2015-16***

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

***TARGET – 800***

|  |  |
| --- | --- |
| *STNM Hospital* | *256* |
| *DHS EAST* | *77* |
| *DHS WEST* | *0* |
| *DHS NORTH* | *0* |
| *DHS SOUTH* | *97* |
| *NGO* | *7* |
| *Pvt. Sector SMIMS(Tadong)* | *23* |
| *TOTAL* | ***460*** |

*During the year 2015-16, total of 460 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 2015-16***

**

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

|  |  |
| --- | --- |
| *Diabetic Retinopathy*  *(Laser Techniques)* | *132* |
| *Glaucoma* | *203* |
| *Corneal Opacity*  *(Peripheral)* | *160* |
| *Squint* | *137* |
| *Intraocular Trauma* | *249* |
| ***Total:*** | ***882*** |

***Diagram shows the number of Other Eye Disease patients offered treatment or referred during the year 2015-16.***

***2. Target and achievement***

|  |  |  |
| --- | --- | --- |
| ***Target : 800*** | ***Achievement*** | ***Percentage*** |
| *Total* | *460* | *57.5* |
| *IOL implantation – 90%* | *450* | *100* |
| *Women beneficiaries – 55%* | *184* | *41* |
| *Surgery on bilaterally blind*  *50%* | *17* | *1.5* |
| *SC/ST/BPL – 50%* | *136* | *30* |
| *Referred cases* | *102 cases (referred*  *to higher centres)* |  |

**Cataract Achievement 2015-16:-**

During the year, total of 460 Cataract cases were successfully operated, which is 57.5% of the total target for the year, out of which 41% were women beneficiaries, 1.5% were bilateral cases and 30% were ST/SC/BPL patients. However, total of 102 patients were referred to higher centres (viz. SGLEH, AIIMS New Delhi, 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. Camps held in monsoon season faces communication setback due to road blockage which is a habituated problem in our State.
4. 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.

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

|  |  |
| --- | --- |
| **TARGET :3500** | **ACHIEVEMENT** |
| **TOTAL CHILDREN**  **SCREENED** | **15758** |
| **CHILDREN TO BE DETECTED**  **WITH REFRACTIVE ERROR** | **711** |
| **FREE SPECTACLE** | **NIL** |
| **EYE DONATION** | **NIL** |

Under School Eye Screening, PMOAs of all the District Hospital and STNM Hospital visit schools in their respective area and screen the children for refractive error and other diseases and correct them. Distribution of free spectacles could not be done as the rate quoted were higher than stipulated norms.

****

**C. Training**

|  |  |
| --- | --- |
| EYE SURGEONS | NA |
| ASHA | 24 |
| AWW | 94 |
| MPHW | 45 |
| GNM & ANM | 50 |

During the year 2015-16, a Total of 24 ASHAs, 94 AWWs, 45 MPHW and 50 GNM/ANM were trained at State, District Hospitals, by NPCB officials and Ophthalmologists. Training programme are being organized as per the approval from GOI, where participants from various fields are called upon to refresh and update their knowledge timely. 8 Teachers were trained by PMOAs, during School Eye Screening (SES) Camps*.*

**

***D*. I.E.C. CAMPAIGN/ ACTIVITIES**

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, installation 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 done throughout the year.

1. **EQUIPMENTS**

Ophthalmic equipment like AB Scan, B scan, Operating Microscope, Slit lamp, Applanation Tonometer, Streak Retinoscope, Direct Ophthalmoscope e.t.c. for State and district Hospitals was procured through State government approved rates and handed over to respective District Hospitals Incharge for smooth functioning of Eye OPDs and O.T.

GOI funds for purchase of Mobile Ophthalmic Unit to NPCB, SHS during 2014-15 is completed and handed over to District Hospitals.

**F. MANPOWER RECRUITMENT:**

Manpower has been a driving force behind success of NPCB Programme in the State. It is an integral part of the programme for proving public services and there by achieving the main goals of NPCB. During the current year, no new recruitments were done in filling up the post under National Programme for Control of Blindness as per the direction of State Health Department. Appointment of Ophthalmologist at two District Hospitals is targeted in years to come. Below is the status of Manpower position under NPCB, Sikkim :-

**MANPOWER**

**(Skilled & Administrative)**

|  |  |  |
| --- | --- | --- |
| **LOCATION** | **IN POSITION** | |
| **REGULAR** | **CONTRACTUAL** |
| 1. **SHS/S.T.N.M Hospital,**   **State** |  |  |
| Consultant Eye Surgeon | 1 | Nil |
| SPO | 1 |  |
| Ophthalmologist | 1 |  |
|  |  |  |
| PMOA | 3 | 5 |
| Nurses | Nil | Nil |
| BFO |  | 1 |
| U.D.C | NIL |  |
| 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 |  | 7 |
| b.2.) WEST: |  |  |
| Ophthalmologist | Nil | nil |
| PMOA |  | 3 |
| b.3.) NORTH: |  |  |
| Ophthalmologist | Nil | Nil |
| PMOA | 1 | 4 |
| b.4.) SOUTH: |  |  |
| Ophthalmologist | Nil | 1(NRHM Appointed) |
| PMOA | 1 | 6 |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Expenditure and Present Balance under NPCB/SHS accounts  Sikkim as on 31.03.2016 (` rupees in lacs) | | | | | |
| **Department** | **O.B** | **GIA** | **EXP.** | | **Cl.BAL.** |
| **NPCB/ SHS** | **102.91** | **56.00** | **111.68** | | **47.23** |
| Expenditure/Fund Allocation head during previous year 2015-16 | | | | | |
| **ACTIVITY** | | | | **Expenditure(**  **in lacs)** | |
| Cataract Camp | | | | 7.28 | |
| IEC | | | | 4.89 | |
| School Eye Screening | | | | 0.32 | |
| Management of State Health Society, contingencies, T.A/D.A,  Salaries, e.t.c. | | | | 10.75 | |
| Other Eye Diseases | | | | 6.39 | |
| GIA for strengthening district hospital | | | | 40.00 | |
| GIA for sub divisional Hospital | | | | 6.46 | |
| Training | | | | 1.86 | |
| Maintenance of Ophthalmic Equipments | | | | .51 | |
| Salary of Ophthalmic Assistant | | | | 33.22 | |
| **Total** | | | | **111.68** | |

**Brief Summary:**

During the financial year 2015-16, GOI sanctioned a sum of `198.21 lakhs,

however the sum of ` 56.00 lakhs was released and received during the year

by NPCB Sikkim. Out of which the expenditure incurred during the year from the total GIA received is 111.68 and 47.23 lakhs was remain as unspent balance at the end of financial year.

**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. Two more dedicated Eye wing is to be constructing in the West District, and District Hospital North is targeted in coming years. 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.B Scan, 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 peoples. More such equipments are to be purchase for state hospitals and District hospitals to replace the nonfunctioning, irreparable and obsolete ones.

**STRATEGIES FOR 2016-17**

1. Total of 1200 Cataract Patients are targeted to operate during the year 2016-17.
2. 3500 numbers of Students are to be provided free spectacles at the stipulated rates.
3. Procurement of Eye Equipments and installation at District Hospitals , and State Hospital for smooth functioning of the programme.
4. Construction of Dedicated Eye Wing at District Hospital, Mangan, North and Gyalshing, West, Sikkim.
5. Appointment of Ophthalmologist at District Hospitals and PHCs.
6. Proposed for appointment of Driver for two Mobile Ophthalmic Unit purchased during 2013-14 and 2014-15.
7. Distribution of free spectacles to school going children prescribed for wearing glasses.

**2.11 NATIONAL LEPROSY ERADICATION PROGRAMME**

NLEP Emblem symbolizes beauty and purity in lotus: Leprosy can be cured and a leprosy patient can be a useful member of the society in the form of a partially affected thumb; a normal fore-finger and the shape of house; the symbol of hope and optimism in a rising sun. The Emblem captures the spirit of hope positive action in the eradication of Leprosy.

The introduction of Multi drug therapy by WHO in 1980s made leprosy completely curable . The MDT is a combination of three drugs namely Rifampicin ,Dapsone & Clofazimine. MDT is Multidrug therapy (MDT) is cornerstone of treatment, free of charge, Donation by Novartis (committed till 2020) & resistance only **rarely reported.**

Regimens: PB: monthly rifampicin + daily dapsone, 6 months

MB: monthly rifampicin, clofazimin + daily dapsone, 12 months

**Leprosy elimination:**

In the early 90s, the NLEP adopted the goal of leprosy elimination i.e **less than one case per 10,000 population by the year 2000.**

**India finally achieved this status by December 2005.**

**Leprosy in Sikkim:**

Sikkim too has its share of leprosy sufferers although not many people would believe it. Many of the cases were detected among migrant labourers who come from neighbouring states like Bihar, Orissa & West Bengal which had high endemicity . There have been indigenous cases too in all parts of Sikkim especially in urban Gangtok ,Ranipool, Namchi, jorethang, Gyalshing, Rangpo, Singtam & also rural areas particularly in pockets of West Sikkim under Soreng PHC & Phodong PHC.

**Sikkim achieved elimination of leprosy by the end of 2003 with 53 registered cases & Prevalence rate of 0.7/10,000 population .This trend is sustained till now with 21 new cases detected & Prevalence rate of 0.21/10,000 in 2015-16.**

***O*bjective of the programme:**

1. Elimination of leprosy i.e prevalence of less than 1 case per 10,000 population in all districts of the country
2. Strengthen Disability prevention & medical rehabilitation of persons affected by leprosy
3. Reduction in the level of stigma associated with leprosy

**Present & future strategies**

To decrease the disease burden, the WHO has adopted Global Strategy (2016-2020)

* Main targets – Zero Grade 2 disability among paediatric leprosy cases
* Reduction of new cases with Grade 2 disability to less than one case per million population
* Zero countries with legislation allowing discrimination on basis of leprosy

**New initiatives by Central Leprosy Division**

**1. Elimination of leprosy**

**A . Focussed leprosy campaign (FLCI) in hot spots** – As even a single grade II disabled case indicates that cases are being detected late & there are several hidden cases in the community. It is planned to consider the village/urban areas hot spots where even a single grade II case is detected irrespective of endemicity status of the district .

Active house to house visit by ASHAs /Health care workers to examine each & every resident of the household must be carried out in these hot spots under intimation to CLD.

**B. Case detection in hard to reach areas** ( difficult hilly terrain) – form committee consisting of local representatives from the community, local leaders, PRIs etc under the chairmanship of MOs of concerned PHC

i. survey to detect any Grade 2 disabled cases

ii. In case any disabled cases are detected, screening of whole village

**2. Strengthen disability & medical rehabilitation of persons affected by leprosy**

* GOI has recognized 61 govt. institutions for RCS out of which STNM Hospital is also one. 7 patients have already undergone RCS at STNM .
* Patients undergoing RCS get an incentive of Rs 8000 & the hospital gets Rs 5000 for procurement of materials & ancillary expenditure for the surgery .2 patients are to undergo RCS this year
* We also propose to send one orthopaedic surgeon & one physiotherapist for training in RCS outside the state this year.

1. **Reduction in the level of stigma associated with leprosy**

* NLEP newsletter – a quarterly publication . It is serving as one of the important tools for communication to inform, update & educate our stakeholders as well as target groups.
* CLD is going to introduce a software tool for ‘long term IEC/BCC strategy for NLEP’which will encourage early case detection & stigma reduction.

1. **Chemoprophylaxis**

Single dose rifampicin to contacts of leprosy cases have been given in Dadra & Haveli to cut down transmission of leprosy . It will also be given to contacts identified in LCDC (leprosy case detection campaign in high endemic states)

1. **Immunoprophylaxis of contacts**

ICMR has reported a study with vaccination of MIP vaccine in patients under MDT treatment for quicker clearance of the bacilli & resulting relief from reaction. The vaccine is available in the market & is being used by dermatologists.

**6.Monthly administered ROM** (rifampicin, minocycline & ofloxacin)

Once a month ROM have reportedly led to fewer incidence of relapse .

**Targets & Achievements:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl No | **Indicators** | **Baseline(2011-12)** | | **Targets (by March 2017)** | | **Achievement** |
|  |  | **India** | **Sikkim** | **India** | **Sikkim** | **Sikkim**  **(2015-16)** |
| 1 | Prevalence Rate(P.R)  < 1/10000 | 543 Districts (84.6%) | 4 Districts  (100%) | 642 Districts  (100%) | 4 districts  (100% ) | **4 districts** |
| 2 | Annual new case detection rate (ANCDR) < 10/100000 population | 445 Districts (69.3%) | 4 districts  (100%) | 642 districts  (69.3%) | 4 districts | **4 districts** |
| 3 | Cure Rate for M.B cases | 90.56% | 83.3% | **>95%** | **>95%** | **100%** |
| 4 | Cure Rate for P.B cases | 95.28% | 88.9% | **>95%** | **>95%** | **100%** |
| 5 | Gr. II disability in percentage of new cases | 3.04% | 1(6.6%) | **1.98%** | **1.98%** | **14%** |
| 6 | Stigma reduction | Percentage reported (NSS 2010-11) | Not available | 50% reduction over the percentage reported by NSS | Data on NSS not available |  |

**Leprosy status 2015-16**

|  |  |
| --- | --- |
| **Indicator** | **Achievements** |
| No of New case detected | 21 |
| No of new cases released from treatment (RFT) | 11 |
| Otherwise deleted | 5 |
| MB% among new cases | 76% |
| Child % among new cases | 0% |
| Female % among new cases | 23.8% |
| Deformity Gr. II % among new cases | 14% |
| Treatment Completion rate | 100% |
| No of Suspected cases | 0 |
| Annual New case detection rate (per 1,00,000 population) | 3 |
| Prevalence rate (per 10,000 population) | 0.21 |

**Status on DPMR (Disability Prevention & Medical Rehabilitation)**

|  |  |
| --- | --- |
| **Indicator** | **Achievements** |
| No. of reaction cases recorded | 7 |
| No. of grade-I disability | 3 |
| No. of grade II disability | 3 |
| No. of patient with eye involvement | 0 |
| No. of patient provided footwear | 2 |
| No. of patient provided self care kit | 0 |
| Reconstructive surgery conducted | 0 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Types of IEC Activities** | **Achievements** | **Fund allocated** | **Fund utilized** |
| Hoardings | 1nos | **3,92,000/-** | **2,02,000/-** |
| Distribution of Posters, Pamphlets and Hand bills to all District Hospitals, PHCS, PHSCS & Urban Health Centres during Anti-leprosy fortnight & other IEC programmes (English & Nepali Languages) | 41500nos |
| Banner Display | 58nos |
| Village IEC | 13 villages |
| School IEC/Quiz | 3 school |
| Sensitization of ASHA, AWW, NGO and VHNSC members on Anti-leprosy fortnight to carry out active search house to house survey. | 342nos |
| Total no. of Rural and Urban villages covered during Anti-leprosy fortnight active search house to house survey. | 35 villages |
| Leprosy awareness message in newspapers on Anti-leprosy fortnight | half page in local languages |
| Mobile IEC with distribution of Pamphlets & hand bills. | 8 blocks & Gangtok urban area |
| Awareness video uploaded in ‘Voice of Sikkim’ during Anti-leprosy fortnight | 29th Jan – 13th Feb 2016 |
| Skin Camp | 5 nos | **1.32** | **0.84** |

**Physical & Financial Achievement (2015-16)**

**Capacity Building -Training**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Types of training** | **Category of personnel** | **No. of batches planned** | **Achievements** | **Fund Allocated (Rs. in lakhs)** | **Fund Utilized (Rs. in lakhs)** |
| 1 day sensitization training | Specialist, G.P. & NHPC Doctors | 4 batch | 4 batch | 1.26 | 1.20 |
| 1 day orientation training | Health Supervisors & Health Workers (M/F) | 10 batches | 9 batch | 3.07 | 2.32 |
| 1 day Refresher training | Nursing staff/ANMs | 4 batch | 3 batch | 0.93 | 0.72 |
| 1 day sensitization of | ASHAs | 21 batches | 21 batches | 0.64 | 0.61 |
| **Total** | | **39 batches** | **37 batches** | **5.9** | **4.85** |

|  |  |  |  |
| --- | --- | --- | --- |
| **S. No** | **Head of Accounts** | **Allocation made under ROP as approved by NHM** | **Total Expenditure** |
| 1 | Specific plan for high endemic Districts (Skin Camp) | 1.32 | 0.84 |
| 2 | **Services in Urban Areas** | 1.14 | **0.59** |
|  | **Incentive to ASHA** |  |  |
|  | Detection | 0.03 | **0.00** |
|  | P.B. | 0.02 | **0.00** |
|  | M.B | 0.05 | **0.00** |
| G 1.4 | **Materials & Supplies** |  |  |
|  | Supportive drugs, lab. reagents & equipments and printing works | 2.60 | **1.26** |
| G 2 | **DPMR** |  |  |
|  | MCR footwear | 0.07 | **0.01** |
|  | Aids & Appliance | 0.34 | **0.00** |
|  | Welfare allowances for RCS Patient | 0.16 | **0.00** |
|  | Support to govt. institutions for RCS | 0.10 | **0.00** |
|  | IEC/BCC | 3.92 | **2.02** |
|  | **Capacity Building : - Training** |  |  |
|  | 1 day sensitization training for Specialist, G.P. & NHPC Doctors | 1.26 | **1.20** |
|  | 1 day training for Nursing Staff & ANMs | 0.93 | **0.72** |
|  | 1 day orientation training for Health Supervisors & Health workers (M/F) | 3.07 | **2.32** |
| G 4.2.1 | **Contractual Staff at State level** |  |  |
|  | BFO cum Admn. Officer | 4.54 | **4.54** |
|  | Admn. Asstt. | 2.30 | **2.30** |
|  | DEO | 2.30 | **2.30** |
|  | Driver | 1.32 | **1.32** |
| G 5 | **Programme Management ensured** |  |  |
| G 5.1 | **Travel Cost** |  |  |
|  | Contractual Staff at State level | 0.40 | **0.43** |
|  | Contractual Staff at District level | 0.00 | **0.00** |
| G 5.2 | Review Meetings | 0.50 | **0.00** |
| G 5.3 | **Office Operation & Maintenance** |  |  |
|  | Office operation - State Cell | 0.75 | **0.37** |
|  | Office operation - District Cell | 1.40 | **0.22** |
|  | Office equipment maint. State | 0.50 | **0.00** |

**2.12 QUALITY ASSURANCE PROGRAMME**

**Background:**

The Quality Assurance Programme is being implemented in the state since Nov 2014 as per the operational guidelines for Quality Assurance in public Health facilities 2013. Quality Assurance is a cyclical process which needs to be continuously monitored against defined standards and measurable elements laid down in the guidelines. Measurement and compliance to 70 standards will be mandatory for a district level facility to get National level certification including the certification for RMNCH+A services under Quality Assurance Programme. Regular assessment of public health facilities by their own staff and state level assessors, action planning for traversing the observed gaps is the only way in having a viable Quality Assurance Programme.

The facilities which get National certification for the quality and have been retained such status during subsequent assessment shall be incentivized.

**Organizational framework:**

Following committee/units have been constituted for effective implementation of the programme.

1. State Quality Assurance Committee.
2. State Quality Assurance Unit.
3. District Quality Assurance Cell.
4. District Quality Assurance Unit.
5. Quality Team-STNM hospital and four district hospital.

The Quality Assurance cell is located at Annexure Building, HC, HS& FW Deptt. and headed by Additional Director cum SHO and supported by officers and staff of Sanitation cell, and External Assessor (I/ C Emergency) District Hospital Singtam.

**Activities conducted during 2015-16:**

1. Mrs. Madhukala Mishra went for Internal assessment at Disrict Hospital Namchi under QAP. 26th-27th May 2015
2. Dr. D. C. Sharma, District Medical Superintendent –District Hospital Namchi, went for 2nd Batch External Assessors Training under Quality Assurance Programme from 13th- 17th July 2015 at New Delhi.
3. Orientation workshop on Kayakalpat Guwahati and Awareness workshop on Kayakalp at New Delhi 29th June 2015 was attended by Dr.Sarita Lama, Addl. Director cum SHO, Dr. RinzingLhamu, Joint Director, Mrs. Madhukala Mishra, District Hospital Singtam and Mrs. VijayaLakhsmiRai-DPHN-District Hospital Namchi.
4. One Day Sensitization training on Kayakalp at Gangtok was held on 1st August 2015.
5. Orientation workshop on External Assessment for Kayakalp and Model Health District Initiative was held at Guwahati.

**ASSESSMENT of DISTRICT HOSPITALS:**

1. Internal Assessment of District Hospital Singtam from 18th to 20th June 2015.
2. Internal Assessment of Four District Hospitals and STNM Hospital under KayakalpProgramme.
3. State level and District level Assessors visited District Hospital Namchi, DH Singtam and DH Gyalshing from 9th Sept’ for Peer assessment of the health facilities for KayakalpProgramme.
4. External assessment of District Hospital Namchi and District Hospital Singtam was conducted on 22nd and 23rd Sept 2015 under KayakalpProgramme
5. Fund released to District Hospital Namchiand Singtamfor traversing the gaps under Quality AssuranceProgramme.
6. Purchase of stationery items under Quality Assurance Programme.
7. Printing of guidebooks for Quality Assurance Programme and Kayakalp.
8. State level assessment of District Hospital Namchi under Quality Assurance Programmew.e.f 28th -30th January 2016 (Score-68.57%).
9. State level assessment of District Hospital Singtam under Quality Assurance Programme during 10th -12th February 2016 (Score-78.25%).
10. Assessment of District Hospital Singtam by District Quality Assurance Unit under Quality Assurance Programmew.e.f. 15th-17th January 2016(Score-72.64%).
11. Dr. D. C. Sharma, Mrs. Madhukala Mishra & Mrs. MonmoyuriDutta attended one day orientation workshop at Guwahati on 18th September 2015 for all NE States on Model Health District initiative.
12. Dr. Pramila Kothari, JD cum Nodal Officer Urban Health Centre and Mrs. MadhukalaMishra, went for one day orientation workshop on quality assurance guidelines and implementation of quality assurance programme under National Urban Health Mission on 18th Feb 2016 at New Delhi.

District Hospital Singtam received 1stKayakalp Award and District Hospital Namchi received 2nd commendation award.

**2.12.1 CLINICAL ESTABLISHMENT ACT**

The Clinical Establishment (Registration and Regulation) Act 2010 has adopted by the State Govt. of Sikkim on 31st July 2012 with the view to prescribing the minimum standards of facilities and services provided by theHealth, so that mandate of Article 47 of the constitution for the improvement in public health may be achieved. The State Govt. of Sikkim has notified and constituted the state council body comprising 15 members vide gazette notification no. 57/HC,HS & FW dated 19.04.2012 and also constituted the District Registering Authority in the District level. Vide notification no. 53/HC, HS& FW dated19.04.2012 .The Act is being implemented by the District Registering Authority constituted under four Districts & GMC Area, Gangtok. The process for renewal of the provisional will be granted two year as per the guidelines of Govt. of India, Ministry of Health & Family Welfare.

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 Collectorate Office &Gangtok Municipal Corporation. The Technical Officers like Consultant Radiologist, Consultant Pathologist are also being involved wherever necessary.The Govt. health facilities are also being visited. The District Hospitals have been instructed to take action for registering all diagnostic facilities including X-Ray equipment as per Atomic Energy Regulatory Board Guidelines. The Clinical Establishment have been instructed to report on noticeable diseases like TB in coordination with State TB Cell. During the visit 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 issues.

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 operationalized due to shortage of Office Assistant/Data Entry Operators in the cell. Online registration will be started once the post of Data Entry Operators are appointed by the central Govt.

The total provisional registration of different categories of clinical establishment has been made by the DRA Offices till 31/03/2016.

**GOVERNMENT HEALTH FACILITIES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl.No.** | **District/State** | **District /State Hospital** | **PHCs** | **PHScs** | **CHC** |
| 1 | STNM | 1 | - | - | - |
| 2 | East | 1 | 7 | 48 | 1 |
| 3 | West | 1 | 7 | 41 |  |
| 4 | North | 1 | 5 | 18 |  |
| 5 | South | 1 | 7 | 39 | 1 |
| **Total** | | **5** | **24** | **147** | **2** |
| **Grand Total – 178.** | | | | | |

**THE TOTAL NO. OF REGISTERED CLINICAL ESTABLISHMENT**

**IN THE STATE (SIKKIM) AS ON 31st MARCH 2016.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.No.** | **Clinical Establishment (Private)** | **Total No.** | **Registered as on 31/3/16** |
| 1 | Private Hospital | 1 | 1 |
| 2 | Allopathy Single Practitioner | 28 | 28 |
| 3 | Ayurvedic Clinic | 6 | 6 |
| 4 | Ayurvedic Hospital | 1 | 1 |
| 5 | Homeopathy Clinic | 10 | 10 |
| 6 | Diagnostic Centre/Lab/Poly Clinic | 25 | 25 |
| 7 | Dental Clinic | 12 | 12 |
| 8 | Eye Clinic | 4 | 4 |
| 9 | Rehabilitation Centre | 7 | 7 |
| 10 | Nature Care | 1 | 1 |
| 11 | Acupuncture | 2 | 2 |
| 12 | Alternative Medicine (Tibetan) | 2 | 2 |
| 13 | Physiotherapy Clinic | 6 | 6 |
| 14 | Radio Diagnostic/Imagine Centre | 10 | 10 |
| **Grand Total** | | **115** | **115** |

**FINANCIAL ACHIEVEMENT 2015-2016**

Rs.50,000/- (Fifty Thousand) only/- has been earmarked underState Plan Budgetfor implementation of various activities of Clinical Establishment.However, fund has been utilized by the account section for other purpose.

**PROPOSED ACTIVITIES FOR THE FINANCIAL YEAR 2016-17**

1. To start online registration system of Clinical Establishment Act, 2010.
2. To regularize left out unauthorized private practitioner.
3. Appointment of Data Entry Operator through (NHM).
4. To notify and to include 3(three) other member under Clinical Establishment Act,2010 from Police Department, UDH Department, and from professional medical association for a period of two year accordance to under clause (C) of Sub Section (i) of section 10 of the Act.
5. To organize State Level Council meeting and meeting of District Registration Authority quarterly.
6. To grant permanent registration certificate of clinical establishmentsubject to fulfillment of the prescribed minimum standard of Clinical Establishment required by the central government.

**Proposed Budget for 2016-17.**

|  |  |  |
| --- | --- | --- |
| **Sl.No** | **Particulars** | **Amount** |
| 1. | State Council level meeting (Half Yearly) | Rs.1,00,000/- |
| 2. | Workshop and Meeting of DRA (Half Yearly) | Rs.1,00,000/- |
| 3. | Mobility Support (POL/TA/DA) | Rs.2,00,000/- |
| 4. | Advertisement Awareness | Rs.50,000/- |
| 5. | TA/DA to Officers for attending meetings outside State | Rs.1,00,000/- |
| **TOTAL** | | **Rs.5,50,000/-** |

**2.13 AYUSH**

**INTRODUCTION**

Sikkim is blessed with natural scenic beauty. The entire territory of Sikkim lies to the south of the main Himalayan range. Sikkim is rich inmedicinal plants. More than thousand medicinal plants are found. Large number of people dependson traditional system of medicine for their health. Faith healers play an important role in the life of Sikkimes people.

Ayurveda, Yoga & Naturopathy, Unani,Siddha and Homeopathy (AYUSH) systems of medicines which have proven promotive, preventive and curative aspect,out of these Ayurveda ,Yoga , Homeopathy & Sowa Rigpa (Amchi) is gaining popularity in our state. Homeopathy system was introduced in Sikkim in the year 2003. With a view of mainstreaming AYUSHin the general health care services, a centrally sponsored scheme for development of health care institutions was introduced during the 10th Plan. Under this scheme, financial assistance was provided for setting up AYUSH treatment centers(co- location) in allopathic health facilities & procurement of AYUSH Medicines for AYUSH dispensaries at co- located facilities.

**NATIONAL AYUSH MISSION (NAM)**

**Introduction:**

Department of AYUSH, Ministry of Health and Family Welfare, Government of Indiahas launched National AYUSH Mission (NAM) during **12th Plan** for implementing through States/UTs. The basic objective of NAM is to promote AYUSH medicalsystems through cost effective AYUSH services, strengthening of educational systems, facilitate the enforcement of quality control of Ayurveda, Siddha and Unani& Homoeopathy (ASU &H) drugs and sustainable availability of ASU & H rawmaterials.It envisages flexibility of implementation of the programmes which will lead to substantial participation of the State Governments/UT. The NAM contemplates establishment of a National Mission as well as corresponding Missions in the Statelevel. NAM is likely to improve significantly the Department’s outreach in terms of planning, supervision and monitoring of the schemes.

**Vision:**

a. To provide cost effective and equitable AYUSH health care throughout the country by improving access to the services.

b. To revitalize and strengthen the AYUSH systems making them as prominent medical streams in addressing the health care of the society.

c. To improve educational institutions capable of imparting quality AYUSH education

d. To promote the adoption of Quality standards of AYUSH drugs and making available the sustained supply of AYUSH raw-materials.

**Objectives:**

1.To provide cost effective AYUSH Services, with a universal access through upgrading AYUSH Hospitals and Dispensaries, co-location of AYUSH facilities at Primary Health Centres (PHCs),Community HealthCentres (CHCs) and District Hospitals (DHs).

2.To strengthen institutional capacity at the state level through upgrading AYUSH educational institutions, State Govt. ASU&H Pharmacies, Drug Testing Laboratories and ASU & H enforcement mechanism.

3.Support cultivation of medicinal plants by adopting Good Agricultural Practices (GAPs) so as to provide sustained supply of quality rawmaterials and support certification mechanism for quality standards,

Good Agricultural/Collection/Storage Practices.

4. Support setting up of clusters through convergence of cultivation, warehousing, value addition and marketing and development of

Infrastructure for entrepreneurs.

**Components of the Mission:**

**Mandatory Components**

a. AYUSH Services

b. AYUSH Educational Institutions

c. Quality Control of ASU &H Drugs

d. Medicinal Plants

**Flexible Components:-**

Out of the total State envelop available, 20% funds will be earmarked for flexible funds which can be spent on any of the items given below with the stipulation that not more than 5% of the envelop is spent on any of the components:

a. AYUSH Wellness Centres including Yoga & Naturopathy\*

b. Tele-medicine

c. Sports Medicine through AYUSH

d. Innovations in AYUSH including Public Private Partnership

e. Interest subsidy component for Private AYUSH educational Institutions

f. Reimbursement of testing charges

g. IEC activities

h. Research & Development in areas related to Medicinal Plants

i. Voluntary certification scheme: Project based.

j. Market Promotion, Market intelligence & buy back interventions

k. Crop Insurance for Medicinal Plants

The Yoga wellness Centre are eligible for Rs. 0.6 Lakhs as one time assistance for initial furnishing and recurring assistance of Rs.5.4 Lakhs p.a. for Manpower, maintenance etc. & Naturopathy hospitals 20-30 beds are eligible for Rs.15 lakhs

(Rs. 12 Lakhs as recurring assistance p.a. including Manpower and Rs.3 Lakhs for non-recurring one-time assistance for treatment equipments). However, the stipulation that not more than 5% of the envelope is spent on any of the components

may not be applicable in this component.The financial assistance from Government of India shall be supplementary in the form of contractual engagements, infrastructure development,Capacity Building and supply of medicines to be provided from Department ofAYUSH. This will ensure better implementation of the programme through effectiveco-ordination and monitoring. States shall ensure to make available all the regularmanpower posts filled in the existing facilities. The procurement of medicines will bemade by the States/UTs as per the existing guidelines of the scheme.

**NAM at State Level:**

The Mission at State level is governed and executed by a State AYUSHMission Society, constituted with following members.

**Composition of Governing Body:**

**Designation/ Status**

1 Chief Secretary Chairperson

2 Principal Secretary/Secretary I/c of AYUSH/ (Health &F.W.)Member Secretary

3 Principal Secretary/Secretary (AYUSH MedicalEducation)Member

4 Principal Secretary (Finance) Member

5 Principal Secretary (Planning) Member

6 Principal Secretary Forests & Horticulture dealingwith Medicinal PlantsMember

7 Mission Director, NRHM Member

8 Commissioner(AYUSH)/Director General(AYUSH)/Director Ayurveda,

Unani, Homoeopathy, SiddhaMember

9 Nodal Officer, State Medicinal Plants Board Member

10 State ASU &H Drug Licensing Authority Member

**Composition of the Executive Body**

**Designation/ Status**

1 Principal Secretary/Secretary I/c of AYUSH/ (Health& F.W.)Chairperson

2 Principal Secretary/Secretary (AYUSH MedicalEducation)Vice-Chairperson

3 Commissioner (AYUSH) /Director General(AYUSH)/Director-Ayurveda,

Unani, Homoeopathy,SiddhaMember Secretary

4 Mission Director, NRHMMember

5 Representative of State Finance/PlanningDepartmentMember

6 Representatives of Forest & Horticulture Department Member

7 Nodal Officer, State Medicinal Plants Board Member

8 ASU &H State Licensing Authority Member

9 Senior Technical officers dealing with Ayurveda,Homoeopathy, Unani,

Siddha, Yoga andNaturopathy and Medicinal PlantsMember

10 State AYUSH ProgrammeManager Member

***SYSTEM WISE AYUSH FACILITIES CO-LOCATED IN THE STATE***

|  |  |  |
| --- | --- | --- |
| ***Sl. No.*** | ***SYSTEMS*** | ***No. of Medical Officers*** |
| *1* | *AYURVEDA* | *3* |
| *2* | *HOMOEOPATHY* | *11* |
| *3* | *AMCHI* | *1* |
|  | ***TOTAL*** | ***15*** |

|  |  |  |
| --- | --- | --- |
| ***SL.NO.*** | ***LOCATION*** | ***COLOCATION OF AYUSH SYSTEM*** |
| *1* | *DISTRICT HOSPITAL, SINGTAM,* | *HOMOEOPATHY AND AYURVEDA* |
| *EAST SIKKIM* |
| *2* | *DISTRICT HOSPITAL, NAMCHI,* | *HOMOEOPATHY* |
| *SOUTH SIKKIM* |
| *3* | *DISTRICT HOSPITAL, GYALSHING,* | *HOMOEOPATHY* |
| *WEST SIKKIM* |
| *4* | *DISTRICT HOSPITAL, MANGAN,* | *HOMOEOPATHY* |
| *NORTH SIKKIM* |
| *5* | *JORETHANG CHC, SOUTH SIKKIM.* | *HOMOEOPATHY* |
| *6* | *RHENOCK CHC,* | *HOMOEOPATHY* |
| *EAST SIKKIM* |
| *7* | *STNM HOSPITAL, GANGTOK* | *AYURVEDA AND AMCHI* |
| *8* | *RONGLI PHC,* | *HOMOEOPATHY* |
| *EAST SIKKIM* |
| *9* | *SORENG PHC,* | *HOMOEOPATHY* |
| *WEST SIKKIM* |
| *10* | *CHUNGTHANG PHC, NORTH SIKKIM* | *HOMOEOPATHY* |

**ACHIEVEMENTS**

1. AYUSH Started in the Year 2005 – 2006.
2. Established AYUSH Clinics in all four District Hospital and four PHCs including Soreng, Rhenock, Jorethang and Rongli.
3. A big State level Health Mela Organized in 2013.
4. NAM implemented with the registration of **Sikkim State AYUSH Society** (SSAS) on July 2015
5. AYUSH actively involved in **CATCH Programme** for Healthy Sikkim.
6. AYUSH Hospital functioning at Sochey-gang Sichey.

For the FY 2014-15,against the State Annual Action Plan, Ministry of AYUSH GOI released a sum of**Rs122.35lakhs**to the state treasury which in turn was released to SSAS during February 2016.With the release of this fund to the society,the activities as mentioned in the SAAP are being carried out.

For the FY 2015-16 Ministry of AYUSH, GOI has released a sum of **Rs564.459 lakhs**to the State treasury but is to be transferred to the Society yet. This includes grant-in-aid for construction of 50 bedded AYUSH Hospital at Kyongsa ,West Sikkim.

Grant-in-aid component is 90% from Govt.of India and remaining 10% is proposed to be the State contribution towards allcomponents under the scheme.

**Requirements**

1. Separate administrative unit of AYUSH.
2. Separate cadre for the formation of Directorate in the later phase.
3. Human Resource for upcoming 50 bedded AYUSH hospital at Kyongsa.
4. Strengthen Research & Development on locally available medicinal plants.

**3.1 DENTAL (ORAL) HEALTH PROGRAMME**

**Introduction:**

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 Principal Director (Dental) – cum- State Nodal Officer,(NOHP) stationed at Gangtok.

Dental clinics in the STNM Hospital, Gangtok, the four District Hospitals and the eleven PHCs are run daily. School Dental Health Programmers’ 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 Central 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 eleven PHCs are manned by Dental Surgeons and are well equipped, but out of the two CHCs & twenty four PHCs, fifteen PHCs still require Dental Surgeons and eleven 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 normal Programmes.**The total number of Dental patients treated at the Dental Clinic, STNM Hospital Gangtok** 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 the year 2013-14 was 32857 (male=16245, female=16612), n the year 2014-15 was 35698 (male=19654, female=16044) **. In the year 2015-16 was 36214 (male=22369,female=13845) . (OPD=18146,Extraction=5088,TA(SurgicalExtraction)=192,Scaling=3560,OralCAcases=44, Fracture=28,Filling=5620,Post&core(crowns)=54,RPD=104,CD=12,NightGuard=16,crown=120, FPD=8,Ortho Appliance(Hawleys appliance, Expansion appliance, Z-Spring appliance & appliance for tongue thrust)=36, Minor surgery=28). ), Major oral surgery cases ( Tumor of jaw, Dentigerous Cyst , cleft lip and palate, etc) = 63 , Minor cases = 338**

**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 school students treated in Govt. School in 2012-13 was 2826.In 2013-14 was 4259. In 2014-15 was 5982 **and in 2015-16 was 6505; which includes 1477 students between six weeks to six years (male: 561 and female: 916) and 5024 students between seven years to eighteen years (male: 3453 and female: 1571). Four cases of Cleft lip and Palate were also reported.**

Apart from the STNM Hospital, there are four Dental Units in the four District Hospitals ( viz-Namchi, Gyalsing,Singtam & Mangan) and fifteen Dental Units in the fifteen PHCs( Ravang, Jorethang, Chungthang, Soreng, Dentam, Rongli, Pakyong, and Rongpo,Rinchepong, Renok, Sombaray, Phodong , Melli, Yang Yang & Namthang).The Dental facilities in the four District hospitals and the thirteen PHCs are similar. 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 Chair & Unit and one Confident-Intra Dental X-Ray Machine in 2008; along with two Portable Micromotor sets and one Hanging Motor set. The Chamundi-Confident Dental Chair and Unit are semi-functioning and the supplier has been informed for repair of the same through the CHSC. One is being kept at STNM Hospital and three are being shifted to the District Hospital/PHCs through CHSO.

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

Twenty two (22) new Dental Chair & Units (Chamundi & Mokambika) have been received from the NE fund for the STNM Hospital, four District Hospitals & CHC & PHCs. (Table III)

Out of the 2 CHCs & 24 PHCs, only 15 PHCs(+CHCs) have Dental Chair & Unit and Instruments (old + New) only in 11 PHCs (CHCs) Dental Surgeons have been posted. Still 15PHCs require Dental Surgeons .Three (03) Dental Surgeons are to be appointed under NOHP, NHM shortly. Most of the PHCs (CHCs) do not have Dental Hygienist/Assistants. Additional posts for the same are required to be created for posting of the same.

On 12.03.2016 under NOHP, NHM training of (Dental Surgeons, Medical Officers, Dental Hygienists, Dental Assistants and Nurses was held at the Conference Hall, Police HQ, Gangtok. They were trained on Book Keeping, Auditing, Budget Prep and Condemnation, etc.

**Table III**

**LIST OF DENTAL CHAIR, UNITS AND EQUIPMENTS AT STNM HOSPITAL .4 DISTRICT HOSPITALS, 2 CHCs AND 24 PHCs**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl**  **No** | **HOSPITAL /Dist Hosp/CHCs/PHcs** | **New Dental Chair and Unit** | **Old Dental Chair and Unit** | **New Equipment /Instrument** |
|  | STNM HOSPITAL | 07 \* | 01 | 01\* |
|  | Namchi District Hospital | 01 \* | 01 | 01\* |
|  | Gyalshing District Hospital | 01 \* | 01 | 01\* |
|  | SingtamDistrict Hospital | 01 \* | 01 | 01\* |
|  | Mangan District Hospital | 01 \* | 01 | 01\* |
|  | Chungthang PHC | 01 \* | 01 | 01\* |
|  | Phodong PHC | 01 \* | 01 | 01\* |
|  | Rangpo PHC | 01 \* | 01 | 01\* |
|  | Pakyong PHC | 01 \* | 01 | 01\* |
|  | Dentam PHC | 01 \* | 01 | 01\* |
|  | Soreng PHC | 01 \* | 01 | 01\* |
|  | Sombaray PHC | 01 \* | 01 | 01\* |
|  | Rinchenpong PHC | 00 | 01 \*\* | 01\*\* |
|  | Ravangla PHC | 01 \* | 01 | 01\* |
|  | Jorethang PHC | 01 \* | 01 | 01\* |
|  | Renok PHC | 00 | 01 \*\* | 01\*\* |
|  | Rongli PHC | 00 \*\*\* | 01 | 01\*\*\* |
|  | Namthang PHC | 01 \* | 00 | 01\* |
|  | Yamgang PHC | 01 \* | 00 | 01\* |
|  | Melli | 00 | 01 | 01\*\*\*\* |

**\*NE fund – 2015**

**\*\*NRHM Fund – 2008**

**\*\*\*To receive from Border Roads Fund**

**\*\*\*\* Old Instruments /Equipments**

**For the New 1000 Bedded STNM Hospital at Sichey, Eight (8) new Dental Chairs & Units are required.** And also one each for the four Districts and thirteen PHCs are required.

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.

**As the State Govt. has limited resources, if Seventeen Dental Surgeons and twenty one Oral Hygienists / Dental Mechanics are appointed under the National Rural Health Mission (NOHP), and North East Council (NEC) Fund, GOI; along with a provision of(15 for PHC + 04 for DIS HOSP +09 for STNM= 28 ) twenty eight Dental Chairs & Units and twenty eight 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 are being carried out for maintaining good oral hygiene.

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

To facilitate proper implementation of the National Programme (NOHP) 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 2015-2016**

**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. Prosthetic, Orthodontic & Endodontic Laboratory at S.T.N.M. Hospital, additional Chair & Unit & equipments at STNM Hospital, District Hospitals and one at CHCs,PHCs; along with dental x-ray machines, autoclave(instaclave), Dental Extraction instruments, filling and diagnostics, scaling instruments.

**Table II**

**LIST OF DENTAL SUGEONS, SISTERS & DENTAL HYGENISTS /ASSISTANTS POSTED AT PHCs AND CHCs-2015**

1. **DENTAL SURGEONS**

1. Regular Dental Surgeon = 29

2. Adhoc Dental Surgeon = 07

3. NRHM Dental Surgeon = 07

1. Regular Sister = 01

2. Regular Dental Hygienists =04

3. Dental Assistants = 09

4. NHM Dental Assistants =06

1. **DENTAL SURGEONS POSTED AT THE PHC**

1. Jorethang 2. Rangpo 3. Soreng 4. Melli

5. Dentam 6. Chungthang

7. Ravangla 8. Pakyong 9. Sombaray 10. Phodong 11. Rhenok

**Total Dental Surgeons posted =11**

**Required =26-11=15**

**DENTAL HYGENISTS/ASSISATNS POSTED AT PHC**

1. Jorethang 2. Rangpo 3. Soreng 4. Rongli

5. Dentam 6. Chungthang 7. Rinchenpong 8. Pakyong 9. Rhenok

**Total PHC (24) + CHC (2) =26**

**Total Dental Hygienists /Assistants posted =9**

**Required =26-9=17**

1. **Dental Surgeons required at District Hospital Gyalshing = 2 Nos**
2. **Dental Hygienists /Assistants required at (a) Gyalshing ,(b) Namchi ,(c) Singtam and (d )Mangan = 4 Nos ( one each )**
3. **Dental Hygienist/ Assistant required at STNM Hospital = 4 nos**
4. **Sister/ Nurse required at STNM Hospital = 02 nos**
5. **Dental Hygienists /Assistants required for Urban School Health ( RBSK ) = 01**

**ADDITIONAL REQUIREMENT**

NEW DENTAL CHAIR & EQUIPMENT REQUIRED FOR:-

1. Four District Hospitals (4X1)= 4 No’s

2. CHCs and PHCs (26-13) = 11 No’s

3. For the new 1000 Bedded STNM hospital at Sichey = 09 No’s

**Grand Total = 24 No’s**

Equipments, Instruments and Consumable Items are also required for **Oral & Maxillofacial Surgery, Orthodontia, Prosthodontia, Endodontics & Conservative Dentistry, Oral Diagnosis & Radiology, Periodontics, Oral Cancer Cell and twenty beds for Indoor Dental patients.**

Dental Checkups and treatments were also carried out through National Oral health programme (NOHP) viz;on 7-3-2015 at European Commission hall, STNM Complex, 14-3-2015 at Panchseel Bhawan, Jorethang PHC, South Sikkim, 24-7-2015 Bihari Dharamsala , Singtam, on 13-6-2015 Geyzing, West Sikkim and 14-7-2015 Enchey gumba Complex.

**3.2 SIKKIM AIDS CONTROL PROGRAMME**

**BACKGROUND:**

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. 

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Year wise detection of HIV Cases as of 31/03/2016**  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **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 | 18 | 16 | 0 | 0 | 34 | | 2015 | 18 | 16 | 0 | 0 | 34 | | 2016 | 3 | 4 | 0 | 0 | 7 | | Total | 211 | 137 | 9 | 15 | 372 |   **(B) Age wise breakup of HIV Cases.**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Sl.No.** | **AGE** | **MALE** | **FEMALE** | **TOTAL** | | 1. | Below 10 | 7 | 9 | **16** | | 2. | 11-19 | 3 | 3 | **6** | | 3. | 20-29 | 68 | 74 | **142** | | 4. | 30-39 | 84 | 44 | **128** | | 5. | 40-49 | 39 | 15 | **57** | | 6. | 50-59 | 18 | 3 | **21** | | 7. | 60 Above | 4 | 1 | **5** | | **Total** |  | **223** | **149** | **372** |   **(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 | | 182 | 132 | 21 | 1 | 3 | 3 | 6 | 9 | 9 | 6 | | **314** | | **22** | | **6** | | **15** | | **15** | | | **372** | | | | | | | | | |   **(D) District Wise HIV Distribution**   |  |  |  |  | | --- | --- | --- | --- | | **District** | **Male** | **Female** | **Total** | | **East** | **127** | **97** | **224** | | **West** | **19** | **12** | **31** | | **North** | **3** | **1** | **4** | | **South** | **28** | **18** | **46** | | **Others** | **46** | **21** | **67** | | **Total** | **223** | **149** | **372** |   **(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 CASES REGISTERED AT ART CENTRE.**   |  |  |  |  | | --- | --- | --- | --- | | **STATUS** | **MALE** | **FEMALE** | **TOTAL** | | **PRE ART** | **8** | **15** | **23** | | **ART** | **75** | **64** | **139** | | **TRANSFERRED OUT** | **55** | **25** | **80** | | **LOST TO FOLLOW UP** | **4** | **5** | **9** | | **DEAD** | **54** | **33** | **87** | | **Opted Out** | **5** | **6** | **11** | | **TOTAL** | **201** | **148** | **349** |  * *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***   **(G) AGE WISE BREAK UP OF Total CASES REGISTERED AT ART CENTRE**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Sl. No.** | **AGE** | **MALE** | **FEMALE** | **TOTAL** | | **1.** | **< 10** | **7** | **8** | **15** | | **2.** | **11-19** | **3** | **0** | **3** | | **3.** | **20-29** | **52** | **58** | **110** | | **4.** | **30-39** | **86** | **58** | **144** | | **5.** | **40-49** | **37** | **18** | **55** | | **6.** | **50-59** | **12** | **3** | **15** | | **7.** | **>60** | **4** | **3** | **7** | | **Total** |  | **201** | **148** | **349** |   **(H) TRANSFERRED IN AIDS CASES**   |  |  |  | | --- | --- | --- | | **MALE** | **FEMALE** | **TOTAL** | | **11** | **8** | **19** |   **(I) TOTAL AIDS CASES**   |  |  |  | | --- | --- | --- | | **MALE** | **FEMALE** | **TOTAL** | | **47** | **28** | **75** |   **B. PROGRAMMES/ACTIVITIES OF SIKKIM STATE AIDS CONTROL SOCIETY**  **1). Blood Safety**  In Sikkim there are three Blood Banks which as follows:  a). STNM Hospital, Gangtok  b). Central Referral Hospital(not supported by NACO)  c). District Hospital Namchi.  District hospitals of Gyalshing,Singtam and Mangan have one blood storage centres. 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.  **Status of Physical target:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Sl. No.** | **Activities** | **Target** | **Achievement**  **Till March 2016** | **Proposed Target 2016-17** | | 1. | Total Blood Collection | 4500 | 6317 | 6000 | | 2. | Total Voluntary Blood Collection | 4050 | 4270 | 5400 | | 3. | Total % of VBD | 90% | 68% | 90% | | 4. | Total Blood Collection in NACO supported Blood Banks | 3150 | 4287 | 4500 | | 5. | Total Voluntary collection in NACO supported Blood Banks | 2835 | 2976 | 4050 | | 6. | Total % of VBD in NACO supported Blood Banks | 90% | 69% | 90% | | 7. | Total VBD Camps | 34 | 42 | 40 | | 8. | Collection in VBD Camps | 1418 | 2207 | 2200 |   **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 components 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.  **Status of Physical Target:**  **Physical targets and achievement for the financial year 2015 – 2016**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | | | **TOTAL TARGET 3554** | | | | **DSRC** | **TI NGO** | **TOTAL** | | 1 | Clinical visit with STI/RTI complaint and were diagnosed with an STI/RTI | FEMALE | 1267 | 110 | 1377 | | MALE | 279 | 36 | 315 | | **TOTAL** | 1551 | 146 | 1697 | | 2 | Clinical visit with STI/RTI complaint and were NOT diagnosed with an STI/RTI | FEMALE | 80 | 2324 | 2404 | | MALE | 80 | 2413 | 2493 | | **TOTAL** | 160 | 4737 | 4897 | | 3 | Total episodes treated | FEMALE | 1288 | 133 | 1421 | | MALE | 323 | 35 | 358 | | **TOTAL** | 1611 | 168 | 1779 |   **3). ICTC (Integrated Counselling & Testing Centres)**  Sikkim has 13 ICTCs, two each at District Hospitals, CRH and 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 an average of 10 clients a day. Many HIV cases were picked up at these centres.  One mobile ICTC consisting of a counsellor and lab. Technician covers the areas not covered by the Stand Alone ICTCs. The mobile ICTC goes to the State Jail, SAP, SSB, ITBP, Police Training Centre, Yangang, distant PHCs, etc  Facility Integrated ICTC is established at 14 24X7 PHCs across the state. Screening of HIV is done in these centres through single test and in case the samples are sero reactive the confirmatory tests are done using second and third test at Stand Alone **ICTC.**  **Target and Achievement for General Client**   |  |  |  | | --- | --- | --- | | **Year** | **2015-16** | **Target for 2016-17** | | Target for General client testing | 20000 | 20000 | | No. Tested for HIV (with % ) | 17868(89.34) | - | | No. Found HIV +ve (with %) | 27(0.15) | - |   **Target and Achievement forANC Client**   |  |  |  | | --- | --- | --- | | **Year** | **2015-16** | **Target for 2016-17** | | Target for ANC HIV Testing | 12000 | 12000 | | No. Tested for HIV (with % ) | 7818(65) |  | | No. Found HIV +ve (with %) | 4(0.05) |  |   **4. TIs (Targeted Interventions)**  **Targeted Intervention Programmes:**  Targeted Intervention Programmes are aimed at offering Prevention and Care services to high risk populations (Female Sex Workers- FSW, Male Having Sex with Male- MSM and Injecting Drug Users- IDUs) within communities by providing them with the information, means and skills they need to minimize HIV transmission and improving their access to care, support and treatment services.   It is estimated that more than 90% of HIV transmission in India is related to unprotected sexual intercourse or sharing of Injecting equipment between an infected and an uninfected individuals. Not everyone in the population has the same risk of acquiring or transmitting HIV. Much of the HIV transmission in India occurs within groups of network of individuals who have higher levels of risk due to a higher number of sexual partners or the sharing of injecting equipment.   These programmes also improve Sexual and Reproductive Health (SRH), among these populations and improve general health by helping them reduce the harm associated with behaviour, such as, sex work and Injecting drug use.  Sikkim State AIDS Control Society has been implementing Targeted Intervention (TI) Projects from the year 2000 onwards. At present there are 7 nos. of Targeted Intervention Programmes in the State implemented by the local NGOs among the core groups like Intravenous Drug Users (IDUs) and Female Sex Worker (FSW) population.  The Implementing Organization, target group and the area of operation is as follows:   |  |  |  |  | | --- | --- | --- | --- | | Sl. No. | Name of Implementing Organization | Target Group | Area of Implementation | | 1. | Voluntary Health Association of Sikkim - I | FSWs | Gangtok. | | 2. | Voluntary Health Association of Sikkim - II | FSWs | Singtam | | 3. | Hope Foundation - I | IDUs | Jorethang. | | 4. | Hope Foundation - II | IDUs | Namchi. | | 5. | Sikkim Rehabilitation & Detoxification Society- I | IDUs | Gangtok & Ranipool | | 6. | Sikkim Rehabilitation & Detoxification Society- II | IDUs | Singtam & Rangpo. | | 7. | Drishti | FSWs | Namchi & Jorethang |     Besides that there are 3 nos. of Opioid Substitution Therapy (OST) Centres under public health set up located in the Psychiatry Deptt. STNM Hospital, Gangtok, District Hospital, Singtam and District Hospital, Namchi in the East and South Districts respectively. The above centres are providing services to the opioid dependant clients.  **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 signs and symptoms and CD4 count they are put on ART, which is given free of cost.  At present ARV drugs are being supplied directly by NACO.  **Target and Achievement**  2015-2016 2016-2017   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **S. No.** | **Indicator** | **Status as on 31.03.2015 (cumulative since begining)** | **Cumulative target** | **Cumulative achievement (current)** | **New Proposals** | **Cumulative target** | | **1** | **ART Plus Centres** | **1** | **1** | **1** | **0** | **1** | | **2** | **Link ART Centres** | **1** | **0** | **1** | **0** | **1** | | **3** | **Care & Support Centres** | **1** | **0** | **1** | **0** | **1** | | 4 | **CD4 testing facility** | 1 | 0 | 1 | 0 | 1 | | **5** | **PLHIV registered in HIV care (Pre ART)** | **294** |  | **334** | **370** | **370** | | **6** | **PLHIV currently alive & on first line ART** | **110** | **164** | **126** | **160** | **164** | | **7** | **PLHIV currently alive & on second line ART** | **1** |  | **2** | **4** | **7** | | **8** | **CLHIV registered in HIV care (Pre ART)** | **15** |  | **18** | **20** | **16** | | **9** | **CLHIV currently alive & on ART** | **6** |  | **9** | **15** | **14** | | **10** | **Pregnant women initiated on ART/ARV Prophylaxis Annualy** | **18** |  | **1** | **5** | **95%** | | **11** | **HIV- TB Co-infected patients initiated on ART** | **43** | **95 % of the total detected** | **62** | **75** | **95%** | | **12** | **Total PLHIV who are on ART Linked out to LAC** | **9** | **10** | **10** | **15** | **90%** |   **6).IEC Programme Report**  During the year 2015-2016 an array of IEC activities were conducted to create awareness on HIV/AIDS, Substance Abuse, Adolescent Education, Life Skills and other related issues. The issues were addressed through various mediums such as Radio, Private FM Stations, Local cable network, newspapers, trainings, awareness programmes, hoardings, information panels, Folk media campaign etc.  Brief reports of the programmes are as follows:   1. Theme based audio video spots were released on Special events as National Voluntary Blood Donation Day, World Blood Donors Day, International Day against Drug abuse and Illicit trafficking and World AIDS Day (the above mentioned days are categorised as Special Event by the National AIDS Control Organization, NACO). These were telecast through local cable Nayuma Entertainment Television. 2. Theme based audio spots were also broadcast through Private FM Stations on Special Events. 3. To create awareness among rural population, Folk Media Campaign was conducted in all the four districts. The main objective of the Campaign is to generate awareness through infotainment. The various topics covered were Basics of HIV, effects of Substance abuse and alcohol, Voluntary Blood Donation, Advantages of institutional delivery, Youth and HIV, Information on referral services and Behavioural Changes.   The Campaign was implemented by Dasharthick Sangh, Gelling in West Sikkim, Voluntary Health Association of Sikkim in South Sikkim, Sikkim Lepcha Youth Association in North Sikkim and Arithang Mahila Kalyankari Sangh and Khusboo and Group in East Sikkim. A total of 360 performances were accomplished during the process.   1. Similarly the adolescent issues were addressed through Adolescent Education Programme. The programme were conducted in 40 Junior High School, Secondary Schools and Senior Secondary Schools of East District. The main objective of the programme was to impart education and knowledge on the various physical, biological, behavioural, and emotional changes of an adolescent. 2. ASHAs and AWWs play a vital role in reaching the rural mass and are one of the major resource supports at the field level. Hence they were trained and educated on the basics of HIV. 3. Similarly Police personnel recruited under Indian Reserve Battalion (IRB) based in Peepalay, Jorethang, Yangyang Police Training Centre and SAP Pangthang were also sensitized on the effects of HIV and other related issues. 4. Some of the Special Events were conducted in a grand manner such as Voluntary Blood Donation Day, International Day against drug abuse and illicit trafficking and World AIDS Day were commemorated. These events were organized in collaboration with Voluntary Blood Donation Association of Sikkim, Red Ribbon Clubs, Mental Health, Faith Based Organizations, Stakeholders, Schools and Colleges, local NGOs, TI partners, District Hospitals and Press and Media. 5. The members of Nehru Yuva Kendra Youth were also sensitized on Youth and HIV, effects of Substance Abuse and alcohol, Life Skills and adolescent issues. 6. Residential training of Red Ribbon Club members were also conducted in South and West District. During the training various issues as adolescent problems, teenage pregnancies, voluntary blood donation, mental health, youth and HIV, life skills etc were addressed by different resource persons. 7. The members of Faith based organizations also play an important role in generating awareness amongst the fellow religions. To further enhance the education on HIV, the members of Faith Based Organizations were also sensitized. 8. Press and Media is one of the influential forum through which a majority of issues can be addressed. Hence advertisements were also released in local newspapers (daily and weekly) during World AIDS Day to educate and inform the general population. 9. The IEC activities were also implemented by various local NGOs in all the districts.   **7). Montoring and Evaluation:**  Reports on all these activities are to be forwarded every month on- line (SIMS) from all reporting units to SSACS office where it is analyzed, compiled and forwarded to NACO, New Delhi who keeps, compiles and compares among the states in the country. |

* 1. **BIRTH AND DEATH REGISTRATION (Civil Registration)**

**Geographical features:**

Sikkim is a very small hilly state in the eastern Himalayas with a formidable physical feature. It is bounded by vast stretches of Tibetan Plateaus in the north, the Chumbi Valley of Tibet and the kingdom of Bhutan in the east, country of Nepal in the west and Darjeeling, District of West Bengal in the south. The state of Sikkim lies in the north eastern Himalayas between 27 00’46” to 28, 07’48” north latitude and 88, 00’58” to 88, 55’25” east longitude.

**Area and Administrative Division:**

The total area of the state is only 7096 sq.km. with total population of 540851 (2001 census). The state has 4 districts, 9 subdivisions, 8 towns, and 454 revenue blocks (including forest block).

**Brief details of the programme with organizational details:**

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 December 1999 and came into force with effect from 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 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. Civil registration system aimed to achieve 100 percent registration by 2010.

**Administration setup of the Registration hierarchy:**

Following is the registration hierarchy existing at present the implementation andsupervision of the civil registration system in the state.

**State Level**

|  |  |  |  |
| --- | --- | --- | --- |
| S.N. | Post | Designation | Task |
| 1. | Chief Registrar | Principle Director, Dental Health Services | Overall supervision of the scheme in the state |
| 2. | Joint Director | Statistical Service | Office Administration |
| 3. | Registrar-cum  Nosologist | Joint Director,  State Health Services | Coding, recording and supervision of Medical Certification of Causes of Deaths in the state. Registrar births and deaths at the head quarter as well as monitoring and supervision of civil registration system in the state. Organizing and conducting training on MCCD. Visiting thirty registration centres for evaluation & monitoring of registration of births& deaths. |
| 4. | Registrar  Headquarter | Deputy Director Statistical Service | Registrar births and deaths headquarter as well as monitoring and supervision civil registration system the state. Organizing and conducting trainings on CRS. |

**District Level**

**District Registrar:**

**Chief Medical Officer:**

Chief Medical Officers of District Hospitals are responsible for executing work in their Jurisdiction of the district as per the RBD Act. In South, West and North Districts the work of Registrar is entrusted to the Microbiologist, District Medical Superintendent and to RCH officer respectively.

**Registrar:**

**Primary Health Centres:**

Medical Officer In charge of 24 Primary Health Centres are responsible for monitoring the legal registrations of Births and Deaths with the information given to them of their respective jurisdiction.

**Gangtok:**

In CRH (Central Referral Hospital), Tadong, Professor of Psychiatric and Head of the Department, in STNM Hospital, Head of the Department, Consultant Gynecologist and Lt. Colonel in Military Hospital, is appointed as a 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.

**4. Registration Centres:**

Rural Registration Centres:

Out of twenty four Primary health centres twenty two centres excluding Rangpo and Jorethang are the registration centres in the rural areas of the state.

**Urban Registration Centres:**

In urban areas of the state, S.T.N.M. (Sir Thudup Namgyal Memorial) Hospital, Central

Referral Hospital, all the four district hospitals and Military Hospital are the registration centres. Besides, these primary health centres in Jorethang and Rangpo, and the office of the Chief Registrar at head quarter also come under urban registration centres.

**5. Registration Procedure:**

Under the section 8 and 9 of the Registration of Birth & Deaths Act, 1969, the births, deaths and still births can be registered only by the Registrar of the areas where the event has occurred (the place of its occurrence). Events occurred in urban and rural areas can be registered at the following registration centres.

**Urban Area:**

In urban area events can be registered in the concerned registration centres i.e. PHCs of urban area like Rangpo and Jorethang, and for urban areas of Gangtok, the registration centre is the Births and Deaths Registration office located at Convoy Ground, Tadong.In case of institutional events, the nursing staffs, health workers and doctors are responsible for reporting the events to the concerned Registrar. Whereas, in domiciliary events, the head of the household, Panchayats, Anganwadi workers report the events to the concerned Registrar.

**Rural Area:**

In rural areas, the Panchayats, Anganwadi workers and Health workers have been identified as notifiers of births and deaths who report the events to the concerned Registrar. Events can also be reported directly to the concerned Registrar by the head of the household.

**6. Information system:**

Under Section 10 (1) of the Births and Deaths Act, Anganwadi workers (AWW) 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. In addition to these health workers, Gram Panchayat is also entrusted with the same responsibilities of notifying the births and deaths occurring in their respective jurisdiction to the concerned local registrar. In Gangtok, Crematorium ground, the person in-charge of Ranipool is given the responsibility of notifying deaths.

**7. Issue of Birth and Death Certificates:**

The extracts from Births and Deaths Register are issued in Form no. 5 and 6 respectively under Section 12 and 17 of the Registration of Births and Deaths Act 1969 and State Rule 8 and 13 of Sikkim Registration of Births and Deaths Rule, 1999. The issuance of Current certificate has been made free of cost to the informant or the applicant.

**8. Delayed Registration:**

Section 13 of RBD Act, 1969 lays down the procedure for registration of vital events reported after the expiry of stipulated normal reporting period i.e. twenty one days. The certificates shall be issued on production of the proof of date and place of event with recommendation of Panchayats or area MLA and on payment of delayed fee of Rs.10/- followed by verification from the first class magistrate.

1. **Maintenance of Records:**

The Registrar is required to maintain the record of all births, still births and deaths in the registers. Every year on the first day of January new registers are opened and both current and delayed events are registered as and when the notifiers notify the events in current cases or an applicant applies for the certificates after verification from the magistrate in delayed registration of events. After the closure of the year the records should be kept in safe custody in steel almirah.

1. **Inspection Arrangements:**

An inspection of registration centres and registration records is important for both qualitative and quantitative improvement of registration. The routine inspections are done from the Headquarter by the registrars whenever the fund is available.

**11**. **Training of Registration functionaries:**

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

With the fund received from the ORGI, New Delhi, training on MCCD was conducted in Six Venues, where 237 numbers of trainees (Medical Officers & Coders) were trained by Joint Director-cum-Nosologist, Births & Deaths

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

With the fund received from the ORGI, New Delhi, training on CRS was conducted in thirty three different centres, where 3300 numbers of trainees (GVK, Panchayats, Registrar Births & Deaths, CDPOs, School Heads, AWW, Dealing assistants and ICDS supervisors,) were trained by Deputy Director -cum- Registrar, Births & Deaths Births & Deaths.

**12. Publicity:**

IEC could not be conducted due to the financial shortage.

**13. Compilation and Tabulation of Data:**

Every month statistical reports of births, deaths and still births are submitted to the head quarter by the registrars, where these monthly returns are compiled and computed with the help of software provided by the RGI, New Delhi. Sometimes there is delay in submission of monthly returns from few centres, in such cases the officials from the head quarter collect the reports during their visit to these registration centres.

Similarly, the data relating to the medically certified deaths are submitted by the centres which are compiled, recorded, coded and tabulated at head quarter in the software provided by the RGI, New Delhi.

**15. Strategy and priority for the year 2015**

The ORGI 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, Panchayat, 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 language. For this Strategy to be successful it depends on the availability of fund.

**16. 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. The registrars have responded very well and there has been tremendous improvement, not only in filling up of the MCCD forms but they were reached on time to the Births & Deaths Registration centres, Gangtok except few PHCs.

**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 recruited one State Co-ordinator and Six DPA (Data Processing Assistant) to deal with the statistical portions of the vital events on Civil Registration System, in the software provided by the ORGI, New Delhi, to compile the data in time then prepare and send the report wherever required.

3. We require two new sets of computer so that the data entry can be done smoothly and send the reports in time. The old computers were provided by the ORG, India before 5 to 6 years so, it has become outdated and has become problematic while entering data.

**BUDGETARY SUPPORT AND EXPENDITURE FOR THE FINANCIAL YEAR 2015-2016**

|  |  |  |
| --- | --- | --- |
| **Budget Head** | **Year** | **Budget/Allotment** |
| **3454-02-02-111-60-60-00-01-Sal(Plan)** | 2015-2016 | 57.86 |
| **3454-02-02-111-60-60-00-13-O.E(Plan)** | 00.00 | 00.00 |
| **3454-02-02-111-60-60-00-51-MV** | 00.00 | 00.00 |
| **3454-02-02-111-60-60-00-26-Adv & Publicity** | 00.00 | 00.00 |
| **3454-02-02-111-60-60-00-11-T.E(Plan)** | 00.00 | 00.00 |

**3.4 FOOD SAFETY AND STANDARDS ACT CELL**

The Government of India had enacted the Food safety & Standards Act 2006 on 23dr August2006 to regulate the Food Industry and address multiplicity of Food Laws in the Country. The Food safety & Standards Cell is an enforcement cell for implementation of Food Safety & Standards Act, 2006, established under the Health Care, Human Services & Family Welfare Department, Government of Sikkim. The main objective of the new Food Safety & Standards Act through the mechanism of Food Safety Management System based on HACCP, GMP and GHP. The overall activity of FSS Act is looked by Food Safety & Standards Authority of India commonly referred as FSSAI based in New Delhi. The Chairperson heads the FSSAI and CEO is its Legal representative and is responsible for overall administration of FSS Act in the country.

**Activities:-**

* To conduct inspection of the Food Business Operators in the State
* To issue License, Registrations and Certificates to the Food Business operators.

**Staffing Pattern:-**

* The Secretary cum D.G. of Health Care Human Services & Family Welfare Department is the Commissioner of Food Safety for the State.
* Director Health Services Assists Commissioner Food Safety in the activities of FSSA Cell.
* 2 no. Designated Officers look after North East & South West District respectively.
* 1 LDC cum Record Keeper
* 2 nos Grade IV staff.

**Achievements:-**

* The FSSA cell as of today has progressed to online Food Licensing and Registration System which was launched in the State from May 2015, for submitting all their forms online at <https://foodlicensing.fssai.gov.in>. The Food Safety Cell is uploading all the manually issued licence to online system in a phased manner as and when the validity of the licence expires. The 179 applicants have availed of this online Food Licensing and Registration System previous year.

**Grants:-**

The FSSA Cell is completely funded by the State and hasn’t received any funds from the Central government since the launch of Food Safety & Standards Act, 2006.

**3.5 NATIONAL IODINE DEFICIENCY DISEASE CONTROL PROGRAMME**

**Introduction:-**

A 100% CSS Programme launched in 1962 as National Goiter Control Programme Renamed as National Iodine Deficiency Disorder Control Programme in 1992 to cover the wide spectrum of disorders. The Iodine Deficiency Disorder Control programme was launched in the year 1984 in the State as it was decided as a National policy to fortify all edible salt in a phased manner. The sale of Non iodised salt was banned in the State of Sikkim under the provision of Food Adulteration Act 37, of 1954 and implemented since September 1985 with the following objectives:-

* To supply iodated salt in place of common salt
* Laboratory monitoring and iodated salt and urinary iodine excretion.
* Health Education.
* Surveys & Resurveys to assess the magnitude and extent of IDDs and

impact of use of iodated salt.

The goal is to reduce the prevalence of IDD to <5% by 2017 in the entire

Country.

**A. Implementation 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.

**1. IDD Control cell:**

The IDD Control Cell based at the Head Quarter is created for proper implementation and effective monitoring of the programme. All the sanctioned posts of Technical Officer, Statistical Assistant and LDC are filled at present. 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 imparting trainings to all the health functionaries including AWW, ASHA and Salt retailers.

**2. IDD Monitoring Laboratory:**

The IDD monitoring laboratory is established at STNM Hospital, Gangtok. Earlier it was functioning with the food testing centre however a well functional IDD laboratory has been established in the STNM complex in 2008-09.

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.

A minimum of fifty salt samples from each district is being collected and analyzed monthly as per the GoI Policy Guidelines 2006.

Estimation has also been taken up in this laboratory since Nov 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.

Salt testing with Spot Test Kit (STK) by ASHA during VHN Days is being continued since 2009-10.A total of 20 samples are being tested by ASHA with STK during VHN Days. Reports are being forwarded to IDD Cell through DRCHO/DPM which is further forwarded to GoI on quarterly basis.

**3. Publicity and health education:**

Publicity and health education is being carried out with an objective to generate awareness among general population regarding consequences of iodine deficiency disorders and to educate the general masses on improving storage of iodized salt and to promote the consumption of iodated salt.

A week long Global IDD Prevention Day starting on 21st October is celebrated every year. This day is celebrated to create awareness about the importance of regular consumption of iodized salt in prevention of Iodine Deficiency Disorders. In addition to Global IDD Prevention Day Celebration, Orientation Training Camp Programme is conducted for all the health functionaries including AWW, ASHA and Salt retailers.

**4. 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 iodated salt.

The last survey was conducted in the year 2006-07 where in the prevalence of goiter was found to be 14.17% and the resurvey was carried out during 2009-10 in all the four districts, Where in the prevalence of goiter is found to be 13.37. Resurvey was conducted in the north district in the year 2011-2012, south and east district in the year 2012-13 and west in the year 2013-14 wherein the prevalence was found to be 2.33%, 6.1%, 4.9%, and 8.8% respectively. Survey of each district is being carried out this year to check the state prevalence. 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% in children of age group 6 to 12 years surveyed.

**Prevalence of IDD in Sikkim since 1982 to 2014-15.**

|  |  |  |
| --- | --- | --- |
| **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 | Cretin free state since 2003-04 ( Central Report) |
| 2009-10 | 13.37 |
| 2011-12 | 2.33% (North district) |
| 2012-13 | 6.1%and 4.9%(south and east) |
| 2014-15 | 8.8%(west district) |  |
| 2015-16 | Survey is being conducted |  |

**B. Physical Achievements:**

**2014-15 Percentages 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 |
| 2007- 08 | 2205 | 225 | 2430 | 90.70 |
| 2008- 09 | 2233 | 167 | 2400 | 93.00 |
| 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 | 2386 | 14 | 2400 | 99.41 |
| 2014-15 | 2396 | 04 | 2400 | 99.83 |
| 2015-16 | 2382 | 18 | 2400 | 99.25 |

**2. Salt Sample analysis report for Consumers and Retailers for 2015-16**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Months | Iodometric Titration | | Total | Iodometric Titration | | Total |
| Households (%) | | Retailers (%) | |
| >15 ppm | <15 ppm | >15 ppm | <15 ppm |
| April 15 | 158 | 02 | 160 | 40 | - | 40 |
| May 15 | 160 | - | 160 | 40 | - | 40 |
| June 15 | 158 | 02 | 160 | 40 | - | 40 |
| July 15 | 160 | - | 160 | 40 | - | 40 |
| August 15 | 160 | - | 160 | 40 | - | 40 |
| September 15 | 155 | 05 | 160 | 40 | - | 40 |
| October 15 | 159 | 01 | 160 | 40 | - | 40 |
| Nov-Dec15 | 316 | 04 | 160 | 80 | - | 80 |
| January 16 | 157 | 03 | 160 | 40 | - | 40 |
| February 16 | 160 | - | 160 | 40 | - | 40 |
| March 16 | 159 | 01 | 160 | 40 | - | 40 |
| **Total** | **1902** | **18** | **1920** | **480** |  | **480** |

**3. District Wise break up of Salt Sample Analysis report 2015-2016**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Consumers** | | **Total** | **Retailer** | |  |
| >15 ppm | <15 ppm | >15 ppm | <15 ppm | Total |
| **EAST** | 479 | 01 | 480 | 120 | 00 | 600 |
| **NORTH** | 480 | 00 | 480 | 120 | 00 | 600 |
| **SOUTH** | 477 | 03 | 480 | 120 | 00 | 600 |
| **WEST** | 466 | 14 | 480 | 120 | 00 | 600 |
| **TOTAL** | **1902** | **18** | **1920** | **480** | **00** | **2400** |

**5. Details of UIE estimation report for 2015-16**

|  |  |
| --- | --- |
| **Median Value µ/L** | **2015-16** |
| **<20** | **00** |
| **20-49** | **00** |
| **50-99** | **09** |
| **100-199** | **47** |
| **200-299** | **217** |
| **>= 300** | **927** |
| **Total** | **1200** |

**6. Publicity and Health education**

**A: Global IDD Prevention day celebration**

Global IDD Prevention day is celebrated for awareness generations in the State on 21st October every year...

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Year** | **1st Qtr** | **2nd Qtr** | **3rd Qtr** | **4th Qtr** | **Total expenditure** | **Fund released from GOI** | **Total fund** | **Balance** |
| **2010-11** | **3.25** | **2.96** | **8.41** | **6.79** | **21.41** | **34.53** | **35.39** | **13.98** |
| **2011-12** | **3.60** | **14.19** | **2.57** | **7.39** | **27.75** | **20.87** | **34.85** | **7.10** |
| **2012-13** | **3.46** | **3.79** | **12.80** | **6.07** | **26.12** | **21.96** | **29.06** | **2.94** |
| **2013-14** | **4.08** | **3.64** | **12.55** | **16.65** | **36.92** | **43.37** | **46.31** | **9.39** |
| **2014-15** | **4.41** | **3.49** | **3.93** | **22.62** | **34.45** | **33.75** | **43.14** | **8.69** |
| **2015-16** | **4.95** | **4.16** | **3.80** | **2.72** | **15.63** | **36.00** | **44.69** | **29.06** |

**Future strategies**

1. Set up IDD laboratory in all the districts with man power for smooth implementation of programme.
2. Fund should be routed through RTGS as it is hampering the smooth functioning of the programme.

**3.6 SIKKIM STATE BLOOD TRANSFUSION COUNCIL**

1. **Brief details of the Scheme with Organizational details.**

The Sikkim State Blood Transfusion Council (SSBTC) was set up during the year 1996 on a directive of the Hon’ble Supreme Court of India. It is an autonomous organization, registered as a society under the Societies Act and functions in accordance with the guidelines received from the National Blood Transfusion Council, Ministry of Health and Family Welfare Department, Government of India, from time to time. The office of the Council, as per the guidelines, is located in the STNM Hospital Complex, Gangtok which is the premier hospital in the state. In accordance with the bye-laws of the Council, the Project Director of Sikkim State AIDS Control Society 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 objective of the council are:

1. To build up adequate blood banking services in the state including provision of trained/ qualified manpower.
2. To educate and motivate people about blood donation on a Voluntary basis.
3. To provide adequate encouragement to voluntary donors.
4. To enforce quality control of blood in all its facets of collection distribution and storage.
5. To make available high quality blood and blood components in adequate quantity to all users.
6. To ensure wide usage of blood components – Rational use of blood.
7. To expand voluntary and replacement donor bases so as to phase out professional blood donors.
8. To provide minimum possible facilities for blood collection, storage and testing in all Government Blood Banks.
9. To ensure the awareness of clinicians and blood bank staff on the advantages of the blood donation.
10. To increase public awareness about the risks in using blood from commercial Blood Banks and professional donors and the harmless of blood donation.
11. To build a powerful voluntary blood donation movement to augment supplies to safe quality blood and blood components.
12. 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 2015-16 of the Council for Sikkim State was 100% out of which 69.8% is achieved in the Government Blood Banks in the year 2015-16.

**B.ORGANIZATIONAL SET-UP**

**The Council has a Governing Body with the followings Members:-**

|  |  |  |
| --- | --- | --- |
| **Sl.No** | **Name, Address and Occupation of the Member** | **Designation in the Council** |
| **1.** | Director General –cum-Secretary, HC, HS, and Family Welfare Department, Government of Sikkim. | President |
|  | Principal Director, HC, HS, FW Department | Member |
|  | Licensing Authority, Drug Control. | Member |
|  | Addl.Secretary/Addl. Director, Finance Revenue & Expenditure Department. | Member |
|  | Sr. Blood Bank Officer STNM Hospital Gangtok | Member |
|  | Sr.Blood Bank Officer General Hospital Namchi | Member |
|  | In-charge Blood Bank, C.R.H. Tadong | Member |
|  | Medical Superintendent S.M.I.M.S. Tadong | Member |
|  | Project Director Sikkim State AIDS Control Society (SSACS) | Director & Member Secretary |
|  | One representative , Indian Red Cross Society, Sikkim Branch | Member |
|  | State Liaison Officer, National Service Scheme (N.S.S), Sikkim Branch | Member |
|  | President, United Christian Welfare Society. | Member |
|  | Medical Superintendent, STNM Hospital | Member |

**C.MANPOER POSITION**

The staff position as sanctioned by the Government of India and in the position as under:

\* Director 01

\* Deputy Director (Technical/Medical) 01

\*\* Office Assistant 01

\*\* Accountant 01

\*\* Peon 01

\*\* Safai Karmachari 02

**In position** (\*Post Ex-Officio

(\*\*Post on contract scale/consolidated salary)

**D. ACCOUNTS AND AUDIT:**

As per directive of the government of India and also accordance with rules of the council, the accounts of the council are audited annually by the 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 to the Government of India as well as the State Government.

Audited statement of the 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-Aid provided by the Government of India and State Government on 50:50 sharing basis.

1. **Physical and financial target vis-a-vis achievement during the year 2015-16 commensurate with** the proposed strategy for the 2016-17.

The physical and financial target achieved by the council during the year under have been in consistence with the Annual Action Plan for the year, Brief details of the achievement 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 100% Voluntary Blood Donation in the state of Sikkim, where as the target fixed by NACO for Sikkim State is 3693 unit blood collection voluntarily for the year 2016-17.
    - 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, rational use of Blood Components in collaboration with SSACS.
    - Orientation/training of doctors and all other concerned hospital staff i.e. Sisters and Technician in collaboration with STATE Control Society on Blood Safety outside state.
    - 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 Voluntary Blood Donation Day and World Blood Donors Day by all the Blood Banks.
    - Utilization of in fracture of the department of HC, HS, & FW Department and State AIDS control Society, wherever necessary, for achieving the above objectives. This includes advice to establish Blood component –Preparation unit in the State.
    - Counselling Service provide to Central Blood Bank STNM Hospital Gangtok through SSACS.

**ANNUAL ACTION PLAN 2016-17**

Activities to be under taken during the financial year 2016-17

Observation of National Voluntary Blood Donation Day and World Blood Donors Day by all the blood bank in the state, as per the guidelines for current financial year 2016-17 by NACO/NBTC.

Achieving the target of 100% Voluntary Blood Donation target fixed by the NACO in each Blood Bank of the state on the basis of their blood collection and supply in the year 2015-16.

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.

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, pamphlets advertisement on Voluntary Blood Donation in Local News papers, periodicals, City cables, AIR, FM, Hoardings, Zingles sponsored programmes, Video spots and play etc.

Finalization of data base and updating the directory of Voluntary Blood Donation in each blood bank in the state. Also to computerize the directory in collaboration with information and technology department.

Strict monitoring of implementation of “National blood policy “by all the blood banks functioning in the state and all other concerned. Supervisory visits to these blood banks to check the adherence to rules.

Holding of CME Programme for doctors/ paramedical and other users of blood with emphasis on Blood Safety, Rational use of Blood Component in collaboration with SSACS.

Orientation training like C.M.E/seminars/workshop and conference of Doctors/Technicians/Sisters of Blood Bank, drug inspectors etc, on Blood Safety to all the blood banks in the state.

Provision of counselling services to all the blood banks in the state.

Utilization of infrastructure of department of HC, HS, & FW Department 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. N.G.Os like Red Cross Society Sikkim Branch, Nehru Yuva Kendra R.R.Cs and others (F.B.Os) and Social organization (C.B.O’s). Also through the uniformed organization like S.A.P, and I.T.B.P etc.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sikkim State Blood Transfusion Council (SBTC) STNM Hospital Gangtok.(Financial Outlay 2016-17)** | | | | |  |
| **Action Plan (AAP 2016-17) (Rs in Lakhs)** | | | | | **Annexure** |
| Sl.No | Activities | Total Budget for 2015-16 | NACO | State |  |
| 1 | Salary | 6.80 | 3.40 | 3.40 | 1 |
| 2 | Operational Expenses | 0.90 | 0.45 | 0.45 | 2 |
| 3 | Observation of NVBDD & WBDD 2015 | 1.60 | 0.80 | 0.80 | 3 |
| 4 | Promotion of Voluntary Blood Donation 2015-16 | 3.70 | 1.85 | 1.85 | 4 |
| 5 | Development of IEC | 3.0 | 1.50 | 1.50 | 5 |
| **Total** | | **16.00** | **8.00** | **8.00** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Annexure I (Rs in Lakhs)** | | | |
| **Statement of Salary for the financial year 2016-17** | | | |
| **Sl.no** | **Salary** |  | **Total** |
| 1 | Office Assistant | 21788X12 | 2,61,456.00 |
| 2 | Accountant | 21788X12 | 2,61,456.00 |
| 3 | Peon | 10000X12 | 1,20,000.00 |
| **Total** | | | **6,42,912.00** |

|  |  |  |
| --- | --- | --- |
| **Annexure II (Rs in Lakhs)** | | |
| **Operational Expenses** |  |  |
| **Sl.No** | **Particulars** | **Amount** |
| 1 | Stationary | 40000.00 |
| 2 | Honorarium for Safai Karmachari @ Rs. 1500/- for 2X12= | 36,000.00 |
| 3 | Telephone expenses | 10,000.00 |
| 4 | AMC | 20,000.00 |
| **Total** | | **106,000.00** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Annexure III (Rs.n** lakhs) | | | | |
| Programme (NVBDD, WBDD) | | | | |
| Sl.no | Activities | NACO | State |  |
| 1 | Observation of NVBDD 2015 | 0.40 | 0.40 | 0.80 |
| 2 | Observation of WBDD 2015 | 0.40 | 0.40 | 0.80 |
| Total | | 0.80 | 0.80 | 1.60 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Annexure IV(Rs in Lakhs**) | | | | |
| Programme(Promotion of Augmentation of Voluntary Blood Donation Camps | | | | |
| Sl.No | Programme | NACO | State | Total |
| 1 | VBD Camps | 0.93 | 0.93 | 1.86 |
| 2 | Donor Refreshment | 0.92 | 0.92 | 1.84 |
|  | |  |  | 3.70 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Annexure V (Rs in lakhs**) | | | | |
| IEC Activities Rs in lakhs | | | | |
| Sl.no | Activities | NACO | State | Total |
| 1 | Printing of leaflets, Hoarding in all the Districts, Printing of Poster, Banner Sticker, Pamplets leaflets etc. | 1.50 | 1.50 | 3.00 |
| 2 | Advertisement for promotion of VBD, Motivation Camps through Local TV, FM, Local Newspaper, Workshop, Seminars, through radio. |
| 3 | CME,Orientation Training,Attending Conference,TA/DA |

* 1. **SIKKIM STATE ILLNESS 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 in super specialty hospitals, the scheme has been named National Illness Assistance Fund (NIAF) renamed as RAN (Rastriya Arogya 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 Assistance 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 SSIAF 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 Jan. 2005. During financial year 2015-16 total number of patient benefited & referred is 126.

* 1. **SANITATION CELL (Biomedical 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 shops by the sanitation cell.

**DETAILS OF THE PROGRAMME AND ACHIEVEMENT 2014-2015**

1. Sanitation Cell has inspected approximately 400 Hotels and Eating Establishments and recommended for issue of FSSAI License and Registration for the year 2014-2015.
2. Sanitation Cell has inspected Cinema Hall, Video Parlor, saloons, etc located around, Gangtok in the year 2014.
3. Sanitation Cell has also inspected the slaughter house at Rangpo, Majhitar and reported to Animal Husbandry Deptt. for rectification of sanitation and hygienic condition.
4. 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. for (Registration & Regulation) of Clinical Establishment Act & Rules.
5. Sanitation Cell is also Involved for Implementation of Cigarette, Tobacco Control programme in the State of Sikkim.
6. Sanitation Cell is also involved in Swachh Sikkim Swastha Sikkim of Swacha Bharat Abhiyan in the year 2014-15.
7. Annual report of BMW collected from all the health institution and submitted to SPCB.

Bio-Medical Waste (Management & Handling) Rules, 1998 & amended rules 2011 which 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 had adopted the safe disposal of the hospital waste in accordance with rules of BMW. The Sanitation Cell has imparted orientation training for health personnel working in the differenthealth institutions. The ToT cum Orientation Training Programme on Bio-Medical Waste Management has been imparted to the Medical Officers, In-Charge of all the PHC Level and also to Medical Offices working in District Hospitals in the year 2014-2015.

**BUDGETARY SUPPORT AND EXPENDITURE FOR THE FINANCIAL YEAR 2014-2015 UNDER STATE PLAN.(NON PLAN)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.No** | **Budget** | **Allotment** | **Expenditure** | **Remarks if any** |
| 1. | BH-2210-10-61-06.184 |  |  |  |
| 2. | Purchase of HSD & Other consumable for incinerator | 20 Lacs | a) HSD-**15,60,000/-**  b) Consumable for    BMW Mgmt-**4,07,000/-**  c) Authorization – **33,000/-** | Nil |
|  | | | Total , Rs.20,00,000/- |  |

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 3 (three) Assistant Director (Sanitation) has been posted in the other District Hospital Singtam, District Hospitals Gyalshing and District Hospital Mangan. 1 (one) Sanitary Inspector was appointed and posted at District Hospital Namchi.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl.No** | **Name of the post** | **Sanctioned strength** | **Existing in position** | **Vacancy** | **Place of posting** |
| 1. | Deputy Director (S) | 2 | 1 | 1 | Headquarter |
| 2. | Assistant Director (S) | 6 | 3 | 3 | East, West, & North Sikkim |
| 3. | Sanitary Inspector | 4 | 1 | 3 | Namchi, South Sikkim |

**PHYSICAL TARGET 2015-16**

1. Appointment of 3 (Three) vacant post of Sanitary Inspector for district hospital Mangan, Gyalshing and STNM HospitalGangtok.
2. Appointment ofData Entry Operator/LDCunder Sanitation Cell.
3. Effective Implementation and enforcement of BMW management rules in the State Hospital , District Hospital, PHC &PHSc Level .
4. To monitor overall cleanliness in all the Health Institution and also to facilitates the requirement items.
5. To organized orientation training on BMW Management for all the Health Personnels working under the Health Institutions.
6. To provide buffer stock consumables items.
7. To update the authorization letter from SPCB for operating Health Care Facility(HCF) and timely submission of annual report of BMW management.

**FINANCIAL TARGET PROPOSED FOR 2015-2016**

1. Salary of 3 (three) nos. Sanitary Inspector **- 30,000 x 3= 90,000/- Permonth. 90,000 x 12 = Rs.10,80,000/- Per Year.**
2. Fund required for authorization fees for BMW

Management For 5 hospitals and 26 nos. of PHCs - **Rs. 33,000/- per year.**

for submission to SPCB

1. Salary of Data Entry Operator/LDC **- Rs. 10,000 per month.**

**10000 x 12= Rs. 1, 20,000/-Per Year.**

1. Required of consumables item like

color coded bucket, Bio-degradable

plastic bag and some equipment like - **Rs. 5Lacs.**

shredder, needle destroyer, etc. for

distribution to all the Health Institutions

1. Overall cleanliness and orientation - **Rs.5 Lacs.**

training on BMW

1. HSD for Incinerator - **Rs.20 Lacs.**
2. AMC for 5 Nos. incinerator microwave, shredder

alreadyinstalled in the different places in - **Rs.5Lacs.**

the State hospital.

**Grand Total =Rs. 47,33,000 ( Rupees Forty SevenLacs and Thirty Three Thousand ) only/-**

**3.9 RASTRIYA SWASTHYA BIMA YAOZANA (RSBY) SIKKIM.**

**Background and its present status**

RSBY is a flagship programme of Government of India. It was being implemented by Ministry of Labour Employment under unorganized workers Social Security Act- Since 2008

RSBY comes under National Health Assurance Mission (NHAM) wherein, it aims at health insurance coverage for total BPL families and other unorganized workers. The unorganized workers means those employed under schemes like MGNEGRA and BOCW, Taxi Drivers, Domestic workers, Sanitation workers, Rickshaw pullers etc.

In this programme, all member of BPL families and all members of unorganized sector workers are indentified and registered and accordingly a RSBY card duly linked to their ASHA card is issued to beneficiaries. This card facilitates accessibility to cashless free quality medical care in terms of hospitalization, free medicines, free diagnosis, preventive and promotive care @ 30,000/family/yr and an additional 30,000/senior citizen/yr. The premiums to be given to insurance companies are borne by Centre and State Govt. @ 90%:10% annually.

RSBY programme is being implemented by majority of states covering more than 3.41 crores families since its inception under the Ministry of Labour & Employment GOI. Very few states are in preparatory phase including Sikkim. Despite its best effort that Dept of Labour, GOS has put in over years it could not initiate the same due to numerous preconditions, limits and submits put forward by various State holder which always remained due to be implemented by Nodal Department till date.

Finally, recently Department of labor & Employee, Govt. of Sikkim has handed over the responsibilities of implementation of RSBY to Department of Health Care, Human Services & Family Welfare in State WEF 01.04.15.

Though Department of Health Care, Human Services and Family Welfare is new to this programme as it was initially under the control of Labour Department has now decided to gear up with implementation of RSBY starting with high level meeting between Labour Department and Health Department and also putting up the proposal to Government of Sikkim for approval and transfer of scheme & fund available with labour Department. Having done that State will go for floating fresh tender through local and national news paper from authorized insurance companies. Mean while it is also planned to pursue with central Govt. for requisite HR training and technical assistance from State Govt. respectively. Right now State of Sikkim is at nascent stage regarding RSBY, State has to first decide on number of BPL beneficiaries given by DESME of State as actual figure before we work out on other parameters.

**4.1 CHIEF MINISTER’S COMPREHENSIVE ANNUAL AND TOTAL CHECKUP FOR HEALTHY SIKKIM (CATCH)**

**Introduction:**

The Government of Sikkim under the visionary and dynamic leadership of Shri Pawan Chamling, Hon’ble Chief Minister of Sikkim has launched *Mission Healthy Sikkim*. Sikkim is only state in India to have such a mission. CATCH is a flagship Programme of the Government of Sikkim which is aimed at providing universal comprehensive check-up on Annual and Periodic basis. Though the primary focus is Annual Health Check-up, based on the Epidemiological ethic of “No survey without Service”, an attempt has also been made to provide comprehensive health care with primary focus on Health Promotion and Prevention of diseases.

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 a healthy Sikkim. Detailed history, thorough physical check-up, screening of major health problems, laboratory investigations, Counseling, Information Education Communication (IEC), Behavioral Change Communication (BCC), Treatment and graded referral system is being carried out. Recording in a family folder and individual case sheets and data entry into CATCH software are being done to develop into a health card which will allow access to details of health profile of each individual, family and the community. This will enable us to know their health status, spot potential problems in their early stages, help in early diagnosis and provide timely treatment and comprehensive health care. Issues can also be prioritized and discussed at the community level and solutions formulated to make their society healthy. Steps are also being taken to works towards policy changes so that required changes can be made to build a strong and healthy society.

Catch is historical initiative and is the first of its kind to provide community based Comprehensive Annual and Total Health Checkup and Care which is free of charges and close to the people’s doorsteps. This will go a long way to make Sikkim one of the healthiest States in India.

**Vision:**

To provide comprehensive annual and total health checkup to all citizens for appropriate interventions individually and collectively to make Sikkim the healthiest state in India.

**Objectives**

* The short to medium term goal is to provide a systematic and comprehensive health check up to all citizens of Sikkim on an annual basis closest to their doorsteps, so as to enable them to know their health status and help them to maintain good health by spotting potential risk factors and diseases in their early stages.
* To provide cost effective treatment through early detection of diseases and comprehensive health care.
* The long term goal is to prepare a data base substantial enough to understand the actual health problems and needs of the Sikkim’s populace and plan accordingly to enable the state to put in place locally relevant and responsive interventions.

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

Population of Sikkim as per Census 2011 is 610577 and estimated residential population having Voter ID card which had to be covered under CATCH Programme was approximately 550000. Under the CATCH Programme, 552767 population was covered in the first and second rounds along with data entry of 461001. 145000 Health Cards have been distributed so far.

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 was done among the population who participated in the camps, majority were Hindu by religion (57%) followed by Buddhist (32%), then Christian (10%). Among the communities, 14% of the population is 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 was 81.4%). Females (15%) are more illiterate as compared to males (8%). Majority of the people have 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 camps consumed extra salt on a daily basis, 81.8% consume extra salt in their diet occasionally, and 91% of the population who attended the camp is Non-Vegetarians. Out of those, 60% take non-vegetarian diet weekly and 2% take non-vegetarian diet daily. It is also seen that 52% of males take non vegetarian diet daily as compared to 48% females). As per the report, majority of the population has high 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 females (22%).As it is usually seen that the prevalence of hypertension increases with age, the 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 was done it was 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% and 22% respectively. Rest of the community i.e., Jogi, Marwari is showing prevalence of 28% and 25%, respectively, but the population of this community who attended the camp was less. Surprisingly, rural population of Sikkim is showing higher prevalence of high blood pressure (25%) as compared to urban population (23%). The reason for this may be due to high intake of salt among the rural population, and low level of awareness than the urban population.

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

**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 males is 2.94% and in females is 2.51%. Age group wise distribution of RBS >200mg/dl shows 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%) districts have the higher prevalence of RBS more than 200mg/dl followed by West (2.43%) and North (1.91%).

Among the Communities, Marwari and Bihari are showing high prevalence of RBS >200mg/dl (5%) followed by Pradhan, Bahun and Gurung community (3.4%, 3.1%, and 3% respectively). Rest of the communities have almost the same prevalence (2%) of RBS >200mg/dl.

**Prevalence Of Random Blood Sugar >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%), and Bhutia/Lepcha/Tamang (8%).

Both the sexes have 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%) and Bhutia (46%).

**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, females have increased prevalence of overweight (31%) as compared to males (30%).

District wise prevalence of overweight is seen more in North & East districts (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, females have 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 & North districts (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 population. Overweight and obesity is prevalent more in Bhutia community (48.5%, 8.6% respectively) and Lepcha & Pradhan communities (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 districts, 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 population (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 camps is 5%. Prevalence of high cholesterol is found to be more in the age group of 50 to 59 (6.12%), as compared to those of 60 years (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 undergo the test but gradually when awareness on the importance of the test was understood, females started coming for the test. Out of females screened during the first and second round of VIA test, 55 were found to be VIA positive. Out of the positives, one wasdiagnosed as having carcinoma cervix, during follow up at higher centre. VIA positive cases are being followed up at the higher centre.

**Progress So Far**

Till now 1, 45,000 Health Card have been issued. 300 camps have been organized during the financial year 2015-16. 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 issues of their areas, to take action and to motivate the people having health problems to go for follow up at the higher centres. This way the VHSNC members can take ownership to make their villages 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.
* Thorough check up of those who were left out during the 1st round.
* Complete data entry & continue issuing health cards.
* Appropriate policy making based on the findings of CATCH report.

**4.2. MUKHYA MANTRI JEEWAN RAKSHA KOSH**

**Introduction**:-

In a decision to augment the financial assistance to the general public for treatment outside the state, the Mukhya Mantri Jeewan Raksha Kosh Scheme was approved by the cabinet on 11.02.2009 and implemented from the financial year 2010-11. Before the MMJRK scheme, the government provided a one-time outright grant of Rs 20,000/- to the general public for any referral issued by the State Medical Board (SMB).

The MMJRK Scheme provided for a maximum financial assistance of Rs 2.00 Lakhs for patients referred by the SMB to hospitals empanelled by the Government of Sikkim. The financial assistance was cashless in nature and the beneficiaries were the general public having Certificate of Identification /Sikkim Subject. People in Government Service, their dependents and those in the DESME BPL list were not included in the Scheme.

**Current Status**:

Following the directive of the Hon’ble CM, the BPL patients have been included under the purview of MMJRK Scheme with a maximum financial assistance of Rs 3.00 Lakhs (inclusive of the Sikkim State Illness Assistance Fund Scheme (SSIAF) where a BPL patient is offered financial assistance of Rs 1.50 lakhs).

Advance of Rs 5,000/- for APL (Above Poverty Line) patients and Rs 10,000/- for BPL patients, as and when funds are available has also been notified.

Most of the hospitals empanelled in Siliguri & Kolkata offer Cashless Service, and those patients referred to Delhi can claim reimbursement from the office of the Principal Resident Commissioner (PRC) Sikkim House, New Delhi. To facilitate this, the above office has been provided with funds.

A notification to this effect has been issued.

**Financial Status** :

Under the Budget head 2210-01.800-00.44.82 MMJRK. A sum of Rs 4.71 crores has been allocated for the MMJRK Scheme in the financial year 2015-2016.

Against that a sum of Rs 50 Lakhs was transferred to the office of the PRC, Sikkim House , New Delhi.

The number of patients referred during the period was 607.

**Analysis/Suggestion** :

The MMJRK Scheme has had a regular increase in the number of patients being referred; hence sufficient budget provision has to be made available. This would enable the hospitals to provide quality service without liabilities being created at the end of the financial year.

**4.3 STATE HEALTH MECHANICAL WORKSHOP.**

The State Health Mechanical Workshop was established the year 1991 at the initial stage the section was headed by a Cold- Chain Officer cum Assistant Engineer Mechanical and two refrigeration technicians, the basic aim of the section was to look after the Cold- Chain equipments i.e. equipments involved for maintenance of suitable temperature for storage & transportation of potent vaccines and hospital equipments. The maintenance of the ambulances programmes vehicles and other department vehicles were being taken up by CWAL (Chandmari works and automobile Ltd.) an semi autonomous body under SNT. The ambulance and programme vehicle of Health Department plays a major role in delivery of the health facilities of the State as such a personal supervision and speedy repair of such vehicle was the need do the hour. In order to take up the task of repair of vehicles in the Departmental workshop one Foreman and one Junior engineer was appointed. Rest of the staffs like Mechanics and helpers were appointed on temporary basis. Initially there were 85 numbers of vehicles including Ambulances, programme vehicles and vehicles attached to officer’s which at present date have increase to 224. The section at times was also named as Health Equipment Repair Organization (HERO) stressing the need to take up repair of the hospital equipment as was has now grown up to full – fledge workshop. The mechanical cell is presently headed by superintending Engineer supported by one Divisional Engineer three Assistant Engineer and three Junior Engineer (Mech.)

**Individual Programme**

1. Brief Introduction
2. The Department of HC, HS & FW Department owns a fleet of 224 vehicle comprising Ambulances, Programme vehicles and office vehicles. The Mechinanical Engineering cell supports the health facilities by taking up the entire repair & maintenance of the vehicles.
3. The section has been taking up procurement installation & maintenance of Generators, repair of Air conditioners and hospital equipment, fabrication of medical utility vehicles.

2. The section has successfully implemented the comprehensive maintenance of Bio medical Equipments under NHM by hiring a service provider.

**Long term objective.**

1. The Mechanical Engineering Cell also have projected plan to establish a workshop preferably at Jorethang to cover repair works of South West.
2. To establish mechanism including trained manpower for Hospital Equipment repair facility.

**Short Term Objectives,**

1. Repair & maintenance of Ambulances, Programme vehicles & Departmental vehicles more efficiently
2. Repair of Hospital equipments

**3. Current Status – Financial and Physical:**

Fund allotted for purchase of materials was insufficient for repair of vehicle, using fund from other sources the Mechanical Cell managed repair of vehicles. Brief accounts to task accomplished are as follows.

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **Particulars/name of work** | **Work progress** | **Source of fund** |
| **1.** | **Repair & Maintenance of Ambulances, Programme Vehicles & Other vehicles 224 Nos** | **Competed** | **State** |

**Other tasks completed.**

|  |  |  |  |
| --- | --- | --- | --- |
| Sl.No. | Particulars/name of work | Work Progress | Source of fund |
| 1. | Construction of Sound proof room at Audiology department STNM and District Hospital Namchi | Complete | NHM |
| 2. | Minor and major repair works of incinerator machine attached to different Hospital | Complete | NHM |
| 3 | Reinstallation of GPS system on Ambulances | Under process | NHM |
| 4 | Providing and installation of 5 KVA diesel generators to Sepchu. | Complete | NHM |
| 5 | Repair and servicing of 160 KVA diesel generators attached to District Hospital Singtam | Complete | NHM |
| 6 | Fabrication, Supply, fitting and fixing Blood collection & Transportation van. | Under progrees | NHM/MP LAD |
| 7 | Repair of Hospital furniture’s | Complete | NHM |
| 8 | Repair a AC at Labour room, Radiology Department Gynae OT, Pediatric Department, Blood Bank at STNM Hospital | Complete | NHM |
| 9 | Repair of Mortuary Body cabinet | Complete | NHM |

1. Project Plan of Financial Year 2015 -16
2. Request for adequate fund for Repair & Maintenance of Ambulances & Programme vehicles & replacement of programme vehicles of PHCs & Hospitals.
3. Replacement of Ambulances under NHM**.**

**Achievement so far.**

1. Time to time replacement of ambulances, programme vehicles of various hospitals & PHCs increasing the total fleet of vehicles from 85 to 224.
2. Maintenance of biomedical equipments under NHM up- to PHC’s level.
3. The workshop is undertaking maintenance and repair works of Ambulances, Programme vehicles and the vehicles attached to various levels of Officers and doctors of Health Department.
4. Now the vehicle fleet strength is rose to 224 including all types of vehicles.
5. The purchase of new fleet of 31 numbers of Ambulances to be provided by transport Department are under progress.
6. Since 1994 the workshop is fitted with four numbers of hydraulic lifts, hydraulic press, one small grinder machine and one number small three jaw lathe machine.
7. Analysis, evaluation and suggestion thereof.

The ambulance & programme vehicles plays major role for delivery of health facilities, as such request for basic repair works which would need a sum of Rs. 1.31 cr. if provided would ease the repair works. The programme vehicles of all the PHCs & Hospital (more than 10 yrs. Old) needs replacements which would need another Rs. 2.56 Cr.

**4.4 STATE INFORMATION EDUCATION & COMMUNICATION BUREAU**

**Introduction of the section**

Health Education Bureau was established in the year 1976. It was redesegnated as Information Education & Communication Bureau in the year 2001 as per 4th conference of central council of health and its 5th resolution for optional utilization of available resources & to improve functional, coordination activities with the formation of IEC Bureau equipment used in the office also upgraded and computerized along with deepening and widening of concept. All manual equipments has been changed into digital one.

IEC Bureau is the heart of all National Health Programmes which carries preventive & promotion health messages to the community & takes educational steps to motivate these aspects with different methods.

**New Establishment during up gradation**

1. No Video Camera was in use during the establishment of health education Bureau, which was procured during upgradation.
2. Manual camera has been replaced by digital camera.
3. New kind of exhibition materials has been purchased.
4. Computers are being used for designing of leaflets, posters hooding by artist.
5. Digital studio has been established for making video spot, telefilms jingles, voice recording for F.M Radio and film editing.
6. 16 m Projector is replaced by laptop & LCD projector.

**Integrated IEC**

IEC and BCC is one of the major components under RCH, under IEC awareness generation

And publicity is created among the general population on all health related issues from the village level to the state level. This is because the National health programmes are mostly dependent on effective IEC activities.

**OBJECTIVE**

1. To motivate people so that they can bring change in their behaviour & practice healthy behaviour.
2. Help people achieve sound health by their own efforts.
3. Assist people to shoulder the responsibility for community health.
4. Obtain peoples active participation, co-operative and support for public programme.
5. Encourage people to fully utilize the available free health service
6. Aware people more on preventive aspect to lead a healthy life.

**SPECIFIC OBJECTIVE**

1. Collection of baseline data of the prevailing pattern of healthy habits, attitudes, beliefs, values etc.

2. Evaluate methods and media for health education.

3. Provide in service training on health to IEC & allied functionaries, health workers M/F,ASHA etc.

4. Include health education preserve training of health personal, teachers and village level workers.

5. Produce suitable effective health education materials.

APPROACHES

Educational approach is a major means today for achieving health practice and reorganization of health needs. It involves motivation, communication and decisions making the result although slow are permanent and enduring.

The IEC activities and strategies.

1. Improve quality of RCH services through capacity building to service providers to dispense

Quality services including capacity building of NGOs, PRls , local clubs, teachers and religious leaders in the rural area.

1. Improve demand for RCH services and its utilization through IPC with eligible couples, newly married for acceptance of family planning services, pregnant mothers for importance of institutional delivery, care of new born and ISY, adolescent for nutrition education for prevention of anaemia and risk of early ,marriage.
2. To improve maternal health, IEC and publicity is carried out through celebration of Brest Feeding Week, New Born Week, Motherhood Week and World Population Week, IDCF week, Vasectomy Week throughout the state.
3. Awareness generation also requires IEC material with health messages which is provided in the forms of leaflets, pamphlets wide publicity through advertisement in local papers, local cable, FM and All India Radio.
4. Support and maintenance for the IEC Cell at the State and district level is required to continue with all the IEC activities for successful implementation of the all the programmes under NHM. The maintenance is mainly required of Acoustic digital studio which has been setup IEC Bureau and Computer & A.V. Equipment, Cameras at the district level.
5. Organize exhibition during Mela, Health Mela, in order to disseminate health message to the visiting people through display board, stand and other materials at state and district level.
6. Proper monitoring and supervision from the state and district level to ensure implementation of the IEC activities.

III. IEC received sum of Rs.35.08 lakhs under NHM in year 2014-15. The approved budget was decentralised to district to implement the activities under NHM (IEC). The programme like observation of National Days, workshop to parents, teachers, sensitization to adolescent on teen pregnancy, workshop to CBO ,Religious leader etc.

**IV. Project plan of financial year 2015-16**

Rs. 52.11 lakhs has been approved in the ROP 2015-16 under NHM (IEC). The budget was approved especially to carry out IEC activities of Maternal Health, Child Health, Adolescent RKSK, RBSK & Family Planning.

All the targeted programmes are successfully conducted in all the Districts, HQ IEC.

**IEC Activities of 2015-16**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl.No | Programme | Physical Target | Financial Target | Remarks |
|
| 1 | Strengthening of BCC/IEC State/Districts | 7 | 1.13 | This budget was not transferred to district. State IEC, HQ procured video camera of all programmes use. |
| 2 | Development of State Communication. | 7 | 2.04 | Distributed to districts to conduct all training to health workers. |
| 3 | BCC/IEC activities for Mother Health. | 16  5 | 1.60  1.50 | Electronic/Print Advertisement on MH.  Observation of safe motherhood in districts & HQ (IEC) |
| 4 | Inter Personal Communication | 48 | 1.92 | Conduct street play on MH theme for districts. |
| 5 | BCC/IEC activities for Child Health | 32    215 | 3.20    10.79 | Advertisement on Electronic Media on CH theme.  Observation of Breast Feeding Week, IDCF Fortnight, New Born Week & all the days weeks are observed in PHSC, PHC, DHS, CHC, HP, UFWC |
| 6 | BCC/IEC activities for Family Planning | 8 | 0.80 | Advertisements on Family Planning are given in the OPD card depicting health messages. OPD was printed. |
| 7 | BCC/IEC activities for AH/Rastriya Kishore Swasthya Karyakram. | 30        5 | 3.00        0.66 | Workshop to parents, teachers on adolescent care and all programmes are conducted in schools & in districts. |
| Awareness to adolescent on teen pregnancy. Programmes conducted in districts. |
| 8 | IPC tools for frontline workers. | 1000 | 3.00 | Under process Flipbook contention. MH, CH, Nutrition, Anemia, TB etc. education materials for frontline workers to educate the community. |
| 9 | Targeting natural occurring gathering of people. | 4 | 0.60 | Training to Religious leaders/CBO/Traditional healer. Programmes are conducted in districts. |
| 10 | Mobile based IEC/BCC solution | 10 | 1.00 | Health messages to send in Health of Sikkim Apps by all the IEC officers (Districts, UPHC, State IEC) |
| 11 | Monitoring of IEC/BCC activities. | 5 | 0.66 | Monitoring of IEC activities to be carried out by IEC officials of Districts PHC. |
| 12 | Printing of MCP card & Safe Motherhood booklets. | 18000 | 3.15 | These materials are prepared by IEC. It is distributed to all Districts for ANC checkup, Immunization record & Guidebook to ANC mothers. |
| 13 | Printing of WIFS card. | 15000 | 1.05 | These cards are distributed to district schools, health for record of WIFS in the schools |
| 14 | Printing of IUCD card & FP Manual Guideline | 200 | 1.00 | Cards guideline are printed and distributed to districts PHSC, PHC & CHC. |
| 15 | Printing of Compliance card for National Iron Plus Initiative. | 10000 | 1.00 | Card is enclosed with MCP card and distributed to PHSC, PHC, DH, UFWC & HP. |
| 16 | Printing of RBSK card & Register. | 133000      62000    800    5000  5000 | 5.32      4.34    2.00    0.6  1.00 | 6 to 18 years screening & Referral card for all schools, Govt. aided schools.  0 to 6 years screening & Referral card.  Register for ASHA, AWW, health facility to keep record.  Leaflets on RBSK.  Posters on RBSK. |
| 17 | Printing of calendar depicting health messages. | 2000 | 1.00 |  |
| 18 | AFHC card | 10000 | 0.17 | Adolescent friendly health card are distributed to districts state for record of AFH clinic. |

The Bureau grants financial assistance to Registered Association for displaying banners, festoons for conveying health messages in their programme.

The amount of assistance varies from Rs. 5000 to Rs. 20000 depending upon the programme and impact.

Mass awareness & Publicity campaign on any epidemic are also covered by the Bureau.

* 1. **STATE HEALTH ENGINEERING CELL**

The Engineering Cell under the Health Care, Human Service and Family Welfare Department is headed by Additional Chief Engineer (Civil), Superintendent Engineer (Civil), Divisional Enigneer (Civil), Divisional Enigneer (Electrical), three numbers of Assistant engineers (Civil), four Junior Engineers (Civil) and two Junior engineers (Electrical) Since February 2016.

The Engineering cell of the Department has been entrusted for carrying out construction of public Health Centres, CHCs, PHSCs, Primary Health Facility Centres, AYUSH Hospital, and Quarters for Doctors and staff, up –gradation of existing infrastructures. Various projects are funded through NHM under Ministry of Health and family welfare, MSDP under ministry of minority affairs.NEC under Ministry of DONER, BADP under Ministry of Home Affairs. The above funds have State share as per norms. The other source of funding is from State Plan, SJE&WD and MPLAD. Apart from the creation of assets, maintenance works under Housing and Public Works Sector are also undertaken.

The 1000 – Bedded Multi Specialty Hospital at Sochakgang, Sichey,East Sikkim, at the cost of Rs.593 Crore and Pharmacy college at Sajong, Rumtek in East Sikkim at the cost of Rs.4.26 Crore, which is under construction is being executed through Buildings and Housing Department and is targeted to be completed by the end of 2016.

**WORKS COMPLETED IN 2015 -16**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.N.** | **Name of work** | **Year of**  **completion** | **Funding Agency** |
| 1 | Re-construction of PHSC and Class lll double unit quarter at Lachung | 2015-16 | PMRF |
| 2 | Re-construction of Garrage cum seminer hall at chungthang PHSC | 2015-16 | PMRF |
| 3 | Re-construction of Class ll quarter at Chungthang | 2015-16 | PMRF |
| 4 | Re-construction of PHSC and Class lll double unit quarter at sakyong pentok | 2015-16 | PMRF |

**A. Ongoing Works of 2015-16**

|  |  |  |  |
| --- | --- | --- | --- |
| S.N | Name of Work | Year of Sanction | Funding Agency |
|  | NORTH DISTRICT |  |  |
| 1 | Construction of TB Hospital at Mangan in North Sikkim | 2012-13 | NEC |
| 2 | Re-construction of Lingdok PHSC & Class lll unit quarter | 2012-13 | PMRF |
| 3 | Re-construction of PHC at Passingdong in North Sikkim | 2012-13 | PMRF |
| 4 | Re-construction of Shipgyer PHSC with Class lll Double Unit quarter in North sikkim | 2012-13 | PMRF |
| 5 | Re- Construction of PHSC and Class III Double Unit quarter at Lachung in North Sikkim | 2012-13 | PMRF |
| 6 | Contraction of PHSC building and Staff Quarter at Lingthem in North Sikkim | 2011-12 | MSDP |
| 7 | Construction of Class – 11 6 unit Quarter at Mangan | 2012 -13 | NHM |
| 8 | Installation of 315 KVA Sub – Station and other allied works at Mangan District Hosopital | 2015 – 16 | NHM |
|  | EAST DISTRICT |  |  |
| 1 | Construction of ANM Training School and Hostel at Singtam in East Sikkim. | 2010-11 | Ministry of Health & Family Welfare |
| 2. | Construction of Class – II 6 unit Quarter at Singtam | 2012 -13 | NHM |
| 3 | Construction of Tshangu PHC | 2015 -16 | NHM |
| 4 | Rs- construction of Rongli PHC | 2015 – 16 | NHM |
| 5 | Construction of Class – II Double Unit MO,s Quarter at Sang | 2015 -16 | NHM |
| 6. | Construction MO,s Quarter at Rangpo | 2015 -15 | NHM |
| 7 | Construction of Class – II Double Unit MO,s Quarter at Rongli. | 2015 -16 | NHM |
| 8 | Construction of UPHC at Saramsa, Ranipool | 2015 -16 | NHM |
|  | SOUTH DISTRICT |  |  |
| 1. | Installation of 400 KVA Sub- Station at Namchi District Hospital | 2015 -16 | NHM |
| 2 | Dedicated Power Supply for DR & CT Scan at Namchi District Hospital including installation of 500 KVA Sub-Station. | 2015-16 | NHM |
| 3 | Construction of Class – II unit MO,s Quarter at Jorethang | 2015-16 | NHM |
|  | WEST DISTRICT |  |  |
| 1 | Construction of ANM Traing School and Hostel at Gyalshing in West Sikkim | 2010-11 | Ministry of Health & Family Welfare |
| 2 | Construction of Class – II 6 unit Quarter at Gyalshing | 2012-13 | NHM |
| 3 | Construction of PHSC at Gangyap, West Sikkim | 2014 -15 | NHM |
| 4 | Construction of Class –II Double Unit MO,s Quarter at Dentam | 2015 -16 | NHM |
| 5 | Construction of Class – III Double Unit Quarter at Buriakhop | 2015 -16 | NHM |
| 6 | Construction of Class – III Double Unit Quarter at Karjee in West Sikkim | 2015 – 16 | NHM |
| 7 | Construction of Additional Infrastruction at Dentam PHC in West Sikkim | 2014 – 15 | BADP |

**4.6 CENTRAL HEALTH STORES ORGANISATION.**

The CHSO 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 restricting the expenditure within the allocated fund. Purchase Committee was also constituted consisting of a Chairman/Member Secretary and three other members. The members of Committee are as under:-

1. **Secretary, Health - Chairman**
2. **Director of Health Services - Member**
3. **Director cum Med. Supdt. STNM - Member**
4. **Director (Finance) - Member**
5. **Addl.Director – CHSO - Member Secretary.**

**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 Director, Health Services - Chairman**
2. **Director - Member**
3. **Additional Director (Accounts) - Member**
4. **Addl. Director, CHSO - Member**
5. **Joint Director, CHSO - Member**

**EXISTING MANPOWER**

Central Health store Organization is headed by Additional Director who is assisted by Joint Director, One Medical Stores Officer, one Community Health Officer, two Store Inspectors, one Accountant, one UDC, three accounts Clerk, two clerical staff, two MPHW, one logistic Manager and nine group D staff and three Drivers.

Family Welfare Store is also under direct supervision of CHSO.

**BUDGETARY SUPPORT AND EXPENDITURE.**

1. For the purchase of medicines, dressing items, X-Ray films/chemicals, surgical gloves, Reagents, etc. a sum of Rs. 10.00 crore for the year 2015 – 16 under Non- Plan (supply & Material) was provided and the same was fully utilized during the year.
2. Under State Plan (Purchase of Hospital Equipment) there were nil budgets.
3. Under Non Plan (other charges Uniforms) a sum of Rs. 1.00 crore was provided which was utilized for procuring the uniforms of the medical staff and patient linens.
4. Under Plan (Repairs of Equipments & Furniture) there were nil budgets.
5. Fund under N.E.C amounting of Rs. 2.68 crore was provided for Dental chair for STNM and district hospitals but Rs. 17,85 lakh has been allotted for the payment of dental chairs.

**4.7 RTI Wing**

**Implementation of RTI Act in the State of Sikkim**

Though RTI Act was launched in 2005 in whole of India, the Dept. of HC, HS & FW, Government of Sikkim started RTI implementation only in 2009 as per the records of department after release of several notification and amendments pertaining to smooth implementation of RTI Act, 2005 by Department of DoPART, Government of Sikkim. Since this Act has been extended to all districts & sub-districts level and as such monthly/annual reports on RTI under Health & Family Welfare are being prepared and submitted to State Informatics Commission (SIC) office without any interruption every year.

The department of HC, HS & FW has identified and designated officers e.g. Appellate Authority, SPIO, ASPIO at the state level and similarly PIOs & APIOs at district level for easy accessible to general public.

The following officers are designated as under:-

**At the State Level**:

1. Dr. Rinzing Dorjee PD-II Appellate Authority

2. Dr. Karma Tshering Lepcha JD-I SPIO

3. Mr. Deepen Sharma Dy. Secy. ASPIO

**At the District Level:**

1. **East District: District Medical Superintendent as PIO**

**Under Secretary as APIO**

1. **West District: Chief Medical Officer as PIO**

**District Surveillance officer as APIO**

1. **North District: Chief Medical Officer as PIO**

**Under Secretary as APIO**

1. **South District: Chief Medical officer as PIO**

**Joint Secretary as APIO**

1. **STNM Hospital: Additional Med. Superintendent as PIO**

**Joint Secretary as APIO**

The annual reports on implementation RTI Act, 2005 for the year 2014 and 2015 are enclosed.

Department of Health and Family Welfare is in process of ensuring time bound plan for achieving implementation as per rule 4(1) of RTI guidelines which would be made public.

**Annual Report:**

Annual Report on RTI for the year 2014 to 2016.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Yr*** | ***Name of Deptt.*** | ***No. of Application received*** | ***No. of Application rejected*** | ***No. of Application pending*** | ***No of Appeal filed before SIC*** | ***Details of disciplinary action recommended by SIC*** | ***Fees collected under section 6 (1)*** | ***Fees collection under section 7(1)*** | ***No. of 1st appellate preferred*** | ***No. of 1st Appeal Pending*** |
| **2014** | **Health Deptt.** | 70 | 01 | 01 | 01 | Nil | 700 | Nil | 01 | Nil |
| **2015** | **Health Deptt.** | 58 | 01 | 02 | Nil | Nil | 580 | Nil | Nil | Nil |