##### PART I

**DEMOGRAPHIC PROFILE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl.**  **No** | **State/**  **District** | **Place of Residence** | **Total Population & Sex** | **Scheduled Castes** | **Scheduled Tribes** |
| **1.** | **SIKKIM** | **TOTAL PERSONS**  **MALES**  **FEMALES** | **610577**  **323070**  **287507** | **28275**  **14454**  **13821** | **206360**  **105261**  **101099** |
| **RURAL PERSONS**  **MALES**  **FEMALES** | **456999**  **242797**  **214202** | **20335**  **10496**  **9839** | **167146**  **86059**  **81087** |
| **URBAN PERSONS**  **MALES**  **FEMALES** | **153578**  **80273**  **73305** | **7940**  **3958**  **3982** | **39214**  **19202**  **20012** |
| **2.** | **EAST** | **TOTAL PERSONS**  **MALES**  **FEMALES** | **283583**  **151432**  **132151** | **15305**  **7743**  **7562** | **78436**  **39479**  **38957** |
| **RURAL PERSONS**  **MALES**  **FEMALES** | **161096**  **87147**  **73949** | **8826**  **4508**  **4318** | **47148**  **24170**  **22978** |
| **URBAN PERSONS**  **MALES**  **FEMALES** | **122487**  **64285**  **58202** | **6479**  **3235**  **3244** | **31288**  **15309**  **15979** |
| **3.** | **WEST** | **TOTAL PERSONS**  **MALES**  **FEMALES** | **136435**  **70238**  **66197** | **5935**  **3117**  **2818** | **57817**  **29485**  **28332** |
| **RURAL PERSONS**  **MALES**  **FEMALES** | **131187**  **67528**  **63659** | **5663**  **2978**  **2685** | **56394**  **28773**  **27621** |
| **URBAN PERSONS**  **MALES**  **FEMALES** | **5248**  **2710**  **2538** | **272**  **139**  **133** | **1423**  **712**  **711** |
| **4.** | **NORTH** | **TOTAL PERSONS**  **MALES**  **FEMALES** | **43709**  **24730**  **18979** | **982**  **536**  **446** | **28715**  **14741**  **13974** |
| **RURAL PERSONS**  **MALES**  **FEMALES** | **39065**  **22274**  **16791** | **804**  **441**  **363** | **26695**  **13751**  **12944** |
| **URBAN PERSONS**  **MALES**  **FEMALES** | **4644**  **2456**  **2188** | **178**  **95**  **83** | **2020**  **990**  **1030** |
| **5.** | **SOUTH** | **TOTAL PERSONS**  **MALES**  **FEMALES** | **146850**  **76670**  **70180** | **6053**  **3058**  **2995** | **41392**  **21556**  **19836** |
| **RURAL PERSONS**  **MALES**  **FEMALES** | **125651**  **65848**  **59803** | **5042**  **2569**  **2473** | **36909**  **19365**  **17544** |
| **URBAN PERSONS**  **MALES**  **FEMALES** | **21199**  **10822**  **10377** | **1011**  **489**  **522** | **4483**  **2191**  **2292** |

**Source: Census of India, 2011**

**GENERAL STATISTICS OF SIKKIM**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.No.** | **PARTICULARS** | **YEARS** | **EAST** | **WEST** | **NORTH** | **SOUTH** | **SIKKIM** |
| **1.** | **Decadal Population Growth Rate** | **1981-1991** | **28.60** | **30.55** | **18.09** | **29.78** | **28.47** |
| **1991-2001** | **37.3** | **25.57** | **31.34** | **33.39** | **33.06** |
| **2001-2011** | **15.72** | **10.70** | **6.52** | **11.65** | **12.90** |
| **2.** | **Density of Population** | **1991** | **187** | **82** | **07** | **131** | **57** |
| **2001** | **257** | **106** | **10** | **175** | **76** |
| **2011** | **297** | **117** | **10** | **196** | **86** |
| **3.** | **Literacy Rate**  **Excluding (0-6) age group.** | **1991** | **65.1** | **45.6** | **53.5** | **54.1** | **56.9** |
| **2001** | **74.7** | **58.8** | **67.2** | **67.3** | **68.8** |
| **2011** | **83.8** | **77.4** | **78.0** | **81.4** | **81.4** |
| **4.** | **Sex Ratio (Females per 1000 males)** | **1991** | **859** | **915** | **828** | **892** | **878** |
| **2001** | **844** | **929** | **752** | **927** | **875** |
| **2011** | **873** | **942** | **767** | **915** | **890** |
| **5.** | **Population in the age group**  **(0-6 years)** | **1991** | **30627** | **18917** | **6486** | **18617** | **74647** |
| **2001** | **31410** | **20153** | **5958** | **20674** | **78195** |
| **2011** | **27984** | **15706** | **4677** | **15744** | **64111** |
| **6.** | **Sex Ratio**  **(0-6 years)** | **1991** | **948** | **997** | **960** | **962** | **965** |
| **2001** | **950** | **966** | **995** | **969** | **963** |
| **2011** | **960** | **964** | **929** | **953** | **957** |
| **7.** | **Scheduled Castes (% of Total Population)** | **1991** | **7.0** | **5.0** | **3.6** | **5.6** | **5.9** |
| **2001** | **5.8** | **4.7** | **2.1** | **4.8** | **5.0** |
| **2011** | **5.4** | **4.3** | **2.2** | **4.1** | **4.6** |
| **8.** | **Scheduled Tribes(% of Total Population)** | **1991** | **21.1** | **19.7** | **55.4** | **16.9** | **22.4** |
| **2001** | **18.5** | **19.3** | **53.1** | **15.6** | **20.6** |
| **2011** | **27.6** | **42.4** | **65.7** | **28.2** | **33.8** |
| **9.** | **Area (Sq. Km.)** | **2011** | **954** | **1166** | **4226** | **750** | **7096** |

**Source: Census of India, 2011**

**3. Health Status in Sikkim**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl.No** | **INDICATORS** | | **SOURCE** | **PRESENT STATUS** | **All INDIA** |
| **1.** | **Crude Birth Rate (CBR)**  **(Per 1000 population)** | | **SRS 2012** | **17.2** | **21.6** |
| **2.** | **Crude Death Rate (CDR)**  **(Per 1000 population)** | | **SRS 2012** | **5.4** | **7.0** |
| **3.** | **Infant Mortality Rate (IMR)(Per 1000 Live births)** | | **SRS 2012** | **24** | **42** |
| **4.** | **Total Fertility Rate (TFR)**  **(Number of Children per women)** | | **NFHS III(2005-06)** | **2.02** | **2.70** |
| **5.** | **Full Immunization %** | | **NFHS III(2005-06)**  **SR 2012-13** | **70**  **92.6** | **44**  **--** |
| **6.** | **Institutional Delivery%** | | **NFHS III(2005-06)**  **SR 2012-13** | **49**  **89.6** | **39**  **--** |
| **7.** | **Contraceptive Prevalence Rate % (Any Method)** | | **NFHS III**  **(2005-06)** | **58** | **56** |
| **8.** | **Under 5 Mortality Rate** | | **NFHS III**  **(2005-06)** | **40** | **NA** |
| **9.** | **3 or More Ante Natal Checkup (ANC)%** | | **NFHS III(2005-06)**  **SR 2012-13** | **70**  **77.8** | **52**  **--** |
| **10.** | **Child Sex Ratio (0-6yrs)**  **(Per 1000 Males)** | | **NFHS III(2005-06)**  **2001 Census**  **2011 Census** | **999**  **963**  **957** | **--**  **927**  **914(P)** |
| **11.** | **Sex Ratio( All ages)**  **(Per 1000 Males)** | | **NFHS III(2005-06)**  **2001 Census**  **2011 Census** | **936**  **875**  **890** | **--**  **933**  **943** |
| **12.** | **T.B.Cure Rate** | | **SR 2012** | **84 %** | **-** |
| **13.** | **Prevalence Rate of Goiter** | | **State & ICCIDD Survey 2009-10** | **13.37%** | **--** |
| **14.** | **Prevalence Rate of Leprosy**  **(Per 10000 Population)** | | **SR 2012** | **0.2%** | **--** |
| **15.** | **Prevalence Rate of Malaria/1000 Pop.** | | **SR 2012** | **0.39 %** |  |
| **15.** | **Civil Registration of** | **Birth** | **SR 2012** | **81%** | **--** |
| **Death** | **SR 2012** | **106%** |  |
| **16.** | **Hepatitis ‘B’ Vaccination (Introduced by State Govt. since 14.09.2001)(Free of Cost)** | | **SR 2012-13** | **88.2%** | **--** |

**NFHS III (2005-06) – National Family Health Survey**

**SR – State Report (2011-2012)**

**SRS (2011) – Sample Registration System**

**4. TREND OF HEALTH INDICATORS IN SIKKIM**

**1. CRUDE BIRTH RATE 2. CRUDE DEATH RATE**

**(PER 1000 POPULATION) (PER 1000 POPULATION)**

**SOURCE** **SIKKIM ALL INDIA SOURCE** **SIKKIM ALL INDIA**

**(SRS 1995) 22. 5 28.3 (SRS 1995) 6.9 9.0**

**(SRS 1996) 20. 0 -- (SRS 1996) 6.5 9.0**

**(SRS 1997) 19. 8 27.2 (SRS 1997) 6.5 8.9**

**(SRS 1998) 20. 9 26.4 (SRS 1998) 6.1 9.0**

**(SRS 1999) 21. 6 26.1 (SRS 1999) 5.8 8.7**

**(SRS 2000) 21. 8 25.8 (SRS 2000) 5.7 8.5**

**(SRS 2001) 21. 6 25.4 (SRS 2001) 5.1 8.4**

**(SRS 2002) 21. 9 25.0 (SRS 2002) 4.9 8.1**

**(SRS 2003) 21. 9 24.8 (SRS 2003) 5.0 8.0**

**(SRS 2004) 19. 5 24.1 (SRS 2004) 4.9 7.5**

**(SRS 2005) 19. 9 23.8 (SRS 2005) 7.6 5.1**

**(SRS 2006) 19. 2 23.5 (SRS 2006) 5.6 7.5**

**(SRS 2007) 18. 1 23.1 (SRS 2007) 5.3 7.4**

**(SRS 2008) 18.4 22.8 (SRS 2008) 5.2 7.4**

**(SRS 2009) 18.1 22.8 (SRS 2009) 5.7 7.4**

**(SRS 2010) 17.8 22.1 (SRS 2010) 5.6 7.2**

**(SRS 2011) 17.6 21.8 (SRS 2011) 5.6 7.1**

**(SRS 2012) 17.2 21.6 (SRS 2012) 5.4 7.0**

**3. INFANT MORTALITY RATE 4. TOTAL FERTILITY RATE (TFR)**

**(Per 1000 live Births) (Number of children per women)**

**SOURCE** **SIKKIM ALL INDIA SOURCE** **SIKKIM ALL INDIA**

**(SRS 1995) 47 74 NFHSII (1998-99) 2.75 3.40**

**(SRS 1996) 47 74 NFHSIII (2005-06 2.02 2.70**

**(SRS 1997) 51 71**

**(SRS 1998) 52 72**

**(SRS 1999) 49 70**

**(SRS 2000) 49 68**

**(SRS 2001) 42 66**

**(SRS 2002) 34 64**

**(SRS 2003) 33 60**

**(SRS 2004) 32 58**

**(SRS 2005) 30 58**

**(SRS 2006) 33 57**

**(SRS 2007) 34 55**

**(SRS 2008) 33 53**

**(SRS 2009) 34 53**

**(SRS 2010) 30 47**

**(SRS 2011) 26 44**

**(SRS 2012) 24 42**

**Remarks: SRS – Sample Registration System (Scheme)/ NFHS – National Family Health Survey**

**5. HEALTH INFRASTRUCTURE IN SIKKIM AS ON 31.07.2013**

**NO. OF HEALTH INSTITUTIONS IN SIKKIM**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SLNO** | **HEALTH INSTITUTION** | **EAST** | **WEST** | **NORTH** | **SOUTH** | STATE |
| **1** | **STATE REFERRAL HOSPITAL/STNM HOSPITAL** | **1** | **-** | **-** | **-** | **1** |
| **2** | **DISTRICT HOSPITAL** | **1** | **1** | **1** | **1** | **4** |
| **3** | **\*COMMUNITY HEALTH CENTRE** | **1** | **-** | **-** | **1** | **2** |
| **4** | **PRIMARY HEALTH CENTRE** | **6** | **7** | **5** | **6** | **24** |
| **5** | **PRIMARY HEALTH SUB CENTRE** | **48** | **41** | **18** | **39** | **146** |
| **6** | **DISTRICT TUBERCULOSIS CENTRE,NAMCHI** | **-** | **-** | **-** | **1** | **1** |
| **7** | **CENTRE REFERRAL HOSPITAL MANIPAL TADONG (PVT.)** | **1** | **-** | **-** | **-** | **1** |
| **8** | **TOTAL** | **58** | **49** | **24** | **48** | **179** |

**\*Remarks (1) Jorethang & Rhenock PHC is under process for upgradation to CHC**

**6. HOSPITAL BED SANCTIONED STRENGTH IN SIKKIM AS ON 31.07.2013**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SLNO** | HEALTH INSTITUTIONS | **NO. OF BEDS** | | | | |
| **EAST** | **WEST** | **NORTH** | **SOUTH** | **STATE** |
| **1** | **STATE REFERRAL HOSPITAL** | **300** | **-** | **-** | **-** | **300** |
| **2** | **DISTRICT HOSPITAL** | **100** | **100** | **100** | **100** | **400** |
| **3** | **\*COMMUNITY HEALTH CENTRE** | **30** | **-** | **-** | **30** | **60** |
| **4** | **PRIMARY HEALTH CENTRE** | **60** | **70** | **50** | **60** | **240** |
| **4** | **DISTRICT TUBERCULOSIS CENTRE,NAMCHI** | **--** | **---** | **---** | **60** | **60** |
| **5** | **CENTRAL REFERRAL HOSPITAL, MANIPAL TADONG (PVT.)** | **500** | **---** | **---** | **-** | **500** |
|  | **TOTAL** | **990** | **170** | **150** | **250** | **1560** |

\* Bed strength of CHC is under process.

**7. Building Position of PHSC, PHC, CHC, DH as on 31.07.2013**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S.N0** | **Particulars** | **EAST** | | | | **WEST** | | | | **NORTH** | | | | **SOUTH** | | | | **STATE (TOTAL)** | | | |
| **PHSC** | **PHC** | **CHC** | **DH** | **PHSC** | **PHC** | **CHC** | **DH** | **PHSC** | **PHC** | **CHC** | **DH** | **PHSC** | **PHC** | **CHC** | **DH** | **PHSC** | **PHC** | **CHC** | **DH** |
| **1.** | **Total No. functioning** | **48** | **06** | **01** | **01** | **41** | **07** | **0** | **01** | **18** | **05** | **0** | **01** | **39** | **06** | **01** | **01** | **146** | **24** | **02** | **04** |
| **2.** | **Total No. functioning in Govt. Building** | **43** | **06** | **01** | **01** | **37** | **07** | **0** | **01** | **18** | **04** | **0** | **01** | **39** | **06** | **01** | **01** | **137** | **24** | **02** | **04** |
| **3.** | **Total No. functioning in Rented Building** | **04** | **-** | **-** | **-** | **04** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **08** | **-** | **-** | **-** |
| **4.** | **Total No. Functioning in Rent Free Building (Without paying Rent)** | **01** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **01** | **-** | **-** | **-** |

**PHSC – Primary Health Sub-centre , PHC – Primary Health Centre, CHC – Community Health Centre, DH – District Hospi**

**8 .DISTRICTWISE INPATIENTS/OUTPATIENTS, POPULATION/DOCTOR,DOCTOR/PATIENT RATIO,NURSE/PATIENT RATIO AS ON 31.08.2013**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S.N.** | PARTICULARS | **EAST** | **WEST** | **NORTH** | **SOUTH** | **STATE** |
| 1. | **POPULATION/DOCTOR** | **1377** | **4263** | **2081** | **2771** | **1957** |
| 2. | **POPULATION/NURSE** | **2305** | **4548** | **1987** | **6119** | **3068** |
| 3. | **POPULATION/ANMs** | **1929** | **3411** | **2571** | **1596** | **2063** |
| 4. | **POPULATION/BED** | **292** | **802** | **291** | **638** | **402** |
| 5. | **POPULATION/HEALTH ASSISTANTS(M& F)** | **56717** | **34109** | **14570** | **36712** | **38161** |
| 6. | **POPULATION/HEALTH WORKER(M&F)** | **1795** | **1351** | **874** | **1769** | **1557** |
| 7. | **POPULATION/LAB TECH** | **10128** | **10195** | **5464** | **11296** | **9848** |
| 8. | **BED/DOCTOR** | **4.7** | **5.3** | **7.1** | **4.3** | **4.8** |
| 9. | **BED/NURSE** | **7.9** | **5.7** | **6.8** | **9.6** | **7.6** |
| 10. | **BED/ANMS** | **6.6** | **4.2** | **8.8** | **2.5** | **5.1** |
| 11. | **INDOOR PATIENTS TREATED (2012)** | **14445** | **7215** | **1534** | **13567** | **36761** |
| 12. | **OUTDOOR PATIENTS TREATED (2012)** | **448703** | **134162** | **30739** | **132521** | **746125** |

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

**Suggested National Norms:**

1. Doctors - 1/3500 population

2.Nurses -1 per 5000 population

3.Health Worker(Male & Female) - 1 per 5000 in plain

area and 3000 tribal hilly area

4.Trained Dai - 1 per each village

5.Health Assistant(Male & Female) - 1 per 30,000 population

in plain area and 20,000 in tribal hilly areas

6. Lab Tech - 1 per 10,000 population

**9. District wise Doctors in Position in the State as on 31.07.2013**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | **65** | **10** | **-** | **05** | **-** | **03** | **-** | **12** | **-** | **95** |
| **2.** | **Doctors(Other than mentioned in Sl. NO. 1)** | **63** | **13** | **08** | **09** | **08** | **05** | **03** | **13** | **09** | **131** |
| **3.** | **MO(Specialist )**  **(Contractual)** | **02** | **02** | **-** | **-** | **-** | **-** | **-** | **04** | **-** | **08** |
| **4.** | **MO (Contractual)** | **07** | **05** | **04** | **02** | **01** | **04** | **01** | **03** | **04** | **31** |
| **5.** | **MO**  **(AMJI/AYUSH)**  **Regular/Contractual** | **02** | **02** | **01** | **02** | **01** | **02** | **-** | **01** | **01** | **12** |
|  | **TOTAL** | **139** | **32** | **13** | **18** | **10** | **14** | **04** | **33** | **14** | **277** |

**Remarks: Doctors those who are undergoing PG/Diploma Course are included in the above figure.**

**10. District wise Doctors (Dental Service) in Position in the State**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.No** | **Designation** | **STNM/**  **Gangtok**  **HO** | **East** | **West** | **North** | **South** | **State** |
| **1.** | **Pr.Director/**  **Pr.Chief Consultant** | **02** | **-** | **-** | **-** | **-** | **02** |
| **2.** | **Addl.Director/**  **Consultant Grade I** | **01** | **-** | **-** | **-** | **-** | **01** |
| **3.** | **Consultants**  **Grade II** | **06** | **-** | **-** | **-** | **-** | **06** |
| **4.** | **Dental Surgeon**  **Senior Grade** | **05** | **-** | **-** | **-** | **03** | **08** |
| **5.** | **Dental Surgeon**  **Junior Grade** | **03** | **04** | **01** | **02** | **-** | **10** |
| **6.** | **Dental Surgeon (Contract)** | **-** | **-** | **-** | **01** | **01** | **02** |
| 7. | **Dental Surgeon (NRHM)** | **-** | **01** | **03** | **-** | **02** | **06** |
|  | **Total** | **17** | **05** | **04** | **03** | **06** | **35** |

**11. Departmentwise No. of Specialist as on 31.07.2013**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S.N** | **Particulars** | **HO/STNM/**  **GANGTOK** | | **EAST** | | **WEST** | | **NORTH** | | **SOUTH** | | **STATE** | | |
| **R** | **C** | **R** | **C** | **R** | **C** | **R** | **C** | **R** | **C** | **R** | **C** | **TOTAL** |
| **1.** | **Cardiology** | **01** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **01** | **-** | **01** |
| **2.** | **General Medicine** | **05** | **-** | **01** | **-** | **01** | **-** | **-** | **-** | **-** | **01** | **07** | **01** | **08** |
| **3.** | **Gynaecology & Obstetric** | **06** | **01** | **01** | **01** | **01** | **-** | **01** | **-** | **01** | **01** | **10** | **03** | **13** |
| **4.** | **Paediatrician** | **06** | **-** | **01** | **-** | **01** | **-** | **-** | **-** | **01** | **-** | **09** | **-** | **09** |
| **5.** | **Orthopaedic** | **03** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **01** | **-** | **04** | **-** | **04** |
| **6.** | **Surgeon** | **04** | **-** | **01** | **-** | **-** | **-** | **-** | **-** | **01** | **-** | **06** | **-** | **06** |
| **7.** | **Anaesthesist/DA** | **06** | **-** | **01** | **-** | **01** | **-** | **-** | **-** | **01** | **01** | **09** | **01** | **10** |
| **8.** | **Psychiatrist** | **03** | **-** | **01** | **-** | **-** | **-** | **-** | **-** | **01** | **-** | **05** | **-** | **05** |
| **9.** | **Medico Legal** | **02** | **-** | **01** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **03** | **-** | **03** |
| **10.** | **Pathology/DCP** | **08** | **-** | **01** | **-** | **01** | **-** | **01** | **-** | **02** | **-** | **13** | **-** | **13** |
| **11.** | **Radiology/Dip. In Radiology** | **03** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **01** | **-** | **04** | **-** | **04** |
| **12.** | **TB & Respiratory** | **01** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **01** | **-** | **02** | **-** | **02** |
| **13.** | **Opthalmology** | **02** | **01** | **-** | **01** | **-** | **-** | **-** | **-** | **-** | **01** | **02** | **03** | **05** |
| **14.** | **Dermatology** | **03** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **03** | **-** | **03** |
| **15.** | **DNB** | **01** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **01** | **-** | **01** |
| **16.** | **ENT** | **03** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **01** | **-** | **04** | **-** | **04** |
| **17.** | **Microbiology** | **04** | **-** | **01** | **-** | **-** | **-** | **-** | **-** | **01** | **-** | **06** | **-** | **06** |
| **18.** | **Community Medicine** | **03** | **-** | **-** | **-** | **-** | **-** | **01** | **-** | **-** | **-** | **04** | **-** | **04** |
| **19** | **Pharmalogy** | **01** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **01** | **-** | **01** |
| **20.** | **Anatomy** | **0** | **-** | **01** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **01** | **-** | **01** |
|  | **TOTAL** | **65** | **02** | **10** | **02** | **05** | **-** | **03** | **-** | **12** | **04** | **95** | **08** | **103** |

**12. DISTRICT WISE POSTING OF NURSING PERSONNELS IN POSITION AS ON AUGUST 2013.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | **-** | **-** | **-** | **1** | **-** | **1** |
| **6.** | **Deputy Director Nursing** | **2** | **-** | **-** | **-** | **-** | **2** |
| **7.** | **Sr. PHNO** | **1** | **1** | **-** | **1** | **1** | **4** |
| **8.** | **Sr. Sister Tutor** | **6** | **-** | **-** | **-** | **-** | **6** |
| **9.** | **Dy. Nursing superintendent** | **4** | **1** | **-** | **1** | **1** | **7** |
| **10.** | **Asstt. Director Nursing** | **2** | **-** | **-** | **-** | **-** | **2** |
| **11.** | **CHO** | **-** | **3** | **-** | **1** | **2** | **6** |
| **12.** | **PHNO** | **1** | **-** | **-** | **-** | **-** | **1** |
| **13.** | **Jr. Sister Tutor** | **3** | **-** | **-** | **-** | **-** | **3** |
| **14.** | **Assistant Nursing Superintendent** | **16** | **1** | **1** | **1** | **1** | **20** |
| **15** | **LHV/HA(F)** | **-** | **5** | **4** | **3** | **4** | **16** |
| **16.** | **Staff Nurse** | **100** | **12** | **11** | **6** | **16** | **145** |
| **17.** | **Sr.ANM(Selection Grade)** | **34** | **29** | **13** | **1** | **38** | **115** |
| **18.** | **ANM (G-I)** | **46** | **35** | **27** | **16** | **54** | **178** |
| **19.** | **ANM/MPHW (G-II)** | **13** | **41** | **24** | **10** | **12** | **100** |
| **20.** | **ANM/MPHW G-III)** | **1** | **19** | **7** | **6** | **8** | **41** |
| **21.** | **Staff Nurse (NRHM)** | **-** | **11** | **19** | **16** | **8** | **54** |
| **22.** | **ANM/MPHW (NRHM)** | **-** | **13** | **20** | **13** | **13** | **59** |
|  | **TOTAL** | **232** | **171** | **127** | **76** | **158** | **764** |

**Source : Joint Director/Deputy Director (Nursing)**

**13. District wise Position of Paramedics (Group A & B) as on 31.8.2013**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.**  **No** | **Particulars** | **STNM/HO** | **EAST** | **WEST** | **NORTH** | **SOUTH** | **STATE** |
| **1** | **Joint Med. Store Officer** | **01** | **-** | **-** | **-** | **-** | **01** |
| **2** | **Addl. Director (PFA)** | **01** | **-** | **-** | **-** | **-** | **01** |
| **3** | **Addl. Director (IEC)** | **01** | **-** | **-** | **-** | **-** | **01** |
| **4** | **Dy. Director (IEC)** | **02** | **-** | **-** | **01** | **-** | **03** |
| **5** | **Dy. Director (Sanitation)** | **01** | **-** | **-** | **-** | **-** | **01** |
| **6** | **Joint Director (Drugs)** | **01** | **-** | **-** | **-** | **-** | **01** |
| **7** | **Sr. Public Analyst** | **01** | **-** | **-** | **-** | **-** | **01** |
| **8** | **Sr. Med. Store Officer** | **01** | **-** | **-** | **-** | **-** | **01** |
| **9** | **Sr. Food Inspector** | **02** | **-** | **-** | **-** | **-** | **02** |
| **10** | **Sr. Tech. Officer** | **01** | **-** | **-** | **-** | **-** | **01** |
| **11** | **Health Edn. Officer (IEC)** | **-** | **01** | **01** | **02** | **01** | **05** |
| **12** | **Non- Med. Leprosy Officer** | **01** | **-** | **01** | **-** | **01** | **03** |
| **13** | **Community Officer (CHO)** | **02** | **01** | **-** | **-** | **-** | **03** |
| **14** | **Technical Officer** | **13** | **01** | **-** | **-** | **04** | **18** |
| **15** | **Entomologist (NRHM)** | **-** | **01** | **-** | **-** | **-** | **01** |
| **16** | **Dietician** | **01** | **-** | **-** | **-** | **-** | **01** |
| **17** | **Asstt. Director (Sanitation)** | **01** | **-** | **01** | **-** | **01** | **03** |
| **18** | **Counselor (on Deputation to another deptt.** | **01** | **-** | **-** | **-** | **-** | **01** |
| **19** | **Physiotherapist** | **03** | **-** | **01** | **01** | **01** | **06** |
| **20** | **Clinical Psychologist** | **01** | **-** | **-** | **-** | **-** | **01** |
| **21** | **Sr. Drug Inspector** | **02** | **-** | **-** | **-** | **-** | **02** |
| **22** | **Sr. NML Officer** | **01** | **-** | **-** | **01** | **-** | **02** |
| **23** | **Med. Store Officer** | **02** | **01** | **01** | **01** | **01** | **06** |
|  | **TOTAL** | **40** | **05** | **05** | **06** | **09** | **65** |

**14. District wise Position of Paramedics (Group C) as on 31.8.2013.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.No** | **Particulars** | **STNM/HO** | **EAST** | **WEST** | **NORTH** | **SOUTH** | **STATE** |
| **1** | **Compounder** | **03** | **-** | **01** | **-** | **02** | **06** |
| **2** | **Health Assistant** | **-** | **-** | **-** | **-** | **-** | **-** |
| **3** | **MPHW (M)** | **04** | **63** | **43** | **15** | **44** | **169** |
| **4** | **MRT** | **03** | **01** | **-** | **01** | **01** | **06** |
| **5** | **X- Ray- Technician** | **09** | **03** | **01** | **01** | **04** | **18** |
| **6** | **Radiographer/CT Scan** | **03** | **-** | **-** | **-** | **01** | **04** |
| **7** | **ECG Technician** | **01** | **01** | **01** | **-** | **-** | **03** |
| **8** | **Lab. Tech. (1, II & III)** | **13** | **11** | **07** | **04** | **07** | **42** |
| **9** | **Blood Bank Tech.** | **02** | **-** | **-** | **-** | **02** | **04** |
| **10** | **Orth Plaster/Orthopedic Tech.** | **04** | **01** | **-** | **-** | **02** | **07** |
| **11** | **OT Technician** | **06** | **01** | **01** | **01** | **03** | **12** |
| **12** | **Ophthalmic Assistant** | **03** | **-** | **02** | **01** | **01** | **07** |
| **13** | **Health Educator** | **-** | **03** | **02** | **01** | **02** | **08** |
| **14** | **Counsellor Drug De – adddic.** | **01** | **-** | **-** | **-** | **-** | **01** |
| **15** | **Non Med. Supervisor** | **03** | **03** | **03** | **02** | **04** | **15** |
| **16** | **PMW** | **-** | **-** | **01** | **-** | **-** | **01** |
| **17** | **Dental Assistant** | **05** | **01** | **02** | **02** | **02** | **12** |
| **18** | **Dental Hygienist** | **01** | **01** | **01** | **-** | **01** | **04** |
| **19** | **Treatment Organiser** | **-** | **01** | **01** | **-** | **01** | **03** |
| **20** | **Asstt. Pgysiotherapist** | **01** | **01** | **01** | **01** | **01** | **05** |
| **21** | **Ward Master** | **01** | **01** | **01** | **01** | **01** | **05** |
| **22** | **Store Inspector** | **01** | **-** | **-** | **-** | **-** | **01** |
| **23** | **Sanitary Inspector** | **01** | **-** | **-** | **-** | **-** | **01** |
| **24** | **Drug Inspector** | **-** | **-** | **-** | **-** | **-** | **-** |
| **25** | **Autopsy Technician** | **01** | **-** | **-** | **-** | **-** | **01** |
| **26** | **Insect Collector** | **01** | **04** | **-** | **-** | **-** | **05** |
| **27** | **Dark Room Asstt.** | **01** | **-** | **-** | **-** | **-** | **01** |
| **28** | **Refractionist** | **01** | **-** | **-** | **-** | **-** | **01** |
| **29** | **Urban Leprosy Assistant** | **-** | **-** | **-** | **-** | **-** | **-** |
| **30** | **Lab Tech. (NRHM)** | **-** | **03** | **06** | **04** | **05** | **18** |
| **31** | **X – Ray Tech. (NRHM)** | **-** | **03** | **04** | **01** | **02** | **10** |
| **32** | **Paramedics (Ayush) NRHM** | **-** | **01** | **01** | **01** | **01** | **04** |
| **33** | **Blood Storage Tech. (NRHM)** | **-** | **-** | **-** | **-** | **01** | **01** |
| **34** | **Pharmacist (NRHM)** | **-** | **03** | **02** | **03** | **01** | **09** |
| **35** | **MPHW (M) (NRHM)** | **-** | **07** | **07** | **06** | **06** | **26** |
| **36** | **Dental Assistant (NRHM)** | **-** | **03** | **02** | **-** | **01** | **06** |
| **37** | **O T Tech. (NRHM)** | **-** | **-** | **01** | **-** | **-** | **01** |
| **38** | **Ophthalmic Assistant (NRHM)** | **-** | **-** | **-** | **-** | **01** | **01** |
|  | **TOTAL** | **68** | **116** | **91** | **45** | **97** | **417** |

**Medical Officer, Nursing Personnel and Paramedics under NRHM/RCH/MMU as on 31.8.2013.**

**EAST DISTRICT.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.No** | **Name of Centres** | **MO Spl.** | **MO AYUSH** | **MO** | **Dental Surgeon** | **GNM Posted** | **ANM Posted at PHSC & PHC** | **Lab.**  **Tech** | **X-Ray Tech** | **AYUSH Para medics** | **Blood Storage Tech.** | **MPHW (M)** | **Pharmacist** | **Dental Asstt.** | **Entomologist** |
| **1** | **District Hospital, Singtam** | **04** | **03** | **05** | **01** | **02** | **-** | **02** | **02** | **01** | **-** | **-** | **01** | **01** | **01** |
| **2** | **Rongpo PHC** | **-** | **-** | **01** | **-** | **01** | **03** | **01** | **-** | **-** | **-** | **02** | **-** | **01** | **-** |
| **3** | **Rhenock CHC** | **-** | **01** | **-** | **-** | **01** | **01** | **-** | **-** | **-** | **-** | **01** | **01** | **-** | **-** |
| **4** | **Rongli PHC** | **-** | **-** | **-** | **-** | **02** | **04** | **-** | **-** | **-** | **-** | **02** | **-** | **01** | **-** |
| **5** | **Pakyong PHC** | **-** | **-** | **01** | **-** | **03** | **02** | **-** | **01** | **-** | **-** | **-** | **01** | **-** | **-** |
| **6** | **Sang PHC** | **-** | **-** | **-** | **-** | **01** | **01** | **-** | **-** | **-** | **-** | **01** | **-** | **-** | **-** |
| **7** | **Samdong PHC** | **-** | **-** | **01** | **-** | **01** | **-** | **-** | **-** | **-** | **-** | **01** | **-** | **-** | **-** |
| **8** | **Machong PHC** | **-** | **-** | **01** | **-** | **-** | **02** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** |
|  | **TOTAL** | **04** | **04** | **09** | **01** | **11** | **13** | **03** | **03** | **01** | **-** | **07** | **03** | **03** | **01** |

* **Ophthalmology (One in STNM)**
* **Gynae/Psychiatrist**
* **AYUSH MO one STNM**

**Medical Officer, Nursing Personnel and Paramedics under NRHM/RCH/MMU as on 31.8.2013.**

**WEST DISTRICT.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.No** | **Name of Centres** | **MO Spl.** | **MO AYUSH** | **MO** | **Dental Surgeon** | **GNM Posted** | **ANM Posted at PHSC & PHC** | **Lab.**  **Tech.** | **X-Ray Tech.** | **AYUSH Para medics** | **Blood Storage Tech.** | **Opthalmic Asstt.** | **O.T Tech.** | **Dental Asstt.** | **MPHW (M)** | **Pharmacist** |
| **1** | **District Hospital, Gyalshing** | **-** | **02** | **02** | **01** | **11** | **-** | **03** | **02** | **01** | **-** | **-** | **01** | **-** | **-** | **-** |
| **2** | **Rinchenpong PHC** | **-** | **-** | **-** | **01** | **01** | **02** | **01** | **-** | **-** | **-** | **-** | **-** | **01** | **02** | **-** |
| **3** | **Soreng PHC** | **-** | **01** | **-** | **-** | **01** | **02** | **01** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **01** |
| **4** | **Sombaria PHC** | **-** | **-** | **01** | **01** | **01** | **03** | **01** | **-** | **-** | **-** | **-** | **-** | **-** | **01** | **01** |
| **5** | **Mangalbaria PHC** | **-** | **-** | **-** | **-** | **02** | **03** | **-** | **01** | **-** | **-** | **-** | **-** | **-** | **-** | **-** |
| **6** | **Senek PHC** | **-** | **-** | **-** | **-** | **-** | **02** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **02** | **-** |
| **7** | **Yuksom PHC** | **-** | **-** | **-** | **-** | **01** | **04** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** |
| **8** | **Dentam PHC** | **-** | **-** | **-** | **-** | **02** | **04** | **-** | **01** | **-** | **-** | **-** | **-** | **01** | **02** | **-** |
|  | **TOTAL** | **-** | **03** | **03** | **03** | **19** | **20** | **06** | **04** | **01** | **-** | **-** | **01** | **02** | **07** | **02** |

**Medical Officer, Nursing Personnel and Paramedics under NRHM/RCH/MMU as on 31.8.2013.**

**NORTH DISTRICT.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.No** | **Name of Centres** | **MO Spl.** | **MO AYUSH** | **MO** | **Dental Surgeon** | **GNM Posted** | **ANM Posted at PHSC & PHC** | **Lab.**  **Tech.** | **X-Ray Tech.** | **AYUSH Para medics** | **MPHW (M)** | **Pharmacist** |
| **1** | **District Hospital, Mangan** | **-** | **02** | **03** | **-** | **09** | **-** | **01** | **01** | **01** | **-** | **01** |
| **2** | **Chungthang PHC** | **-** | **-** | **01** | **-** | **03** | **04** | **01** | **-** | **-** | **03** | **-** |
| **3** | **Passingdong PHC** | **-** | **-** | **-** | **-** | **02** | **03** | **01** | **-** | **-** | **01** | **01** |
| **4** | **Phodong PHC** | **-** | **-** | **-** | **-** | **01** | **02** | **-** | **-** | **-** | **01** | **-** |
| **5** | **Hee – Gyathang PHC** | **-** | **-** | **01** | **-** | **01** | **01** | **01** | **-** | **-** | **01** | **01** |
| **6** | **Dikchu PHC** | **-** | **-** | **-** | **-** | **-** | **03** | **-** | **-** | **-** | **-** | **-** |
|  | **TOTAL** | **-** | **02** | **05** | **-** | **16** | **13** | **04** | **01** | **01** | **06** | **03** |

**Medical Officer, Nursing Personnel and Paramedics under NRHM/RCH/MMU as on 31.8.2013.**

**SOUTH DISTRICT.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.No** | **Name of Centres** | **MO Spl.** | **MO AYUSH** | **MO** | **Dental Surgeon** | **GNM Posted** | **ANM Posted at PHSC & PHC** | **Lab.**  **Tech.** | **X-Ray Tech.** | **AYUSH Para medics** | **Blood Storage Tech.** | **Dental Asstt.** | **Opthalmic Asstt.** | **MPHW (M)** | **Pharmacist** |
| **1** | **District Hospital, Namchi** | **04** | **01** | **03** | **01** | **05** | **02** | **02** | **02** | **01** | **01** | **-** | **01** | **01** | **-** |
| **2** | **Ravangla PHC** | **-** | **-** | **-** | **-** | **01** | **04** | **-** | **-** | **-** | **-** | **01** | **-** | **03** | **-** |
| **3** | **Jorethang PHC** | **-** | **01** | **01** | **-** | **-** | **02** | **01** | **-** | **-** | **-** | **-** | **-** | **-** | **01** |
| **4** | **Namthang PHC** | **-** | **-** | **01** | **-** | **-** | **02** | **-** | **-** | **-** | **-** | **-** | **-** | **02** | **-** |
| **5** | **Temi PHC** | **-** | **-** | **01** | **-** | **-** | **01** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** |
| **6** | **Melli PHC** | **-** | **-** | **01** | **01** | **-** | **01** | **01** | **-** | **-** | **-** | **-** | **-** | **-** | **-** |
| **7** | **Yangang PHC** | **-** | **-** | **-** | **-** | **-** | **01** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** |
| **8** | **Tokal Bermiok PHC** | **-** | **-** | **-** | **-** | **02** | **-** | **01** | **-** | **-** | **-** | **-** | **-** | **-** | **-** |
|  | **TOTAL** | **04** | **02** | **07** | **02** | **08** | **13** | **05** | **02** | **01** | **01** | **01** | **01** | **06** | **01** |

**Annual report showing the district wise performance on Immunization, MCH & Family Welfare for the year from April 2012 to March 2013.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **District** | **Estd. No. of infants** | **Estd. No. of Pregnant women** | **DPT** | **OPV** | **BCG** | **Measles** | **Hepatitis**  **‘B’** | **MMR** | **TT of pregnant women** |
| **UFWC** | **1560** | **1590** | **1161**  **(74.4%)** | **1488**  **(95.3%)** | **3207**  **(205.6%)** | **1450**  **(92.9%)** | **1149**  **(73.6%)** | **1422**  **(91.2%)** | **1139**  **(71.6%)** |
| **EAST** | **3030** | **3430** | **2434**  **(80.3%)** | **2446**  **(80.7%)** | **1276**  **(42.1%)** | **2436**  **(80.4%)** | **2463**  **(81.3%)** | **2333**  **(77.0%)** | **2490**  **(72.6%)** |
| **WEST** | **2090** | **2320** | **1967**  **(94.1%)** | **1967**  **(94.1%)** | **1785**  **(85.4%)** | **2012**  **(96.2%)** | **2004**  **(95.8%)** | **1746**  **(83.5%)** | **2105**  **(90.7%)** |
| **NORTH** | **600** | **660** | **575**  **(95.8%)** | **576**  **(96.0%)** | **357**  **(59.5%)** | **617**  **(102.8%)** | **604**  **(100.6%)** | **568**  **(94.6%)** | **614**  **(93.0%)** |
| **SOUTH** | **1970** | **2380** | **2015**  **(102.3%)** | **2015**  **(102.3%)** | **1595**  **(80.9%)** | **2053**  **(104.2%)** | **1937**  **(98.3%)** | **2062**  **(104.6%)** | **2046**  **(85.9%)** |
| **STATE** | **9250** | **10380** | **8152**  **(88.1%)** | **8492**  **(91.8%)** | **8220**  **(88.9%)** | **8568**  **(92.6%)** | **8157**  **(88.2%)** | **8131**  **(87.9%)** | **8394**  **(80.9%)** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **District** | **DT (5YRS.)** | | **TT (10YRS.)** | | **TT (16 YRS.)** | | **VITAMIN ‘A’** | | **FOLIFER FOR CHILDREN** | | **FOLIFER FOR WOMEN** | |
| **Target** | **Ach.** | **Target** | **Ach.** | **Target** | **Ach.** | **Target** | **Ach.** | **Target** | **Ach.** | **Target** | **Ach.** |
| **UFWC** | **1100** | **901**  **(81.9%)** | **1200** | **1228**  **(102%)** | **1000** | **783**  **(78.3%)** | **1560** | **1626**  **(104.2%)** | **300** | **1056**  **(352.0%)** | **1590** | **1442**  **(90.7%)** |
| **EAST** | **3270** | **2760**  **(84.4%)** | **4250** | **3456**  **(81.3%)** | **2960** | **2487**  **(84.0%)** | **3000** | **2693**  **(89.8%)** | **1700** | **4400**  **(258.8%)** | **3400** | **3434**  **(101.0%)** |
| **WEST** | **2980** | **2601**  **(87.2%)** | **3140** | **3305**  **(105.2%)** | **3240** | **2034**  **(62.7%)** | **2090** | **2554**  **(122.2%)** | **2700** | **2941**  **(108.9%)** | **2320** | **2791**  **(120.3%)** |
| **NORTH** | **1000** | **778**  **(77.8%)** | **1000** | **788**  **(78.8%)** | **900** | **490**  **(54.4%)** | **600** | **640**  **(106.6%)** | **500** | **954**  **(190.8%)** | **660** | **970**  **(146.9%)** |
| **SOUTH** | **3500** | **2280**  **(65.1%)** | **4280** | **2652**  **(61.9%)** | **2690** | **2121**  **(78.8%)** | **1970** | **2578**  **(130.8%)** | **3000** | **3675**  **(122.5%)** | **2380** | **3533**  **(148.4%)** |
| **STATE** | **11850** | **9320**  **(78.6%)** | **13870** | **11429**  **(82.4%)** | **10790** | **7915**  **(73.3%)** | **9220** | **10091**  **(109.4%)** | **8200** | **13026**  **(158.8%)** | **10350** | **12170**  **(117.6%)** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **District** | **NSV** | | **TUBECTOMY** | | **TOTAL STERILISATION** | | **IUD INSERTION** | | **OP CYCLES USERS** | | **CC USERS** | |
| **Target** | **Ach.** | **Target** | **Ach.** | **Target** | **Ach.** | **Target** | **Ach.** | **Target** | **Ach.** | **Target** | **Ach.** |
| **UFWC** | **20** | **16**  **(80.0%)** | **100** | **74**  **(74.0%)** | **120** | **90**  **(75.0%)** | **400** | **215**  **(53.7%)** | **630** | **60**  **(9.5%)** | **200** | **249**  **(124.5%)** |
| **EAST** | **-** | **0** | **-** | **0** | **-** | **0** | **250** | **268**  **(107.2%)** | **1000** | **918**  **(91.8%)** | **175** | **598**  **(341.7%)** |
| **WEST** | **-** | **0** | **-** | **03** | **-** | **03** | **680** | **350**  **(51.5%)** | **2300** | **1698**  **(73.8%)** | **1600** | **1279**  **(79.9%)** |
| **NORTH** | **-** | **0** | **-** | **0** | **-** | **0** | **60** | **61**  **(101.7%)** | **370** | **452**  **(122.1%)** | **200** | **144**  **(72.0%)** |
| **SOUTH** | **70** | **31**  **(44.3%)** | **120** | **59**  **(49.2%)** | **190** | **90**  **(47.4%)** | **410** | **263**  **(64.1%)** | **1600** | **1751**  **(109.4%)** | **1000** | **848**  **(84.8%)** |
| **STATE** | **90** | **47**  **(52.2)%** | **220** | **136**  **(61.8%)** | **310** | **183**  **(59.0%)** | **1800** | **1157**  **(64.3%)** | **5900** | **4879**  **(82.7%)** | **3175** | **3118**  **(98.2%)** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DISTRICT** | **ANC REGISTRATION** | **ANC 3 CHECK UPS** | **INSTITUTIONAL**  **DELIVERIES** | **HOME DELIVERIES** | **TOTAL**  **DELIVERIES** | **Home deliveries Assisted by**  **Non SBA(TBA/**  **Relatives etc.)** | **Home deliveries assisted by Doctor/Nurse/**  **ANM** |
|
| **UFWC** | **1302**  **(81.9%)** | **796**  **(61.1%)** | **2539**  **(99.6%)** | **11**  **(0.43%)** | **2550**  **(195.8%)** | **11**  **(0.43%)** | **0**  **(0.00%)** |
| **EAST** | **\*3110**  **(90.7%)** | **2103**  **(74.5%)** | **\*\*1701**  **(89.3%)** | **203**  **(16.2%)** | **1904**  **(61.2%)** | **186**  **(9.8%)** | **17**  **(0.9%)** |
| **WEST** | **2222**  **(95.7%)** | **1933**  **(86.9%)** | **1181**  **(79.1%)** | **313**  **(20.9%)** | **1494**  **(67.2%)** | **249**  **(16.6%)** | **64**  **(4.3%)** |
| **NORTH** | **699**  **(105.9%)** | **573**  **(81.9%)** | **268**  **(78.6%)** | **73**  **(21.4%)** | **341**  **(48.8%)** | **41**  **(12.0%)** | **32**  **(9.4%)** |
| **SOUTH** | **2251**  **(94.6%)** | **1831**  **(81.3%)** | **1675**  **(87.1%)** | **249**  **(12.9%)** | **1924**  **(85.5%)** | **182**  **(9.5%)** | **67**  **(3.4%)** |
| **STATE** | **9584**  **(92.3%)** | **7236**  **(77.8%)** | **7364**  **(89.7%)** | **849**  **(10.3%)** | **8213**  **(85.7%)** | **669**  **(8.1%)** | **180**  **(2.2%)** |

**\*EAST - 2824 \*\*EAST- 1046**

**CRH - 286 CRH - 655**

**Total - 3110 Total - 1701**

**YEARLY REPORT ON INSTITUTIONAL CASES AND DEATHS DUE TO PRINCIPAL COMMUNICABLE DISEASES DURING JANUARY TO DECEMBER 2012 –**

**STNM HOSPITAL/DISTT. HOSPITAL SINGTAM (EAST).**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.**  **No:** | **Name of Diseases as per standard definition of cases** | **ICD-10 code** | **Patients Reported/Treated** | | | | | |  | | |
|  |  |  | **Out Patients (OPD) Cases** | | **In-Patients (IPD)** | | | | **Total Deaths** | | |
| **Cases Referred**  **Among –OPD** | | **Total** | |
| **M** | **F** | **M** | **F** | **M** | **F** | **M** | **F** | **T** |
| **1** | **Cholera (Lab. confirmed** | **A00** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **2** | **Acute Diarrhoeal Diseases (including Gastro Enteritis etc.)** | **A09** | **13412** | **13486** | **630** | **779** | **14042** | **14265** | **0** | **0** | **0** |
| **3** | **Diphtheria** | **A36** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **4** | **Tetanus other than Neonatal** | **A35** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **5** | **Neonatal Tetanus** | **A33** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **6** | **Whooping Cough** | **A37** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **7** | **Measles** | **B05** | **32** | **23** | **0** | **1** | **32** | **24** | **0** | **0** | **0** |
| **8** | **Acute Respiratory Infection (ARI) (including Influenza and) excluding Pneumonia)** | **J22** | **26937** | **28729** | **580** | **627** | **27517** | **29356** | **1** | **6** | **7** |
| **9** | **Pneumonia** | **J18** | **215** | **202** | **30** | **24** | **245** | **226** | **4** | **1** | **5** |
| **10** | **Enteric Fever** | **A01** | **46** | **33** | **8** | **3** | **54** | **36** | **0** | **0** | **0** |
| **11** | **Viral Hepatitis-A** | **B15.9** | **59** | **40** | **9** | **9** | **68** | **49** | **1** | **0** | **1** |
| **12** | **Viral Hepatitis-B** | **B16.9** | **299** | **187** | **32** | **23** | **331** | **210** | **5** | **0** | **5** |
| **13** | **Viral Hepatitis-C,D,E** | **B17.8** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **14** | **Meningococcal Meningitis** | **A39.0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **15** | **Rabies** | **A82** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **16** | **Syphilis** | **A50-A53** | **0** | **3** | **0** | **0** | **0** | **3** | **0** | **0** | **0** |
| **17** | **Gonococcal Infection** | **A54** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **18** | **Swine Flue (H1N1)** |  | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **19** | **Others (Specify):** |  | **41545** | **45922** | **897** | **1604** | **42442** | **47526** | **36** | **16** | **52** |
|  | **Total** |  | **82545** | **88622** | **2186** | **3070** | **84731** | **91696** | **47** | **23** | **70** |

**YEARLY REPORT ON INSTITUTIONAL CASES AND DEATHS DUE TO PRINCIPAL COMMUNICABLE DISEASES DURING JANUARY TO DECEMBER 2012 –**

**DISTRICT HOSPITAL GYALSHING, WEST.**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.**  **No:** | **Name of Diseases as per standard definition of cases** | **ICD-10 code** | **Patients Reported/Treated** | | | | | |  | | |
|  |  |  | **Out Patients (OPD) Cases** | | **In-Patients (IPD)** | | | | **Total Deaths** | | |
| **Cases Referred Among –OPD** | | **Total** | |
| **M** | **F** | **M** | **F** | **M** | **F** | **M** | **F** | **T** |
| **1** | **Cholera (Lab. confirmed** | **A00** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **2** | **Acute Diarrhoeal Diseases (including Gastro Enteritis etc.)** | **A09** | **5559** | **5571** | **206** | **270** | **5765** | **5841** | **0** | **0** | **0** |
| **3** | **Diphtheria** | **A36** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **4** | **Tetanus other than Neonatal** | **A35** | **0** | **0** | **0** | **0** | **0** |  | **0** | **0** | **0** |
| **5** | **Neonatal Tetanus** | **A33** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **6** | **Whooping Cough** | **A37** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **7** | **Measles** | **B05** | **24** | **14** | **12** | **7** | **36** | **21** | **0** | **0** | **0** |
| **8** | **Acute Respiratory Infection (ARI) (including Influenza and) excluding Pneumonia)** | **J22** | **10885** | **11231** | **281** | **316** | **11166** | **11547** | **0** | **0** | **0** |
| **9** | **Pneumonia** | **J18** | **160** | **158** | **66** | **62** | **226** | **220** | **0** | **0** | **0** |
| **10** | **Enteric Fever** | **A01** | **101** | **99** | **22** | **35** | **123** | **134** | **0** | **0** | **0** |
| **11** | **Viral Hepatitis-A** | **B15.9** | **0** | **0** | **1** | **1** | **1** | **1** | **0** | **0** | **0** |
| **12** | **Viral Hepatitis-B** | **B16.9** | **2** | **1** | **0** | **0** | **2** | **1** | **0** | **0** | **0** |
| **13** | **Viral Hepatitis-C,D,E** | **B17.8** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **14** | **Meningococcal Meningitis** | **A39.0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **15** | **Rabies** | **A82** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **16** | **Syphilis** | **A50-A53** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **17** | **Gonococcal Infection** | **A54** | **3** | **3** | **0** | **0** | **3** | **3** | **0** | **0** | **0** |
| **18** | **Swine Flue (H1N1)** |  | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **19** | **Others (Specify) :** |  | **16558** | **19923** | **598** | **936** | **17156** | **20859** | **0** | **0** | **0** |
|  | **Total** |  | **33292** | **37000** | **1186** | **1627** | **34478** | **38627** | **0** | **0** | **0** |

**YEARLY REPORT ON INSTITUTIONAL CASES AND DEATHS DUE TO PRINCIPAL COMMUNICABLE DISEASES DURING JANUARY TO DECEMBER 2012 –**

**DISTRICT HOSPITAL NAMCHI/SOUTH.**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.**  **No:** | **Name of Diseases as per standard definition of cases** | **ICD-10 code** | **Patients Reported/Treated** | | | | | |  | | |
|  |  |  | **Out Patients**  **(OPD) Cases** | | **In-Patients (IPD)** | | | | **Total Deaths** | | |
| **Cases Referred Among –OPD** | | **Total** | |
| **M** | **F** | **M** | **F** | **M** | **F** | **M** | **F** | **T** |
| **1** | **Cholera (Lab. confirmed** | **A00** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **2** | **Acute Diarrhoeal Diseases (including Gastro Enteritis etc.)** | **A09** | **4117** | **4411** | **439** | **500** | **4556** | **4911** | **0** | **0** | **0** |
| **3** | **Diphtheria** | **A36** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **4** | **Tetanus other than Neonatal** | **A35** | **0** | **0** | **0** | **0** | **0** |  | **0** | **0** | **0** |
| **5** | **Neonatal Tetanus** | **A33** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **6** | **Whooping Cough** | **A37** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **7** | **Measles** | **B05** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **8** | **Acute Respiratory Infection (ARI) (including Influenza and) excluding Pneumonia)** | **J22** | **11078** | **12036** | **193** | **238** | **11271** | **12274** | **0** | **0** | **0** |
| **9** | **Pneumonia** | **J18** | **348** | **303** | **100** | **98** | **448** | **401** | **0** | **0** | **0** |
| **10** | **Enteric Fever** | **A01** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **11** | **Viral Hepatitis-A** | **B15.9** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **12** | **Viral Hepatitis-B** | **B16.9** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **13** | **Viral Hepatitis-C,D,E** | **B17.8** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **14** | **Meningococcal Meningitis** | **A39.0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **15** | **Rabies** | **A82** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **16** | **Syphilis** | **A50-A53** | **0** | **2** | **0** | **0** | **0** | **2** | **0** | **0** | **0** |
| **17** | **Gonococcal Infection** | **A54** | **5** | **15** | **0** | **0** | **5** | **15** | **0** | **0** | **0** |
| **18** | **Swine Flue (H1N1)** |  | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **19** | **Others (Specify) :** |  | **16893** | **18576** | **3144** | **2541** | **20037** | **21117** | **0** | **0** | **0** |
|  | **Total** |  | **32441** | **35343** | **3876** | **3377** | **36317** | **38720** | **0** | **0** | **0** |

**YEARLY REPORT ON INSTITUTIONAL CASES AND DEATHS DUE TO PRINCIPAL COMMUNICABLE DISEASES IN THE STATE/UT: SIKKIM**

**JANUARY TO DECEMBER 2012/DISTRICT HOSPITAL MANGAN/NORTH**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.**  **No:** | **Name of Diseases as per standard definition of cases** | **ICD-10 code** | **Patients Reported/Treated** | | | | | |  | | |
|  |  |  | **Out Patients (OPD) Cases** | | **In-Patients (IPD)** | | | | **Total Deaths** | | |
| **Cases Referred Among –OPD** | | **Total** | |
| **M** | **F** | **M** | **F** | **M** | **F** | **M** | **F** | **T** |
| **1** | **Cholera (Lab. confirmed** | **A00** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **2** | **Acute Diarrhoeal Diseases (including Gastro Enteritis etc.)** | **A09** | **2005** | **1960** | **79** | **92** | **2084** | **2052** | **0** | **0** | **0** |
| **3** | **Diphtheria** | **A36** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **4** | **Tetanus other than Neonatal** | **A35** | **0** | **0** | **0** | **0** | **0** |  | **0** | **0** | **0** |
| **5** | **Neonatal Tetanus** | **A33** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **6** | **Whooping Cough** | **A37** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **7** | **Measles** | **B05** | **11** | **6** | **3** | **3** | **14** | **9** | **0** | **0** | **0** |
| **8** | **Acute Respiratory Infection (ARI) (including Influenza and) excluding Pneumonia)** | **J22** | **4000** | **4594** | **22** | **24** | **4022** | **4618** | **0** | **0** | **0** |
| **9** | **Pneumonia** | **J18** | **1** | **1** | **1** | **1** | **2** | **2** | **0** | **0** | **0** |
| **10** | **Enteric Fever** | **A01** | **36** | **18** | **0** | **0** | **36** | **18** | **0** | **0** | **0** |
| **11** | **Viral Hepatitis-A** | **B15.9** | **3** | **1** | **0** | **0** | **3** | **1** | **0** | **0** | **0** |
| **12** | **Viral Hepatitis-B** | **B16.9** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **13** | **Viral Hepatitis-C,D,E** | **B17.8** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **14** | **Meningococcal Meningitis** | **A39.0** | **2** | **1** | **0** | **0** | **2** | **1** | **0** | **0** | **0** |
| **15** | **Rabies** | **A82** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **16** | **Syphilis** | **A50-A53** | **38** | **57** | **0** | **0** | **38** | **57** | **0** | **0** | **0** |
| **17** | **Gonococcal Infection** | **A54** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **18** | **Swine Flue (H1N1)** |  | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **19** | **Others (Specify) :** |  | **2757** | **3275** | **328** | **504** | **3085** | **3779** | **0** | **0** | **0** |
|  | **Total** |  | **8853** | **9913** | **433** | **624** | **9286** | **10537** | **0** | **0** | **0** |

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| **DISTRICTWISE CASES AND DEATHS DUE TO NON-COMMUNICABLE DISEASES FOR THE YEAR 2012 (JAN. TO DECEMBER)**  **(EAST DISTRICT,SINGTAM/STNM)** | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | |
| **S. No** | **Nature/ Group of Non Communicable Diseases** | | **ICD-10 Code** | **New\* Patients Reported/Treated** | | | | | | | | | **Total Deaths** | | |
| **Out-Patient** | | **In-Patient(IPD) Cases Referred Amongst Out-Patients(OPD)** | | **IPD Cases Reported**  **Direct** | | **Total Cases** | | |
| **(OPD)** | |
| **Cases** | |
| **M** | **F** | **M** | **F** | **M** | **F** | **M** | **F** | **Total** | **M** | **F** | **Total** |
|  | **1** | | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9**  **(3+7)** | **10**  **(4+8)** | **11**  **(9+10)** | **12** | **13** | **14** |
| **1** | **Cardio Vascular Diseases** | |  |  |  | | | | | | | | | | |
| **1.1** | **Rheumatic Fever** | | **I00 – I02** | **1** | **1** | **0** | **0** | **0** | **0** | **1** | **1** | **2** | **0** | **0** | **0** |
| **1.2** | **Hypertension** | | **I10 - I15** | **5729** | **5845** | **0** | **0** | **142** | **150** | **5871** | **5995** | **11866** | **4** | **5** | **9** |
| **1.3** | **Ischemic Heart Diseases** | | **I20 - I25** | **84** | **87** | **0** | **0** | **0** | **0** | **84** | **87** | **171** | **0** | **1** | **1** |
| **1.4** | **Congenital Heart Disease** | | **Q20 - Q28** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **1.5** | **Other Cardio Vascular Diseases** | | **I05-I09,I26-I52,I70- I99** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **2** | **Neurological Disorders** | | | | | | | | | | | | | | |
| **2.1** | **Cerebro Vascular Accident** | | **I60-I69** | **147** | **122** | **0** | **0** | **36** | **26** | **183** | **148** | **331** | **12** | **13** | **25** |
| **2.2** | **Chronic Neurological Disorder** | | **G90-G99** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **2.3** | **Other Neurological Disorders \*\*** | | **F 00-03,**  **G 00-G83** | **196** | **173** | **0** | **0** | **11** | **4** | **207** | **177** | **384** | **2** | **1** | **3** |
| **3** | **Diabetes Mellitus** | | | | | | | | | | | | | | |
| **3.1** | **Type 1** | | **E 10** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **3.2** | **Type 2** | | **E 11** | **723** | **827** | **0** | **0** | **85** | **89** | **808** | **916** | **1724** | **9** | **8** | **17** |

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| **4** | **Lungs Disease** | | | | | | | | | | | | | |
| **4.1** | **Bronchitis** | **J 40** | **1401** | **1222** | **0** | **0** | **21** | **12** | **1422** | **1234** | **2656** | **0** | **0** | **0** |
| **4.2** | **Emphysemas** | **J 43** | **4** | **4** | **0** | **0** | **0** | **0** | **4** | **4** | **8** | **0** | **0** | **0** |
| **4.3** | **Asthma** | **J 45** | **1265** | **1121** | **0** | **0** | **91** | **67** | **1356** | **1188** | **2544** | **0** | **4** | **4** |
| **5** | **Psychiatric Disorder** | | | | | | | | | | | | | |
| **5.1** | **Common Mental Disorders** | **F10-F19** | **1455** | **1513** | **0** | **0** | **1** | **2** | **1456** | **1515** | **2971** | **0** | **0** | **0** |
| **5.2** | **Severe Mental Disorders** | **F 99** | **162** | **98** | **0** | **0** | **13** | **6** | **175** | **104** | **279** | **0** | **0** | **0** |
| **6** | **Accidental Injuries** | **S00-S99,T00-T14** | **8572** | **4587** | **0** | **0** | **270** | **136** | **8842** | **4723** | **13565** | **6** | **3** | **9** |
| **7** | **Cancer (Malignant & Benign)** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7.1** | **Cervix Cancer** | **C53, D26** | **6** | **5** | **0** | **0** | **1** | **1** | **7** | **6** | **13** | **1** | **0** | **1** |
| **7.2** | **Breast Cancer** | **C50 & D24** | **0** | **67** | **0** | **0** | **0** | **11** | **0** | **78** | **78** | **0** | **1** | **1** |
| **7.3** | **Lung Cancer** | **C34, D14.3** | **19** | **10** | **0** | **0** | **3** | **4** | **22** | **14** | **36** | **2** | **1** | **3** |
| **0** | **Oral Cancer (Lip, Oral Cavity and Pharynx)** | **C00 - C14, D10** | **18** | **10** | **0** | **0** | **2** | **2** | **20** | **12** | **32** | **0** | **0** | **0** |
| **7.5** | **Other Cancers(excluding 7.1 to 7.4)** | **C00-D48** | **218** | **136** | **0** | **0** | **34** | **27** | **252** | **163** | **415** | **9** | **6** | **15** |
| **8** | **Snake Bite** | **T 63.0** | **59** | **45** | **0** | **0** | **0** | **0** | **59** | **45** | **104** | **0** | **0** | **0** |
| **9** | **Renal Failure** | | | | | | | | | | | | | |
| **9.1** | **Acute Renal Failure** | **N 170** | **9** | **8** | **0** | **0** | **2** | **2** | **11** | **10** | **21** | **0** | **0** | **0** |
| **9.2** | **Chronic Renal Failure** | **N 18** | **8** | **6** | **0** | **0** | **2** | **2** | **10** | **8** | **18** | **0** | **0** | **0** |
| **10** | **Obesity** | **E 66** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **11** | **Road Traffic Accidents** | **V01-V89** | **98** | **46** | **0** | **0** | **25** | **9** | **123** | **55** | **178** | **0** | **0** | **0** |
| **12** | **Others NCD** |  | **109684** | **143058** | **0** | **0** | **2504** | **5488** | **112188** | **148546** | **260734** | **118** | **113** | **231** |
|  | **TOTAL** |  | **129858** | **158991** | **0** | **0** | **3243** | **6038** | **133101** | **165029** | **298130** | **163** | **156** | **319** |

\*\* - Other Neurological disorders like Epilepsy, Parkinson’s Diseases`

M - Male, F - Female, T - Total

\* - New Registrations are to be considered as New Patients.

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| **DISTRICTWISE CASES AND DEATHS DUE TO NON-COMMUNICABLE DISEASES FOR THE YEAR 2012 (JAN. TO DECEMBER)**  **(WEST DISTRICT, GYALSHING)** | | | | | | | | | | | | | | | | |  |
|  | |  | | | | | | | | | | | | | | |
| **S. No** | **Nature/ Group of Non Communicable Diseases** | | **ICD-10 Code** | **New\* Patients Reported/Treated** | | | | | | | | | | **Total Deaths** | | |
| **Out-Patient** | | **In-Patient(IPD) Cases Referred Amongst Out-Patients(OPD)** | | | **IPD Cases Reported**  **Direct** | | **Total Cases** | | |
| **(OPD)** | |
| **Cases** | |
| **M** | **F** | **M** | **F** | | **M** | **F** | **M** | **F** | **Total** | **M** | **F** | **Total** |
|  | **1** | | **2** | **3** | **4** | **5** | **6** | | **7** | **8** | **9**  **(3+7)** | **10**  **(4+8)** | **11**  **(9+10)** | **12** | **13** | **14** |
| **1** | **Cardio Vascular Diseases** | |  |  |  | | | | | | | | | | | |
| **1.1** | **Rheumatic Fever** | | **I00 – I02** | **0** | **0** | **0** | **0** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **1.2** | **Hypertension** | | **I10 - I15** | **2871** | **3331** | **0** | **0** | **209** | | **240** | **3080** | **3571** | **6651** | **0** | **0** | **0** |
| **1.3** | **Ischemic Heart Diseases** | | **I20 - I25** | **1** | **0** | **0** | **0** | **0** | | **0** | **1** | **0** | **1** | **0** | **0** | **0** |
| **1.4** | **Congenital Heart Disease** | | **Q20 - Q28** | **0** | **0** | **0** | **0** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **1.5** | **Other Cardio Vascular Diseases** | | **I05-I09,I26-I52,I70- I99** | **0** | **0** | **0** | **0** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **2** | **Neurological Disorders** | | | | | | | | | | | | | | | |
| **2.1** | **Cerebro Vascular Accident** | | **I60-I69** | **2** | **1** | **0** | **0** | **0** | | **0** | **2** | **1** | **3** | **0** | **0** | **0** |
| **2.2** | **Chronic Neurological Disorder** | | **G90-G99** | **0** | **0** | **0** | **0** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **2.3** | **Other Neurological Disorders \*\*** | | **F 00-03,**  **G 00-G83** | **0** | **0** | **0** | **0** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **3** | **Diabetes Mellitus** | | | | | | | | | | | | | | | |
| **3.1** | **Type 1** | | **E 10** | **0** | **0** | **0** | **0** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **3.2** | **Type 2** | | **E 11** | **45** | **40** | **0** | **0** | **3** | | **3** | **48** | **43** | **91** | **0** | **0** | **0** |

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| **4** | **Lungs Disease** | | | | | | | | | | | | | |
| **4.1** | **Bronchitis** | **J 40** | **212** | **221** | **0** | **0** | **72** | **75** | **284** | **296** | **580** | **0** | **0** | **0** |
| **4.2** | **Emphysemas** | **J 43** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **4.3** | **Asthma** | **J 45** | **322** | **298** | **0** | **0** | **114** | **101** | **436** | **399** | **835** | **0** | **0** | **0** |

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| **5** | **Psychiatric Disorder** | | | | | | | | | | | | | |
| **5.1** | **Common Mental Disorders** | **F10-F19** | **1** | **1** | **0** | **0** | **0** | **0** | **1** | **1** | **2** | **0** | **0** | **0** |
| **5.2** | **Severe Mental Disorders** | **F 99** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **6** | **Accidental Injuries** | **S00-S99,T00-T14** | **900** | **522** | **0** | **0** | **98** | **60** | **998** | **582** | **1580** | **0** | **0** | **0** |
| **7** | **Cancer (Malignant &Benign)** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7.1** | **Cervix Cancer** | **C53, D26** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **7.2** | **Breast Cancer** | **C50 & D24** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **7.3** | **Lung Cancer** | **C34, D14.3** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **0** | **Oral Cancer (Lip, Oral Cavity and Pharynx)** | **C00 - C14, D10** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **7.5** | **Other Cancers(excluding 7.1 to 7.4)** | **C00-D48** |  |  |  |  |  |  |  |  |  |  |  |  |
| **8** | **Snake Bite** | **T 63.0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **9** | **Renal Failure** | | | | | | | | | | | | | |
| **9.1** | **Acute Renal Failure** | **N 170** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **9.2** | **Chronic Renal Failure** | **N 18** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **10** | **Obesity** | **E 66** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **11** | **Road Traffic Accidents** | **V01-V89** | **130** | **101** | **0** | **0** | **12** | **10** | **142** | **111** | **253** | **0** | **0** | **0** |
| **12** | **Others NCD** |  | **26923** | **31850** | **0** | **0** | **1239** | **2536** | **28162** | **34386** | **62548** | **0** | **0** | **0** |
|  | **TOTAL** |  | **31407** | **36365** | **0** | **0** | **1745** | **3027** | **33152** | **39392** | **72544** | **0** | **0** | **0** |

**\*\*Other Neurological disorders like Epilepsy, Parkinson’s Diseases`**

M - Male, F - Female, T - Total

\* - New Registrations are to be considered as New Patients.

**DISTRICTWISE CASES AND DEATHS DUE TO NON-COMMUNICABLE DISEASES FOR THE YEAR 2012 (JAN. TO DECEMBER)**

**(NORTH DISTRICT,MANGAN)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | |  | | | | | | | | | | | | | | |
| **S. No** | **Nature/ Group of Non Communicable Diseases** | | **ICD-10 Code** | **New\* Patients Reported/Treated** | | | | | | | | | | **Total Deaths** | | |
| **Out-Patient** | | | **In-Patient(IPD) Cases Referred Amongst Out-Patients(OPD)** | | **IPD Cases Reported**  **Direct** | | **Total Cases** | | |
| **(OPD)** | | |
| **Cases** | | |
| **M** | **F** | | **M** | **F** | **M** | **F** | **M** | **F** | **Total** | **M** | **F** | **Total** |
|  | **1** | | **2** | **3** | **4** | | **5** | **6** | **7** | **8** | **9**  **(3+7)** | **10**  **(4+8)** | **11**  **(9+10)** | **12** | **13** | **14** |
| **1** | **Cardio Vascular Diseases** | |  |  |  | | | | | | | | | | | |
| **1.1** | **Rheumatic Fever** | | **I00 – I02** | **0** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **1.2** | **Hypertension** | | **I10 - I15** | **1127** | **1262** | | **0** | **0** | **24** | **29** | **1151** | **1291** | **2442** | **1** | **1** | **2** |
| **1.3** | **Ischemic Heart Diseases** | | **I20 - I25** | **0** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **1.4** | **Congenital Heart Disease** | | **Q20 - Q28** | **0** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **1.5** | **Other Cardio Vascular Diseases** | | **I05-I09,I26-I52,I70- I99** | **0** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **2** | **Neurological Disorders** | | | | | | | | | | | | | | | |
| **2.1** | **Cerebro Vascular Accident** | | **I60-I69** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **2.2** | **Chronic Neurological Disorder** | | **G90-G99** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **2.3** | **Other Neurological Disorders \*\*** | | **F 00-03,**  **G 00-G83** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **3** | **Diabetes Mellitus** | | | | | | | | | | | | | | | |
| **3.1** | **Type 1** | | **E 10** | **0** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **3.2** | **Type 2** | | **E 11** | **4** | **2** | | **0** | **0** | **0** | **0** | **4** | **2** | **6** | **0** | **0** | **0** |

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| **4** | **Lungs Disease** | | | | | | | | | | | | | |
| 4.1 | Bronchitis | J 40 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4.2 | Emphysemas | J 43 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4.3 | Asthma | J 45 | 63 | 95 | 0 | 0 | 2 | 1 | 65 | 96 | 161 | 0 | 0 | 0 |
| **5** | **Psychiatric Disorder** | | | | | | | | | | | | | |
| 5.1 | Common Mental Disorders | F10-F19 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5.2 | Severe Mental Disorders | F 99 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **6** | **Accidental Injuries** | S00-S99,T00-T14 | 683 | 398 | 0 | 0 | 34 | 7 | 717 | 405 | 1122 | 0 | 0 | 0 |
| **7** | **Cancer (Malignant & Benign)** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7.1 | Cervix Cancer | C53, D26 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7.2 | Breast Cancer | C50 & D24 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7.3 | Lung Cancer | C34, D14.3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | Oral Cancer (Lip, Oral Cavity and Pharynx) | C00 - C14, D10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7.5 | Other Cancers(excluding 7.1 to 7.4) | C00-D48 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **8** | **Snake Bite** | T 63.0 | 4 | 1 | 0 | 0 | 0 | 0 | 4 | 1 | 5 | 0 | 0 | 0 |
| **9** | **Renal Failure** | | | | | | | | | | | | | |
| 9.1 | Acute Renal Failure | N 170 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9.2 | Chronic Renal Failure | N 18 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **10** | **Obesity** | E 66 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **11** | **Road Traffic Accidents** | V01-V89 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **12** | **Others NCD** |  | 4788 | 5140 | 0 | 0 | 189 | 281 | 4977 | 5421 | 10398 | 4 | 3 | 7 |
|  | **TOTAL** |  | 6669 | 6898 | 0 | 0 | 249 | 318 | 6918 | 7216 | 14134 | 4 | 3 | 7 |

\*\* - Other Neurological disorders like Epilepsy, Parkinson’s Diseases`

M - Male, F - Female, T - Total

\* - New Registrations are to be considered as New Patients.

**DISTRICTWISE CASES AND DEATHS DUE TO NON-COMMUNICABLE DISEASES FOR THE YEAR 2012 (JAN. TO DECEMBER)**

**(SOUTH DISTRICT, NAMCHI)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | | | | | | | | | | | | | | |
| **S. No** | **Nature/ Group of Non Communicable Diseases** | | **ICD-10 Code** | **New\* Patients Reported/Treated** | | | | | | | | | | **Total Deaths** | | |
| **Out-Patient** | | | **In-Patient(IPD) Cases Referred Amongst Out-Patients(OPD)** | | **IPD Cases Reported**  **Direct** | | **Total Cases** | | |
| **(OPD)** | | |
| **Cases** | | |
| **M** | **F** | | **M** | **F** | **M** | **F** | **M** | **F** | **Total** | **M** | **F** | **Total** |
|  | **1** | | **2** | **3** | **4** | | **5** | **6** | **7** | **8** | **9**  **(3+7)** | **10**  **(4+8)** | **11**  **(9+10)** | **12** | **13** | **14** |
| **1** | **Cardio Vascular Diseases** | |  |  |  | | | | | | | | | | | |
| **1.1** | **Rheumatic Fever** | | **I00 – I02** | **0** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **1.2** | **Hypertension** | | **I10 - I15** | **3533** | **4104** | | **0** | **0** | **95** | **121** | **3628** | **4225** | **7853** | **0** | **0** | **0** |
| **1.3** | **Ischemic Heart Diseases** | | **I20 - I25** | **0** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **1.4** | **Congenital Heart Disease** | | **Q20 - Q28** | **0** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **1.5** | **Other Cardio Vascular Diseases** | | **I05-I09,I26-I52,I70- I99** | **0** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **2** | **Neurological Disorders** | | | | | | | | | | | | | | | |
| **2.1** | **Cerebro Vascular Accident** | | **I60-I69** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **2.2** | **Chronic Neurological Disorder** | | **G90-G99** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **2.3** | **Other Neurological Disorders \*\*** | | **F 00-03,**  **G 00-G83** | **1** | | **0** | **0** | **0** | **0** | **0** | **1** | **0** | **1** | **0** | **0** | **0** |
| **3** | **Diabetes Mellitus** | | | | | | | | | | | | | | | |
| **3.1** | **Type 1** | | **E 10** | **0** | **0** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **3.2** | **Type 2** | | **E 11** | **115** | **134** | | **0** | **0** | **18** | **13** | **133** | **147** | **280** | **0** | **0** | **0** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4** | **Lungs Disease** | | | | | | | | | | | | | | |
| **4.1** | **Bronchitis** | **J 40** | **38** | **42** | **0** | **0** | **17** | **16** | **55** | **58** | **113** | **0** | **0** | **0** | |
| **4.2** | **Emphysemas** | **J 43** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | |
| **0** | **Asthma** | **J 45** | **374** | **360** | **0** | **0** | **23** | **8** | **397** | **368** | **765** | **0** | **0** | **0** | |
| **5** | **Psychiatric Disorder** | | | | | | | | | | | | | | |
| **5.1** | **Common Mental Disorders** | **F10-F19** | **568** | **265** | **0** | **0** | **18** | **9** | **586** | **274** | **860** | **0** | **0** | | **0** |
| **5.2** | **Severe Mental Disorders** | **F 99** | **78** | **52** | **0** | **0** | **10** | **7** | **88** | **59** | **147** | **0** | **0** | | **0** |
| **6** | **Accidental Injuries** | **S00-S99,T00-T14** | **4018** | **800** | **0** | **0** | **208** | **40** | **4226** | **840** | **5066** | **0** | **0** | | **0** |
| **7** | **Cancer (Malignant & Benign)** |  |  |  |  |  |  |  |  |  |  |  |  | |  |
| **7.1** | **Cervix Cancer** | **C53, D26** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | **0** |
| **7.2** | **Breast Cancer** | **C50 & D24** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | **0** |
| **7.3** | **Lung Cancer** | **C34, D14.3** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | **0** |
| **0** | **Oral Cancer (Lip, Oral Cavity and Pharynx)** | **C00 - C14, D10** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | **0** |
| **7.5** | **Other Cancers(excluding 7.1 to 7.4)** | **C00-D48** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | **0** |
| **8** | **Snake Bite** | **T 63.0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | **0** |
| **9** | **Renal Failure** | | | | | | | | | | | | | | |
| **9.1** | **Acute Renal Failure** | **N 170** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | **0** |
| **9.2** | **Chronic Renal Failure** | **N 18** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | **0** |
| **10** | **Obesity** | **E 66** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | **0** |
| **11** | **Road Traffic Accidents** | **V01-V89** | **300** | **218** | **0** | **0** | **10** | **8** | **310** | **226** | **536** | **0** | **0** | | **0** |
| **12** | **Others NCD** |  | **25417** | **29383** | **0** | **0** | **3472** | **3339** | **28889** | **32722** | **61611** | **0** | **0** | | **0** |
|  | **TOTAL** |  | **34442** | **35358** | **0** | **0** | **3871** | **3561** | **38313** | **38919** | **77232** | **0** | **0** | | **0** |

\*\* - Other Neurological disorders like Epilepsy, Parkinson’s Diseases`

M - Male, F - Female, T - Total

\* - New Registrations are to be considered as New Patients.

**CASES AND DEATHS DUE TO PRINCIPAL COMMUNICABLE DISEASES DURING 2012,**

**STATE OF SIKKIM (JANUARY TO DECEMBER)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.**  **No:** | **Name of Diseases as per standard definition of cases** | **ICD-10 code** | **CASES** | **DEATHS** |
| **1** | **Cholera (Lab. confirmed** | **A00** | **0** | **0** |
|
|  |  |
| **2** | **Acute Diarrhoeal Diseases (including Gastro Enteritis etc.)** | **A09** | **53516** | **0** |
| **3** | **Diphtheria** | **A36** | **0** | **0** |
| **4** | **Tetanus other than Neonatal** | **A35** | **0** | **0** |
| **5** | **Neonatal Tetanus** | **A33** | **0** | **0** |
| **6** | **Whooping Cough** | **A37** | **0** | **0** |
| **7** | **Measles** | **B05** | **136** | **0** |
| **8** | **Acute Respiratory Infection (ARI) (including Influenza and) excluding Pneumonia)** | **J22** | **111771** | **7** |
| **9** | **Pneumonia** | **J18** | **1770** | **5** |
| **10** | **Enteric Fever** | **A01** | **401** | **0** |
| **11** | **Viral Hepatitis-A** | **B15.9** | **123** | **1** |
| **12** | **Viral Hepatitis-B** | **B16.9** | **544** | **5** |
| **13** | **Viral Hepatitis-C,D,E** | **B17.8** | **0** | **0** |
| **14** | **Meningococcal Meningitis** | **A39.0** | **3** | **0** |
| **15** | **Rabies** | **A82** | **0** | **0** |
| **16** | **Syphilis** | **A50-A53** | **97** | **0** |
| **17** | **Gonococcal Infection** | **A54** | **26** | **0** |
| **18** | **Swine Flue (H1N1)** |  | **0** | **0** |
| **19** | **Others (Specify) :** |  | **176001** | **52** |
|  | **Total** |  | **344388** | **70** |

**CASES AND DEATHS DUE TO PRINCIPAL NON-COMMUNICABLE DISEASES DURING 2012,**

**STATE OF SIKKIM (JANUARY TO DECEMBER)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No** | **Nature/ Group of Non Communicable Diseases** | **ICD-10 Code** | **CASES** | **DEATHS** |
| **1** | **Cardio Vascular Diseases** |  |  |  |
| **1.1** | **Rheumatic Fever** | **I00 – I02** | **2** | **0** |
| **1.2** | **Hypertension** | **I10 - I15** | **28812** | **11** |
| **1.3** | **Ischemic Heart Diseases** | **I20 - I25** | **172** | **1** |
| **1.4** | **Congenital Heart Disease** | **Q20 - Q28** | **0** | **0** |
| **1.5** | **Other Cardio Vascular Diseases** | **I05-I09,I26-I52,I70- I99** | **0** | **0** |
| **2** | **Neurological Disorders** | |  |  |
| **2.1** | **Cerebro Vascular Accident** | **I60-I69** | **334** | **25** |
| **2.2** | **Chronic Neurological Disorder** | **G90-G99** | **0** | **0** |
| **2.3** | **Other Neurological Disorders \*\*** | **F 00-03, G 00-G83** | **385** | **3** |
| **3** | **Diabetes Mellitus** | | |  |
| **3.1** | **Type -1** | **E 10** | **0** | **0** |
| **3.2** | **Type 2** | **E 11** | **2101** | **17** |
| **4** | **Lungs Disease** | | | |
| **4.1** | **Bronchitis** | **J 40** | **3349** | **0** |
| **4.2** | **Emphysemas** | **J 43** | **8** | **0** |
| **4.3** | **Asthma** | **J45** | **4305** | **4** |
| **5** | **Psychiatric Disorder** |  |  |  |
| **5.1** | **Common Mental Disorder** | **F10-F19** | **3833** | **0** |
| **5.2** | **Server Mental Disorders** | **F99** | **426** | **0** |
| **6.** | **Accidental Injuries** | **S00-S99,T00,T14** | **21333** | **9** |
| **7.** | **Cancer (Malignant & Benign)** |  |  |  |
| **7.1** | **Cervix Cancer** | **C50 & D24** | **13** | **1** |
| **7.2** | **Breast Cancer** | **X50 & D24** | **78** | **1** |
| **7.3** | **Lung Cancer** | **2** | **36** | **3** |
| **0** | **Oral Cancer (Lip, Oral Cavity and Pharynx)** | **C00 – C14, D10** | **32** | **0** |
| **7.5** | **Other Cancer (excluding 7.1 to 7.4)** | **C00 – D48** | **415** | **15** |
| **8** | **Snake Bite** | **T63.0** | **109** | **0** |
| **9** | **Renal Failure** |  |  |  |
| **9.1** | **Acute Renal Failure** | **N18** | **21** | **0** |
| **9.2** | **Chronic Renal Failure** | **N 18** | **18** | **0** |
| **10** | **Obesity** | **E66** | **0** | **0** |
| **11** | **Road Traffic Accidents** | **V0l – V89** | **967** | **0** |
| **12** | **Other NCD** |  | **395291** | **238** |
|  | **Total** |  | **462042** | **328** |

**PART – II**

**1. National Rural Health Mission (NRHM)**

**The National Rural Health Mission is a flagship programme of the Government of India launched with the view to bring architectural correction of the health system to enable it to effectively handle increased allocations and promote policies that strengthen public health management and service delivery. The programme is extended for the period of 2012 – 2017 as second phase.**

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

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

**Accredited Social Health Activist (ASHA).**

**In Sikkim 641 ASHA and 25 link workers are actively working in the village in close coordination with Sub – Center Health Worker. They are provided with training up to 6th & 7th Module (3rd round). The programme is rapidly evolving with ASHAs progressively acquiring more skills and providing more services.**

**COMMUNITY MOBILIZATION.**

**The Village Health Sanitation and Nutrition Committees and village health nutrition days are the major structures set up under NRHM to ensure community mobilization and participation. Orientation training of VHSNC member was taken up to increase community ownership and decentralized implementation. In 2012 – 13 total of 7174 village health nutrition days were conducted.**

**VILLAGE HEALTH SANITATION AND NUTRITION DAY (VHND)PROGRAMME**

**AT AWW CENTRES**

**Facility up gradation: - The state has been working towards upgrading all its services and facilities to meet the Indian Public Health Standards. Currently all Primary Health Sub Centre (PHSCs) have at least on ANM and 56 PHSCs have been brought to IPHS with recruitment of 2nd ANM. Repair of 29 Sub – Centre approved in Rop 2012 -13 and work under progress. Construction of 4 new sub centre buildings at Phamtam, Legship and Naya Bazar are at near completion and the work at Kalming, & Karjee work under progress. At present 24 PHCs are providing basic 24x7 services and the process of upgrading them to IPHS is on. Two PHSCs have been up gradated to PHCs one in North & other in South and two existing PHCs are under process of up gradation to CHCs. The District Hospitals of Namchi and Gyalshing has been functioning as a First Referral Unit (FRU) and the state is working towards upgrading it to IPHS. The District Hospitals of Singtam is under final phase to operationalise as full fledged FRU. Further, to operationalise District Hospital, Mangan as FRU is under process as specialists manpower are being provided from the state pool and establishment of Blood Storage is under process.**

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

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

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

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

**MANPOWER UNDER NRHM**

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

**MAINSTREAM AYUSH**

**With the aim to provide alternative choices of services to public AYUSH Clinics have been established at all four District Hospitals including infrastructure manpower and drugs. At present 8 (eight) Medical Officer AYUSH and 6 (six) Paramedics are in position.**

**MAJOR EFFORTS AT SKILL UPGRADING**

**Training programmes to train every ANM and staff nurse in peripheral health facilities to the level required of a skilled birth attendant, for the integrated management of childhood and newborn illnesses and for IUD insertion by the new technique have been taken up. Integrated skill – based**

**Training programmes for medical officers for comprehensive emergency and obstetric care are being going on.. Efforts to expand training capacity through collaborations with non – governmental organizations have been put in place.**

**MOBILE MEDICAL UNITS (MMU)**

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

**MMU Report for the year 2012 – 13 (including CATCH)**

**No of Camps – 1649**

**No of Patient Examined – 299248**

**Investigation done – 1097091.**

**HEALTH MELAS.**

**Health Melas have become an important activity for the State in respect of generating awareness on Health and providing services. Health Melas was organized at all 4 District to avail the facilities provided under NRHM including Health checkup by specialists and to disseminate the health messages.**

**PROGRAMME IMPLEMENTATION PLAN 2013 -14.**

**State Target for 2013 – 14**

1. **Infant Mortality Rate 24**
2. **MMR to reduce maternal death absolute number to 20**
3. **TFR maintain TFR 2.0**
4. **Institutional Delivery 100%**

**Strategy**

**Primary focus on overall activity with integrated approach and monitoring community participation such as VHNC, VHND, RKS.**

**Integrated Capacity Building**

**Inter sect oral coordination of NRHM and CATCH, integrating 10 key issues to address major public health problem.**

**Timely and quality reporting in HMIS & MCTs.**

**Supporting Supervision.**

**MAJOR ACTIVITY PROPOSED FOR 2013 14.**

**ASHA/link Worker**

**The NRHM propose to provide continue support to 641 AHSA and 25 link worker and training of 2nd round of HBNC planned. Continue proposition of support to ASHA such as dairy, ASHA ghar, State and District Mentoring Group.**

**COMMUNITY MOBILIZATION.**

**To carry out community process effectively plans to collaborate with National Health Resource Center and Mother NGO of Sikkim. The reorientation of 34 batch of VHSNC member is proposed for efficient participation in community ownership. To strengthen the community process establishment of a Community Health Innovation, Learning and Training Sites (CHILTS) proposed.**

**Facility Upgradation**

**Major Upgradation on existing structure, additional building proposed at District Hospital as follows.**

1. **Garage/shed with extension of parking space for 3 MMU vehicles and 2 ambulances at District Hospital, Gyalshing.**
2. **Repair of c – 11 6 unit qtr,c-11 single & 3 unit qtr at DH Mangan,**
3. **MCH wing at DH Namchi**
4. **Upgradation of labour room and maternity ward at Singtam district, Hospital.**

**Major upgradation on existing structure, additional building proposed at PHC as follows:-**

1. **PHC quarter repair at Yangang (class II, III & IV) and Melli PHC (class III 6 unit) and repair of C- 11 2 unit quarter & conference hall at Dikchu PHC.**
2. **Construction of class 11 2 unit Doctor quarter at Rongli PHC.**

**Major Upgradtion on existing structure, additional building proposed at**

**Sub – Centre as follows:-**

1. **Construction of class II quarter 2 units at Basilakha Sub – Centre.**

**Further, to strengthen the health facilities united fund, Annual Maintenance Grants and Rogi Kalgan Samitis grands are proposed as per the GOI Norms.**

**Mainstream AYUSH**

**In 2013 – 14 plan to train AYUSH MO & Paramedic on emergency health care and programme implementation.**

**IEC/BCC NRHM**

**For FY 2013 – 14 IEC/BCC activities for maternal health proposed are outdoor publicity, electronic/print advertisement and folk media. For child health IEC/BCC activities proposed are group discussion, breast feeding week celebration and observation of new born week. Similarly, Family Planning IEC/BCC activities proposed are outdoor publicity, electronic/print advertisement, motivation camp and observation of world population. ARSH/WIFS heading, debates and quiz competition proposed under ARSH IEC/BCC activities. Further, health mela at State and districts proposed.**

**Medical Mobile Unit**

**For 2013 – 14 proposed to conduct medical mobile unit camp with integration with CATCH programme for better coverage.**

**HMIS/MCTS.**

**To strengthening HMIS/MCTS capacity building, office expenses, Salary of existing data manager & operation and review meeting proposed.**

**Procurement.**

**For FY 2013 – 14 procurement of basic equipment for antenatal wards and labour of District Hospital, PHCs, PHSCs and UFWC/STNM has been proposed. Procurement of general drug supply including IFA has also been proposed**

**(A) Reproductive & Child Health (RCH – II)**

RCH II will enhance quality of service provision, generate demand from the community and to facilitate grass root level planning inorder to create a sense of belonging among the community to bring about outcomes envisioned by the nation in different vision and policy documents*.*

**1. Maternal Health:**

**1.1 Service delivery (ANC, INC, PNC)**

The objective is to reduce the MMR, to < 100 by 2017. Most of the strategies and activities have been focused towards provision of quality services, demand generation from the community and making it accessible.

There has been a substantial improvement in maternal health indicators. The three ANC check up has shown improvement from 47.4% (NFHS2) to 69.4% (NFHS3) and 87.3% (UNICEF- CES 2009) respectively. Further institutional delivery has gone up from 39% (NFHS2) to 49% (NFHS3) and to 68.9% (UNICEF-CES 2009). The percentage of women with anaemia has also decreased from 76.5% (NFHS2) to 56.9% (NFHS3). These services are further enhanced under maternal health service delivery by introduction of Common Mother & Child Health Cards, implementation of Mother and Child Tracking System, organising outreach activities through VHNDs, skilled based trainings, ensuring adequate supplies, IEC & BCC activities and continued supervision and monitoring all levels.

Performance based incentives are also being provided for health functionaries under tribal RCH.

**Outcome Indicators**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Indicators** | **Current status**  **as on latest**  **available data** | **Cumulative**  **Target for next**  **five year** | **2012 -13** | **2013-14** | **2014-15** | **2015-16** | **2016-17** |
| Maternal  Mortality Ratio  (MMR) | 194 (RGI) | 116 | 175 | 158 | 142 | 128 | 116 |
| Infant Mortality  Rate (IMR) | 26 | 15 | 27 | 24 | 21 | 17 | 15 |
| Total Fertility  Rate (TFR) | 2.02 | 2.02 | 2.02 | 2.02 | 2.02 | 2.02 | 2.02 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Indicators** | **NFHS2** | **NFHS3** | **UNICEF**  **CES 2009** | **State report 2011** | **Target for 2012-13** |
| **MMR \*** | NA | NA | **NA** |  | <100 as NRHM |
| **TFR** | 2.8 | 2 |  | 2.02 |  |
| **ID** | 39 | 49 | 68.9 | 78.1 | 60 |
| **3ANC (%)**  **Checkups** | 47.4 | 69.4 | 87.3 | 83.5 | 100 |
| **Anaemia (women)** | 61.1 | 46.8 | - | - | 50 |
| **Anaemia (Children ( 6-35 months)** | 76.5 | 56.9 |  |  |  |
| **TT (PW)** |  |  | 94.2 (DLHS 2 ) | 71.2 | 100% |

### 1.2 Strategies/ Activities

* The department has been focusing on Emergency Obstetric Care as a fundamental tool for reducing maternal mortality through capacity building for Comprehensive Emergency Obstetric Care at all District Hospitals and Basic Emergency Obstetric Care at all Primary Health Centres in the state.
* Introduction of Common Mother & Child Health Cards to cover complete ANC / PNC and Child Health services.
* Implementation of Mother and Child Tracking System.
* Training of ANM in SBA.
* VHND at each village once a month with monitoring by MO, LHV/CMOs and State Officers
* Training of Medical officers in EmOC, MTP, SBAS, IUD Insertion.
* Operationlise 3 District Hospitals to FRU’s with capabilities to provide Comprehensive Emergency Obstetric Care.
* Contractual appointment of specialized doctors in O&G, Pediatrics and Anesthesia. Efforts are being made to explore the possibility of availing specialist from outside the state @ Rs. 50,000/- pm.
* Strengthen supportive staff for district hospital with the provision of GNMs in the OTs and labour rooms.
* Make labour rooms at all the districts and PHC mother and baby friendly so as to reduce maternal and infant mortality.
* Continue extensive IEC activities for maternal health services.
* Ensure regular supply of IFA tablets to beneficiaries through widening the supply and distribution

system of IFA tablets.

* Emphasis will be made for 48 hour stay post delivery through distribution of Post Natal Kits.
* Strengthen monitoring and supervision for quality ANC and PNC etc.

**1.3 Facility operationalisation (FRUs & 24x7 PHCs ,SCs)**

**1.3.1 FRU Operationalisation**

Namchi District Hospital (south) and Gyalzing district hospital (west) are fully functional and Singtam district hospital (East & North) is partially functional.

Non-availability of specialists to work in remote areas is one of the major reasons for this slow progress in the operationalisation of FRUs. For strengthening and operationalisation of all the FRUs with skilled manpower, it is proposed to train medical officers in EmOC (12) and LSAS (6) BeMOC (28) by 2017.

**1.3.2 Operationalisation 24X7 PHC**

Two CHC (Rhenock and Jorethang ) and twenty two Primary Health Centres are functioning as 24x7 Health facilities. Two new PHCs – Bermiok ( south) and Heegethang (north) are to be operationalised as 24x7 PHCs in 2013-14.All the Medical officers of the 24 PHC and 2 CHC and 4 districts(2 each) will be trained in Basic Obstetric Care along with ANM/LHV/SN in Skilled Birth Attendance. Out of 24 PHC in the State 22PHC are conducting more than 6 deliveries a month.

**1.4 Janani Surakshya Yojana Scheme**

Janani Surakshya Yojana Scheme has been introduced to promote preference for institutional delivery over home deliveries and the impact of the same can be seen in the increase in the institutional delivery andshall be continued to the mothers who deliver in the hospitals and at home as per the GOI guidelines.

**Out of 5000 estimated beneficiaries for JSY in 2011-12, there are 1909 beneficiaries till December 2011.**

|  |  |  |
| --- | --- | --- |
| **Sikkim** | **DLHS-3 (2007-08)** | **CES- 2009** |
| **Institutional Delivery** | **49.8%** | **68.9%** |
| **Home Deliveries** | **49.0%** | **31.1%** |

**JSY Performance since 2010-11, 2011-12 & 2012-13.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sikkim** | **Home Delivery** | | **Inst. Delivery** | | **Total JSY Beneficiaries** | | **Financial Progress (Rs in lakhs)** | |
| **Target** | **Ach.** | **Target** | **Ach.** | **Target** | **Ach.** | **Target** | **Ach.** |
| **2010-11** | 1000 | 364 | 4000 | 3167 | 5000 | 3531 | 53 | 41 |
| **2011-12** | 1000 | 249 | 4000 | 3036 | 5000 | 3285 | 59 | 40.169 |
| **2012-13** | 630 | 103 | 3700 | 2565 | 4330 | 2668 | 43.55 | 29.1178 |
| **2013-14** | 500 |  | 3328 |  |  |  |  |  |

**1.5 Janani Sishu Surakshya Karyakaram Scheme (JSSK)**

This scheme has been implemented since November 2011 after the issue of government notification dated 10.10.2011 on elimination of out of pocket expenses for both pregnant women and sick neonates under the scheme. Orientation on the scheme has been completed at the state and district level with participation from department of Women and Child Development, NGO, ASHA and AWW.

Guidelines for implementation along with fund required for sensitisation meetings, referral and procurement of drugs for the districts and urban (Gangtok) have already been disbursed as per the respective requirements.

Centralised call centre is proposed to be established this financial year which will require infrastructure (house rent) furniture & equipments and recruitment of man power. The fund required is projected under JSSK Budget and manpower.

All ambulances at the health centres are GPS fitted to establish district wise assured referral linkages. Wide publicity about the scheme is being carried out and will be continued. The implementation of the scheme will be reviewed during state and district level meetings.

**Report on JSSK for the financial year: 2012-13**

1. **Service Delivery (April 2012 March ,2013)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sno.** | **JSSK service delivery** | **Free Drugs & Consumables** | **Free Diet** | **Free Diagnostics** | **Free blood** |
| **1.** | **Total No. of p.w. who availed the free entitlements in the reporting month in the State** | 6138 | 5724 | 1547 | 128 |
| **2.** | **Total No. of sick neonates who availed the free entitlements in the reporting month in the State** | 945 |  | 875 |  |

**B) SERVICE UTILISATION: REFERRAL TRANSPORT (RT)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sno.** | **Referral transport services** | **State vehicles** | **EMRI/ EMTS** | **PPP** | **Other** |
| **1.** | No. of PW who used RT services for: |  |  |  |  |
|  | 1. Home to health institution | 159 | 0 | 80 | 1308 |
|  | 1. Transfer to higher level facility for complications | 387 | 15 | 0 | 135 |
|  | 1. Drop back home | 122 | 10 | 80 | 983 |
| **2.** | No. of sick newborns who used RT services for: |  |  |  |  |
|  | 1. Home to health institution | 17 | 0 | 23 | 12 |
|  | 1. Transfer to higher level facility for complications | 50 | 0 | 0 | 3 |
|  | 1. Drop back home | 15 | 0 | 23 | 13 |

**1.6 Maternal Death Review (MDR):**

The implementation of MDR process has been started in the state with constitution of MDR committees at state (Task Force) vide notification dated 8.6.2010 & district Level vide notification dated 5.1.11, as per GoI guidelines.

Dissemination of guidelines and orientation completed up to block level. Reporting to GoI is being done on monthly basis. The All the maternal deaths reported are reviewed at both district and facility.

**MDR report detail: for 2012-13**

|  |  |  |
| --- | --- | --- |
| **Districts** | **No. of deaths** | **Remark** |
| **North** | **1** | **Causes of deaths were hemorrhage, hypertensive disorder, retain placenta, severe anaemia etc. Corrective action are being taken as per the recommendation of the committees.** |
| **South** | **5** |
| **East** | **5** |
| **West** | **3** |
| **UFWC** | **6** |
| **CRH** | **6** |
| **Total** | **26** |

**1.7 RTI/STI Services**

The STI/RTI Services are being provided in the state by SACS in collaboration with RCH Programme –II of the NRHM. The main focus of the RCH-NACP collaborative activities would be to provide quality STI/RTI service delivery to the general population up to grass root level. There are six designated STI/RTI clinics. (STNM, CRH and 4 district hospitals). The services are provided at all PHCs and these clinics where six trained STD Counsellor are in position. The STI /RTI cases are being managed by the Medical officers and Gynaecologists. The colour coded STI/RTI drugs kits have been provided to all designated STI/RTI clinics by SACS. Supervision and monitoring from state and district level will be continued for quality services

Support is being continued to the designated STI/RTI clinics in terms of adequate supply of consumables**,** equipments and drugs by SACS and for the Sub- District level i.e. CHC & PHC through NRHM along with capacity building of health functionaries.

**Level of STI/RTI Service delivery:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.No** | **Level of care** | **No** | **Status** |
| 1 | Primary Health Centres | 24 | NRHM facilities |
| 2 | Govt. District Hospital | 4 | Designated STI clinics |
| 3 | STNM Hospital ,Gangtok | 1(300 bedded) | Designated STI clinics |
| 4 | Central Referral Hospital ,SMIMS | 1(500 bedded) | Designated STI clinics |
| 5 | Targeted Intervention programme for HRGs & Bridge population | 6 | (Static clinics- 2 for IDUs)PPP/Govt. Health facility – 2 FSW Projects,Health Camps – 2 migrant projects |

**1.8** **VHNDs:**

VHNDs are being organized at the ICDS centre as per GoI norms for organizing the whole camp with proper monitoring for quality services.

|  |  |  |  |
| --- | --- | --- | --- |
| Sl.no | District | No. of VHNDs conducted | Beneficiaries |
| 1 | East | 202/ month. | 60600 |
| 2 | West | 205/ month. | 49200 |
| 3 | North | 81/month. | 24075 |
| 4 | South | 153/month. | 45900 |

**2. 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 NRHM, Neonatal Corners at all PHC and Advanced Neonatal Care Support at District Hospitals have been set up for reducing neonatal and infant mortality. Further comprehensive implementations of Integrated Management of Neonatal and Child Illness (IMNCI) and Navjat Sishu Suraksha Karyakam (NSSK) have also been introduced for skill development of the health workers.

There has been a vast improvement in providing drug availability, referral system, staff availability with better supervision and monitoring at institutional and community level.

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

**2.1 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.
* Comprehensive training of health functionaries including medical officers in IMNCI, F- IMNCI and NSSK.
* 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.
* Strengthening of Routine Immunization.
* Introduction of Common Mother & Child Health Cards to cover complete ANC / PNC and Child Health services.
* 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.

**Estimated Child Population (SIKKIM)**

**Total Population 607688 (census 2011)**

|  |  |  |
| --- | --- | --- |
| **Particulars** | **As per GoI** | **As per CNA** |
| Estimated live births per year | 11000 | 9250 |
| Estimated number of children under 5 years | 78000 | - |

**Child Health Indicators (SIKKIM)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Particulars** | **Source** | **Sikkim** | **India** |
| Crude Birth Rate (CBR) | SRS 2011 | 17.6 | 22.1 |
| Infant Mortality Rate (IMR) | SRS 2011 | 26 | 44 |
| Initiation of Breast Feeding within 1 hr of birth | CES 2009 | 55.6 | 33.5 |
| Exclusive breast feeding for 6 months | CES 2009 | 63.6 | 36.8 |
| ORT or increased fluid for diarrhoea | CES 2009 | 63.5 | 53.6 |
| Care seeking for acute respiratory infection | CES 2009 | 91.2 | 82.6 |
| Anaemia in children | NFHS 3 | 64 | 78.9 |

**2.2 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 operationalisation of Special Newborn Care Unit, New Born Stabilizing Unit and New Born Care Corner at most of the delivery points with deployment of skilled manpower.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **District** | **No. of Delivery Points** | **NBCC Operational** | **Delivery Points with at least one NSSK trained provider** | **Remark** |
| East | 8 (DH + 01 CHC + 06 PHC) | 8 | 8 | STNM, District Hospital South conducting > 50 deliveries per month, 22 PHCs conducting > 6 deliveries. 2 CHC conducting >10 deliveries. |
| West | 8 (DH + 07 PHC ) | 8 | 8 |
| North | (DH + 05 PHC) | 5 | 5 |
| South | (DH + 01 CHC + 05 PHC) | 7 | 7 |
| STNM | 1 | 1 | 1 |
| Total |  | 29 | 29 |

ANMs trained in NSSK are posted at all 24 PHCs and 2 CHCs to provide skilled and quality services. Efforts are being made to increase and improve institutional deliveries at these delivery points with emergency resuscitation kits and drugs.

**2.3 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 and Gyalzing for moderately sick newborns. A unit at district hospital, Mangan is being planned.
* Newborn Care Corners (NBCCs) have been setup in all the PHCs and CHCs next to labour room with emergency resuscitation kits and drugs for provision of essential newborn care at birth.
* Janani Sishu Suraksha Karyakam (JSSK) :-

All sick newborns below the age of 1 month or 30 days 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.

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

Reducing mortality in neonatal period is paramount if the IMR is to be impacted. Neonatal deaths account for 59% of under 5 mortality at the National level, most of which occurs in the first week of life. About 25% of total deaths in the neonatal period occur in second to fourth week of life. Global evidence shows that home visits by community health workers to provide neonatal care in settings of limited facility based care or non available is associated with decrease neonatal mortality. 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.

**2.5 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 9 month to 5 years at 6 monthly interval upto 9 doses is given.

**2.6 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. 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.

* 1. **Mukhya Mantri Shishu Suraksha Ayam Sutkeri Sahayoj Yojana (MMSSASSY)**

This is a new State initiative to encourage Institutional Deliveries and improve child sex ratio, wherein cash grant of Rs. 3,000/- is given to mothers delivering at a health facility and Rs. 500/- per month is given to the child till he/she attains the age of 6 years.

**Criteria for MMSSASSY:-**

1. Institutional Delivery
2. BPL category
3. 1st Born Child irrespective of gender
4. 2nd girl child

**3. Family planning**

Our State has already achieved the required TFR of 2.02. To maintain the achieved TFR, we are now focusing on spacing method rather than permanent method of sterilization through the provision of contraceptive choices and ensuring reach and availability through innovations in supply chains, increasing demand generation through community level, interpersonal communication (IPC) and intensive IEC activities, counselling.

Male participation in Family Planning through NSV has improved drastically in the State. Sikkim is one of the best performing state in the field of NSV. Since the implementation of NSV Project in 1997.

**3.1 Strategies/ Activities**

1. Ensure regular supply of contraceptives
2. Training of health functionaries in IUD insertion and sterilisation techniques & MTP.
3. Continue quality assurance programme to improve service quality and user satisfaction.
4. Continue extensive IEC activities and counselling services in family planning.

**Technique/Methodwise Sterilization Operation and IUD Insertion during 2012-13**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sl.No. | Particulars | | East | West | North | South | State |
| 1. | Vasectomy | Conventional | NIL | NIL | NIL | NIL | NIL |
| NSV | 14 | NIL | NIL | 31 | 45 |
| 2. | Tubectomy | Conventional | 73 | 03 | NIL | 64 | 140 |
| Laparoscopy | NIL | NIL | NIL | NIL | NIL |
| 3. | Total Sterilization | | 87 | 03 | NIL | 95 | 185 |
| 4. | IUD Insertion | | 400 | 362 | 62 | 255 | 1079 |
| 5. | Death | | NIL | NIL | NIL | NIL | NIL |
| Complication | | NIL | NIL | NIL | NIL | NIL |
|  | Failure | | NIL | NIL | NIL | NIL | NIL |

### 4. Adolescent Reproductive and Sexual Health (ARSH)

The Adolescent and reproductive and sexual health programme is being implemented with an aim to provide comprehensive health services to adolescents in all public health facilities as per guidelines of ARSH.

ARSH services are provided throughARSH/ Yuwa clinics which are functional at Urban Gangtok, Districts, CHC and PHCs.(29). Five counselors are posted at urban Gangtok and 4 districts on contract basis. Services are provided daily at UFWC and district Hospitals and weekly at the PHCs**.** These clinics are integrated with ICTC clinics. During 2011-12 a total of 287 clients were accessed these clinics.

Capacity building of Health Functionaries are being continued to make them Adolescent friendly and capable of manning these clinics.

**4.1 Services provided**

* Counselling & Health education on various issues of Adolescents both married and unmarried.
* Family Planning Services
* Provision of IFA & other drugs .

**Report on ARSH 2012-13**

|  |  |
| --- | --- |
| **Indicators** | **Service Provision** |
| **Total no. of Clients registered** | **1931** |
| **Total no. of Clients who received clinical services** | **1420** |
| **Total no. of clients who received counseling services** | **1582** |
| **Total no. of clients referred to other facilities** | **279** |
| **No. of out-reach activities conducted** | **3028** |

**4.2 Weekly Iron and Folic Acid Supplementation.**

The Ministry of Health and Family Welfare- Government of India has launched the Weekly Iron and Folic Acid Supplementation (WIFS) Programme to address nutritional anaemia among adolescents (age group of 10-19years). This programme was formally launched in Sikkim in 7/04/2013.

**School Based** (Boys and Girls)

1. School going adolescent girls and boys in government/government aided/municipal schools from Classes 6th -12th

**Community Based through the Anganwadi Center**(Girls only)

1. Out of school adolescent girls

The WIFS programme will also cover married adolescent girls. Pregnant and lactating adolescent girls will be given IFA supplements, according to current guidelines for antenatal and postnatal care through the existing health system of NRHM.

**What does the WIFS Strategy involve?**

Under the WIFS programme for adolescents, IFA supplements are to be distributed free on a weekly basis to the target groups in Categories A and B. In addition to IFA supplements, Albendazole tablets for de-worming are to be administered twice a year, to the same target groups.

* **Administration of weekly iron-folic acid supplements (WIFS).**One IFA tablet containing 100mg elemental iron and 500 microgram Folic acid administered on a fixed day through supervised consumption for 52 weeks in a year.
* **Screening of target groups for moderate/severe anaemia and referring these cases** to an appropriate health facility.
* **Biannual Albendazole (400mg) for de-worming** given six months apart, for control of worm infestation.
* **Information and counseling** for improving dietary intake and for taking actions for prevention of intestinal worm infestation.

**5. School Health Programme**

School Health Programme is implemented with the aim to reduce morbidity among school going children by providing promotive, preventive and curative health Services. The total number of government schools during 2013- 13 is 779 (HRDD). The Common health problems among school children are found to Anaemia / worm infestations / Diarrhoea and other ailments of Eye, Dental, Ear and Skin.

**5.1 Strategies and Activities**

1. Introduction of School Health Card.

2. Supply of weighing machines and measuring tapes.

3. Provision of first Aid box to all schools.

4. Provision of dental and medical drugs during routine health checkups.

5. Health education and counselling on nutrition and adolescent issues like drug abuse and smoking etc.

6. Orientation training of new nodal teachers.

7. Continue monitoring and supervision and services of coordinators and programme assistant and ANM.

8. Bi- weekly distribution of IFA Tablets and bi- annual de-worming of all school children under direct observation of Nodal teachers.

|  |  |  |
| --- | --- | --- |
| **District** | **Total number of school** | **Total number of children** |
| **North** | 83 | 8169 |
| **South** | 235 | 30774 |
| **East** | 201 | 38925 |
| **West** | 226 | 30527 |
| **Urban** | 34 | 10000 |
| **Total** | **779** | **118395** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Total number of children screened under School Health Programme in 2012-13** | | | | | |
|  | **I-V** | **Boys:** | | | **20052** |
| **Girls:** | | | **21793** |
| **VI-VII** | **Boys:** | | | **3263** |
| **Girls:** | | | **3529** |
| **IX-X** | **Boys:** | | | **1318** |
| **Girls:** | | | **1480** |
| **XI-XII** | **Boys:** | | | **985** |
| **Girls:** | | | **960** |
|  | Number of times screened (1/2) | | | | **1** |
|  | Nodal Teacher Identified | Male | | | **347** |
| Female | | | **240** |
|  | Nodal Teachers trained | Male | | | **320** |
| Female | | | **214** |
|  | Module used for teacher training (Y/N) | | | | **y** |
| **Screening: Details of Disease, Deficiency and Disability identified among students screened** | | | | | |
|  |  | | | No of Students identified with problems of | |
|  | Deficiency | |  |  | |
|  | Vitamin | | Boys: | 902 | |
| Girls: | 490 | |
|  | Other micro nutrient | | Boys: | 1 | |
| Girls: | 1 | |
|  | Underweight (BMI classification) | | Boys: | 859 | |
| Girls: | 843 | |
|  | Over weight (BMI classification) | | Boys: | 90 | |
| Girls: | 263 | |
|  | Anemia (Nutritional) | | Boys: | 3850 | |
| Girls: | 4151 | |
|  | Disease/ Diarrhoea | | Boys: | 755 | |
| Girls: | 602 | |
|  | Refractive errors | | Boys: | 148 | |
| Girls: | 238 | |
|  | ENT | | Boys: | 240 | |
| Girls: | 390 | |
|  | Dental | | Boys: | 5213 | |
| Girls: | 4694 | |
|  | Infections/ Skin | | Boys: | 249 | |
| Girls: | 299 | |
|  | Worm Infestation | | Boys: | 9803 | |
| Girls: | 9540 | |
| Number of children identified with | | | | | |
|  | | | | | |
|  | Physical disabilities | Boys: | | 24 | |
| Girls: | | 10 | |
|  | Learning disorder | Boys: | | 55 | |
| Girls: | | 34 | |
|  | Behaviour problems | Boys: | | 38 | |
| Girls: | | 20 | |
|  | Hearing problems | Boys: | | 29 | |
| Girls: | | 15 | |
| Treatment | | | | | |
|  | Children administered 'on the spot' medical attention | Boys: | | 3353 | |
| Girls: | | 4221 | |
|  | Number of Children given IFA tablets | Boys: | | 34743 | |
| Girls: | |
|  | Children given De-worming tablets | Boys: | | 14305 | |
| Girls: | | 14724 | |
|  | Others | Boys: | | 642 | |
| Girls: | | 700 | |
| Referrals: Children referred under SHP FY 2011-12 | | | | | |
|  | No of Children referred under SHP | Primary | | 31 | |
| Secondary | | 160 | |
| Tertiary | |  | |
| Superspeciality | |  | |
|  | No of Children who were referred availed services at | Primary | |  | |
| Secondary | | 78 | |
| Tertiary | |  | |
| Superspeciality | |  | |
|  | No of referred students followed up | Boys | | 54 | |
| Girls: | | 48 | |

### Urban RCH

The total population covered under urban Gangtok is about 98,658. The urban family welfare centre (UFWC) of STNM Hospital, Gangtok, is the nodal centre under which six Urban Health Posts have been made functional during 2011-12 to cater to the population of the entire urban area. The six posts are:-

1. Lower Tathangchen
2. Arithang
3. Lower Burtuk
4. Lingding
5. Sichey
6. Chandbari

The above posts are manned by two health workers, 1Male & 1Female.

The main services provided are Maternal Health Services, Child Health, Family Planning, IEC services and the treatment of minor ailments.

1. **Tribal RCH**

The scheme under tribal RCH was initiated from 2010-11. Two districts (North & West) are covered under tribal RCH. All the facilities in the north district and five PHCs and 14 PHSCs in the west district are covered under the scheme. Performance based incentives are being provided for institutional deliveries to the M.O/ LHV/ Staff Nurse/ ANM and other health functionaries (package of Rs 1000/- for district & Rs.500/-PHC) under this scheme.

The break for each institutional delivery is as : Medical Office : Rs. 500, ANM – Rs.250, FWA –Rs.150. ASHA- Rs.100 and safai karmachari Rs.100).

**8.1 The details of performance based incentive for FY 2012-13 is as follows:-**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name of the Health facility** | **No. Of Deliveries** | **Incentive** | **Total** |
| **North District** | District Hospital Mangan | 113 | Rs 1000/- | Rs 113000/- |
| PHC (Chungthang & Phodong) | 11 | Rs 500/- | Rs 5500/- |
|  | **Total** | **124** |  | **Rs 118500/-** |
|  | District Hospital Gyalshing |  |  |  |
| **West District** | District Hospital Gyalshing | 347 | Rs 1000/- | Rs 347000/- |
| Tashiding PHC | 59 | Rs 500/ | Rs 29500/- |
| Yuksom PHC | 50 | Rs 500/ | Rs 25000/- |
| Dentam PHC | 164 | Rs 500/ | Rs 82000/- |
| Richenpong PHC | 193 | Rs 500/ | Rs 96500/- |
| Sombaria PHC | 180 | Rs 500/ | Rs 90000/- |
|  | **Total** | **993** |  | **Rs 670000/-** |

|  |  |  |  |
| --- | --- | --- | --- |
| **District** | **Total population** | **Tribal population** | **Total delivery**  **2012-13** |
| North | 43354 | 40048 | 269 |
| West | 136299 | 54510 | 914 |

**9. Training under RCH for the Year 2012-13**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.no** | **Name of the Training** | | **Category of Personal** | | **Training load as per PIP 2012-13 No. of batches** | | | | | **Cumulative trained in the current year** | | | | | **Remarks if any** |
|  |  |  |  |  | **North** | **South** | **East** | **West** | **Urban** | **North** | **South** | **East** | **West** | **HQ** |  |
| 1 | SBA | | ANM/ GNM | | 20 | | | | |  | 5 | 5 | 4 | 2 | **2/ batch** |
| 2 | EmOC | | M.O | | 1 (Outside State) | | | | |  |  |  |  |  | **1** |
| 3 | BEMoC | | M.O | | 17 M.O | | | | |  |  |  |  | 5 | **17 M.O** |
| 4 | Anesthesia | | M.O | | 1(Outside State) | | | | |  |  |  |  |  | **1** |
| 5 | Lab ligation | |  |  |  | | | | |  |  |  |  |  | **4 Pead** |
| 6 | MTP | | M.O | |  | | | | |  |  |  |  |  | **3 M.O** |
| 7 | Neonatal Care- NSSK | | ANM/ HW | | 1 | | | | |  |  | 1 |  |  | **32/ batch** |
| 8 | IMNCI | | ANM/MPHW | | 2 | | | | |  |  | 1 | 1 |  | **32/ batch** |
| 9 | ToT on F IMNCI | | Paed |  |  |  | 4 |  |  |  |  |  |  |  | **4 Paed** |
| 10 | F- IMNCI | | Staff Nurse | | 2 | | | | |  | 1 |  |  | 1 | **16/ batch** |
| 11 | Adolescent Health | | M.O/ H.W | |  | | | | |  |  |  |  |  | **30/ batch** |
| 12 | Adolescent Health Modular training | | ANM/ LHV | |  |  | 5 |  |  |  | 1 |  | 1 | 1 | **30/batch** |
| 13 | ToT training of WIFS outside State | |  |  |  |  | 2 |  |  |  |  |  |  |  | **2 person** |
| 14 | WIFS training for M.O | | M.O |  | 2 | | | | |  |  |  |  | 1 | **30/ batch** |
| 15 | WIFS training for WCHO & HRDD | | WCHO & HRDD | | 2 | | | | |  |  |  |  |  | **30/ batch** |
| 16 | WIFS training for teachers | | Teachers | | 26 | | | | | 2 | 6 | 1 | 5 | 1 | **30/ batch** |
| 17 | WIFS training for HW | | HW |  | 10 | | | | | 2 | 2 | 1 | 2 | 1 | **30/ batch** |
| 18 | Peers Group (ARSH) | | Students | |  | | | | |  |  |  |  |  | **30/ batch** |
| 19 | IUD training | | ANM | | 6 | | | | |  | 2 | 2 | 2 |  | **5/batch** |
| 20 | IUD training | | MO/ SN | | 4 | | | | |  | 1 |  |  |  | **5/ batch** |
| 21 | PPIUCD training | | SN/ANM | | 10 | | | | |  | 2 | 2 |  |  | **5/batch** |
| 22 | RTI/STI | | MO | |  | | | | |  |  |  |  |  | **20/batch** |
| 23 | RTI/STI | | GNM/ANM | |  | | | | |  |  |  |  |  | **30/batch** |
| 24 | RTI/STI | | Lab. Technician | | 1 batch | | | | |  |  |  |  | 1 |  |
| 25 | Safe abortion | | M.O | | 6(Outside State) | | | | |  |  |  |  |  | **6** |
| 26 | Blood Storage Training | | M.O & Lab. Tech | |  |  | 2 |  |  |  |  |  |  |  | **2** |
| 27 | Orientation on IYCF | | ANM/LHV/SN/ MPHW | | 9 | | | | | 2 | 2 | 2 | 2 | 1 | **30/batch** |
| 28 | Contraceptive Update Seminar | | ANM/HW | | 5 | | | | |  | 1 | 1 |  | 1 |  |

**(B) National Iodine Deficiency Disorder Control programme**

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 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 <10% 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, Thyroid Centre, 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 sensitizing all health functionaries including AWW, ASHA and Salt retailers on Iodine Deficiency Disorder its consequences and prevention.

**2. IDD Monitoring Laboratory:**

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

A minimum of fifty salt samples from each district is being collected and analyzed monthly as per the GoI Policy Guidelines 2006. A total of 2400 salt samples were analyzed in the IDD Monitoring laboratory in 2012-13 where 98.58% were found to be adequately iodized.(>15ppm)

Urinary Iodine Excretion estimation has also been taken up in this laboratory since 2009. A total of 25 samples each district is being collected and analyzed and reports are forwarded to GOI on monthly as per the GoI guidelines. A total of 1200 samples are collected out of which 1128 were found up to the standard i.e >=300.

A Total Sample of 5699 was tested by using Spot Testing Kit at AWC during VHND by ASHAS up to June 2012. Due to non availability of test kit the salt sample test is not done since July 2012. More than 90% of the sample is found to be Iodine sufficient.

**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..

**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 prevalence of goiter was found to be 14.17% in 2006-07 and 13.37 in 2009-10 survey report. Resurvey was conducted in the north district in the year 2011-2012 wherein the prevalence was found to be 2.33% in this district. However the state as a whole is still endemic for IDD as a district is said to be endemic if the goiter rate is above 5% among children of age group 6 to 12 years surveyed. A resurvey is being conducted in the East and South district which will be completed by May / June 2013.

**Prevalence of IDD in Sikkim since 1982 to 2012-13.**

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

**B. Physical Achievements:**

**1. Percentage of households consuming adequately iodized salt as per salt sample analysis**

**report from the Monitoring Laboratories for the last five years.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year | Consumers and Retailers | | Total | Remarks (%) |
| >15 ppm | <15 ppm |
| 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 |

**2. Details of Salt Sample analysis report (Consumers and Retailers) 2012-13**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Months | Iodometric Titration | | Total | Iodometric Titration | | Total |
| Households (%) | | Retailers (%) | |
| >15 ppm | <15 ppm | >15 ppm | <15 ppm |
| April 11 | 156 | 04 | 160 | 39 | 01 | 40 |
| May 11 | 160 | Nil | 160 | 40 | Nil | 40 |
| June 11 | 159 | 01 | 160 | 40 | Nil | 40 |
| July 11 | 154 | 06 | 160 | 39 | 01 | 40 |
| August 11 | 156 | 04 | 160 | 40 | Nil | 40 |
| September 11 | 158 | 02 | 120 | 39 | 01 | 30 |
| October 11 | 158 | 02 | 160 | 39 | 01 | 40 |
| November11 | 159 | 01 | 160 | 309 | 01 | 40 |
| December 11 | 160 | 00 | 160 | 39 | 01 | 40 |
| January 12 | 157 | 03 | 160 | 39 | 01 | 40 |
| February 12 | 159 | 01 | 160 | 39 | 01 | 40 |
| March 12 | 158 | 02 | 160 | 40 | 00 | 40 |
| **Total** | **1894** | **26** | **1920** | **472** | **08** | **480** |

**3. District Wise break up of Salt Sample Analysis report 2012-2013**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Consumers** | | **Total** | **Retailer** | |  |
| >15 ppm | <15 ppm | >15 ppm | <15 ppm | Total |
| **EAST** | 478 | 02 | 480 | 118 | 02 | 120 |
| **NORTH** | 476 | 04 | 440 | 120 | 00 | 120 |
| **SOUTH** | 470 | 10 | 480 | 120 | 00 | 120 |
| **WEST** | 470 | 10 | 480 | 114 | 06 | 120 |
| **TOTAL** | **1894** | **26** | **1920** | **472** | **08** | **480** |

**5. Details of UIE estimation report for 2012-13**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Method of Testing - Digestion Method (Sandell-Kolthoff) using Perchloric Acid:** | | | | |
| **Median Value µ/dl** | **2010-11** | **2011-12** | **2012-13** | **Remark** |
| **0.0 – 5.0** | **99** | **34** | **00** | A total of 100 sample/month is being collected and analyzed |
| **5 – 10** | **344** | **31** | **01** |
| **10 – 15** | **315** | **102** | **19** |
| **15 – 20** | **117** | **180** | **52** |
| **20 to 25** | **150** | **245** | **209** |
| **>= 300** | **135** | **526** | **919** |
| **Total** | **1160** | **1118** | **1200** |

**6. Publicity and Health education**

Sensitization of Health functionaries including Medical Officer, Health workers ASHA, AWW are being conducted under the programme . Programmes are organized throughout State for Health Functionaries including M.O .A total of 10 sensitization programme was conducted for Health workers in 2012-13 where about 300 HW/ASHA/AWW were sanitized.

**b: Global IDD Prevention Day celebration**

Global IDD Prevention day is celebrated for awareness generations in the State on 21st October every year. This year the programmes were conducted at schools and ICDS Centers by IDD cell, IEC division and at the district by the CMO and respective MO in coordination with the district IEC division.

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Year** | **1st Qtr** | **2nd Qtr** | **3rd Qtr** | **4th Qtr** | **Total**  **expenditure** | **Total Grant received** | **Allocation for the year** | **Unspent** |
| **2008-09** | **2.27** | **2.48** | **5.85** | **17.79** | **28.40** | **39.83** | **40.00** | **11.43** |
| **2009-10** | **4.30** | **2.65** | **7.73** | **3.75** | **18.43** | **10.30** | **38.00** | **0.14** |
| **2010-11** | **3.25** | **2.96** | **8.41** | **6.79** | **21.41** | **34.53** | **38.00** | **13.98** |
| **2011-12** | **3.60** | **14.19** | **2.57** | **7.39** | **27.75** | **20.87** | **38.00** | **7.10** |
| **2012-13** | **3.46** | **3.79** | **12.80** | **6.07** | **26.12** | **21.96** | **31.50** | **2.94** |

**(C) Integrated Disease Surveillance Project**

**Brief Details**

At national level Integrated Disease Surveillance Project (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 project 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.

*          **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 acciodents.
*          **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 has been initiated.

**1.   Strengthening of public health laboratories** –

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

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

**2.   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 and installed on 2012 |
| **2** | Medical Collage Manipal | Installed\*\*\* | Not Installed |
| **3** | East | Installation incomplete | Working and installed on 2008 |
| **4** | West | Installed \*\*\* | Not Working and installed on 2008 |
| **5** | North | Not installed due to lack of Equipments. | Not Working installed on 2008 |
| **6** | South | Installed \*\*\* | Working and installed on 2008 |

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

**3.   REPORTING –**

        Presumptive form (P), Syndromic form (S), Lab form started form PHC, sub-center, DH, STNM and Medical College and also from Private practitioners.

        Weekly outbreak reporting from sub-centre – PHC- District SSU-CSU Delhi. Currently State has 187 reporting units [District -4, PHC- 24, PHSC - 146, STNM Hospital and CRH Tadong, (Hospital & Medical College), Private Practitioner-5, and Urban Health Center-6].

        Reporting form Private Practitioner around Gangtok started in Jan 2009 and one on 2012.

        From May 2010 the Reporting on four Non-Communicable diseases have been added in the P-form for integrating the diseases (***Hypertension*, *Cardiovascular diseases, diabetes, and Motor vehicle accidents*)**. S-form and L-form is functional in pre- existing form.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl NO** | **District / State** | **P** | **L** | **S** | **Year of start of Reporting** |
| **1** | **State (STNMH)** | **1** | **1** | **0** | **June 2008** |
| **2.** | **Medical College Manipal** | **1** | **1** | **0** | **June 2008** |
| **3.** | **East** | **8** | **8** | **48** | **June 2008** |
| **4.** | **West** | **8** | **8** | **40** | **June 2008** |
| **5.** | **North** | **5** | **5** | **19** | **June 2008** |
| **6.** | **South** | **7** | **7** | **39** | **June 2008** |
| **7.** | **Private Practitioner and Labs** | **1** | **3** | **0** | **2009** |
| **8** | **Private Lab(Gangtok)** | **0** | **1** | **0** | **April 2012** |
| **9** | **Urban Health Post (Arithang)** | **0** | **0** | **1** | **April 2012** |
| **10** | **Urban Health Post (Lingding)** | **0** | **0** | **1** | **April 2012** |
| **11** | **Urban Health Post (Burtuk)** | **0** | **0** | **1** | **April 2012** |
| **12** | **Urban Health Post (Tathanchen)** | **0** | **0** | **1** | **April 2012** |
| **13** | **Urban Health Post (Chanbari)** | **0** | **0** | **1** | **April 2012** |
| **14** | **Urban Health Post (Sichay)** | **0** | **0** | **1** | **April 2012** |

**Disease Outbreaks detected in the state of Sikkim from 2012-2013**

|  |  |  |  |
| --- | --- | --- | --- |
| **Disease Outbreaks** | **Source of data for identification of these outbreaks** | **Outbreaks investigated by State / District RRT** | **Remarks** |
| Out break of food poisoning at Lingdok, East Sikkim on 1st Jan 2012. | Reported by STNMH | RRT and Senior Health Dept. Official | Controlled in time |
| Chicken Pox at zumsing North Sikkim on March 2012 | Reported by DSO North District | Investigation done by Dist RRT Team. | Controlled in time |
| AGE(including Dysentry) at Mangan Bazar and nearby area on June 2012 | Reported by DSO North District | Investigation done by Dist RRT Team. | Controlled in time |
| SPORADIC Outbreak of MALARIA at Rangpo and Surrounding area on July 2012 | Reported by DSO East District | Investigation done by ENTOMOLOGICAL TEAM & PO -NVBDCP | Controlled in time |
| SPORADIC Ooutbreak of HEPATITIS-E at Gangtok Surrounding area on Aug 2012 | Reported by STNMH  Microbiologist Deptt. | Investigation done by MICROBIOLOGY LAB, STNMH | Controlled in time |
| FOCAL Ooutbreak of DIAHOREA at Som,Srinagi West Sikkim on March 2013 | Reported by DSO West District | Investigation done by Dist RRT Team. | Controlled in time |

**4.      Committee and surveillance –**

State Surveillance Unit and District Surveillance Unit were formed established in year 2006. State surveillance committee was framed during the year 2006-07. In all four Districts and state RRT 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.

**5.** **Graphical** **Analysis of disease surveillance data for the year 2012.**

In 2012, Sikkim recorded the highest cases of ADD, Bacillary Dysentery Viral Hepatitis, ARI, NCD cases from East District as compared to other Districts. Chicken Pox & AGE outbreaks were detected from North District in March 2012 and June 2012 respectively, which was controlled in time.

Dog Bite and Snake Bite were recorded high in East and South Districts.

In 2012 Non- Communicable disease like Diabetes, Hypertension, Cardio Vascular Disease shows increased incidence in comparison to the previous years.

**Achievements.**

1. Surveillance Unit of IDSP at Medical College has been revived by signing MoU between Dean Medical College SMIMS & DSO East as on 24th November 2012.
2. Sentinel Surveillance of Vaccine Preventable Diseases has been initiated from April 2013 by signing MoU between M.D NRHM & Nodal Officer Pediatrics STNM Hospital Gangtok.
3. State Microbiology Lab STNMH has been identified as Referral Lab for the state Sikkim in April 2013.
4. Water Sample collection initiated from April 2012, especially during monsoon due to lack of manpower.
5. Isolation ward for H1N1 Swine Flu has been identified at STNMH complex Gangtok, and at all districts Hospital of Sikkim.
6. Vector for Kala- azar was found at Subuk (South Sikkim) by entomological Team, Health Department.
7. DSO’s underwent two week FETP Training at AIIPH Kolkatta , on 30th April to 12th May 2012.
8. IDSP Quarterly review meeting has been organized in 20th July 2012.

**Challenges and Limitation –**

1. Timely reporting - As Sikkim is a hilly terrain, we are regularly facing problem in timely reporting of weekly reports from peripheral health institutions. This may be also due to communication failure.
2. ***Weekly reporting of W-form for surveillance of water quality at Districts and State lab has not started due to lack of manpower***..
3. Surveillance of risk factors of non communicable diseases – Four non communicable diseases (Diabetes, Hypertension, CVD and Motor Vehicle Accident cases) have been included for reporting to state and CSU.
4. Due to unsatisfactory salary of Contractual staffs, post of financial consultant, epidemiologists remain vacant in spite of repeated advertising.

**(D) NATIONAL LEPROSY ERADICATION PROGRAMME**

**The 12th five year plan for National Leprosy Eradication Programme for the period 2012-13 to 2016-17 has been approved by Govt. of India. Since leprosy has a very long incubation period (few weeks to 20 years )a longer period of surveillance is needed. As the programme has the ultimate goal of eradicating leprosy, all efforts to sustain every gain achieved so far need to continue.**

**Although leprosy has been eliminated (less than one case per 10,000 population) at the national level by December 2005, new cases continue to be detected and it is far from being eradicated.**

**19 new cases were detected in Sikkim in 2012-13 , out of which 13 were local indigenous cases (68%) which is of concern as M.B %( more infectious & advanced leprosy) among new cases was 63%. Even though leprosy is the least infectious among most communicable diseases, delay in diagnosis & treatment will not only lead to transmission of the disease to those in prolonged close contacts but also cause deformity & disability.**

**Leprosy , now fully curable with multi drug therapy combining Rifampicin, dapsone & clofazamine since 1983 continues to pose certain challenges which led to Yohei Sasakawa, the chairman of Nippon Foundation to start Global appeal from 2006 to end stigma & discrimination against people affected by leprosy. The appeal aims to create awareness through the media and to draw support from world leaders, NGOs etc to help restore the dignity & human rights of people affected by leprosy.**

**The most recent Global appeal 2012 was launched in Sao Paulo, with the backing of World medical Association & member associations from over 50 countries.**

**EPIDEMIOLOGICAL STATUS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Indicator** | **2007-08** | **2008-09** | **2009-10** | **2010-11** | **2011-2012** | **2012-13** |
| No. of New Case Detected | 27 | 29 | 20 | 16 | 20 | 19 |
| No. of New Cases Released from Treatment | 15 | 08 | 22 | 22 | 12 | 21 |
| MB % Among New Cases | 70 | 83 | 60 | 69 | 70 | 63 |
| Child % Among New cases | 7.4 | 0 | 0 | 12.5 | 5 | 15.7 |
| Female % Among New cases | 18.91 | 21 | 30 | 43 | 25 | 15.7 |
| Treatment Completion Rate | 55.5 | 36.36 | 84.3 | 64.70 | 84.84 | 85.71 |
| No. of Suspected Relapse | 0 | 0 | 0 | 2 | 1 | 1 |
| Re-constructive surgery conducted | 0 | 0 | 0 | 0 | 7 Planned | 5 patients |

**Annual Training Report 2012-13.**

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

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

**East District**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl.No**. | **Types of Training** | **Category of personnel** | **No. of Batches Planned** | **No. of Batches trained** | **Balance** |
| 1 | 2Day refresher Training | M.O. | 1 | 1 | 0 |
| 2 | 2 Days orientation Training | M.P.H.W.(M/F) | 3 | 3 | 0 |
| 4 | 1 Day refresher Training | ASHA | 3 | 3 | 0 |

**West District**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl.No**. | **Types of Training** | **Category of personnel** | **No. of Batches Planned** | **No. of Batches trained** | **Balance** |
| 1 | 2 Day refresher Training | M.O. | 1 | 1 | 0 |
| 2 | 2 Days orientation Training | M.P.H.W. (M/F) | 3 | 1 | 2 |
| 4 | 1 Day orientation Training | ASHA | 8 | 8 | 0 |

**North District**

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

**South District**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl.No.** | **Types of Training** | **Category of personal** | **No. of Batches Planned** | **No. of Batches trained** | **Balance** |
| 1 | 2 Day refresher Training | M.O. | 1 | 1 | 0 |
| 2 | 2 Days refresher Training | M.P.H.W.(M/F) | 3 | 3 | 0 |
| 3 | 1 Day Training For | AWWs | 1 | 1 | 0 |
| 4 | 2 Days refresher Training | LHV/ANM | 1 | 1 | 0 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **S.No** | **Activities** | ***STATE HQ:***  ***Urban IEC Activity*** | **East District** | **West District** | **North District** | **South District** | **Total**  **Activities** |
| 1 | **Hoardings** | 2 | - | - | 1 | - | **3** |
| 2 | **Posters/Pamphlets** | 3000 copies | 2000 copies | 2000 copies | 1000 copies | 1000 copies | **9000 copies** |
| 3 | **Banners. (Anti Leprosy Day)** | 3nos | 1nos | 9nos | 1nos | 1nos | **15nos** |
| 5 | **Health Mela Exhibition** | 1 | 2nos | 2nos | 0 | 0 | **5nos** |
| 7 | **Village IEC Programme** | 0 | 19 Village | 9 Village | 1 Village | 5 Village | **34** **Village** |
| 8 | **IEC Programme (Anti Leprosy Day)** |  | 1 nos | 13 nos | 1 nos | 4 nos | **19 nos** |
| 9 | **Skin Camp** | 1nos | 0 | 0 | 0 | 0 | **1 nos** |
| 10 | **School IEC** | 0 | 5nos | 5nos | 1nos | 4nos | **15nos** |
| **School Quiz** | 0 | 4nos | 5nos | 0 | 0 | **9nos** |
| 11 | **Re-Constructive Surgery Conducted** | 5 Patients | 0 | 0 | 0 | 0 | **5**  **Patients** |

**(E) Dental Oral Health Programme**

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

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

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

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

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

**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.**

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

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

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

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

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

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

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

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

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

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

**Strategies and Priorities for the year 2013-2014**

**A) Restrengthing of Infrastructure**

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

**DENTAL EQUIPMENTS 2012-2013**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | NAME OF DENTAL EQUIPMENT/INSTRUMENT | APPROX.  COST | TOTAL  No | TOTAL  COST |
| 1. | Dental Chair & Unit (Confident-Japan) with Light cure Unit, Ultrasonic scaler and compressor | Rs 6,00,000 | STNM 4  District 8  PHC 16 | Rs. 168,00,000 |
| 2. | Dental X-ray Machine | Rs. 2,50,000 | Dist-4  PHC 16 | Rs. 50,00,000 |
| 4. | Air rotor hand piece  (NSK-JAPAN) | Rs. 10,000 | STNM -10  District-8  PHC- 16 | Rs. 3,40,000 |
| 5. | Dental extraction instrument for Adults and children | Rs.70,000 | STNM-2sets  District-  4sets  PHC- 16sets | Rs. 15,40,000 |
| 6. | Filling, Scaling and Diagnostic instruments | Rs. 50,000 | STNM-2 sets  District 4 sets  PHC- 16sets | Rs. 11,00,000 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 8. | Voltage stabilizer | Rs,6000 | STNM-4  District -4  PHC-16 | Rs. 1,44,000 |
| 14 | Autoclave (instaclave) / Autoclave VELA 165A(16.5 Ltrs vapour sterilizer with vacuum five cycles with different temperature, timings and wrapped/unwrapped sterilization) | Rs. 1,50,000 | STNM-2  District-4  PHC-16 | Rs. 33,00,000 |
| 15 | Glass bead sterlizer | Rs.5,000 | STNM-3  Dist-4  PHC-8 | Rs.75,00,000 |
| 16 | Instrument boiler-large size | Rs.3,000 | STNM-4  Dist-4  PHC-16 | Rs.72,000 |
| 17 | Suni Surgical micromotor (designed for surgery and implantology, LCD display with programme setting, autoclavable motor & cord, implantology, endodontics, periodontics)SATELEC | Rs 2,50,000 | STNM-1 | Rs.2,50,000 |
| 18 | Digital intra-oral Imaging-SOPIX (intra oral camera with software) (advanced CCD technology, upto 95% less radiation, connection to desktop or laptops PCs with USB, auto correction of image quality)SATELEC | Rs 1,00,000 | STNM-1 | Rs. 1,00,000 |
| 19 | Implant System- 5 Implant system:  Internal Hex 2.5 mmd Implant System-SFB,SPI,DFI,ATID | Rs 20,000 | STNM-4 | Rs.80,000 |
| 20 | Prosthetic System for Internal Hex Implants 2.5 mmd (Plantform Switching) Normal Platform: Code-HS 2,HS 3,HS 4,HS 5,HS 6,HS 7  RS 24,000 | | STNM-4 | RS. 96,000 |
| 21 | Surgical Instrumentation- Surgical Kit-Surgical instrument kit for one stage and two stage procedures includes spare holders for extras. One kit- 5 Systems, Mini organizer Kit, Kit Box | Rs 5,00,000 | STNM-1 | Rs. 5,00,000 |
|  |  | GRAND TOTAL | | Rs.2,57,51,900 |

**MANPOWER STATUS FOR THE YEAR 2012 – 13 IN THE STATE OF SIKKIM.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.no** | **MAN POWER- DOCTOR/ STAFF** | **STNM HOSPITAL** | | **District hospital and PHC** | | **Gangtok (HQ)Directorate** | | | |
|  |  | **Existing** | **Required** | **Existing** | **Required** | **Existing** | | **Required** | |
|  | **PRINCIPAL DIRECTOR/PCC** |  |  |  |  | **0** | | **2** | |
|  | **DIRECTOR** |  |  |  |  | **2** | | **2** | |
|  | **ADDL.DIR** |  |  |  |  | **1** | | **5** | |
|  | **JOINT DIRECTOR** |  |  |  |  | **3** | | **6** | |
|  |  |  |  |  |  | **E** | **R** | **E** | **R** |
|  | **SPECIALISTS** |  |  |  |  |  |  |  |  |
|  | **a)Oral surgeon** | **2** | **1** | **0** | **4** |  |  |  |  |
|  | **b)Operative/Endodontist** | **1** | **2** | **0** | **4** |  |  |  |  |
|  | **c)Prosthodontist** | **2** | **1** | **0** | **4** |  |  |  |  |
|  | **d)Orthodontist** | **2** | **1** | **0** | **4** |  |  |  |  |
|  | **General Dental Surgeon** | **6** | **6** | **14** | **16** |  |  |  |  |
|  | **Dental(Oral) hygienist** | **1** | **5** | **1** | **30** |  |  |  |  |
|  | **Dental technician** | **0** | **4** | **0** | **30** |  |  |  |  |
|  | **Dental Ceramist** | **0** | **4** | **0** | **30** |  |  |  |  |
|  | **Dental assistant** | **3** | **5** | **3** | **30** |  |  |  |  |
|  | **Dental nurse** | **2** | **4** | **0** | **30** |  |  |  |  |
|  | **Computer literate LDC/steno** | **0** | **2** | **0** | **30** |  |  |  |  |
|  | **Dental ward attendant** | **0** | **4** | **0** | **30** |  |  |  |  |
|  | **Peon** | **0** | **1** | **0** | **4** | **0** |  | **0** | **1** |
|  | **Sweeper** | **0** | **1** | **0** | **4** | **0** |  | **0** | **1** |
|  | **Director (Dental) on deputation as Chief Birth & Death Registrar** | **1** |  |  |  |  |  |  |  |
|  | **Store keeper/inspector** | **0** | **1** |  | **6** |  |  |  |  |
|  | **Total** | **22** | **40** | **18** | **256** | **2** | **13** | **10** | **3** |

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

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

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

**INSTRUMENTS FOR ORAL SURGERY**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Sinus lifting curretts | 1set | 1 lakh |
|  | Piezo surgical sinus lifting kits | 1set | 5 lakhs |
|  | Micro saw (ocilliting reciprocating) for orthonathic surgery (**Nubag surg. MD-20**) | 1set | 5 lakhs |
|  | Fibrooptic retractors for orthonathic surgery | 1set | 5 lakhs |
|  | Instruments for open reduction of Lefort fractures, septal chisel, lateral nasal chisel, smith separators, tessier mobilizer. | 1set | 25,000 |
|  | Platting kits for fixation of Lefort fractures (liebeienger cranio maxillo facial fixation kits, trimox kit, sythesis AO kit) | 1set | 9 lakhs |
|  | Stainless steel chisels (Large neck/cutting edge diameter 4mm 6mm) | 20 nos |  |
|  | Austins retractors | 4 nos |  |
|  | Hawarths periosteal retractors | 4 nos |  |
|  | Maxilla distraction forceps | 2 sets |  |

**SUMMARY**

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

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

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

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

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

**(Two Crores thirty six Lakhs only)**

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

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

***INTRODUCTION***

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

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

*The main objectives of the Programme are:*

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

*These Objectives are routinely implemented by adopting the following strategies-*

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

***1. Physical and financial targets achieved on Cataract Operation***

1. ***1. CATARACT OPERATION WITH I.O.L IMPLANTATION -2012-13***

*TARGET – 800*

|  |  |
| --- | --- |
| *DHS EAST* | *227* |
| *DHS WEST* | *18* |
| *DHS NORTH* | *18* |
| *DHS SOUTH* | *100* |
| *NGO* | *47* |
| *Pvt. Sector SMIMS (Tadong)* | *18* |
| *TOTAL* | *428* |

*During the year 2012-13, total of 428 cataract cases were operated with IOL implantation.*

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

|  |  |
| --- | --- |
| *Diabetic Retinopathy*  *(Laser Techniques)* | *53* |
| *Glaucoma* | *53* |
| *Corneal Opacity*  *(Peripheral)* | *28* |
| *Childhood Blindness*  *a. Squint,* | *40* |
| *b. Intraocular Trauma* | *23* |
| *Total:* | *197* |

***2. Target and achievement***

|  |  |  |
| --- | --- | --- |
| ***Target : 800*** | ***Achievement*** | ***Percentage*** |
| *Total* | *428* | *53.5* |
| *IOL implantation – 90%* | *428* | *100* |
| *Women beneficiaries – 55%* | *202* | *47.1* |
| *Surgery on bilaterally blind*  *50%* | *10* | *2.3* |
| *SC/ST/BPL – 50%* | *132* | *30.8* |
| *Referred cases* | *98(referred*  *to higher centres)* |  |

***Cataract Achievement 2012-13:-***

*During the year 2012-13, total of 428 Cataract cases were successfully operated, which is 53.5% of the total target for the year, out of which 47.1% were women beneficiaries, 2.3% were bilateral cases and 30.8% were ST/SC/BPL patients.*

***Reason for Shortfall:-***

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

***Future Strategies:-***

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

* 1. ***3. FREE CATARACAT OPERATION WITH IOL IMPLANTATION CAMPS***

***DISTRICE-WISE.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *District* | *State*  *(STNM*  *Hospital)* | *East* | *West* | *North* | *South* | |
| *Free Cataract Operation camp* | *-* | *02* | *-* | *01* | *01* | |
| *No. of cataract operations done* |  | *70+21=*  *91* | *-* | *15* | *41* | |
| *In STNM Hospital and Namchi, District Hospital for 2012-13*  *routine cat.ops* | *176* | *-* | *-* | *-* | | *40* |

*Total four free cataract camps were conducted by NPCB, Govt. of Sikkim during 2012-13.*

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

|  |  |
| --- | --- |
| ***TARGET :3500*** | ***ACHIEVEMENT*** |
| ***TOTAL CHILDREN***  ***SCREENED*** | ***13902*** |
| ***CHILDREN TO BE DETECTED***  ***WITH REFRACTIVE ERROR*** | ***637*** |
| ***FREE SPECTACLE*** | ***NIL*** |
| ***EYE DONATION*** | ***NIL*** |

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

***C. Training***

|  |  |
| --- | --- |
| *EYE SURGEONS* | *NA* |
| *MEDICAL OFFICERS* | *25* |
| *NURSES* | *-* |
| *P.M.O. As* | *30* |
| *TEACHERS* | *100* |

*During the year 2012-13, total of 25 Medical Officers and 30 PMOA were trained. Teachers were trained by PMOAs, during School Eye Screening(SES) Camps.*

***D. VISION CENTRES***

*TARGET –20*

*Achievement -100 %*

*NPCB, have established 20 Vision Centres in 20 different PHCs in the State which have started functioning properly. Proposal for establishment of 4 more vision centre in the state was placed in 2010-11 PIP.*

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

|  |
| --- |
| *NATIONAL FORTNIGHT ON EYE DONATION*  *(25TH AUGUST TO 8TH SEPTEMBER),* |
| *WORLD SIGHT DAY - 13th OCTOBER* |
| *STATE WIDE - PUBLICITY DONE THROUGH*  *LOCAL CABLE.*  *AIR*  *BANNERS*  *LEAFLETS*  *POSTERS*  *HOARDINGS*  *PA SYSTEM* |

*State wide publicity was done though different means of media during World Sight Day event. Talk on prevention, control and treatment of Eye diseases was given by HOD Ophthalmology-cum- Consultant NPCB, on Nayuma T.V. Extensive publicity in respective districts and PHCs through local cable, All India Radio, distribution of leaflets, erection of banners and PA system also were used. Posters & Hoardings has been displayed in Hospital and public places.*

***F. EQUIPMENTS***

*Procurement of Ophthalmic equipment for State and district Hospitals for 2012-13 is completed.*

*GOI funds for purchase of Mobile Ophthalmic Unit to NPCB, SHS during 2009-10 is completed.*

***G. MANPOWER RECRUITMENT:***

*During 2012-13 three Ophthalmic Technician in District Hospital, Singtam and Namchi and one Administrative Assistant were appointed on contract basis under NPCB. Below is the status of manpower position under NPCB, Sikkim so far:-*

*MANPOWER*

*(Skilled & Administrative)*

|  |  |  |
| --- | --- | --- |
| *LOCATION* | *IN POSITION* | |
| *REGULAR* | *CONTRACTUAL* |
| *a) SHS/S.T.N.M Hospital, State* |  |  |
| *Consultant Eye Surgeon* | *1* | *Nil* |
| *SPO* | *1* |  |
| *Ophthalmologist* | *1* | *1* |
| *Deputy Director* | *1* |  |
| *PMOA* | *2* | *7 (5) are temporarily*  *Attached atS.T.N.M for three months.)* |
| *Nurses* | *Nil* | *Nil* |
| *A.O* |  | *1* |
| *U.D.C* | *1* |  |
| *Administrative Assistant* |  | *1* |
| *Data Entry Operator* |  | *1* |
| *Peon* | *1* |  |
| *Driver* |  |  |
| *b) DHS/District Hospitals.* |  |  |
| *b.1.) EAST:* |  |  |
| *Ophthalmologist* | *Nil* | *1* |
| *PMOA* |  | *3* |
| *b.2.) WEST:* |  |  |
| *Ophthalmologist* | *Nil* | *nil* |
| *PMOA* | *1* | *2* |
| *b.3.) NORTH:* |  |  |
| *Ophthalmologist* | *Nil* | *Nil* |
| *PMOA* | *1* | *Nil* |
| *b.4.) SOUTH:* |  |  |
| *Ophthalmologist* | *Nil* | *1* |
| *PMOA* | *1* | *2* |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Expenditure and Present Balance under NPCB/SHS accounts*  *Sikkim as on 31.03.2012 (` rupees in lacs)* | | | | | |
|  | *O.B* | *GIA* | *EXP.* | | *Cl.BAL.* |
| ***NPCB/ SHS*** | ***147.34*** | ***27.92*** | ***150.3*** | | ***25.26*** |
| *Expenditure/Fund Allocation head during previous year 212-13* | | | | | |
| ***ACTIVITY*** | | | | ***Expenditure(in lacs)*** | |
| *Cataract Camp* | | | | *24.18* | |
| *IEC* | | | | *9.68* | |
| *Vision Centre Equipments* | | | |  | |
| *Honorarium* | | | | *1.92* | |
| *School Eye Screening* | | | | *.65* | |
| *Remuneration / Salaries* | | | | *26.80* | |
| *Misc. & Contingencies* | | | | *25.20* | |
| *Procurement of Equipments* | | | | *45.86* | |
| *World Sight Day* | | | | *4.00* | |
| *World Glaucoma Day* | | | | *4.50* | |
| *Training* | | | | *4.14* | |
| *Maintenance of Ophthalmic Equipments* | | | | *.71* | |
| ***Total*** | | | | ***150.00*** | |

***Brief Summery:*** *During the financial year 2012-13, GOI sanctioned a sum of `110.00 lakhs, however the sum of`27.92 lakhs was only received during the year. All the expenditure was incurred during the year from the total GIA received during the year in addition to the previous year unspent fund balance.*

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

* *Infrastructure:*

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

* *Equipments:*

*For procurement of equipments GOI has provided the fund along with the list of equipments. Procurement of equipments for 4 Vision Centre during the year is initiated.*

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

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

***Summary:***

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

*Microbiologist visits the District Hospital before the camps for Micro swab for C & S. During the Year 2012-13 we were shortfall by 372 cases in achieving the target for cataract operation. SES was conducted by the PMOAs of all the District Hospital including PMOAs of STNM hospital.*

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

*Recommendation:*

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

**STRATEGIES FOR 2013-14**

1. Total of 800 Cataract Patients are targeted to operate during the year 2013-14.
2. 3500 numbers of Students are to be provided free spectacles.
3. Procurement of Eye Equipments and installation at districts Hospitals.
4. Construction of Dedicated Eye Wing at District Hospital, Mangan, North Sikkim.
5. Appointment of 4 Ophthalmologist and 20 new PMOA at District Hospitals and PHCs.
6. Proposed for appointment of Driver for Mobile Ophthalmic Unit.

**(G) National Vector Borne Disease Control Programme**

**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 office/ 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.**

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

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

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

**STATEMENT SHOWING MALARIA SITUATION FROM 2008 – 2012.**

**STATE – SIKKIM**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **YEAR** | **POPULATION** | **BS COLLECTION** | **TOTAL POSITIVE CASES** | **NO. OF PF CASES** | **NO. OF DEATH** | **ABER (%)** | **SPR**  **(%)** | **PF.**  **(%)** | **API** | **SFR**  **(%)** |
| **2008** | **175209** | **6164** | **38** | **10** | **NIL** | **3.5** | **0.6** | **26** | **0.2** | **0.16** |
| **2009** | **179586** | **6688** | **42** | **16** | **01** | **4** | **0.63** | **38** | **0.23** | **0.24** |
| **2010** | **183993** | **6526** | **49** | **14** | **NIL** | **3.5%** | **0.75** | **28.5** | **0.26** | **0.21** |
| **2011** | **188588** | **6969** | **51** | **14** | **NIL** | **3.70** | **0.73** | **27.45** | **0.03** | **0.20** |
| **2012** | **193302** | **6574** | **77** | **14** | **NIL** | **3.40** | **1.17** | **18.1** | **0.03** | **0.21** |

**DENGUE**

* **7 (Seven) imported cases were reported during 2012.**

**KALA – AZAR**

* **Five cases of Kala Azar were reported during 2012.**

**STATEMENT SHOWING DISTRICT WISE DISTRUBATION OF CASES OF KALA- AZAR FROM 2008 – 2012**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **YEAR** | **EAST** | **WEST** | **NORTH** | **SOUTH** | **TOTAL** |
| **2008** | **01** | **NIL** | **O1** | **02** | **04** |
| **2009** | **02** | **NIL** | **NIL** | **03** | **05** |
| **2010** | **01** | **NIL** | **NIL** | **02** | **03** |
| **2011** | **03** | **NIL** | **NIL** | **04** | **07** |
| **2012** | **NIL** | **02** | **NIL** | **03** | **05** |

**FILARIA**

* **One case of Filaria has been reported during 2010**

**STATEMENT SHOWING VECTOR BORNE DISEASE SITUATION FROM – 2008 TO 2012**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **YEAR** | **MALARIA** | **FILARIASIS** | **KALA – AZAR** | **DENGUE** |
| **2008** | **38** | **02** | **04** | **NIL** |
| **2009** | **42** | **1** | **5** | **NIL** |
| **2010** | **49** | **01** | **03** | **07** |
| **2011** | **51** | **NIL** | **07** | **02** |
| **2012** | **77** | **NIL** | **05** | **07** |

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

**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.**

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

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

**(H) Revised National Tuberculosis Control Programme**

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

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

**DOTS STRATEGY has 5 components.**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl.**  **No** | **Particular of staff** | **State** | | **Districts** | |
| **Contractual** | **Regular** | **Contractual** | **Regular** |
| **1.** | **STO** | **-** | **01** | **-** | **-** |
| **2** | **Deputy STO** | **-** | **01** | **-** | **-** |
| **3** | **DTOs** | **-** | **-** | **-** | **04** |
| **4.** | **APO** | **01** | **-** | **-** | **-** |
| **5** | **MO- STBC** | **01** | **-** | **-** | **-** |
| **6** | **MO – TC** | **-** | **-** | **-** | **03** |
| **7** | **Microbiologist, IRL** | **01** | **01** | **-** | **-** |
| **8** | **IEC Officer** | **01** | **01** | **-** | **-** |
| **9** | **Accountant** | **01** | **-** | **03 (part time)** | **-** |
| **10** | **Pharmacist** | **01** | **-** | **-** | **-** |
| **11** | **Store Assistant** | **01** | **-** | **-** | **-** |
| **12** | **Secretarial Assistant** | **01** | **-** | **-** | **-** |
| **13** | **Data Entry Operator** | **02** | **-** | **04** | **-** |
| **14** | **Statistical Assistant** | **01** | **01** | **-** | **01** |
| **15** | **DOTS Plus Supervisor** | **04** | **-** | **-** | **-** |
| **16** | **LDA** | **-** | **01** | **-** | **-** |
| **17** | **LT** | **02** | **01** | **01 (Medical College)** | **06** |
| **18** | **Driver** | **-** | **01 (MR)** | **04** | **01 (MR)** |
| **19** | **TO** | **-** | **-** | **-** | **05** |
| **20** | **Peon** | **-** | **01** | **-** | **01** |
| **21** | **STS** | **-** | **-** | **05** | **-** |
| **22** | **STLS** | **-** | **-** | **05** | **-** |
| **23** | **TB – HV** | **-** | **-** | **02** | **-** |

1. **Budgetary Support and Expenditure:**

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

**Fund received and Expenditure during 2012 – 13.**

1. **State Plan fund**

* **Fund allocated - Rs. 92.17**
* **Expenditure - Rs. 92.17**

1. **World Bank fund through CTD – 2011 – 12.**

* **Unspent balance as on 01.04.2013 -Rs. 2,53,757/-**
* **Fund received during the year 2012-13 -Rs.9,573,000/-**
* **Loan From NRHM -Rs.20,00,000/-**
* **Bank Interest -Rs. 1,04,106/-**
* **Cancellation of Cheques -Rs. 3,000/-**

**Rs.1,19,33,863/-**

* **Expenditure during 2012 -13 Rs. 11,782,068/-**
* **Advance Rs. 71,400/-**
* **Committed Expenditure Rs. 800,000/-**
* **Balance as on 31.03.2013 Rs. 1,51,79/**

1. **Physical Target and Achievement during 2006 – 11.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.**  **No.** | **Indicators** | **Target** | **2006** | **2007** | **2008** | **2009** | **2010** | **2011** |
| **1.** | **New smear positive case detection** | **75 per lakh population** | **79.4 (105.8%)** | **77.9 (103.8%)** | **82 (109.3%)** | **80.8 (107.7%)** | **78.3 (104.4%)** | **81 (107%)** |
| **2.** | **Total case detection** | **203 per lakh population** | **247.9**  **(122.1%)** | **264.7**  **(130.4%)** | **286**  **(140.9%)** | **272.6**  **(134.2%)** | **271**  **(133.6%)** | **299**  **(147%)** |
| **3.** | **Cure Rate** | **85%** | **85.7%** | **84.9%** | **87.2%** | **86.9%** | **82%** | **84%** |

**Management of MDR TB by the State.**

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

1. **Intermediated Reference Laboratory (IRL) has been established and all the equipments have been installed and shall be functioning soon. The Gene X pert machine (it is a fully automated machine for the diagnosis of MDR TB within 2hrs) shall be established at IRL, STNM. Microbiologists and laboratory technicians have been trained at TRC (TB Research Centre), Chennai and NTI, Bangalore.**
2. **The ten bedded DR- TB Centre (MDR TB ward) is established at STNM Hospital complex and is functioning since Feb. 2012 for the management of MDR TB patients registered under PMDT.**
3. **The State Level Coordination Committee and the DOTS Plus site committee have been established.**
4. **Similarly central registration for the MDR – TB patients has been established at STNM Hospital to ensure the proper follow up of MDR TB patients registered under State.**
5. **At present there are 441 MDR – TB patients registered in central registry under State Plan and 153 under PMDT**
6. **Strategy for 2013 – 14.**

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

1. **Budget Proposed for 2013 -14**

**The proposed budget for the year 2013 – 14 is Rs.3.75 crores under SHS-RNTCP**

**2. Sikkim State Aids Control programme**

**Introduction:**

Demographically, the second largest country in the world, India has also the second largest number of people living with HIV/AIDS. National Health Policy (2002) and India vision 2020 commit the country to fight all communicable and preventable diseases with increasing life expectancy. Contemporary public health scenario in India reflect two dominant trends (i) an epidemiological transition towards greater incidence of non communicable/life style diseases, and (ii) the growing challenge of communicable and preventable diseases being accentuated by HIV/AIDS. The Millennium Development Goals (MDGs) commit all countries to reverse the spread of HIV/AIDS by 2015. As a signatory nation, India stands committed to achieve this goal through its National AIDS Control Programme (NACP).

In 1992 the GOI launched the first National AIDS Control Programme (NACP-I) and was implemented during 1992-1999 with an objective to slow down the spread of HIV infections so as to reduce morbidity and mortality and impact of AIDS in the country. Under the directives from National AIDS control organization (NACO), the Department of Health and Family Welfare established AIDS Cell in the year 1991-92 with the guidelines and strategies laid down by NACO.

In April, 1999 the programme entered into phase II and during the same time Sikkim State AIDS Control Society was also constituted with a Governing body (Apex body) under the chairmanship of the Chief Secretary with various Departmental Secretaries as members and Project Director as the member secretary. Further, an Executive Committee under the Chairmanship of Secretary, Health & FW department to implement the programme as per the guidelines & NACO was also constituted.

In 2007 NACP phase III with a goal to halt and reverse the epidemic.

**National AIDS Control Programme Phase-III (NACP III)**

**Goals and objectives of NACP-III (2007-2011)**

The vital goal of NACP-III is to halt and reverse the epidemic in India during the next five years, by integrating programmes for prevention, care, support and treatment. This can be achieved through four-pronged strategies:

1. Prevent infections through saturation of coverage of high-risk groups with targeted interventions (TIs) and scale up interventions in the general population.
2. Provide greater care, support and treatment to larger number of PLHA.
3. Strengthen the infrastructure, systems and human resources in prevention, care, support and treatment programmes at district, state and national level.
4. Strengthen the nationwide Strategic Information Management System.

The specific objective is to reduce the rate of incidence by 60 per cent in the first year of the programme in high prevalence states to obtain the reversal of the epidemic, and by 40 percent in the vulnerable states to stabilize the epidemic.

**Present Scenario of HIV/AIDS in Sikkim**

Information from AIDS case reporting indicates that sex is the main route of transmission in Sikkim (87%) followed by injecting drug use (7%).

**(A) Year wise detection of HIV Cases as of 07 /05/2013**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** | **5** | **3** | **0** | **0** | **8** |
| **Total** | **167** | **96** | **9** | **15** | **287** |

**(B) Age wise breakup of HIV Cases.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.No.** | **AGE** | **MALE** | **FEMALE** | **TOTAL** |
| **1.** | **Below 10** | **5** | **5** | **10** |
| **2.** | **11-19** | **3** | **3** | **6** |
| **3.** | **20-29** | **56** | **60** | **116** |
| **4.** | **30-39** | **70** | **31** | **101** |
| **5.** | **40-49** | **29** | **8** | **37** |
| **6.** | **50-59** | **10** | **2** | **12** |
| **7.** | **60 Above** | **3** | **2** | **5** |
| **Total** |  | **176** | **111** | **287** |

**(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 |
| 143 | 102 | 20 | 1 | 3 | 2 | 5 | 4 | 4 | 3 |
| **245** | | **21** | | **5** | | **9** | | **7** | |
| **281** | | | | | | | | | |

**(D) District Wise HIV Distribution**

|  |  |  |  |
| --- | --- | --- | --- |
| **District** | **Male** | **Female** | **Total** |
| **East** | **107** | **79** | **186** |
| **West** | **7** | **4** | **11** |
| **North** | **3** | **1** | **4** |
| **South** | **23** | **14** | **37** |
| **Others** | **36** | **13** | **49** |
| **Total** | **176** | **111** | **287** |

**(E) Modes of transmission of HIV/AIDS Cases detected during HSS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **YEAR** | **STD** | **ANC** | **IDU** | **FSW** | **TOTAL** |
| **2001** | **1** | **3** | **0** | **0** | **4** |
| **2002** | **0** | **1** | **0** | **0** | **1** |
| **2003** | **0** | **1** | **0** | **0** | **1** |
| **2004** | **0** | **0** | **0** | **0** | **0** |
| **2005** | **1** | **1** | **1** | **0** | **3** |
| **2006** | **0** | **1** | **1** | **0** | **2** |
| **2007** | **0** | **0** | **0** | **0** | **0** |
| **2008** | **0** | **1** | **2** |  | **3** |
| **2009** | **4** | **1** | **4** | **1** | **10** |
| **2010** | **0** | **0** | **0** | **0** | **0** |
| **TOTAL** | **6** | **9** | **8** | **1** | **24** |

**(F)Total Tested**

|  |  |  |
| --- | --- | --- |
| **Sl No** | **ICTC/Surveillance** | **NO** |
| **1** | **Surveillance** | **15000** |
| **2** | **ICTC(till March 2013)** | **118375** |
|  | **Total** | **133375** |

**(G) TOTAL CASES REGISTERED AT ART CENTRE.**

|  |  |  |  |
| --- | --- | --- | --- |
| **STATUS** | **MALE** | **FEMALE** | **TOTAL** |
| **PRE ART** | **37** | **28** | **65** |
| **ART** | **38** | **39** | **77** |
| **TRANSFERRED OUT** | **22** | **6** | **28** |
| **LOST TO FOLLOW UP** | **6** | **2** | **8** |
| **DEAD** | **28** | **21** | **49** |
| **TOTAL** | **131** | **96** | **227** |

* *Number of cases registered through HSS is:* **14 male + 9 female = 24**
* *Cases not registered at ART centre due to non availability of proper registration system before 2005=* ***34***

**(H) AGE WISE BREAK UP OF Total CASES REGISTERED AT ART CENTRE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **AGE** | **MALE** | **FEMALE** | **TOTAL** |
| **1.** | **< 10** | **4** | **3** | **7** |
| **2.** | **11-19** | **5** | **0** | **5** |
| **3.** | **20-29** | **31** | **43** | **74** |
| **4.** | **30-39** | **62** | **36** | **98** |
| **5.** | **40-49** | **21** | **10** | **31** |
| **6.** | **50-59** | **6** | **2** | **8** |
| **7.** | **>60** | **2** | **2** | **4** |
| **Total** |  | **131** | **96** | **227** |

**(I) TRANSFERRED IN AIDS CASES**

|  |  |  |
| --- | --- | --- |
| **MALE** | **FEMALE** | **TOTAL** |
| **9** | **7** | **16** |

**(J) TOTAL AIDS CASES**

|  |  |  |
| --- | --- | --- |
| **MALE** | **FEMALE** | **TOTAL** |
| **45** | **22** | **67** |

**STATE INFRASTRUCTURE**

**LIST OF HIV/AIDS COUNSELLING AND TESTING CENTRES, STD CLINICS AND BLOOD BANKS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **HOSPITALS** | **ICTC**  **(GENERAL)** | **PPTCT**  **(ANC)** | **ICTC**  **(MOBILE)** | **STD CLINIC** | **BLOOD BANKS** |
| **STNM HOSPITAL, GANGTOK** | **1** | **1** | **1** | **1** | **1** |
| **CRH, MANIPAL** | **1** | **1** | **-** | **1** | **1** |
| **DISTRICT HOSPITAL, SINGTAM** | **1** | **1** | **-** | **1** | **-** |
| **DISTRICT HOSPITAL, MANGAN** | **1** | **1** | **-** | **1** | **-** |
| **DISTRICT HOSPITAL, GYALSHING** | **1** | **1** | **-** | **1** | **-** |
| **DISTRICT HOSPITAL, NAMCHI** | **1** | **1** | **-** | **1** | **1** |
| **TOTAL** | **6** | **6** | **1** | **6** | **3** |

**CARE SUPPORT AND TREATMENT (CST)**

|  |  |
| --- | --- |
| **ART CENTRE** | **SSACS BUILDING STNM COMPLEX, Ph:03592 205752** |
| **COMMUNITY CARE CENTRE** | **OPPOSITE SAHITYA ACADEMY BHAWAN, DEVELOPMENT AREA, GANGTOK, Ph: 03592 202874** |

**(I) Targeted Intervention Programme (TI)**

Targeted interventions 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 or network of individuals who have higher levels of risk due to a higher number of sexual partners or the sharing of injection drug 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.

**Component of TIs under NACP-III**

1. Behaviour Change Communication.
2. Access to STI services.
3. Provision of commodities to ensure safe practices / Condom demonstration.
4. Enabling Environment through structural intervention.
5. Linkages to Care and Support Programme.
6. Community Mobilization.
7. Recruitment of NGOs/ CBOs for TI Programme.
8. Technical Support and Capacity Building Activities.
9. Monitoring and Evaluation Framework.

Sikkim State AIDS Control Society has been implementing Targeted Intervention (TI) Projects from the year 2000 onwards. Eight T.I. projects were implemented during NACP-Phase-III. The state of Sikkim had 4 core groups, working with FSWs and IDUs population and 2 bridge group working with Migrant Labourers at present

**IMPLEMENTING NGOs & AREA OF IMPLEMENTATION FOR THE YEAR 2012-13**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **Name of NGO** | **Typology** | **Area of Implementation** |
| **1** | **DRISHTI** | **FSWs (350)** | **(NAMCHI, JORETHANG & GYALSHING)** |
| **2** | **VOLUNTARY HEALTH ASSOCIATION OF SIKKIM** | **FSWs (400)** | **(GANGTOK & SINGTAM)** |
| **3** | **HOPE FOUNDATION- I** | **IDUs (350)** | **JORETHANG** |
| **4** | **HOPE FOUNDATION - II** | **IDUs (200)** | **NAMCHI** |
| **5** | **SIKKIM REHABILITATION & DETOXIFICATION SOCIETY -I** | **IDUs (550)** | **GANGTOK & RANIPOOL** |
| **6.** | **SIKKIM REHABILITATION & DETOXIFICATION SOCIETY -II** | **IDUs (350)** | **SINGTAM & RANGPO** |

Targeted Intervention (TIs) remains the key component of the response. Sikkim State AIDS Control Society (SSACS) has strengthen the core group Intervention and it more structured, promote, empowerment and decentralization of programme management. Protection of Human Rights will be prioritized.

**(II) IntegRated CoUnseling and Testing Centre: -**

The State has 12 Integrated Counseling and Testing Centers [ICTC] .And in addition to the above we have 1(one) Mobile ICTC.

The 13 ICTCs are located within the District Hospitals, State Referral Hospital [STNM] and at SMIMS [CRH, Manipal]. All the staffs deputed at the ICTCs and PPTCTs comprising of Counselors and Lab technicians are trained and well versed in their work and are provided refresher training in regular intervals.

To reach the far flung areas a Mobile ICTC van has been deputed which is utilized to spread awareness amongst the rural folks. A hired taxi is used by mobile ICTC which visits Primary Health Centers on Anti Natal Care days, Central Jail, SSB camps, SAP camps etc.

24X7 PHCs

These PHCs are facility integrated ICTCs where HIV counseling and testing facilities are made available. The identified ANM/Nurse has undergone training on HIV counselling at Nursing College, Shillong, Meghalaya. The training of Lab. Technicians has been completed at SSACS and the identified PHCs will be functional during this financial year.

As per NACP –III –NRHM Convergence Scheme, NACO has suggested Sikkim State to cover all the 24 PHCS under 24X7 PHCs (Facility Integrated ICTC ) in a phased manner .

Out of the 24 PHCs 16 are identified and functioning F-ICTC during the year 2012-13.

|  |  |  |
| --- | --- | --- |
| Sl. No. | Name of District | Name of ICTC |
|  | West | |
| 1 | West | Soreng PHC |
| 2 | West | Dentam PHC |
| 3 | West | Sombaria PHC |
| 4 | North | Dikchu PHC |
| North | | |
| 5 | North | Phodong PHC |
| 6 | North | Chungthang PHC |
| South | | |
| 7 | South | Ravangla PHC |
| 8 | South | Temi PHC |
| 9 | South | Namthang PHC |
| 10 | South | Jorethang PHC |
| 11 | South | Melli PHC |
| East | | |
| 12 | East | Pakyong PHC |
| 13 | East | Rhenock PHC |
| 14 | East | Rongli PHC |
| 15 | East | Sang PHC |
| 16 | East | Rangpo PHC |

|  |  |  |  |
| --- | --- | --- | --- |
| **Client Type** | **Testing Target** | **Achievement** | **Achievement (%)** |
| General Clients | 20000 | 19222 | 96 |
| ANC | 12000 | 8416 | 71 |

**Testing Targets and Achievements 2010-2011**

**Service details at ICTC (April, 2012 - March, 2013)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CLIENT TYPE** | **PRE-TEST COUNSELLING** | **TESTING FOR HIV OUT OF PRE-TEST COUNSELLED** | **POST TEST COUNSELLING OUT OF TEST PERFORMED** | **TESTING HIV Positive** | **HIV Sero-Positivity %** |
| Client Initiated(Gen) | 14196 | 14196 | 14196 | 32 | 0.2 |
| Provider Initiated(Gen) | 5026 | 5026 | 5025 | 11 | 0.2 |
| Pregnant Women(ANC) | 8199 | 8199 | 7874 | 6 | 0.07 |
| Pregnant Women(Direct Delivery) | 217 | 217 | 217 | 0 | 0 |
| Total | 27638 | 27638 | 27312 | 49 | 0.18 |

**(III) STI / RTI Control Programme**

1. **Introduction**

The STI/RTI Services are being provided in the state by SACS in collaboration with RCH Programme –II of the NRHM. The main focus of the RCH-NACP collaborative activities would be to provide quality STI/RTI service delivery to the general population up to grass root level.

**Level of STI/RTI Service delivery:**

|  |  |  |  |
| --- | --- | --- | --- |
| Sl.No | Level of care | No | Status |
| 1 | Primary Health Centres | 24 | NRHM facilities |
| 2 | Govt. District Hospital | 4 | Designated STI clinics |
| 3 | STNM Hospital ,Gangtok | 1(300 bedded) | Designated STI clinics |
| 4 | Central Referral Hospital ,SMIMS | 1(500 bedded) | Designated STI clinics |
| 5 | Targeted Intervention programme for HRGs & Bridge population | 4 | NGO TI Project |

There are 6 NACO designated STI clinics in the state. The STI clinics of central Referral Hospital, Sikkim Manipal institute of Medical Sciences was approved during the financial year 2012-13. The preferred private provider model of service delivery to FSWs was introduced during 2009-2010 and continued even in 2012-13. All 4 TI projects for IDUs have established static clinic.

**Target and accomplishments**

**Utilization of STI/RTI Clinic Services**

Majority of patients who availed the STI/RTI clinic services are STNM HOSPITAL,CRH,SINGTAM AND SRDS-II

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF THE CENTRE** | **TOTAL NO.OF VISITS BY PATIENTS** | **FIRST CLINIC VISITS**  **(SYMPTOMATIC)** | **FIRST CLINIC VISIT**  **(ASYMPTOMATIC)** |
| STD CLINIC STNM HOSPITAL | 322 | 321 | 1 |
| STD CLINIC CENTRAL REFERRAL HOSPITAL | 348 | 308 | 26 |
| STD CLINIC SINGTAM D.H. | 389 | 367 | 20 |
| STD CLINIC MANGAN D.H. | 135 | 90 | 23 |
| STD CLINIC NAMCHI D.H. | 215 | 203 | 9 |
| STD CLINIC GYALSHING D.H | 220 | 193 | 27 |
| Sikkim Rehabilitation and Detoxification Society-I,Gangtok | 26 | 15 | 0 |
| Sikkim Rehabilitation and Detoxification Society-II,Singtam | 527 | 36 | 447 |
| Hope Centre-I,Jorethang | 41 | 16 | 25 |
| Hope Centre-II,Namchi | 60 | 30 | 30 |

**Activities undertaken during the year 2012-13:**

**1.**The STI Control Program is being managed by SACS in collaboration with Officers of HC, HS & FW Dept. at state and district level. Technical support for training and supportive supervisory visit is provided by Consultants / Specialist doctors from STNM Hospital, Gangtok. All 6 STD Counsellor are trained and are in position.

**2.** The STI /RTI cases are being managed by the GDMOs and Gynaecologists. The colour coded STI/RTI drugs kits have been provided to all designated STI/RTI clinics by SACS. SACS has been conducting training on syndromic cases management for STI/RTI cases to the Medical Officer, Staff Nurse and Lab. Technicians of District Hospital and Primary Health Centres since 2009.

**3.** SACS has been organising training on Syndromic management of STI/RTI cases since 2009. In addition to Doctors, staff Nurse and Lab.Technician from designated S.T.D clinics, the Medical Officers working in the primary Health Centre were also trained during 2012-13

**(IV) Information, Education and Communication (IEC)**

IEC is a process of working with individuals, communities and societies to develop communication strategies to promote positive behaviours which are appropriate to their settings. Communication is a cross cutting and integral strategic intervention in all components of HIV/AIDS prevention, care, support and treatment programmes under the National AIDS Control Programme Phase III (NACP-III).The ultimate goal of IEC component is to create an enabling environment that encourages HIV related prevention, care and support activities, and to reduce stigma and discrimination at individual, family, community and institutional levels. As prevention is given more emphasis, especially in a low prevalence state like Sikkim, efforts were made in the reporting period to mainstream the issue of HIV/AIDS through advocacy, orientation and sensitization programmes with stakeholders. SACS initiated a number of activities during the reporting period with special focus on youth, women and rural population. The media used were electronic, print, mid media and Interpersonal Communication. With an aim to instigate behaviour change among this age and gender group, Sikkim SACS implemented the Mobile IEC Campaign and the Multi-Media Campaign 2012-13, that covered the entire State through innovative methods. Mass Media and Outdoor Media activities were carefully synchronised with the Campaigns to effectively reach out to the target group. Red Ribbon Clubs, NYKs, selected NGOs, FBOs, and Media were largely mobilised during the Multi-Media Campaign.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl. No. | Activity | Physical Target 2012-2013 | Physical Achievement 2012-2013 | Physical Target 2013-2014 | Remarks |
| I | Mass Media | | | | |
|  | a. Television | 20 spots | 20 spots | 30 spots | video spots were telecast on the local private TV Channel during Special Events World Blood Donor Day and International Day against Drug Abuse. |
|  | b. All India Radio/ Private FMs | 30 long format programmes | 30 | 60 | Issues on HIV/AIDS, Substance Abuse, STI/RTI/ART, CCC, RRC, Blood Donation, Referral Services etc are aired in the form of Rural, Youth and Women Programmes |
|  |  | 30 jingles | 30 | 50 | Jingles on various topics are aired w.e.f from 1st July – 31st March 2013. |
|  | c. Newspaper Advertisement | 40 advertisements | 40 | 50 | Advertisements were released during Special Events (NVBDD, IDADA & WAD) and in various school magazines. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| II. | General Intervention Programme | 30 | 30 | 30 | Awareness programme were outsourced to various local NGOs around the State. |
| III. | Special Events | 4 | 3 | 4 | IDADA & NVBDD were commemorated around the State. WAD could not be commemorated at State Level due to sad demise of Shri I.K Gujral. |
| IV. | Outdoor Media | | | | |
|  | i. Permanent Hoardings | 8 |  | 28 old | 20 Hoardings sized 15/9 are installed at strategic locations along the highway & District Hospitals. 8 new hoardings were installed at BACS in East, Gangtok, Kabi, Ranka, Rongli, Pakyong, Rhenock, Pachay the hoardings will be installed in the month of November covering issues on Basic Transmission, STI/RTI, Blood Donation, Referral Services, Condom Us. During MMC these hoardings were replaced. |
|  | Ii Rented Glow Sign boards/ Kiosks | 30 | 30 | 30 at Namchi & Jorethang. | 30 boards have been installed at 2 Taxi Stands, Children Park and Mainline Taxi Stand, Deorali with messages on Condom Use, Blood Donation and Basic Transmission. |
| V. | Folk Troupe Campaign | | | | |
|  | i. Hiring of Mobile IEC Van | 2 | 2 | 3 | 2 Mobile IEC Vans were hired to cover the State wide Folk Media Campaign. |
|  | ii. Hiring of Folk Troupes | 200 Performance | 200 | 300 | The Phase I of the Campaign was conducted at West, East and North District respectively. Dasharthik Sangh Gelling from West, Mahila Kalyankari Sangh & Nav Utsah Sangh from East, Malling Youth Club from North and Pacific Club from South conducted the campaign at their respective districts.These troupes have also undergone a one day workshop on 25th May 12’ at Janta Bhawan. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Multi Media Campaign | 1 |  | 1 | Under MMC 2012-2013, two major events were Music (Red Ribbon Unplugged) and Drama (Red Ribbon Open Drama Contest).  Music: focus will be urban population.  Drama: rural population. |
|  | Piggy Ride Events | 6 | 6 | 7 | All India Governors Gold Cup, Maghe Sakranti Jorethang, Namsoong Music Festival, Winter Fest, Spring Festival, Lampokhari Festival, Rorathang Maghe Mela. |
| VI. | Mainstreaming/ Training | 13 workshop  1650 person | 13 workshop 2113 person |  |  |
| VII. | Youth Affairs |  |  |  |  |
|  | i. RRCs in colleges, schools and communities | 90 | 90 | 50 old + 40 new | 90 No of RRCs were formed in schools, colleges and communities. |
| VIII. | Helpline (1097) | 1 | 1 | 1 | Maintenance and AMC for Helpline already completed. |

**DROP-IN-CENTRES**

One number of existing DIC for PLHAs being managed by Sikkim Network of Positive People (SNP+).

**(V) Care, Support and Treatment**

Sikkim is a low prevalence state. The number of HIV+ cases here are less compared to other states of India. However, the number of positive cases detected from ICTCs has been increasing over the years which necessitate the needs for continuous care, treatment and support service available in the state. The state has one ART Centre housed in the STNM Hospital Complex, Gangtok. Patients from different districts are registered followed up with clinical assessment and CD4 counting. Majority of the patients on ART are from the East district.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl. No. | Details | | 2012-13 (cumulative) | | Yearly target 2012-13 | |
| Target | Achievement | Target | Achievement |
| 1. | LHIV registered at ART Centre | | 320 | 227 | 64 | 52 |
| 2. | PLHIV alive and on ART | | 110 | 83 | 40 | 38 |
| 3. | OIs episode treated | | 130 | 114 | 47 | 34 |
| 4. | No of CD4 tested | Pre-ART | 99 | 104 | 86 | 44 |
| On ART | 145 | 172 | 99 | 104 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl. No | HIV-TB co-infected patient | Male | Female | Total |
| 1. | Total number of HIV patients diagnosed with TB | 7 | 3 | 10 |
| 2. | Total number of TB patients diagnosed with HIV and reached ART centre | 2 | 1 | 3 |
| 3. | Total initiated on ATT – RNTCP regimen | 5 | 4 | 9 |
| 4. | Total initiated on ATT- non RNTCP regimen | 1 | 0 | 1 |

**(VI) COMMUNITY CARE CENTRE**

People living with HIV (PLHIV) require a range of HIV services including care, treatment and support depending on the progression and stage of HIV infection. The progression of infection and consequent weakening of the immune system will result in the PLHIV being venerable to various opportunistic infection. The PLHIV will require care and treatment for opportunistic infection (OIs) and some of these illnesses may require in-patient care in a hospital or other centers that provide this facility.

Under the National AIDS Control Programme community Care Centres (CCCs) were set up to provide treatment for minor OIs and provide psychosocial support through sustained counseling. CCCs were intended to function as a bridge between hospital and home care. Hence, CCCs were envisaged as stand-alone short-stay homes for PLHIV. These were not linked to other activities of the programme.

In Sikkim the CCC was inaugurated on 26th March 2010 by Honble Minister HC, HS & FW at Development Area, Gangtok with 10 beds and all the necessary infrastructural support.

It is also beneficial for those PLHA who comes from far off places for treatments. CCC is playing a vital role in managing many OIs. CCC is playing a role in bringing behaviour changes among PLHA.

**Physical Achievements from April 2012-2013**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl. No** | **Services Provided at Community Care Centre** | **Male** | **Female** | **Children** | | **Total** |
| **Male** | **Female** |
| **1.** | **No of Outpatient PLHIV** | **38** | **9** | **0** | **1** | **48** |
| **2.** | **No of PLHIV admitted (Inpatient)** | **121** | **119** | **20** | **2** | **262** |
| **3.** | **No of PLHIV admitted for OI management**   * + **Tuberculosis** | **61** | **56** | **4** | **-** | **121** |
| **4** | **2** | **-** | **-** | **6** |
| * + **Candidiasis** | **4** | **1** | **-** | **-** | **5** |
| * + **Chronic diarrhoea** | **21** | **20** | **1** | **-** | **42** |
| * + **Respiratory bacterial infections** | **24** | **20** | **-** | **-** | **44** |
| * + **CMV Retinitis** | **0** | **2** | **-** | **-** | **2** |
| * + **Others** | **8** | **11** | **3** | **-** | **22** |
| **4.** | **No of Deaths among admitted PLHIV** | **0** | **0** | **0** | **0** | **0** |

**(VII) Blood Safety Programme**

Blood Transfusion Services constitute a crucial part of health care delivery system. Adequate and safe supply of blood and blood components is essential to enable a wide range of critical care procedures to be carried out in hospitals. Unfortunately, blood transfusion can be a cause of illness like transmission of dreaded viruses like HIV etc. While the vast majority of HIV infections in India are attributed to the sexual route of transmission, the transfusion of unsafe blood and blood products account for 2.07 percent of the HIV infections in the country. The specific objective of the blood safety programme is to ensure reduction in the transfusion associated with HIV transmission to 0.5 percent, while making available safe and quality blood within one hour of requirement in a health facility. Ensuring the widespread availability of safe and quality blood is a critical component of the National AIDS Prevention and Control Programme [NACP].

The state has 2 government blood banks namely Central Blood Bank at STNM Hospital, Gangtok and district level blood bank at Namchi District Hospital. These two blood banks are supported by NACO. The blood bank in Central Referral Hospital, Tadong under Sikkim Manipal Institute of Medical Sciences is a private blood bank. CBB, STNM Hospital is also identified as Regional Blood Transfusion centre (RBTC) to oversee the blood collection. All the blood banks in the state are licensed to supply whole human blood. Sikkim also has a State Reference Laboratory to conduct validation of the results of HIV positive and negative blood samples from various reporting unit (blood banks and ICTCs/PPTCS) on quarterly basis.

**Physical Targets & Achievements**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.No** | **ACTIVITY** | **TARGET** | **STATE** | **NACO Supported** |
| **1.** | **TOTAL COLLECTION OF BLOOD UNITS** | **3456** | **4138**  **(119%)** | **2676** |
| **2.** | **VBD %** | **90%** | **83.10%** | **86.54%** |
| **3.** | **NO.OF CAMPS** | **70** | **63** | **49** |
| **4.** | **AVERAGE DONOR PER CAMP** | **31** | **35** | **38** |
| **5.** | **SERO-REACTIVITY %** |  |  |  |
|  | **HIV** |  | **0.02%** | **0%** |
|  | **HCV** |  | **0.09%** | **0.04%** |
|  | **HBV** |  | **0.5%** | **0.3%** |
|  | **VDRL** |  | **0.2%** | **0.2%** |
|  | **MALARIA** |  | **0.0** | **0** |

TREND OF BLOOD COLLECTION FROM 2007-08 TO 2012-13

**External Quality Assessment Scheme (EQAS)**

In 1999 NACO initiated the External Quality Assessment Scheme (EQAS) for HIV testing for the Blood Banks and the laboratories which were involved with carrying out HIV testing. The objective of this scheme is to bring qualitative improvement in HIV testing in Blood banks and ICTC/PPTCT laboratories. Under this scheme all blood banks and ICTCs/PPTCs send all HIV positive and 20% of the negative samples from their laboratories to the State Reference Laboratory (SRL) which is presently located at SACS building under the supervision of Dr.Pema Pema Youden Bhutia, HOD Microbiology, Department of STNM Hospital, who is the Incharge of SRL. The samples send from these centres are again tested and reports validated at SRL and if any discordance in reporting then the same sample is again send to National Reference Laboratory for confirmation of the test.

**Monitoring and Supervision**

The blood banks in the State are supervised once or twice a month and on random basis as well as visit to voluntary blood donation camps are conducted to ensure improvement in the standards and quality in the blood transfusion service. Furthermore, a team consisting of representatives from State Blood Transfusion Council (SBTC), State Drug Controller and SACS conducts a supervisory visit to all the blood banks of the State including Central Referral Hospital, Tadong.

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

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

***VISION, MISSION & OBJECTIVES***

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

**MISSION**

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

**OBJECTIVES**

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

**Specific Objectives**

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

***OVERALL PERFORMANCE OF CATCH PROGRAMME TILL***

***APRIL 2013.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DISTRICT** | **CENSUS**  **POPULATION** | **ESTIMATED RESIDENT POP.** | **COMPLETE CHECKUP** | **NO OF LAB. TEST DONE** |
| **EAST (RURAL)** | 1,77,635 | 1,60,000 | 1,59,575 | 4,15,869 |
| **GANGTOK MUNICIPAL CORPORATION** | 1,03,658 | 93,000 | 84,656 | 2,63,716 |
| **TOTAL EAST** | **2,81,293** | **2,53,000** | **2,44,231** | **6,79,585** |
| **SOUTH** | 1,46,742 | 1,30,670 | 1,13,202 | 2,51,482 |
| **NORTH** | 43,354 | 33,665 | 32,635 | 97,207 |
| **WEST** | 1,36,299 | 1,30,000 | 1,29,900 | 2,55,192 |
| **STATE** | **6,07,688** | **5,47,335** | **5,19,968** | **12,32,466** |

**ACTION PLAN FOR THE YEAR 2012-13.**

* The focus this financial year will be on Completion of Data Entry.
* Complete thorough check up for total population.
* Give analysed data to Government.
* Printing of Health Card and distribution will commence after total completion of Data Entry.
* Health Check up with focus on priority Health Issues.
* Specific intervention based on the 10 key issues (Alcohol, blood pressure, Tobacco etc.)

***DATA ENTRY FOR FILLED UP OF FORMS IN CATCH SOFTWARE.***

Though it was proposed to develop software for CATCH Programme in the pilot phase itself, it was not done as some of the decision maker felt that it was not a priority and did not agree to develop the software and therefore there was delay in developing the same which was unfortunate. Now, CATCH software has been developed by technical assistant of National Informatics Centre Gangtok and data entry has begun from May 2012 in South & East District and September 2012 in West and North district. The progress has been very good. The latest figure of data entry is as follows:

|  |  |  |
| --- | --- | --- |
|  | *Individual* | *Family* |
| *Data Entry completed for East District* | *1,77,636* | *45,136* |
| *Data Entry completed for South District* | *75,128* | *15,990* |
| *Data Entry completed for North District* | *27,947* | *6,103* |
| *Data Entry completed for West District* | *24,943* | *6,609* |
| *TOTAL* | ***3,05,654*** | ***73,838*** |

Therefore, half of the data of the population have been entered within few months of availability of software and it is proposed to complete by end 2012-13. However, application part is still being developed and intended to complete at the earliest for getting all required information which is in final stage and is very important for analysis of data for appropriate application.

***DISEASE PATTERN DETECTED IN CATCH PROGRAMME***

Though data has been collected since 2010 software has been developed in mid of 2012 and 3,05,654 individuals’ data have been entered in the software. A total of 3,11,176 Haemoglobin tests, 2,54,544 Random Blood Sugar, 1,42,240 Cholesterol test and 4,79,971 Blood Grouping and 44,535 other test have been done. The report on diseases detected is only preliminary and the report can be available only after completion of data entry and application software is ready. As per preliminary analysis, the diseases detected are as follows:

1. Nutritional Problems:

* Underweight 33.5%
* Overweight 15.5%
* Obesity 4.5%

2. Hypertension 17.8%

3. Suspected Diabetes 10.4%

Other Common Findings analyzed so far are:

* Dental Caries 6%
* Respiratory Problems: 6%
* Refractive Error: 6.2%
* Orthopedic/ Joint problem: 5%

(\***Preliminary screening under NCD in many states in India showed that Hypertension in Sikkim is highest**

***PROVISIONAL REPORT***

**Hypertension Age Group Wise**

**Hypertension Community Wise**

***IMPACT OF CATCH PROGRAMME***

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

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

CATCH Programme was conducted in March 2010 (pilot Programme) in Village Middle Sumin and more than 2/3rd of the population above 12 years was found to be suffering from Hypertension. One more round of CATCH Programme was conducted in January 2012 and there was a decrease in Anaemia by 6.8%, Hypertension by 16.2%, Mean Systolic Blood Pressure by 1.25 mmHg, Mean Diastolic BP by 2.8 mmHg, Reporting of Suicidal ideation from 5 people to none, Tobacco use on a daily basis by 11.4% and Alcohol use on a daily basis by 10.02% which is great achievement with little input

***CHALLENGES***

As per the direction of Hon’ble Chief Minister and to fulfill objectives of mission healthy Sikkim is ambitious and as the health care provider and the community is tuned to provide curative health care, there was a great challenge initially to successfully implement CATCH programme. However, with the commitment from the government, massive community participation and committed team of health care provider, the programme is running successfully. Some of the common challenges are:

* Quality Health check-up: Need for more Medical Officer. Most of the PHCs are manned by only one Medical officer and more number of MO is required.
* People including health care provider are familiar and use to curative check-up especially for silent killer diseases. It took lot of effort and time to change the mind set of health care providers and community for positive attitudes towards health check-ups which is primarily promotive and preventive. However, momentum has been gained and attitude and participation has improved dramatically.
* To improve connectivity for synchronization of data as internet connectivity is still a challenge.
* Transportation.
* Continuous Training of all in the field on CATCH and Mission Healthy Sikkim**.**
* Mobilization of fund as the fund released in 2010-11 and 2011-12 was not enough to cover the entire population. However, better fund allocation for field activities is provided in 2012-13.

***SUMMARY***

Mission healthy Sikkim and CATCH programme is flagship programme of Government of Sikkim. For any public health programme especially ambitious programme like CATCH takes time to gain momentum, however, response of the community has been overwhelming. Community is actively participating to not only attend the CATCH programme but also in taking steps to make their society healthier. Support of Policy makers, administrators, the dedications of all the health team members and all stakes holders at all level have been commendable. The programme is being appreciated by common men and also by the experts of Public Health. Though it takes time to see the immediate impact, some sign of transformation of health of people can be seen from some evidences and from global best practices. The programme address the most important public health of the state and also tries to address the most cost effective risk reduction of major causes of death in Sikkim. However, programme needs to be continued for at least a decade to see the real impact as most of the major public health problems are silent killer and chronic diseases. However, there is no doubt that CATCH Programme is becoming a model for addressing most important killer diseases and chronic diseases in the country and beyond.

**4. Non communicable Diseases**

**(i) National Prog. for Cancer, Diabetes, Cardiovascular & Stroke**

**BACKGROUND:**

National programme for prevention and control of Cancer, Diabetes, Cardiovascular diseases and Stroke is being implemented in the state from the year 2011. The NCD cell at State and District levels ensures implementation and supervision of the programme activities related to health promotion, earlydiagnosis, treatment and referral.

**Goals and Objectives:**

1. The goal of Sikkim’s NPCDCS programme is to curtail the morbidity and mortality due to the Non Communicable diseases.

**The objectives of the NPCDCS are as follows**

1. Prevent and control common NCDS through behaviour and life style changes.
2. Provide early diagnosis and management of common NCDs.
3. Build capacity at various levels of health care for prevention, diagnosis and treatment of common NCDs.
4. Train human resource within the public health set up vizdoctors, paramedics and nursing staffs to cope with the increasing burden of NCDs.

**IMPLEMENTATION OF THE PROGRAMME**

The State NCD cell supervises the monitoring, evaluation and implementation of the programme. The District NCD cell monitors, implements evaluates their activities on quarterly basis and report to the state NCD CELL.

Presently two NCD clinics have been established one in East district and one in South district where comprehensive examination of patients referred by lower health facilities /health workers as well as of those reporting directly is being conducted for ruling out complications or advanced stages of common NCDs .Screening ,diagnosis and management and home based care is the main function.

**PERFORMANCE**

The number of patients attending the NCD clinic in the two districts and number of people screened for the year 2012-2013 is as under.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DISTRICTS** | **NO. OF PEOPLE ATTENDING NCD CLINIC** | **NO. OF PEOPLE SCREENED** | | | | **REFERRED CASES** |
|  |  | **SUSPECTED DIABETES** | **HYPERTENSIVE** | **CARDIOVASCULAR DISEASE** | **CANCER** |  |
| **EAST** | **9191** | **2333** | **3743** | **47** | **3** | **71** |
| **SOUTH** | **7256** | **613** | **2014** | **-** | **-** | **25** |
| **TOTAL** | **16447** | **2946** | **5757** | **47** | **3** | **96** |

**FINANCIAL DETAILS FOR THE YEAR 2012-13**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FINANCIAL ACHIEVEMENTS UNDER NCD CELL, HC,HS & FW DEPARTMENT** | | | | | |
|  |  | **FINANCIAL PROGRESS (Rs IN LAKHS)** | | |  |
| **Sl. No.** | **BUDGET HEAD** | **BUDGET 2011-12** | **EXPENDITURE 2012-13** | **BALANCE AS ON 30.3.2013** | **REMARKS** |
| 1 | NPCDCS (CANCER) | 116.3 | 82.15 | 34.15 |  |
| 2 | NPCDCS (DCS) | 298.35 | 182.22 | 116.13 |  |

***\**Note: Subject to Error and Omission Expected.**

**(ii) AYUSH**

***INTRODUCTION***

*AYUSH is the acronym for Ayurveda , Yoga and naturopathy , Unini , Siddha and Homeopathy. AYUSH system of medicines is a group of Indian system of medicine and Homoeopathy has proven promotive, preventive and curative aspect. Ayurveda is the oldest system practiced since more than 5000 years where as Homoeopathy is practiced since last 100 years. AYUSH systems of medicines With a view to main stream AYUSH with health care services, a centrally sponsored scheme for development of health care institutions was introduced during the 10th Plan under the scheme, financial assistance was provided for setting up AYUSH treatment centers in allopathic hospitals & procurement of AYUSH Drugs and Medicines for AYUSH dispensaries located in rural and backward areas.*

***OBJECTIVE***

* *To Mainstream and strengthen of AYUSH.*
* *To deliver healthcare services as per the choice of the people*
* *To create awareness among the people about AYUSH system of Healthcare.*

***STRATEGY:***

*Affordable, accessible service delivery to all categories of Sikkimese people by-*

* *Impart affective IEC to the general mass.*
* *Recruitment of manpower (MOs and Paramedical staffs) at different levels.*
* *Imparting training to Paramedical staffs, ASHAS, Panchayats, and NGOs.*

***SYSTEM WISE AYUSH FACILITIES CO-LOCATED:***

|  |  |  |
| --- | --- | --- |
| ***Sl.No.*** | ***Location*** | ***Colocation of AYUSH System*** |
| *1.* | *District Hospital, Singtam, East Sikkim* | *Homoeopathy and Ayurveda* |
| *2.* | *District Hospital, Namchi, South Sikkim* | *Homoeopathy* |
| *3.* | *District Hospital, Gyalshing, West Sikkim* | *Homoeopathy and Ayurveda* |
| *4.* | *District Hospital, Mangan, North Sikkim* | *Homoeopathy and Amchi* |
| *5.* | *Jorethang PHC, South Sikkim.* | *Homoeopathy* |
| *6.* | *STNM Hospital, Gangtok.* | *Ayurveda and Amchi* |
| *7.* | *Soreng PHC, West Sikkim.* | *Homoeopathy* |
| *8.* | *Rhneock PHC, East Sikkim* | *Homoeopathy* |

***MANPOWER IN CO-LOCATED AREAS:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Designation* | *Numbers* | | | *Status of work* |
| *Homoeopathy* | *Ayurveda* | *Amchi* |
| *Doctors* | *07* | *03* | *02* | *1 Amchi MO( Regular, STNM)*  *11 MO, Contractual* |
| *Paramedics AYUSH* | *05* | | | *5 Contractual* |
| *Total* |  | | | *17* |

**AYUSH ACTIVITIES DURING THE YEAR 2012-2013.**

1. Running AYUSH clinic in STNM, four districts Hospital and three PHCs.
2. Active involvement of AYUSH in CATCH programme. Involvement in CATCH programme has brought good positive response as more and more people came in subsequent CATCH programme seeking AYUSH service. So far about 3035 patients has been examine and treated in CATCH.Activities enclosed in annexure - I
3. The different categories of 19 manpower recruited for 10 bedded AYUSH Hospital are presently involved in CATCH camp and delivering good health care services.
4. Four days grand State level AROGYA MELA integration with Modern medicine was organized at Paljor Stadium, Gangtok from 5th April to 8th April 2013.Activities enclosed in annexure -II

**CLINICAL PERFORMANCE OF AYUSH 2012-13.**

|  |  |  |
| --- | --- | --- |
| **Sl.No** | **Systems** | **No. of patients treated** |
| 1 | Homoeopathy | 18,782 |
| 2. | Ayurveda | 3,702 |
| 3. | Amchi | 7,982 |
|  | **Total** | **30,466** |

The overall performances and respond of AYUSH system is good .The response of the system from the people is positive. The system helps to heal various chronic diseases and provide valuable services as per the choice of the people.

**ACTIVITIES OF AYUSH IN CATCH**

The AYUSH Cell is actively participating in CATCH Programme. People are showing interest in Ayurvedic medicine in Sikkim. During the course of CATCH Programme chronic diseases are being detected and are being treated accordingly by Medical Officer, Ayurved, STNM Hospital.

Some of the diseases that have been detected in CATCH Programme are Gouty Arthritis, Spondylitis, Peptic Ulcer, Gastritis, Urinary Tract Infection, Throat Allergy, Skin Diseases, Nasal Bleeding, Liver Problems, Sinusitis, Bronchial Asthama, Gynecological Disorder, Dental Problem Irritable Bowel Syndrome, Hyperglycemia, Hypertension and ano-rectal Disorder.

Response of people towards the Ayurvedic Medicine in CATCH Programme is overwhelming. Along with Ayurvedic treatment, Yoga exercise is also being taught by Yoga Instructor. As per the examination, it has been found that people are suffering from Back Ache, Migraine, Joint Problems, Obesity, Anxiety etc. The people are showing keen interest in doing Yoga to maintain healthy lifestyle.

**AROGYA MELA- 2013REPORT**

**DATE- 5TH APRIL TO 8TH APRIL 2013**

**VENUE- PALZOR STADIUM AND INDOOR STADIUM, GANGTOK**

AROYGA fair projecting the capabilities and requirements in modern day health care, current research trends and exhibiting work of research institutions under this department to promote health care through Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) systems.

**Aims and Objectives of Arogya, Sikkim:**

1. To exhibit the Research and Development efforts in the AYUSH sector.
2. To interact with practitioners, consumers and other stakeholders.
3. To project future trends and requirements in the AYUSH health care sector.
4. To create awareness among individuals and professional about Ayurveda, Yoga and Naturopathy, Unani, Siddha & Homeopathy
5. To harness the potential of this fast growing and globally emerging sector.
6. To make Sikkim Healthy through various system including AYUSH.

**Visitors & Participants Profile:**

* The fair attracted stakeholders in AYUSH sector like manufacture medical practitioners Traditional healers, expert and general public. Resource person and medical practitioner are from thought India.
* All reputed NGO, Religious base organization, ASHA, AWW, Panchayat, Community base Organization, members of Municipal Cooperation, students and teachers of surrounding colleges, Nursing schools and Medical College, all the officers and staffs of health and related departments.
* All AYUSH research Institute of the State, State Medicinal Plant Board, Horticulture Department.

**Attractive facet:**

* Free consultation provide by AYUSH specialist.
* Live Yoga demonstration, Diet consultation, and Naturopathy therapy.
* Public lecture session in different day from different expert.

**Participants and visitors:**

Almost 70,000 people from different walks of life visited the fair from all over Sikkim. There by creating awareness regarding AYUSH to all the visitors.

Stalls were put up in Indoor Stadium which could provide space of 500 sq. meters. A big shade was constructed in the open area Stadium for cultural programme, public lecture with sitting capacity of 2000 persons.

Setting up of AYUSH Clinics with cabins for distributions of medicine with requisite furniture and examination table was done where 1670 patients got treatment from different system of AYUSH.

The Arogya Mela 2013 celebrated in Gangtok was unique celebrated in terms of scale and implementation. In order to draw maximum population to create awareness regarding AYUSH, State Flagship Programme CATCH and exhibition stalls of various health programme and health related issues and Allopathic specialist Clinics were also put up in Palzor Stadium next to the venue of AYUSH exhibition area.

ASHAs from various parts of Sikkim, actively participated in the programme and have also played an important role in streamlining AYUSH in Sikkim.

Separate stalls were put up for Local Traditional Healers, State Medicinal Plant Board and Horticulture Department. Approximate 200 species of life medicinal plants and dry herbs found in different area of Sikkim were displayed. Expert was present in the stall of SMPB and Horticultural Department explains to visiting public about the medicinal value and specially the toxic and harmful effect of the plants. Traditional healers from different parts of state were given stalls where they could showcase their skill.

World Health Day 7th April 2013 the theme of World Health Day 2013 is “**Hypertension”.** Hypertension is commonest health problem faced by the people of Sikkim. Hence lifestyle is main factor for hypertension and the field level workers like ASHA, AWW etc., and general public attending the mela with briefed about prevention and management with object of mainstreaming AYUSH in general health care.

In the Arogya Mela separate clinic of Allopathic specialist was also put up where people got treatment and health care facilities. There are 966 people were checked in different allopathic clinic and many were referred to AYUSH clinic from there. Many of patients were advised by allopathic doctors to visit AROGYA stall and consult AYUSH doctors for various ailments.

In order to hold the crowd and their attention, various cultural programmes were organized at the venue.

Each day scientific session on separate topic on AYUSH system was held and was scheduled in between the cultural programme.

**(iii) National Programme for Health Care of the Elderly**

**INTRODUCTION**

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

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

**THE VISION OF THE NPHCE IS:**

1. To provide accessible, affordable, and high quality long-term, comprehensive and dedicated care services to an ageing population.
2. To promote the concept of Active and Healthy Ageing;
3. To build framework to create an enabling environment for “a society for all ages”.
4. To create new architecture for ageing.

**OBJECTIVES OF NPHCE ARE**

1. To provide an easy access to promotional, preventive, curative and rehabilitative services to the elderly through community based primary healthcare approach.
2. To identity health problem in the elderly and provide appropriate health interventions in the community with a strong referral backup support.
3. To build capacity of the medical and paramedical professional as well as the caretakers within the family for providing healthcare to the elderly.
4. To provide referral services to the elderly patients through district hospitals, PHCs etc.
5. Convergence with National Rural Health Mission, AYUSH and other departments like Ministry of Social Justice and Empowerment.

**ACTIVITIES UNDERTAKEN UNDER NPHCE:**

* The ANM /Male health workers posted in the sub-centers 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.
* A weekly geriatric clinic is arranged at PHC level by trained medical officer conducts health assessment of the elderly persons relating to vision, joints, hearing, chest BP and simple investigations including blood sugars. Proper advice on ailments like Chronic Obstructive Lung Disease, Arthritis, Diabetes, and Hypertension is imparted
* Public awareness is given during health and village sanitation day/camps. Provision of medicine to the elderly for their medical ailments Referral to community health centers or the district hospitals as per the need.
* Geriatric ward ten bedded has been set up in two districts east and south each which provides regular dedicated OPD services to the elderly.
* Trainings have been provided to the Medical officers, paramedical staffs of CHCs and PHCs.

**PERFORMANCE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DISTRICT | No of Elderly people Attending the Clinic | Supportive Device used | Home Visits Made | No Of Home Based Care | No of Cases Referred to PHC/CHC |
| EAST | 11,592 | 219 | 445 | 184 | 122 |
| SOUTH | 6,380 | 94 | 357 | 133 | 80 |
| TOTAL | 17,972 | 313 | 802 | 317 | 192 |

**FINANCIAL DETAILS FOR THE YEAR 2012-13**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| FINANCIAL ACHIEVEMENTS UNDER NCD CELL, HC,HS & FW DEPARTMENT | | | | | |
|  |  | FINANCIAL PROGRESS (Rs IN LAKHS) | | |  |
| **Sl. No.** | **BUDGET HEAD** | **BUDGET 2011-12** | **EXPENDITURE 2012-13** | **BALANCE AS ON 30.3.2013** | **REMARKS** |
| 1. | NPHCE | 203.03 | 130.92 | 72.11 |  |

***\**Note: Subject to Error and Omission Expected.**

**(iv) Mental Health Programme**

**IMPORTANT FACTS**

* 6% t0 7% of population in country suffer from mental disorders in the country.
* Globally accounts for 12% of burden of disease and is expected to reach 15% by 2020(World Health Report 2001).
* >90% remains untreated.
* The Government of India has launched the National Mental Health Programme (NMHP) in 1982, keeping in view the heavy burden of mental illness in the community, and the absolute inadequacy of mental health care infrastructure in the country to deal with it.

**AIMS AND OBJECTIVES OF NATIONAL MENTAL HEALTH PROGRAMME**

* Prevention and treatment of mental and neurological disorders and their associated disabilities.
* Use of mental health technology to improve general health services.
* Application of mental health principles in total national development to improve quality of life To ensure availability and accessibility of minimum mental health care for all in the foreseeable future, particularly to the most vulnerable and underprivileged sections of population.
* To encourage application of mental health knowledge in general health care and in social development.
* To promote community participation in the mental health services development and to stimulate efforts towards self-help in the community.

**DISTRICT MENTAL HEALTH PROGRAMME.**

Launched in 1996 under NMHP.

**Staff under DMHP**

* **Nodal Officer**
* **Psychiatrist**
* **Nurse**
* **Clerk cum Computer Operator**
* **Clinical Psychologist**
* **Driver**
* **Psychiatric**
* **Social Worker**
* **Attendant.**

**AIMS AND OBJECTIVES OF DISTRICT MENTAL HEALTH PROGRAMME.**

* To provide sustainable mental health services to the community and to integrate these services with other health services
* Early detection of patients within the community itself.
* To see that patients and their relatives do not have to travel long distances to go to hospitals in the cities.
* To reduce the stigma attached towards mental illness through change of attitude and public education.
* To take pressure off the hospitals.
* To treat and rehabilitate mentalpatients discharged from the mental hospital within the community.

**IMPLEMENTATION OF DISTRICT MENTAL HEALTH PROGRAMME IN EAST DISTRICT SIKKIM.**

* POPULATION: 2,81,293.

**MENTAL HEALTH ISSUES IN SIKKIM.**

* Suicide is one of the major public health problems, NCRB data of 2008, Sikkim ranks first in India (48.2 per lakh of population).
* Alcohol  abuse and other drug abuse.
* Around 12% of deaths as per Medically Certified Causes of Deaths are due to Alcohol which is alarming.
* 60% of Cancers in Sikkim are Tobacco Related.

**ACTIVITIES UNDER DISTRICT MENTAL HEALTH PROGRAMME**

**I. TRAINING.**

• Doctors                          • AW teachers, Asha  
• Nurses                           • Paramedical                   • Community Leaders, PRIs

**II.IEC**

* Mental Health Awareness programmes
* Schools,
* NGO'

**OPD Services.**

* District Hospital, Singtam.
* Specialist camps In CATCH programme.
* General OPD duties to screen mental health related disorders.

Liaison services to private Rehabilitation centres.

So far we have seen 569 new cases and 126 follow up cases. Most of cases were common mental disorders like mixed anxiety and depressive disorders, somatoform disorders, insomnia. Few cases of psychosis and schizophrenia were also seen. One patient of RARE Case like KORO too was attended in OPD. Patients with suicidal ideation and suicidal attempts too were attended. The cause being depression and relation break up respectively.

**FINANCIAL POSITION:**

Under the State Mental Health Authority, Rs. 9,00,000/- only (Rupees Nine Lakh Only) was released by Government of India in the Financial Year 2012- 13 and under the District Mental Health Programme Rs. 19,22,000/- Only (Rupees Nineteen Lakh, Twenty Two Thousand Only) was received from Government of India. Both the amount have been utilized completely.

**(v) Tobacco Control Programme**

**Addiction related to tobacco is important risk factor for growing epidemic of non- communicable disease in Sikkim. The major killer diseases identified in the State are cardiovascular diseases, Tuberculosis, Respiratory Diseases and Cancer. Tobacco is major risk factor for all the above killer diseases. Smoking in public place was prevalent throughout the state. Keeping in view the department took initiative to address the issues. Cigarettes and other Tobacco product Act 2003 was implemented in the State in the Year 2008. In the initial stage awareness campaigns and No smoking Signages were initiated in the some public places like Government offices series of sensitization and Training workshop for programmes officer, Law enforcers including all police officers, Medical Officers, all Health personnel, NGOs Civil Society, media and others in Urban and Rural areas were conducted. In the short span of two years Sikkim was declared smoke free state, the first state in India on the occasion of world No Tobacco Day. And it has become a model state for remaining States in the Country. However, maintaining the sustainability is tough issue to be dealt. Keeping in view constant monitoring exercises is being carried out throughout the state. This exercise includes, orientation training workshops, awareness programmes to law enforcers, police officers, medical officer and staffs, NGOs police personnel, representative of religious organizations, various associations, stake holders Radio spots/TV spots are being given prime importance to generate mass awareness. Constant monitoring & raids by the squads is routine features of the Tobacco Control Cell. It is expected and targeted to make Sikkim Tobacco Free State in near future.**

**MAN POWER.**

**The State Tobacco Control Programme is being managed by the Sanitation Cell of the department at the State level. Additional Director cum state Health Officer is the State Nodal Officer assisted by Deputy Director Sanitation & Assistant Director Sanitation. Similarly, at the district level.**

**Programme is extended in South & East District only guided by one District Nodal Officer, law enforcing officer and one data entry operator in each district. North district & South District is being monitored & supervised by the state Tobacco Control Cell. It is expected that the separate budget allocations would be earmarked for the two districts also.**

**BUDGET**

**Separate budget of Rupees, 6, 50,000/- each was allocated to the East & South District for the year 2012 – 2013. In the year 2012 – 13, budget of Rupees, 10, 00,000/- (Rupees Ten lakhs) only was allocated to the State Tobacco control cell under NRHM flexi pool.**

**ACHIEVEMENT.**

**Sikkim has maintained the smoke free status. The Tobacco Control Cell has collected Fine of Rs. 2, 32,405/- (Rupees, Two lakhs thirty two thousand four hundred and five) only till data against the violations of COTP Act 2003.**

**FUTURE STRATEGY:**

**The State Tobacco Control Cell shall work for Tobacco free Sikkim.**

**5. Clinical Establishment**

1. **Brief Report on the Implementation of the Act & Manpower**

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

**The act was being implemented through the sanitation cell of HC, HS & FW department under the guidance of Director, Health Services till July 2012. The renewal of the licenses of the clinics and laboratories were done as per the 1995 Act. In fact all the optical centre in the State (total = 16) are registered under the old Act.**

**State Health Officer, who joined in August 2012, was given the charge to implement the new act in the State. She is supported by Deputy Director (S) and Assistant Director (S) and one office staff for carrying out the activities under the Act. The fund was not earmarked for this activity during for 2012 – 2013. Therefore, it took a long time to initiate the preliminary activities for the implementation of the Act in the State. However, under the guidance of Director (III) Health Services and financial support from NCD, Programme following activities has been completed.**

1. **Constitution of State Council for Clinical Establishment.**
2. **Constitution of District Registering Authority.**
3. **1st State level meeting was held on 22nd August 2012, at European Conference hall, STNM Hospital Gangtok.**
4. **Printing of Registers and formats for all four District Registering Authorities including Gangtok Municipal Corporation.**

**5. Issue of provisional registration to Govt. health facilities and private clinical establishments.**

**The registers for maintaining the records of clinical establishment, application forms official’s seals of DRA and other necessary formats were distributed to DRA East, West, North and South. All the CMOs were instructed to take immediate action for provisional registration of the Clinical Establishment.**

**Accordingly, 1st meeting of the DRA (E) and GMC area was held under chairmanship of the D.C (E) on 5.12.12 in the official chamber of D.C. (E) Similar meetings were also held at the District Level.**

**Notice inviting applications for provisional registration was published in Sikkim express and NOW. Notice was also issued through Nayuma cable television. The date of submission of filled up application forms along with the necessary documents was 31.1.2013.**

**A meeting was held in the chamber of Director Health Services under the chairmanship of Director (III) on 4.1.13 with all Assistant Director to discuss the ongoing activities for the implementation of the Act. All Assistant Directors (S) played active role in providing provisional registration to Government and private health care facilities in the concerned Districts. The detail report on the registration of Government health facilities have been received from East, West, North and South Districts. All the application forms were compiled as per prescribed format in the office of State Health Officer.**

**A meeting was held on 11.3.2013 with the Department of personnel, Administrative and Reforms Training (DOPART), Law, Urban development and Housing Department under the chairmanship of Director General cum Secretary, HC, HS & FW Department to discuss on issuance of licenses to practicing Govt. doctors who are not availing Non- practicing allowance.**

**The 2nd meeting of the District Registering Authority (E) including GMC area was held on 13.3.13 under the chairmanship of D.C (East). Various topics like constitution of Inspection committee, criteria/standards to be fulfilled by the Clinical Establishment, registration of optometric centre and action to be taken on non- compliance of the provisions of the Act were discussed.**

**An amount of Rs. Two lacs was provided by FRED Government of Sikkim through Health Department for implementation of the Act in March 2013.**

**The detail of the expenditure is as below:-**

* **Payment of bills pertaining to notice issued in Sikkim express, NOW and NAYUMA television Rs – 28,111,00/-**
* **Procurement of Stationary items – Rs- 25,005.00/-**
* **Procurement of two computers, printers and furniture – Rs. 105,426.00/-**
* **Printing of provisional and permanent certificates, application forms, challans etc. Rs- 41,408.00/-**
* **TOTAL = Rs. 1,99,950.00/-**

**Notice has been issued to those clinical establishments who have not yet applied for provisional registration.**

**6. Births & Deaths Cell (Civil Registration)**

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

*The Civil registration organization in the state is headed by the Principal Director of Health Services as the Chief Registrar who is Chief Executive Authority in the state under Section 4(1) of Births and Deaths Act, 1969. Vital statistics data is one of the prerequisites for better planning and development at national level as well as at the state level is a reliable estimate of the population figures. It has also become a vital tool with planner and for catalyzing economic activities, administrative reforms and developing human resources. Civil registration system aimed to achieve 100% registration by 2010.*

Keeping this view in mind, the Health Care Human Services and Family Welfare Department, Registration of Births and Deaths cell needs to be provided with adequate funds for expenditure relating to civil registration work in the budget head.

**Organizational setup:**

**At the State Head Quarter:**

.Chief Registrar (Director Dental Health Services) assisted by:

(a) Joint Director, statistical Service

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

(c) Registrar (Deputy Director), Statistical Services

(d) Other statistical & clerical staffs

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

. Field Assistant-1 at STNM Hospital.

**DISTRICT LEVEL**

District Registrar

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

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

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

CRH, Tadong has a psychiatrist, STNM Hospital, Gangtok, has Gynaecologist and Lt. Colonel in Military hospital, Gangtok as registrar.

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

**Information System**

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

**Trainings**

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

During this calendar year, we conducted training on MCCD with the fund provided by the Office of Registrar General, India. Total one hundred and eighty one doctors and coders were trained in six different venues, such as at the District Hospitals North, East, West and South, S.T.N.M. Hospital and Central Referral Hospital. Dr. O.T. Lepcha and Dr. Ima Pradhan were the resource persons.

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

With the fund received from the ORGI, New Delhi, training on CRS was conducted in thirteen different centres, were 1109 numbers of trainees (Registrar Births & Deaths, CDPOs, AWW, Dealing assistants and ICDS supervisors,) were trained by Dr. T.B. Rai, chief Registrar-cum-director, Births & Deaths and Mr. S.C. Dhakal, deputy director -cum- Registrar, Births & Deaths.

**Correction and cancellation**

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

**Offences, Penalties, Prosecutions**

There were no offences, penalties or prosecution this year.

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

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

A total of 1500 medical certificate of cause of deaths were received from various registration centers during the year 2012 which is about 45 percent of total registered deaths in the current year.

**Maintenance of Records**

The Registrar is required to maintain the record of all births, still births and deaths in printed register provided. Every year on the first day of January new register is opened by the Registrar. As the records of births and deaths are of permanent importance and must not be destroyed, these registers are kept in safe custody in steel closets provided by Office of the Registrar General, India. Efforts are required to preserve these historical records considering their legal values. This year with the fund received from ORGI, New Delhi, to preserve and maintain 161 numbers of Civil Registration records of all the 32 Registration Centres were possible.

**Computerization of Records**

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

**IEC Activities:**

IEC could not be conducted as there was no fund available.

**Achievement during the year - 2012**

Out of 8721 numbers of live births registered (Table-1) 8335 (Table-2) events were registered within 21 days. Total number of deaths registered was 3616 (Table-7), out of which 3363 (Table-9) events were registered within 21 days and 1500 (Table-8) were Medically Certified deaths. The level of live birth registration coverage within 1 year of its occurrence was 81% and death was 106%.

Table -1

**LIVE BIRTHS REGISTERED DURING THE YEAR 2012**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DISTRICT | LIVE BIRTHS REGISTERED WITHIN ONE YEAR | | | PERCENTAGE OF REGISTRATON | \*SEX RATIO AT BIRTH |
| MALE | FEMALE | TOTAL | SRS |
| EAST | 2521 | 2390 | 4911 | 99 | 105 |
| NORTH | 193 | 210 | 403 | 53 | 92 |
| SOUTH | 970 | 943 | 1913 | 74 | 103 |
| WEST | 736 | 758 | 1494 | 62 | 97 |
| TOTAL | 4420 | 4301 | 8721 | 81 | 102 |

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

This table shows the total number of live births registered within one year and percentage as per Sample Registration System with sex ratio.

The sex ratio of our state is favorable. (102 males/100 females)

Table -2

**TIME GAP IN REGISTRATION OF LIVE BIRTHS (DISTRICTWISE)- 2012**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DISTRICT | Within 21 | After 21-30 days | After 30 days to 1 Year | After 1 Year |
| East | 4753 | 69 | 89 | 1278 |
| North | 373 | 5 | 25 | 287 |
| South | 1809 | 19 | 85 | 995 |
| West | 1400 | 22 | 72 | 1054 |
| State | 8335 | 115 | 271 | 3614 |

This table shows district wise data with time gap in registration of live births in the

state. The periods are divided in four parts, current registration within twenty one

day, after twenty one to thirty days, after thirty days to one year and after one year.

Table -3

**Live Births By Type of Attention At Delivery-2012**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Rural  &  Urban | Institutional | | Non–Institutional/Domiciliary | | | Total |  |
| Government | Private and  Nongovernment | Doctor, Nurse &Trained midwife | Traditional Birth Attendant | Relative &  Others |
| Rural | 5717 | 664 | 0 | 0 | 1478 | 7859 |
| Urban | 166 | 61 | 0 | 0 | 61 | 288 |
| Total | 5883 | 725 | 0 | 0 | 1539 | 8147 |

This table shows 6608 Institutional deliveries (81%) and 1539 Non Institutional /Domiciliary deliveries which is 19 % of the total deliveries.

Table -4

**INSTITUTIONAL LIVE BIRTHS BY METHOD OF DELIVERY-2012**

|  |  |  |  |
| --- | --- | --- | --- |
| Method Of Delivery | Type of Institution | | Total |
| Government Hospital | Private/Non Government |
| Natural | 4818 | 291 | 5109 |
| Caesarean section | 997 | 408 | 1405 |
| Forceps/Vacuum | 67 | 26 | 93 |
| Not stated | 01 | 0 | 01 |
| Total | 5883 | 725 | 6608 |

The above table 4 shows77.3 % of natural delivery, 21.3% of caesarean and

1.4 % of Forceps/vacuum deliveries.

Table -5 **LIVE BIRTHS BY AGE OF MOTHER AND BIRTH ORDER-2012**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Age of Mother  (Years) | Birth order (Number) | | |  |
| 1 | 2 | >2 | Total |
| <15 | 02 | 0 | 0 | 02 |
| 15-19 | 791 | 908 | 94 | 3236 |
| 20-24 | 2234 | 921 | 437 | 2452 |
| 25-29 | 411 | 425 | 295 | 2452 |
| 30-34 | 83 | 134 | 223 | 440 |
| 35-39 | 8 | 8 | 58 | 74 |
| 40-44 | 8 | 8 | 58 | 74 |
| 45 & above | 0 | 1 | 11 | 12 |
| Not stated | 0 | 0 | 0 | 0 |
| Total | 4623 | 2405 | 1119 | 8147 |

42 % of live births registered are the children born to the mothers under the age

group of 20-24 years and 0.1 % of the children are born to the mothers under

the age group of mother 45 years and above.

Table – 6

**LIVE BIRTHS BY LEVEL OF EDUCATION OF FATHER AND MOTHER AND BIRTH ORDER-2012**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Level of Education | Birth Order | | | | | |  | |  |
| 1 | | 2 | | >2 | | Total | |
| Father | Mother | Father | Mother | Father | Mother | Father | Mother |
| Illiterate | 194 | 215 | 185 | 258 | 208 | 349 | 587 | 822 |
| Below Primary | 584 | 463 | 348 | 391 | 246 | 250 | 1178 | 1104 |
| Primary but below Metric | 2169 | 2198 | 1127 | 1111 | 497 | 411 | 3793 | 3720 |
| Metric but below Graduate | 1016 | 1134 | 471 | 402 | 112 | 47 | 1599 | 1583 |
| Graduate & above | 526 | 458 | 207 | 160 | 23 | 16 | 756 | 634 |
| Not Stated | 134 | 155 | 67 | 83 | 33 | 46 | 234 | 284 |
| Total | 4623 | 4623 | 2405 | 2405 | 1119 | 1119 | 8147 | 8147 |

Parents with the education level of Graduate & above, below primary, primary but below metric and metric but below graduate have maximum one child and minimum more than two children where as Illiterate parents have maximum more than two children than one child.

Table -7

TOTAL **DEATHS REGISTERED- 2012**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DISTRICT | DEATHS REGISTERED WITHIN ONE YEAR | | | PERCENTAGE OF REGISTRATION |
| MALE | FEMALE | TOTAL | SRS |
| EAST | 1097 | 716 | 1813 | 114 |
| NORTH | 174 | 71 | 245 | 100 |
| SOUTH | 453 | 326 | 779 | 94 |
| WEST | 458 | 321 | 779 | 102 |
| TOTAL | 2182 | 1434 | 3616 | 106 |

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

Percentage as per Sample Registration System.

Table –8

**DISTRICT WISE DEATHS REGISTERED AND MCCD COVERED WITHIN 21 DAYS - 2012**

|  |  |  |  |
| --- | --- | --- | --- |
| District | No. of deaths registered | No. of medically certified deaths | % of Coverage |
| East | 1718 | 1004 | 59 |
| North | 212 | 88 | 42 |
| South | 722 | 277 | 38 |
| West | 711 | 131 | 19 |
| State | 3363 | 1500 | 45 |

Medically Certified Deaths contribute 45% out of all registered deaths within twenty one days.

Table -9

**TIME GAP IN REGISTRATION OF DEATHS (DISTRICTWISE)- 2012**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DISTRICT | Within 21Days | After21-30Days | After 30days to 1 Year | After 1 Year |
| East | 1718 | 49 | 56 | 168 |
| North | 212 | 7 | 26 | 12 |
| South | 722 | 17 | 40 | 71 |
| West | 711 | 23 | 45 | 119 |
| STATE | 3363 | 86 | 167 | 370 |

The above table shows district wise data with time gap difference in registration of deaths in the state. 84.4% of the total deaths are registered within 21 days.

Table -10

**TYPE OF ATTENTION AT THE TIME OF DEATH-2012**

|  |  |  |  |
| --- | --- | --- | --- |
| TYPE OF ATTENTION | Rural | Urban | Total |
| Institutional | 1557 | 74 | 1631 |
| Medical Attention  Other than Institution | 360 | 11 | 371 |
| No medical Attention | 1377 | 34 | 1411 |
| Total | 3294 | 119 | 3413 |

From the above table we can make out that maximum number of deaths have occurred after institutional medical attention.

Table -11

**REGISTERED DEATHS BY AGE GROUP 2012**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Age (Years) | Urban | | Rural | | Total | | Total |
| Sex | | Sex | | Male | Female |
| Male | Female | Male | Female |
| Below 1 Yr. | 1 | 0 | 73 | 59 | 74 | 59 | 133 |
| 1-4 | 1 | 0 | 15 | 9 | 16 | 9 | 25 |
| 5-14 | 0 | 0 | 35 | 34 | 35 | 34 | 69 |
| 15-24 | 3 | 4 | 107 | 90 | 110 | 94 | 204 |
| 25-34 | 8 | 6 | 194 | 124 | 202 | 130 | 332 |
| 35-44 | 8 | 3 | 200 | 121 | 208 | 124 | 332 |
| 45-54 | 15 | 3 | 280 | 192 | 295 | 195 | 490 |
| 55-64 | 16 | 8 | 260 | 178 | 276 | 186 | 462 |
| 65-69 | 7 | 2 | 155 | 112 | 162 | 114 | 276 |
| 70 & above | 21 | 12 | 599 | 405 | 620 | 417 | 1037 |
| Total | 80 | 38 | 1918 | 1324 | 1998 | 1362 | 3360 |

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

percentage of infant death is 4% out of total deaths registered and the

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

which is 31%.

Table-12

**Infant Deaths by Age and Sex (Rural & Urban) in Sikkim-2012**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Age | Rural | | | Urban | | | All Areas | | Total |
| Male | Female | Total | Male | Female | Total | Male | Female |
| Below 7 Days | 33 | 36 | 69 | 0 | 0 | 0 | 33 | 36 | 69 |
| 7 Days-28 Days | 10 | 6 | 16 | 0 | 0 | 0 | 10 | 6 | 16 |
| 28 Days-1 Year | 30 | 18 | 48 | 1 | 0 | 1 | 31 | 18 | 49 |
| Total | 73 | 60 | 133 | 1 | 0 | 1 | 74 | 60 | 134 |

Total 134 numbers of infant deaths were registered in this year. All most all

the deaths were of infants from rural areas and maximum deaths were

neonatal deaths .

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

**2012-2013**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.N. | Budget Head | Allotment  (Rs.in lakhs) | Expenditure  (Rs.in lakhs) | Remarks (supplementary) |
| 1. | 3454-Census Survey & Statistics  02-Survey and Statistics  02-III Vital Statistics  60-Regn. of Births & Deaths  60.00.01.Salary(P) | 40.88 | 51. 53 | ---------- |
| 2. | 3454.02.02. III. 60.60.  00.11.T.E (P) | ------------- | -------------- | ------------- |
| 3. | 3454.02.02.  60.60.0013. O.E (P) | 1.80 | 1.79 |  |
| 4. | 3454.02.02.III 60.00.26  Advertisement & Publicity | --------- | -------------- | --------------- |
| 5. | 3454.02.02.  60.60.00.51 M.V | 1.01 | 1.01 | ---------------- |
| TOTAL | | 43.69 | 54.33 |  |

Strategy and priority for the year 2013

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

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

To improve statistical data by sensitizing the notifiers, Public (Head of the family), AWW, 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.

Physical target propose

1. To reach the target we have set IEC becomes the priority to make the public aware that the registration has to be done at the place of its occurrence. For IEC- audio visual advertisement in television, radio announcement, promotional materials to be printed for distribution in English and local language, we require fund.

2. We require a data entry operator urgently to enter the statistical portions of the vital events on Civil Registration System, in the software provided by the ORGI, New Delhi, so that we may be able to compile the data in time then prepare and send the report wherever required.

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.

**7. 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, meat shops by the sanitation cell. The sanitation cell is also dealing with implementation of cigarettes and Tobacco control programme in the state of Sikkim.**

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

**National Rural Health Mission (NRHM) has launched Infection Management & Environment Plan (IMEP) to facilitate the Bio- medical waste management. In this programme facilities of waste management up to the public health sub-centre level have been provided. Under this programme procurement of all the basic requirement like consumable items, equipment like shredder and construction of sharp it/Bio- Medical waste pit in the PHC level have been made in the financial year 2012-2013 from (IMEP). In addition to this all the medical & paramedical personal have been imparted orientation training for proper disposal Bio- Medical waste management.**

**In addition to this the sanitation cells also look after clinical establishment programme in all the State as per the new SCE Act 2010 & Rule 2012.**

**BUDGET:**

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

**STREATEGY FOR THE YEAR 2013 – 2014.**

1. **Training of entire new appointee Health personal including group – D staff of Health Institution.**
2. **Total implementation of (IMEP) programme up to the sub centre level and proposed for equipment like microwave Disinfection machine for STNM Hospitals and District Hospital Mangan.**
3. **Total implementation & Enforcement of BMW management Rules for private Diagnostics centre and private clinics in the state for proper disposal of Bio- Medical Waste.**
4. **From the State Plan for the year 2013 – 14 minimum Rs 20, 00000 (Rs Twenty lakhs) has been proposed for consumable items and Diesel for incinerators.**

**8. Sikkim State Blood Transfusion Council**

**The Sikkim State Blood transfusion council (SBTC) was set up during the year 1996 on a directive of the Hon’ble Supreme Court of the India. It is an autonomous organization, registered as a society under the Societies Registration Act and functions in accordance with the guidelines received from the Nation Blood Transfusion Council, Ministry of Health, and Family welfare Government of India, from time to time. The office of the council, as per the guidelines, is located in the STNM Hospital complex, which is the premier hospital in the state. In accordance with the bye – laws of the council, the Director cum Medical Superintendent of the STNM Hospital is also the director of council who looks after day to day functioning of the council to achieve the aims and objectives of the council as set forth in the Memorandum of Association of the council as well as guidelines of the council.**

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

**The aims and objectives of the council are:**

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

**As on record Professional Blood Donors have been totally eliminated in the State. The council has been making concerted efforts, in collaboration with the clinicians, NGOs, and other agencies to achieve, 100 percent voluntary Blood Donation as fixed by NACO for Sikkim. The target of percentage of voluntary blood donation during the year 2012 – 13 of the council was 90% where as 84.8% was achieved in Government Blood Banks.**

1. **ORGANIZATIONAL SET – UP**

**The Council has a Governing body with the following 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 Govt. of Sikkim Gangtok** | **President** |
| **2** | **Principal Director, HC, HS and Family Welfare Department** | **Member** |
| **3** | **PCC – Cum – Medical Superintendent STNM Hospital Director/Member Secretary SSBTC** | **Director & Member Secretary** |
| **4.** | **Project Director, Sikkim State AIDS Control Society (SSACS)** | **Member** |
| **5.** | **Addl. Secretary/Addl. Director, Finance, Revenue & Expenditure Department** | **Member** |
| **6.** | **Licensing Authority, Drug Control** | **Member** |
| **7** | **Sr. Blood Bank Officer, STNM Hospital, Gangtok** | **Member** |
| **8** | **Sr. Blood Bank Officer, General Hospital, Namchi** | **Member** |
| **9** | **In – Charge Blood Bank, CRH, Tadong** | **Member** |
| **10** | **Medical Superintendent, SMIMS, Tadong** | **Member** |
| **11** | **One representative, Indian Red Cross, Sikkim Branch** | **Member** |
| **12** | **State Liaison Officer, National Service Scheme (NSS) Sikkim Branch** | **Member** |
| **13** | **President, United Christian Welfare society** | **Member** |

1. **MANPOER POSITION**

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

* **Director 01**
* **Joint Director IEC (Administration) 01**
* **Dy. Director IEC/Technical/Medical 01**
* **UDC 01**
* **LDC 01**
* **Peon 01**
* **Post Ex – Officio**
* **Post on contract scale/consolidated salary.**

**IN POSITION**

1. **Physical and financial target vis – a – vis achievement made during the year 2012- 2013 commensurate with the proposed strategy for 2013 -14.**

**A.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. NO.** | **PARTICULARS** | **SIKKIM SSACS** | **HC, HS, & FW DEPTT.** | **TOTAL** |
| **1.** | **Opening Balance** | **Rs. 00.00** | **Rs. 24977.00** | **Rs. 24,977.00** |
| **2.** | **Grand- In- Aid received from** | **Rs. 12,15000.00** | **Rs.500000.00** | **Rs.17,15000.00** |
| **3.** | **Bank Interest** | **Rs.19,146.00** | **Rs.00** | **Rs.19,146.00** |
| **4.** | **Total Fund Available** | **Rs.12,34,146.00** | **5,24,977.00** | **Rs.17,59,123.00** |
| **5.** | **Net Expenditure** | **Rs.12,34,146.00** | **Rs.5,22,012.00** | **Rs.17,56,158.00** |
| **6.** | **Closing Balance** | **Rs. 00.00** | **Rs.2965.00** | **Rs.2965.00** |

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

* **Strict Monitoring of Implementation of National Blood Policy by all the Blood Bank functioning in the State and all the other concerned.**
* **Achieving 100% Voluntary Blood Donation in Government Blood Banks, where as the Target fixed was 90% for year 2012-13.**
* **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 and Blood Components in collaboration with SSACS.**
* **Orientation/Training of Doctors and all other concerned hospital staff i.e Sisters and Technicians in collaboration with State AIDS Control Society on Blood Safety outside State.**
* **Assessing the need for need for Blood and Blood Components as per the requirement of Blood Banks in the State.**
* **Holding Blood Donation Camps from time to time in different parts of the State.**
* **Celebration of National Blood Donation Day and world Blood Donors Day by all the Blood Banks.**
* **Utilization of Infrastructure of the Department of Health Care Human Service and Family Welfare and State AIDS Control Society, wherever necessary, for achieving the above objectives. The includes advice to establish blood component Preposition Unit in the State.**
* **Counseling Services provided to Central Blood Bank STNM Hospital Gangtok through SSACS.**

1. **PHYSICAL AND FINANCIAL TARGET PROPOSED FOR 2013 -14 WITH STRATEGY.**

**ACTIVITIES TO BE UNDERTAKEN DURING THE YEAR 2013 -14**

* **Observation of National Blood Donation Day and World Blood Donor’s Day by all the blood banks in the State, as per the Guidelines for the year by NACO/NBTC.**
* **Achieving the target of 100% Voluntary Blood Donation Target for 2013 – 14 fixed by the NACO allocated for Sikkim State.**
* **Assessing the need for Blood and Blood components in the State month wise in each Blood Bank of State on the basis of their blood collection and supply in year 2012 – 13.**
* **Holding Blood Donation Camps from time to time in different parts of the State as per need of blood in different months of the year. As per the tentative list of Programme of Voluntary Blood Donation Camps for 2013 -14, submitted by individual Blood Bank.**
* **IEC Campaign/Blood Donors motivation camps to augment voluntary blood donation movement, extensive use of electronic and print media, like use of banners, booklets, advertisement on voluntary Blood Donation in local news papers, periodicals, city cables, AIR, Hoardings, Singles sponsored programmes, video spots and play etc.**
* **Finalization of Data Base and updating the directory of voluntary blood donors in the area of each blood bank in the state. Also to computerize it in collaboration with Information and Technology department of the state.**
* **Strict monitoring of implementation of “National Blood policy” by all the blood banks functioning in the state and all the other concerned. Supervisory visits to these blood banks to check the adherence to rules will be given.**
* **Holding of CME Programme for doctors/paramedical and other users of blood with emphasis on Blood Safety, National use blood and blood component in collaboration with SSACS.**
* **Orientation training like CME/Seminars/Workshop and conference of doctors/technicians/sisters/drug inspectors etc. on Blood Safety programmes in collaboration with SSACS.**
* **Provision of counseling services to all the blood banks in the state.**
* **Utilization of Infrastructure of department of Health Care Human Services and family Welfare to upgrade the transfusion services in the state.**
* **Motivation of eligible target group i.e youth for voluntary Blood Donation in School and Colleges through NSS. Also through NGOs like Red Cross, Nehru Yuva Kendra RRCs and others religious (FBOs) and Social organization (CB0’s). Also through the uniformed organization like S.A.P, S.S.B and I.T.B.P etc.**

**FINANCIAL OUTLAY (2013 – 14)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl. No:** | **PARTICULARS** | **AMOUNT (RS)** | | | | **GRAND TOTAL** |
| **1.** | **Salaries of Staff Administrative** | **Full Time Employee** | | | |  |
|  |  | **UDC** | **Rs.23,202x12=2,78,424.00** | | |
| **LDC** | **Rs.19,837x12=2,38,044.00** | | |
| **Peon** | **Rs.18,826x12=2,25,912.00** | | |
|  | **Allowances 10%** | **Rs.7,42,380.00** | | |
| **Rs.7,42,38.00** | | |
|  | **Round off Total.** | **Rs.8,16,618.00** | | | **Rs.8,16,618.00** |
| **2** | **Office Expenses** | **Stationary:-** | | | **Rs.35,000.00** |  |
|  | **Fax Telephone charge:** | | | **Rs.25,000.00** |
| **Internet:-** | | | **Rs.20000.00** |
| **Equipment maintenance:-** | | | **Rs.30,000.00** |
| **Misc. Exp.Safai karmachari** | | | **Rs.20,000.00** |
| **1.1500x2 Nos=3000x12=36,000.00** | | | |
| **Total** | | **Rs.1,66,000.00** | | **Rs.1,66,000.00** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SL.**  **NO:** | **PARTICULARS** | **AMOUNT (RS)** | | **GRAND TOTAL** |
| **3.** | **Office Equipments 1. LCD projector cum sound system & camera** | **Rs.2,50,000.00** | | **Rs.2,50,000.00** |
| **4.** | **IEC Programme** | **1.Hoardings:-** | **Rs.150,000.00** |  |
|  |  | **2.IEC Materials:-** | **Rs.200,000.00** |
|  |  | **3.Advertisement for blood-donation/motivation awareness programme through out Sikkim**  **Through:- Video spots-** | **Rs.100,000.00** |
|  |  | **Local TV** | **Rs,100,000.00** |  |
| **F.M Radio:-** | **Rs.130,000.00** |
| **AIR Jingles:-** | **Rs.30000.00** |
| **Play:-** | **Rs.100.000.00** |
| **Local News Papers:-** | **Rs.150,000.00** |
| **Direct IPC:-** | **Rs.100,000.00** |
|  |  | **Total** | **Rs.10,60,000.00** | **Rs.10,60,000.00** |

|  |  |  |  |
| --- | --- | --- | --- |
| **SL.**  **NO:** | **PARTICULARS** | **AMOUNT (RS)** | **GRAND TOTAL** |
| **5** | **CME/Orientation Training** | **Rs.200.000.00** | **Rs. 200.000.00** |
| **6** | **Other Activities:-** |  |  |
| **a.** | **Observance of National Blood Donation Day and World Blood Donors day in all the Blood Banks in the state.** | **Rs.200.000.00** | **Rs.200.000.00** |
| **b.** | **Training to NGOs CBOs, FBOs, RRC, for promotion of Voluntary Blood Donation** | **Rs.100,000.00** | **Rs.100.000.00** |
| **7** | **Promotion of Voluntary Blood Donation** | **Rs.350,000.00** | **Rs.350.000.00** |
| **8** | **Total funds required during the year 2013 -14.** | **Grand Total** | **Rs.31,42,618.00** |

**Note: - Out of the total of Rs. 31,42,618.00 50% of state share i:e (Rs.15,71,309)**

**Rupees Fifteen lakhs seventy one thousand three hundred and nine) only is to be provided as the state share from HC, HS, & FW.**

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

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

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

**10. State Health Mechanical Workshop**

**The State Health Mechanical Workshop established in the year 1991 takes up maintenance and repair of entire fleet of the departmental vehicles. The mechanical cell is headed by Superintending Engineer (Mech.) supported by Divisional Engineer (Mech.) Two Assistant Engineer (Mech.) Junior Engineer (Mech.) and other staff.**

**The expenditure on repair of the vehicles is met from respective head of accounts for various schemes. The fund provided under plan & non- plan heads for the year 2009 – 2010 are as under:-**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.No.** | **Details** | **Head** | | |
| **Plan** | **Non Plan** | **Total** |
| **1.** | **Salaries** | **143** | **2129** | **2272** |
| **2.** | **Wages** | **4368** | **-** | **4368** |
| **3.** | **Travel expenses** | **-** | **-** | **-** |
| **4.** | **O.E** | **-** | **-** | **-** |
| **5.** | **Supply & material** | **-** | **882** | **882** |
| **6.** | **Other charges** | **1** | **-** | **1** |
| **7.** | **Motor vehicle** | **-** | **-** | **-** |
| **8.** | **Machineries & tools** | **1** | **-** | **1** |

**Apart from the routine maintenance and emergency repairs of the entire fleet, the mechanical workshop has taken up major overhauling, of the following vehicles in the year 2012 – 13.**

|  |  |  |
| --- | --- | --- |
| **Sl.No.** | **Vehicle No** | **Nature of Repair** |
| **1.** | **SK-01-G- 1599** | **Engine overhauling** |
| **2.** | **SK-0-G- 1577** | **Engine overhauling** |
| **3.** | **SK-01-G- 1495** | **Major Transfer and running repair** |
| **4.** | **SK-01-G-1484** | **Engine overhauling** |
| **5.** | **SK-01-G-0076** | **Major overhauling engine.** |
| **6.** | **SK-01-G-1594** | **Engine overhauling** |
| **7.** | **SK-01-G-1596** | **Engine overhauling** |
| **8.** | **SK-01-G-1486** | **Fuel pump overhauling** |
| **9.** | **SK-02-9611** | **Major running repair** |
| **10.** | **SK-01-A-6876** | **Fuel pump overhauling** |
| **11.** | **SK-01-A-0042** | **Fuel pump overhauling** |
| **12.** | **SK-02-A-3087** | **Fuel pump overhauling** |
| **13.** | **SK-01-A-6858** | **Major gearbox overhauling** |
| **14.** | **SK-01-G-1546** | **Major running** |
| **15.** | **SK-01-G-1478** | **Fuel pump overhauling** |
| **16.** | **SK-01-G-1570** | **Major running repair and painting** |
| **17** | **SK-01-A-005** | **Minor Engine overhauling** |
| **18.** | **SK-01-G-1501** | **Major Engine repair** |
| **19.** | **SK-04-2435** | **Major running repair.** |

**Mechanical Division has repaired the Generators of STNM and Singtam District Hospital. Further, Re strengthening and reinstallation for Incinerator chimney of Gyalzing Hospital which was damaged badly by cyclone in the year 2010 has also been done. The machine is now functional.**

**11. General Nursing Training School**

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

**GNM Training is a Diploma course and till the year 2004 the duration of the course was of 3 years. The syllabus has been revised and the duration of the training period for GNM has been increased from 3 years to 3 ½ years. The additional 6 months has been dept for Internship so that the students can develop desired competencies.**

**Till the year 2011, the admission criterion for ANM course was class X pass, from 2012 onwards the INC has revised the syllabus and the basic Educational Qualification required for ANM course is Class XIII pass.**

**Number of GNM students undergoing training at present.**

**18 numbers of students are in GNM (Internship)**

**20 numbers of students are in 2nd year GNM**

**20 numbers of students are in 1st year GNM**

**20 numbers of students in 1st year ANM**

**Total – 78 numbers of students are undergoing training at present in GNM Training School.**

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

**Activities of the Students.**

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

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

**Third year GNM students are taken to old age Home, Kalimpong and any industry within the state as an educational visit.**

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

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

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

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

**Remuneration to the Students:-**

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

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

**Activities of teaching faculty:**

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

**Staffing Pattern of the GNM Training School.**

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

**The Number of GNM Students Passed out till date:**

**In the year 2003 – 20 Students**

**In the year 2004 – 16 Students**

**In the year 2005 – 14 Students**

**In the year 2006 – 19 Students**

**In the year 2008 – 10 Students**

**In the year 2009 - 16 Students**

**In the year 2010 - 19 Students**

**In the year 2011 - 20 Students**

**In the year 2012 - 20 Students.**

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

**2007 - 20 nos**

**2009 - 19 nos**

**2010 - 19 nos**

**2011 - 20 nos**

**2012 - 20 nos**

**2013 - 18 nos**

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

**Budgetary Support and Expenditure:**

**The School of nursing was upgraded to GNM Training School in the year 2000 and the financial aid was provided by Government of India but since 2004, the GNM training is being funded from State Plan and ANM training is from Family Welfare Section. Since the Principal Nursing Officer is not DDO, the financial control lies with the department only (HC, HS & FW).**

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

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

**Re- Strengthening of the Infrastructure.**

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

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

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

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

**The additional warden needs to be posted for smooth functioning of the hostel as we have only one full time warden at present.**

**12. State Health Information Edu. & Communication Bureau**

**I.E.C Activities comprises of dissemination of awareness generation campaign on preventive primitive aspect of health through interactive programmes, electronic media, literatures by trained Health Educators, Health Education Officer, Deputy Directors, Medical Officers, & other health personnel in every hook and corner of our state.**

**I.E.C. Activities are implemented under NRHM/RCH under the guidelines of Govt. of India whereas School Health Programme. Dental Health Programme, Release of Advertisement, Publicity Campaign is covered under State I.E.C budget. Publicity Campaign, procurement of Electronic items like compute, Laptop, Stroller, Hoardings, Banners & Stationeries, Printing of Posters & Production of video spot, video films, jingles to be broadcasted from AIR/screened through cable TV are met from both NRHM/RCH & State Budget.**

**Beside I.E.C Bureau organize health exhibition during Mela, Health Mela and in school to create awareness. Capacity Building & skill development training to health personnel too are one of the major activities of I.E.C.**

**Celebration/Observation of World Health Day, World No Tobacco Day, International Day against drug abuse & Illicit Trafficking, World Population Day, Breast Feedings Week are some of the main features of IEC.**

**IEC media team covers all the programmes of health. Others programmes conducted under NRHM/RCH for the year 2012 -2013.**

**Awareness on Non- Communicable Diseases.**

**Awareness on Communicable Diseases.**

**World Population Day.**

**Breast Feeding Day.**

**World New Born Week**

**Increase Awareness.**

**Exhibition**

**World Health Day.**

1. **World Breast Feeding Day - World Breast Feeding will be observed on 5th August every year. Banner will be displayed in State H.Q, District Hospital & each PHC on the bases of theme given by W.H.O message through local papers, FM, AIR, TV cables will be disseminated with a view to promote the message programmes is to be organized in the PHC, District, H.Q & UFWC on the day.**
2. **World Population Day \_ World Population Day will be observed on 11th July every year. Banner will be displayed in the State Headquarter, District Hospital & each PHC. On the basis of the theme given by WHO message through Radio, TV, Cable & paper will be disseminated. With a view to promote the message programme is to be organized in the PHC, District Headquarter on the day.**
3. **New Born Week - New Born Week will be observed on 5th November every year. Banner will be displayed in State HQ, PHC and District Hospital on the bases of theme messages are given through local papers, cables, FM & AIR.**
4. **Exhibition - Exhibition are held during health programme, health mela, maghey mela, army health camps and in the schools. The main aim to display the exhibition is to create awareness on various diseases like Non- Communicable diseases and Communicable Diseases.**
5. **Sensitization of Awareness Camp- In this programme new health issue, policy passed by Government of India and State Government/Supreme Court is to be disseminated audience like JSY, Health Insurance Policy and PNDT Act etc. Resources person should clarify all the answers raised by audience.**
6. **World Health Day - World Health Day will be observed on 7th April every year. Banner will be displayed in the State Head Quarter, District Hospital and each PHC on the basis of theme given by WHO message through Radio, TV and Cable and paper will be disseminated. A mass rally and various health related programme also be organized for general public awareness.**
7. **Non- Communicable Diseases – It is observed that Non- Communicable Diseases is the number one public health problem of the state in the recent years. Sikkim has seen dramatic change in causes of death in recent years. It is generally observed that most of the deaths are due to non- communicable diseases. Department has attempted to address this most important public health programme comprehensively and in integrated manner.**

**DISTRIBUTION OF TOTAL APPROVED BUDGET I.E RS 17.56+46.20 = 63.76 TO CONDUCT IEC ACTIVITIES IN HEADQUARTER IEC DISTRICT (IEC) & UFWC (IEC) FOR THE YEAR 2012 – 2013.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. No** | **Activities** | **Unit Cost** | **State H.Q** | **East** | **West** | **North** | **South** | **UFWC** | **Total** |
| **2** | **Sensitization camp in the felt need area/community** | **05** | **-** | **1.20** | **1.20** | **75** | **1.20** | **45** | **4.8** |
| **2** | **Outsourcing health communication programme** | **05** | **-** | **10** | **10** | **10** | **10** | **05** | **45** |
| **3.** | **Contingencies** | **25** | **50** | **25** | **25** | **25** | **25** | **25** | **1.75** |
| **4.** | **Awareness on Non- Communicable Diseases** | **05** | **-** | **80** | **80** | **60** | **80** | **10** | **3.10** |
| **5.** | **Awareness on Communicable Diseases** | **05** | **-** | **80** | **80** | **60** | **80** | **10** | **3.10** |
| **6.** | **World Population Day** | **05** | **10** | **05** | **05** | **05** | **05** | **-** | **3.0** |
| **7.** | **Health Mela** | **5.0** | **-** | **5.0** | **5.0** | **5.0** | **5.0** | **-** | **30** |
| **8.** | **Preparation of Hoarding Advertisement through local papers, FM Local cable etc. of NRHM** | **16 for Hoardings** | **8.0** | **-** | **-** | **-** | **-** | **-** | **8.0** |
| **9.** | **Film Production on NRHM** | **1.50** | **3.0** | **-** | **-** | **-** | **-** | **-** | **3.0** |
| **10.** | **Production of IEC Print Materials** | **0.25** | **12.0** | **-** | **-** | **-** | **-** | **-** | **12.0** |
| **11.** | **Procurement of Accessories for Photography Videographer** | **-** | **1.50** | **-** | **-** | **-** | **-** | **-** | **1.50** |
| **12.** | **Strengthening of BCC/IEC programmes** | **-** | **3.76** | **-** | **-** | **-** | **-** | **-** | **3.76** |
| **13.** | **Development of range of materials to support BCC/IEC programmes.** | **-** | **2.0** | **-** | **-** | **-** | **-** | **-** | **2.0** |
|  | **TOTAL** | **-** | **30.86** | **8.20** | **8.20** | **7.35** | **8.20** | **95** | **63.76** |

**IEC ACTIVITIES IN MATERNAL HEALTH FOR THE YEAR 2012 – 2013 RS.7.51**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.**  **No** | **Activities** | **Unit Cost** | **State H.Q** | **East** | **West** | **North** | **South** | **UFWC** | **Total** |
| **1.** | **World Breast Feeding Week** | **1,000/-PHSC** | **-** | **48** | **41** | **19** | **39** | **-** | **-** |
| **2.** | **World Breast Feeding Week** | **5,000/- PHC & Distt.** | **-** | **40** | **40** | **30** | **40** | **05** | **3.02** |
| **3.** | **Celebration of New Born Week** | **1,000/- PHSC** | **-** | **48** | **41** | **19** | **39** | **-** | **-** |
| **4.** | **Celebration of New Born Week** | **5,000/-PHC & Distt.** | **-** | **40** | **40** | **30** | **40** | **05** | **3.02** |
| **5.** | **Celebration of safe Motherhood** | **1,000/-PHSC** | **-** | **48** | **41** | **19** | **39** | **-** | **1.47** |
|  | **TOTAL** | **-** | **-** | **2.24** | **2.03** | **1.17** | **1.97** | **10** | **7.51** |

**Integrated IEC**

**IEC and BCC is one of the major components under RCH II. 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. The is because the National health programmes are mostly dependent on effective IEC activities.**

**The IEC activities approach is mainly through Audio Visuals, literature, posters and health education including changing behavior pattern under BCC for prevention of lifestyles diseases.**

1. **Improve quality of RCH Services through capacity building to service provides to dispense quality services including capacity building of NGOs PRIs. Local clubs, Teachers and Religious leaders in the rural area.**
2. **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 Baby and JSY adolescent for nutrition education for prevention of anemia and risk of early marriage.**
3. **To improve maternal health, health education and publicity is carried out through celebration of breast feeding week, new born week, motherhood week and world population week throughout the state.**
4. **Provision of token of appreciation to the ASHA to motivate them for their good work in the form of certificates etc.**
5. **Awareness generation also requires IEC materials with health messages which is provided in the form of leaflets, pelmets, wide publicity through advertisement in local papers local cables, FM and All India Radio.**
6. **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 all the programmes under NRHM. The maintenance is mainly required for Acoustic digital studio which has been set up IEC Bureau and computer & A.V. equipments, cameras at all the district.**
7. **Organization exhibition during Mela, Health Mela, Puja, Dashera in order to disseminate health message to the visiting people through display board, stand and other materials at state and district level.**
8. **Proper monitoring and supervision from the state and district level to ensure implementation of the IEC activities.**
9. **Evaluation for better implementation of IEC activities planning monitoring team are to be formed to monitor the activities based on current status of knowledge, attitude, beliefs and practices is required.**

**2012 – 2013 (Non – Plan).**

|  |  |  |
| --- | --- | --- |
| **MAJOR HEAD** | **BUDGET ALLOCATION** | **EXPENDITURE** |
| **2210-06-60-112-72-44-72-44-01 Salary** | **51.31,000.00** | **56,20,912.00** |
| * **do – 11 TE** | **61,000.00** | **60,390.00** |
| * **do – 13 OE** | **2,20,000.00** | **2,19,896** |
| * **do – 51 MV** | **82,000** | **-** |
| * **do – 52 ME** | **30,50,000.00** | **30,45,353.00** |

**2012 – 2013 (Non – Plan**

|  |  |  |
| --- | --- | --- |
| **MAJOR HEAD** | **BUDGET ALLOCATION** | **EXPENDITURE** |
| **2210-06-06-112-72-44-72-44-01 Salary** | **5,00,000.00** | **4,93,497.00** |
| **-do – 13 OE** | **2,28,000.00** | **2,25,385.00** |
| **-do – 51 MV** | **56,000.00** | **54,066** |

**MAN POWER POSITION AS ON 31/03/2013.**

|  |  |  |
| --- | --- | --- |
| **Sl. No.** | **Name** | **Designation** |
| **1.** | **Mr. Som Tshering Lepcha** | **Additional Director** |
| **2** | **Mr. Tara Poudyal** | **Deputy Director** |
| **3** | **Mrs. Diki Lhamu Lepcha** | **Deputy Director** |
| **4.** | **Miss Reeta Devi Rasaily** | **Editor** |
| **5.** | **Mrs. Bhiba Tamang** | **Accountant** |
| **6.** | **Mrs. Meera Bhandari** | **U.D.C** |
| **7.** | **Mrs. Bindu Tamang** | **Programme Assistant** |
| **8.** | **Mr.Palchen Lepcha** | **Projector Operator** |
| **9** | **Mr. Ujjal Baraily** | **Artist** |
| **10** | **Mr. Richard Lepcha** | **Project Operator** |
| **11** | **Mr. Dawazong Lepcha** | **Office Peon** |
| **12** | **Mr. Dhan Bahadur Pradhan** | **Driver** |
| **13.** | **Mr. Sonam Bhutia** | **Office Peon** |
| **14** | **Mr. Santabir Chettri** | **Driver** |
| **15** | **Mr. Nim Tshering Bhutia** | **Computer Operator** |
| **16** | **Mr. Dalim Sharma** | **Driver (M.R)** |
| **17** | **Mr. Tenzing Loday Lepcha** | **Asst. Project Operator (MR)** |
| **18** | **Mr. Bed Prasad Adhikari** | **Driver (M.R)** |
| **19** | **Mr. Santosh Kr. Rai** | **Deputy Director, North** |
| **20** | **Mrs. Tshering Uden Bhutia** | **Deputy Director, UFWC** |
| **21** | **Mrs. C.R. Pradhan** | **H.E.O Namchi** |
| **22.** | **Mr. Manu Bhai Sharma** | **H.E.O, Mangan** |
| **23** | **Mr. R.B. Pega** | **H.E.O, Soreng PHC** |
| **24** | **Mrs. Parim Linzerpa** | **H.E.O, Phodong PHC** |
| **25** | **Mr. Kishor Thapa** | **H.E.O Singtam** |
| **26** | **Miss Noday Lachungpa** | **H.E. Phodong PHC** |
| **27** | **Mr. Sonam Gyaltsen Bhutia** | **H.E , Melli PHC** |
| **28** | **Miss Tenzing Bhutia** | **H.E Samdung PHC** |
| **29** | **Mr. Passang Sherpa** | **H.E. Sinik PHC** |
| **30** | **Miss Bonisha Tamang** | **H.E. Sang PHC** |
| **31** | **Mr. Gyanendra Karki** | **H.E. Pakyong PHC** |
| **32** | **Miss Bindhiya Subedi** | **H.E. Gyalshing** |
| **33.** | **Mrs. Roshni Thapa** | **H.E. Jorethang PHC.** |

**13. Civil Engineering**

**The Civil Engineering cell under the department of Health Care, Human Services and Family Welfare, looks after the construction and maintenance of Health Centers of the State. The cell is headed by a Superintending Engineer with four Assistant Engineers (one electrical and three civil) and eight junior engineers (civil) (4 regular & 4 Adhoc) and two Junior Engineer (Adhoc basis). The detail status of Health Centers as on 31st March 2013 is as under:-**

**STATUS OF HEALTH CENTERS IN THE STATE OF SIKKIM AS ON 16.3.2013.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Particulars** | **East** | **West** | **North** | **South** | **Total** |
| **1** | **STNM** | **1** | **-** | **-** | **-** | **1** |
| **2** | **DISTRICT HOSPITAL** | **1** | **1** | **1** | **1** | **4** |
| **3** | **CHC HOSPITAL** | **1** | **-** | **-** | **1** | **2** |
| **4** | **PHC** | **6** | **7** | **5** | **6** | **24** |
| **5** | **PHSC UNDER GOVT. BUILDING** | **42** | **35** | **15** | **39** | **121** |
| **6** | **PHSC UNDER RENTED BUILDING** | **1** | **3** | **1** | **-** | **5** |
| **7** | **PHSC UNDER RENTED FREE BUILDIGN** | **4** | **2** | **-** | **-** | **6** |
| **8** | **DAMAGED PHSC** | **4** | **1** | **4** | **1** | **10** |
|  |  | **48** | **41** | **19** | **39** | **147** |
| **9** | **PHSC UNDER CONSTRUCTION** | **1** | **4** | **1** | **-** | **6** |
| **10** | **PHSC TO BE CONSTRUCTED** | **6** | **3** | **3** | **1** | **13** |
|  |  | **7** | **7** | **4** | **1** | **19** |

**STATUS OF PHSC AS ON 30.03.2013 PHSC UNDER CONSTRUCTION.**

|  |  |  |
| --- | --- | --- |
| **SL. NO:** | **NAME OF CENTER** | **REMARKS** |
| **1.** | **Basilakha (East)** | **Under Construction (NRHM)** |
| **2.** | **Nayabazar (West)** | **Under Construction (NRHM)** |
| **3.** | **Gangyap (West)** | **Under Construction (NRHM) land to be finalized.** |
| **4.** | **Lingthem (North)** | **New Construction TSP** |
| **5.** | **Phamtam (North)** | **Under Construction (NRHM)** |
| **6.** | **Legship (West)** | **Under Construction (NRHM)** |
| **7.** | **Karjee (West)** | **Under Construction (NRHM)** |

**DAMAGED PHSC TO BE CONSTRUCTED UNDER PM PAKAGE.**

|  |  |  |
| --- | --- | --- |
| **1.** | **Tumin** | **Re – Construction E/Sikkim** |
| **2** | **Pachak** | **Re – Construction E/Sikkim** |
| **3** | **Padamchey** | **Re - Construction E/Sikkim** |
| **4.** | **Sumin** | **Re – Construction E/Sikkim** |
| **5.** | **Lachen** | **Re – Construction N/Sikkim** |
| **6.** | **Lachung** | **Re – Construction N/Sikkim** |
| **7** | **Sakyoung Pentok** | **Re – Construction N/Sikkim** |
| **8.** | **Sipger** | **Re – Construction N/Sikkim** |
| **9** | **Reshi** | **Re – Construction W/Sikkim** |
|  | **Kewzing** | **Re – Construction S/Sikkim** |

**DAMAGED PHC TO BE CONSTRUCTED UNDER PM PAKAGE.**

1. **Passingdong PHC Re – Construction N/Sikkim.**

**NEW PHSC TO BE CONSTRUCTED**

|  |  |  |
| --- | --- | --- |
| **SL. NO:** | **NEW PHSC** | **CONSTRUCTED** |
| **1.** | **Kamling (West)** | **Proposed under NRHM** |
| **2** | **Mazitar** | **New Construction E/Sikkim** |
| **3** | **Lamaten** | **New Construction E/Sikkim** |
| **4** | **Syari** | **New Construction E/Sikkim** |
| **5** | **Ranipool** | **New Construction E/Sikkim** |
| **6.** | **Chungpung** | **New Construction W/Sikkim** |
| **7** | **Daramdin** | **New Construction W/Sikkim** |

**THE DETAILS OF WORK EXECUTED DURING 2012 – 2013 ARE AS UNDER:-**

|  |  |
| --- | --- |
| **Sl.No:** | **NAME OF WORKS** |
| **1.** | **Repair if Damaged Infrastructure in Health Department under NDRF**  **= 367 lakhs** |
| **2** | **Establishment of Health Facility at Tshangu at estimated cost of Rs – 50.00 lakhs** |
| **3.** | **Creation of Dialysis Units at STNM Rs. 50.00 lakhs** |
| **4** | **Total Fulfillment of construction demands sanctioned during the HCM 42 days tour** |
| **5** | **Reconstruction of damaged Infrastructure due to 18th September Earthquake 2011** |
| **6** | **Construction of Geriatric ward at Singtam & Namchi** |
| **7** | **Construction of 10 bedded Eye wing at Namchi** |
| **8** | **Construction of 10 bedded female DOTs Plus site at STNM Hospital** |
| **9** | **Construction of Geriatric Ward at Namchi.** |

**THE DETAILS OF ONGOING WORKS DURING 2013 – 14.**

|  |  |
| --- | --- |
| **Sl.No:** | **NAME OF WORKS** |
| **A.** | **Reconstruction of damaged Infrastructure due to 18th September Earthquake 2011** |
| **a.** | **Re – Construction of PHSC & Class III – Double Unit Quarter at Lachen** |
| **b.** | **Re – Construction of PHSC & Class – III – Double Unit Quarter at Lachung** |
| **c.** | **Re – Construction of Garage cum Seminar Hall at Tsungthang.** |
| **d.** | **Construction of Class II Unit Quarter at Tsungthang.** |
| **e.** | **Re – Construction of Shipgyer PHSC with Class III Double Unit Quarter** |
| **f.** | **Re – Construction of PHC at Passingdong.** |
| **g.** | **Re – Construction of Sakyong Pentok PHSC & Class Double Unit Quarter** |
| **h.** | **Re – Construction of Class II Double Unit Quarter at Phodong** |
| **i.** | **Re – Construction of Class III Double Unit Quarter at Legship** |
| **j.** | **Re – Construction Class III – Four Unit Quarter at Soreng** |
| **k.** | **Re – Construction Class IV – Four Unit Quarter at Soreng** |
| **l.** | **Re – Construction of PHSC at Reshi** |
| **m.** | **Re – Construction of PHSC at Kewzing** |
| **n.** | **Re – Construction of Pachak PHSC** |
| **o.** | **Re – Construction of Padamchay PHSC** |
| **P.** | **Re – Construction of Tumin PHSC & Class III Unit Quarter** |
| **q.** | **Re – Construction of Sumin PHSC** |
| **r.** | **Re – Construction of Lingdok PHSC & Class III Unit Quarter** |
| **s.** | **Re – Construction of Garage cum Seminar Hall at Sang** |
| **t.** | **Re – Construction of Approach Road at Sang PHC** |
| **u.** | **Retrofitting of Ladhakey Building at STNM** |
| **v.** | **Re – Construction of 2 Nos. of Class I Quarter at respective damaged structure site for district hospital Singtam at Chisopaney.** |
| **w.** | **Re – Construction of 2 Nos of Class II Quarter at respective damaged structure site for district Hospital Singtam at Chisopaney.** |
| **x.** | **Re – Construction of 2 Nos of Class III Quarter at respective damaged structure site for District Hospital Singtam at Chisopaney** |
| **y.** | **Re – Construction of 2 Nos. of Class IV Quarter at respective damaged structure site for District Hospital Singtam at Chisopaney** |
| **z.** | **Re – Construction of Approach Road to respective Quarter for District Hospital Singtam at Chisopaney** |
| **aa.** | **Re – Construction of Water Supply System at Chuutar in Singtam.** |
| **B.** | **On Going Works under State Plan** |
|  | **Creation of Dialysis Unit at STNM** |
| **C.** | **On Going Works under NRHM** |
| **1.** | **Construction of Class II six unit quarter at Singtam** |
| **2.** | **Construction of Class II six unit quarter at Mangan** |
| **3.** | **Construction of Class II six unit quarter at Geyzing** |
| **4.** | **Vertical Extension of Class II single unit quarter at Passingdong** |
| **5.** | **Vertical Extension of Class II single unit quarter at Hee – Gyathang** |
| **6.** | **Vertical Extension of Class II single unit quarter at Sombaria** |
| **7.** | **Up gradation of Samdong PHC** |
| **8.** | **Up gradation of Dentam PHC** |
| **9.** | **Repair of PHSCs & Quarter under Health Department.** |

**14. CENTRAL HEALTH STORES ORGANISATION**

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

1. **Director of Health Services - Chairman**
2. **Addl. Director (D&C) - Member Secretary**
3. **Addl. Director (Accounts) - Member**
4. **Joint Director (CHSO) - Member**
5. **Joint Director (FRED) - Member**
6. **Dy. Secretary (DPER & NECAD) - Member**

**Besides the Purchase Committee, State Equipment Planning Board was also constituted by the Govt. the proposal for the purchase of all the sophisticated instrument/Equipments needs the clearance of the Board. The Board consists of the following members.**

1. **Principal Chief Consultant, STNM - Chairman**
2. **Director- Cum- Med. Supdt. STNM - Member**
3. **Chief Consultant Tropical Medicines - Member**
4. **Addl.Director, CHSO**
5. **Chief Medical Officer Distt. Hospital - Member**

**EXISTING MAN POWER**

**Central Health Stores Organization is headed by Joint Director who is assisted by Sr. Medical Stores Officer, Medical Stores Officer, Community Health Officer, three Store Inspectors, two Accountants, three Junior Accountants, three clerical staff, nine group D staff & three drivers: Besides that there are two Store Helpers on M.R**

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

**BUDGETARY SUPPORT AND EXPENDITURE:**

1. **A sum of Rs. 1000.00 lakhs was allotted during the year 2012-13 under Non – Plan (Supply & Materials) for the purchase of medicines, dressing items, X- Ray films/chemicals, surgical glass, reagents, etc. and the same was fully utilized during the year.**

**II Under State Plan (Purchase of Hospital Equipments) for the purchase of instruments/equipments, a sum of Rs.200.00 lakhs for the year 2012 – 13 was allocated and the same was fully utilized. In addition, a sum of Rs. 40.00 lakhs was allotted as Supplementary grant which too has been fully utilized.**

**III. Under Plan (Supplies & Materials) a sum of Rs. 319.92 lakhs was provided and was utilized by procuring instruments/equipments for Hospitals, PHCs and PHSCs along with equipment ENT Department & for establishment of Dialysis unit at the STNM Hospital.**

**IV. Under Non Plan (Other Charges Uniforms) a sum of Rs.100.00 lakhs was provided which was utilized by procuring the uniforms of the medical staff and patient linens.**

**V. Under Plan (Repairs of Equipments & Furniture) a sum of Rs. 18.81 lakhs was provided in the Supplementary Grant and which was fully utilized.**

**VI. Under Plan (AMC for Hospital Equipments) a sum of Rs. 77 .46 lakhs was provided through Supplementary Grant and Re- Appropriation which has been fully utilized.**

**STRATEGY AND PRIORITY FOR THE YEAR: 2013 – 14**

**Purchase of medicine, dressing items, X- ray films/chemicals, surgical gloves, reagents, instruments/equipments, uniform, patient linen, etc. will be made as per the fund alloca**

**15. Drugs & Cosmetics Cell**

**01. ORGANIZATIONAL DETAILS**

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

**ACTIVITIES AS PER DRUGS AND COSMETICS ACT, 1940 AND RULES, 1945:**

**- To grant/renew the retail/wholesale/manufacturing drug license of Modern medicines, Ayurvedic medicines, Homeopathic medicines and Cosmetics.**

**- To conduct routine inspection of the retail/wholesale/manufacturing units regarding the sell and manufacturing records as per the Act.**

**- To collect the samples from CHSO, sale premises as well as the manufacturing premises to ensure the quality of the drugs sold or manufactured. Those samples of the drugs are being sent to the approved drugs testing laboratory for the analysis.**

**STAFF PATTERN:**

**1. Drugs Controller Principal Director ex-officio.**

**2. Additional Director Dr. I.L. Sharma**

**3. Joint Drugs Controller cum Licensing Authority Dr. T. K. Rai (on training)**

**4. Joint Director cum L.A. Mr. C. N. Sharma**

**5. Sr. Drugs Inspector Mr. L. M. Targain**

**6. Sr. Drugs Inspector Mr. S. S. Pradhan**

**NUMBER OF LICENSES ISSUED 2012-2013:**

**1. Retail : 07**

**2. Wholesale : 03**

**3. Retail/Wholesale : 03**

**4. Manufacturing : 07**

**02. Total collection of Revenue for the year of 2012-2013 is Rs. 5, 45,650/-**

**(Five lakhs, Forty five thousand Six hundred and fifty) only.**

**03. 120 number of samples targeted to be drawn annually.**

**16. Food Safety & Standards Act Cell**

1. **Food Safety Commissioner - Dr. K. Bhandari**
2. **Correspondence Address - Secretary cum Director General**

* **Health Care, Human Services & Family Welfare Department,.**

1. **Additional Food Commissioner - 1 (one) looking after whole State under**

**Food Safety & Standards Act. 2006.**

1. **Number of District - Four Nos.**
2. **Number of Designated Officer – Two nos. for South West District and North East District.**
3. **Number of Adjudicating Officer – 4 Nos East, West, North, & South Distt.**
4. **Number of Food Safety Officer - Nil**
5. **Number of Food Analyst - Food Analyst of Assam is also Food**

**Analyst of Sikkim**

1. **Status of Food Laboratories - The State Laboratory is not Accredited**
2. **Whether Tribunal is Established - The Tribunal has not been Established**
3. **Food Business Units Licensed - 360**
4. **Food Business Units Registered - 1959**
5. **Number of Food Samples collected**

**During year 2012 – 2013 - Nil**

1. **Number of Food Samples found**

**`` Adulterated during year 2012 – 2013 – Nil**

1. **Number of FBOs challenged during**

**The year 2012 – 2013. - Nil**

1. **Number of FBOs convicted during**

**The year 2012 -2013 - Nil**

1. **Training Facility - Nil**
2. **Whether Steering CommitteeConstituted - No**

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

**17. 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 speciality hospitals, the scheme has been named National Illness Assistance Fund (NIAF) renamed as RAN (Rastriya Arogya Nidhi) on 2002.**

**Accordingly, Sikkim State Illness Fund (SSIAF) was set up in the year 1998 which was registered as a body by the Land Revenue Department; Government of Sikkim vides 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 SIAF got 75.00 lakh funds (50 lakh state & 25 Lakh from the Central Government). This fund remain unutilized till Jan.2005 as there was no BPL categorization done in the State and the Department had been waiting for such list from the Government so that only the genuine people gets the benefit.**

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

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

**18. Health Budget & Expenditure**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **EXPENDITURE UNDER FAMILY WELFARE (2211) FOR THE YEAR 2012-13** | | | **(Rs in Lakhs)** |
| S.NO. | HEAD OF ACCOUNT | Budget Provision | Revised Estimate | Expenditure |
|
| **1** | **DIR & ADM** |  |  |  |
| (a) | Head Office. | 193.03 | 243.78 | 243.89 |
| (b) | East District | 107.45 | 119.75 | 119.68 |
| (c ) | West District | 88.93 | 97.00 | 96.39 |
| (d) | North District | 78.16 | 94.66 | 94.27 |
| (e) | South District | 87.87 | 97.37 | 98.52 |
|  | **Total** | **555.44** | **652.56** | **652.75** |
| **2** | **Lum Provision** | **0.00** | **0.00** | **0.00** |
| **3** | **Training** | **44.66** | **42.86** | **42.11** |
| **4** | **Rural F W Services** |  |  |  |
| (a) | East District | 327.39 | 327.39 | 327.36 |
| (b) | West District | 313.57 | 232.57 | 231.77 |
| (c ) | North District | 176.46 | 109.56 | 109.26 |
| (d) | South District | 252.93 | 252.93 | 252.02 |
|  | **Total** | **1070.35** | **922.45** | **920.41** |
| **5** | **Urban F W Services** |  |  |  |
| (a) | **STNM** | **43.55** | **54.65** | **54.86** |
| **6** | **Other Services and Supplies** | **0.00** | **0.00** | **0.00** |
|  | **Total** | **1714.00** | **1672.52** | **1670.13** |
|  |  |  |  |  |
|  | **EXPENDITURE UNDER 100% CSS (2210) FOR THE YEAR 2012-13** | |  | **(Rs in Lakhs)** |
| S.NO. | HEAD OF ACCOUNT | Budget Provision | Revised Estimate | Expenditure |
|
| **1** | **Hospital Waste Management** | **0.09** | **0.00** | **0.00** |
| **2** | **SIAFF** | **50.00** | **0.00** | **0.00** |
| **3** | **ISM (Amji Clinic)** | **2.00** | **2.00** | **1.97** |
| **4** | **DONS** | **0.81** | **0.81** | **0.83** |
| **5** | **NVBDCP** | **0.00** | **0.00** | **0.00** |
| **6** | **NPCB** | **0.00** | **0.00** | **0.00** |
| **7** | **NLCP** | **0.00** | **0.00** | **0.00** |
| **8** | **NIDDCP** | **40.84** | **24.32** | **26.11** |
| **9** | **NCCP** | **0.00** | **0.00** | **0.00** |
| **10** | **Major Works (100% CSS) AYUSH** | **110.00** | **6.52** | **6.52** |
| **11** | **NMHP** | **0.00** | **0.00** | **0.00** |
| **12** | **Drug De-addiction Programme** |  |  |  |
|  | **(Procurement of medicine,linen etc)** | **3.50** | **0.00** | **0.00** |
|  | **Total** | **207.24** | **33.65** | **35.43** |
|  | | | | |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **EXPENDITURE UNDER NEC FOR THE YEAR 2012-13** | | | **(Rs in Lakhs)** |
| S.NO. | HEAD OF ACCOUNT | Budget Provision | Revised Estimate | Expenditure |
|
| **1** | **CHSO** | **0.00** | **0.00** | **0.00** |
| **2** | **Trauma Centre** | **10.00** | **7.01** | **7.00** |
| **3** | **Telemedicine** | **1.03** | **0.00** | **0.00** |
| **4** | **X-Ray Block/Kitchen/Seminar Hall** | **50.00** | **55.56** | **5.26** |
|  | **Total** | **61.03** | **62.57** | **12.26** |

|  |  |  |  |
| --- | --- | --- | --- |
| **EXPENDITURE UNDER STATE PLAN FOR THE YEAR3 2012-13** | | | (Rs. In Lakhs) |
| **HEAD OF ACCOUNTS.** | **B.E** | **R.E** | **EXPDT.** |
|
|
| **REVENUE** |  |  |  |
| DIR & ADM |  |  |  |
| HEAD OFFICE | 514.52 | 353.87 | 353.79 |
| MECHANICAL WORKSHOP | 45.13 | 39.03 | 124.26 |
| SCHOOL HEALTH | 16.52 | 11.34 | 11.28 |
| **TOTAL: DIR. AND ADM.** | **576.17** | **404.24** | **489.33** |
| **C.M.S.** | **519.95** | **656.20** | **658.97** |
| **S.T.N.M.** | **483.92** | **586.03** | **587.63** |
| **Total** | **1580.04** | **1646.47** | **1735.93** |
| OTHER HOSPITAL. |  |  |  |
| GYALSING HOSPITAL. | 95.08 | 114.63 | 115.43 |
| MANGAN HOSPITAL | 72.32 | 88.71 | 88.71 |
| NAMCHI HOSPITAL | 277.91 | 314.82 | 314.72 |
| SINGTAM HOSPITAL | 91.46 | 108.72 | 110.26 |
| **TOTAL: OTHER HOSPITAL:-** | **536.77** | **626.88** | **629.12** |
|  |  |  |  |
| **I.S.M.** | **14.59** | **19.53** | **19.48** |
| **C.R.H. TADONG.** | **0.00** | **0.00** | **0.00** |
| **BLOOD TRAN. COUNCIAL** | **5.00** | **5.00** | **5.00** |
| **MMJRK** | **0.01** | **0.00** | **0.00** |
| **ANNUAL HEALTH CHECK-UP** | **300.00** | **262.00** | **261.50** |
| **ASHA** | **260.00** | **260.00** | **260.00** |
| **MMSSYASSY** | **75.00** | **0.00** | **0.00** |
| **SIKKIM NURSING COUNCIL** | **0.00** | **5.00** | **5.00** |
| **SIKKIM MEDICAL COUNCIL** | **5.00** | **5.00** | **5.00** |
| **SIKKIM PHARMACY COUNCIL** | **0.00** | **5.00** | **5.00** |
| **TOTAL** | **659.60** | **561.53** | **560.98** |
| HEALTH SUB CENTRE. |  |  |  |
| EAST DISTRICT. | 28.24 | 28.18 | 27.62 |
| WEST DISTRICT | 27.13 | 27.13 | 27.13 |
| NORTH DISTRICT. | 1.93 | 1.80 | 1.81 |
| SOUTH DISTRICT. | 4.81 | 4.81 | 4.77 |
| **TOTAL:- HEALTH SUB CENT.** | **62.11** | **61.92** | **61.33** |
| **PRIMARY HEALTH CENTRE.** |  |  |  |
| EAST DISTRICT. | 117.65 | 113.89 | 114.11 |
| WEST DISTRICT | 99.26 | 111.25 | 111.72 |
| NORTH DISTRICT. | 0.00 | 0.00 | 0.00 |
| SOUTH DISTRICT. | 81.21 | 80.89 | 80.73 |
| **TOTAL: PRIMARY HEALTH C.** | **298.12** | **306.03** | **306.56** |
|  |  |  |  |
| **GRANT-IN-AID TO N.R.H.M** | **400.00** | **354.44** | **354.42** |
| **OAE** | **0.01** | **7.46** | **7.46** |
| **D.O.N.S.** | **18.25** | **16.56** | **19.75** |
|  | **418.26** | **378.46** | **381.63** |
| N.VECTOR B.D.C.PROG. |  |  |  |
| H.OFFICE. | 42.20 | 56.24 | 56.19 |
| EAST DISTRICT. | 51.21 | 48.20 | 48.11 |
| WEST DISTRICT | 3.98 | 3.98 | 3.94 |
| NORTH DISTRICT. | 3.25 | 3.17 | 3.17 |
| SOUTH DISTRICT. | 13.37 | 13.05 | 13.04 |
| **TOTAL: N.V.B.D.C.POG.** | **114.01** | **124.64** | **124.45** |
| N.T.C.P |  |  |  |
| HEAD OFFICE | 28.39 | 46.92 | 46.98 |
| WEST DISTRICT | 17.91 | 20.77 | 20.76 |
| NORTH DISTRICT. | 9.94 | 10.68 | 10.69 |
| SOUTH DISTRICT. | 14.21 | 13.79 | 13.79 |
| **TOTAL: N.T.C.P** | **70.45** | **92.16** | **92.22** |
|  |  |  |  |
| **N.L.C.P** | **41.20** | **64.87** | **64.69** |
| **TOBACCO CONTROL PROG.** | **0.00** | **0.00** |  |
| **P.F.A.** | **28.56** | **26.02** | **22.88** |
| **DRUG CELL.** | **24.35** | **22.29** | **28.85** |
| **ANTI DRUG** | **0.00** | **0.00** | **0.00** |
| **Total** | **94.11** | **113.18** | **116.42** |
| **PUBLIC HEALTH EDUCATION** |  |  |  |
| HEAD OFFICE | 7.28 | 7.85 | 7.20 |
| EAST DISTRICT. | 21.93 | 22.66 | 23.13 |
| WEST DISTRICT | 16.80 | 16.39 | 16.39 |
| NORTH DISTRICT. | 16.74 | 18.91 | 18.91 |
| SOUTH DISTRICT. | 15.10 | 15.10 | 15.10 |
| **TOTAL: PUBLIC HEALTH EDU** | **77.85** | **80.91** | **80.73** |
|  |  |  |  |
| **PREV. OF MALNUTRI. & ANAEMIA** | **0.00** | **0.00** | **0.00** |
| **STATE MEDICAL LIBRARY** | **0.00** | **0.00** | **0.00** |
| **H.M.I.S** | **0.00** | **0.00** | **0.00** |
| **CLINICAL ESTABLISHMENT** | **0.00** | **2.00** | **2.00** |
| **3454-BIRTH & DEATH** | **42.70** | **56.34** | **54.23** |
| **TSP** | **0.00** | **0.00** | **0.00** |
| **SCSP** | **0.00** | **0.00** | **0.00** |
| **Total(76+77+78+79+80+81+82)** | **42.70** | **58.34** | **56.23** |
| **TOTAL: REVENUE** | **3954.02** | **4050.52** | **4145.60** |
| **CAPITAL** |  |  |  |
| S.T.N.M. | 30.08 | 14.35 | 12.90 |
| MECH WORKSHOP | 0.00 | 0.00 | 0.00 |
| Land compensation for Nandok PHSC | 0.00 | 1.70 | 1.70 |
| HCMs 42 Days Tour | 200.00 | 141.21 | 141.20 |
| Const of MDR Ward at STNM | 0.00 | 11.00 | 10.98 |
| Const.of Exit Road for M.S Hospital | 300.00 | 0.00 | 0.00 |
| NEW C. R. HOSPITAL (State Share) | 500.00 | 500.00 | 500.00 |
| NEW C. R. HOSPITAL (ACA) | 10000.00 | 9458.95 | 9458.95 |
| PHARMACY COLLEGE | 100.00 | 0.00 | 0.00 |
| **TOTAL: CAPITAL** | **11130.08** | **10127.21** | **10125.73** |
| ***GRAND TOTAL*** | ***15084.10*** | ***14177.73*** | ***14271.33*** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **EXPENDITURE UNDER STATE NON- PLAN FOR THE YEAR -2012-13** | | | | (Rs. In Lakhs) |
| S.NO. | HEAD OF ACCOUNTS. | B.P | R.E | EXPDT. | Remarks |
|
|
|  | **REVENUE** |  |  |  |  |
| 1, | DIRECTION AND ADMINISTRATION |  |  |  |  |
| a | HEAD OFFICE | 452.58 | 454.58 | 453.98 |  |
| b | MECHANICAL WORKSHOP | 30.11 | 29.54 | 29.52 |  |
|  | **TOTAL: DIR. AND ADM.** | **482.69** | **484.12** | **483.50** |  |
|  | **SCHOOL HEALTH** | **36.40** | **16.66** | **16.66** |  |
| 2 | **C.M.S.** | **1223.18** | **1207.36** | **1205.77** |  |
| 3 | **S.T.N.M.** | **2348.84** | **2327.41** | **2324.12** |  |
| 4 | OTHER HOSPITAL. |  |  |  |  |
| a | GYALSING HOSPITAL. | 236.98 | 224.99 | 227.95 |  |
| b | MANGAN HOSPITAL | 195.15 | 198.41 | 198.41 |  |
| c | NAMCHI HOSPITAL | 413.02 | 500.23 | 501.82 |  |
| d | SINGTAM HOSPITAL | 497.47 | 483.57 | 485.21 |  |
| e | T.B HOSPITAL, NAMCHI | 58.48 | 62.56 | 58.34 |  |
|  | **TOTAL: OTHER HOSPITAL:-** | **1401.10** | **1469.76** | **1471.73** |  |
| 5 | **C.P.D.M** | **316.70** | **316.70** | **316.72** |  |
| 6 | **MMJRK** | **251.00** | **475.00** | **475.00** |  |
| 7 | HEALTH SUB CENTRE. |  |  |  |  |
| a | EAST DISTRICT. | 368.18 | 362.43 | 368.36 |  |
| b | WEST DISTRICT | 228.80 | 222.54 | 222.45 |  |
| c | NORTH DISTRICT. | 113.05 | 108.51 | 108.52 |  |
| d | SOUTH DISTRICT. | 183.62 | 211.19 | 208.32 |  |
|  | **TOTAL:- HEALTH SUB CENTRE** | **893.65** | **904.67** | **907.65** |  |
| 8 | PRIMARY HEALTH CENTRE. |  |  |  |  |
| a | EAST DISTRICT. | 356.02 | 311.62 | 315.39 |  |
| b | WEST DISTRICT | 241.13 | 239.09 | 239.19 |  |
| c | NORTH DISTRICT. | 226.70 | 219.77 | 219.88 |  |
| d | SOUTH DISTRICT. | 270.02 | 298.80 | 303.82 |  |
|  | **TOTAL: PRIMARY HEALTH CENTRE** | **1093.87** | **1069.28** | **1078.28** |  |
| 9 | **GRANT IN AID TO GRAM PANCH.** | **0.00** | **0.00** | **0.00** |  |
| 10 | **GRANT IN AID TO ZILLA PANCH.** | **0.00** | **0.00** | **0.00** |  |
| 11 | **GRANT IN AID TO SIKKIM MANIPAL** | **225.00** | **0.00** | **0.00** |  |
| 12 | **D.O.N.S.** | **41.40** | **33.48** | **33.48** |  |
| 13 | **N.V.B.D.C.P** | **13.50** | **12.98** | **12.98** |  |
| 14 | **N.L.C.P** | **9.22** | **9.82** | **9.69** |  |
| 15 | **PUBLIC HEALTH EDUCATION** |  |  |  |  |
| a | HEAD OFFICE | 55.64 | 90.54 | 94.28 |  |
| b | SOUTH DISTRICT. | 10.43 | 12.32 | 12.04 |  |
|  | **TOTAL: PUBLIC HEALTH EDU.** | **66.07** | **102.86** | **106.32** |  |
| a | **2059 PUBLIC WORK** | 51.00 | 52.00 | 50.78 |  |
| b | 2216 HOUSING | 44.00 | 14.00 | 15.19 |  |
|  | **TOTAL: WORKS** | **95.00** | **66.00** | **65.97** |  |
|  | ***GRAND TOTAL*** | ***8497.62*** | ***8496.10*** | ***8507.87*** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **EXPENDITURE UNDER FAMILY WELFARE (2211) FOR THE YEAR 2012-13** | | | **(Rs in Lakhs)** |
| S.NO. | HEAD OF ACCOUNT | Budget Provision | Revised Estimate | Expenditure |
|
| **1** | **DIR & ADM** |  |  |  |
| (a) | Head Office. | 193.03 | 243.78 | 243.89 |
| (b) | East District | 107.45 | 119.75 | 119.68 |
| (c ) | West District | 88.93 | 97.00 | 96.39 |
| (d) | North District | 78.16 | 94.66 | 94.27 |
| (e) | South District | 87.87 | 97.37 | 98.52 |
|  | **Total** | **555.44** | **652.56** | **652.75** |
| **2** | **Lum Provision** | **0.00** | **0.00** | **0.00** |
| **3** | **Training** | **44.66** | **42.86** | **42.11** |
| **4** | **Rural F W Services** |  |  |  |
| (a) | East District | 327.39 | 327.39 | 327.36 |
| (b) | West District | 313.57 | 232.57 | 231.77 |
| (c ) | North District | 176.46 | 109.56 | 109.26 |
| (d) | South District | 252.93 | 252.93 | 252.02 |
|  | **Total** | **1070.35** | **922.45** | **920.41** |
| **5** | **Urban F W Services** |  |  |  |
| (a) | **STNM** | **43.55** | **54.65** | **54.86** |
| **6** | **Other Services and Supplies** | **0.00** | **0.00** | **0.00** |
|  | **Total** | **1714.00** | **1672.52** | **1670.13** |
|  |  |  |  |  |
|  | **EXPENDITURE UNDER 100% CSS (2210) FOR THE YEAR 2012-13** | |  | **(Rs in Lakhs)** |
| S.NO. | HEAD OF ACCOUNT | Budget Provision | Revised Estimate | Expenditure |
|
| **1** | **Hospital Waste Management** | **0.09** | **0.00** | **0.00** |
| **2** | **SIAFF** | **50.00** | **0.00** | **0.00** |
| **3** | **ISM (Amji Clinic)** | **2.00** | **2.00** | **1.97** |
| **4** | **DONS** | **0.81** | **0.81** | **0.83** |
| **5** | **NVBDCP** | **0.00** | **0.00** | **0.00** |
| **6** | **NPCB** | **0.00** | **0.00** | **0.00** |
| **7** | **NLCP** | **0.00** | **0.00** | **0.00** |
| **8** | **NIDDCP** | **40.84** | **24.32** | **26.11** |
| **9** | **NCCP** | **0.00** | **0.00** | **0.00** |
| **10** | **Major Works (100% CSS) AYUSH** | **110.00** | **6.52** | **6.52** |
| **11** | **NMHP** | **0.00** | **0.00** | **0.00** |
| **12** | **Drug De-addiction Programme** |  |  |  |
|  | **(Procurement of medicine,linen etc)** | **3.50** | **0.00** | **0.00** |
|  | **Total** | **207.24** | **33.65** | **35.43** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **EXPENDITURE UNDER NEC FOR THE YEAR 2012-13** | | | **(Rs in Lakhs)** |
| S.NO. | HEAD OF ACCOUNT | Budget Provision | Revised Estimate | Expenditure |
|
| **1** | **CHSO** | **0.00** | **0.00** | **0.00** |
| **2** | **Trauma Centre** | **10.00** | **7.01** | **7.00** |
| **3** | **Telemedicine** | **1.03** | **0.00** | **0.00** |
| **4** | **X-Ray Block/Kitchen/Seminar Hall** | **50.00** | **55.56** | **5.26** |
|  | **Total** | **61.03** | **62.57** | **12.26** |

**PART - III**

**1. STNM Hospital (Activities & Achievements)**

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

**REPORT FOR THE YEAR: 2012.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SL.NO** | **NAME OF DEPARTMENT** | **NO OF IN- PATIENTS DISCHARGED** | | **NO. OF DEATHS.** | |
|  |  | **MALE** | **FEMALE** | **MALE** | **FEMALE** |
| **1.** | **Male Medical Ward** | **712** | **-** | **48** | **-** |
| **2.** | **Female Medical Ward** | **-** | **728** | **-** | **42** |
| **3** | **Male Surgical Ward** | **422** | **24** | **06** | **0** |
| **4** | **Female Surgical Ward** | **57** | **511** | **01** | **06** |
| **5** | **Orthopedic Ward** | **389** | **208** | **01** | **0** |
| **6** | **Burn Ward** | **18** | **15** | **01** | **04** |
| **7** | **Cardiology Department** | **148** | **153** | **08** | **15** |
| **8** | **Pediatric Ward** | **704** | **509** | **06** | **04** |
| **9** | **Emergency Ward** | **412** | **380** | **106** | **85** |
| **10** | **Casualty Ward/R.R Ward** | **204** | **254** | **29** | **16** |
| **11** | **New Private Ward** | **319** | **337** | **12** | **08** |
| **12** | **PP Unit** | **-** | **3354** | **-** | **02** |
| **13** | **Psychiatric Ward** | **208** | **123** | **0** | **01** |
| **14** | **NICU** | **392** | **322** | **10** | **11** |
|  | **TOTAL** | **3984** | **6918** | **228** | **196** |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **MALE** | **FEMALE** | **TOTAL** |
| **A.** | **General OPD** | **35539** | **35708** | **71247** |
| **B** | **Gyane/Paed.** | **15588** | **25191** | **40779** |
| **C** | **Emergency** | **20948** | **16547** | **37495** |
|  | **TOTAL** | **72075** | **77446** | **149521** |

**STATEMENT SHOWING THE IN – PATIENTS DISCHARGED AND DEATHS DURING THE YEAR: 2012.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **MALE** | **FEMALE** | **TOTAL** |
| **1** | **Discharged** | **3984** | **6918** | **10902** |
| **2** | **Deaths** | **228** | **196** | **424** |
|  | **Neo – Natal Death** | **09** | **10** | **19** |
|  | **Still Born/IUD** | **38** | **48** | **86** |

**III. RADIOLIGICAL INVESTIGATIONS.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **MALE** | **FEMALE** | **TOTAL** |
| **1.** | **Ultrasound Study** |  |  |  |
| **A.** | **In – Patient** | **1842** | **1969** | **3811** |
| **B.** | **Out \_ Patient** | **853** | **1187** | **2040** |
|  | **TOTAL** | **2695** | **3156** | **5851** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **MALE** | | **FEMALE** | | **TOTAL** | |
| **2.** | **X – Ray** | **10-2pm** | **2-10am** | **10-2pm** | **2-10am** | **10-2pm** | **2-10am** |
| **A** | **In – Patient** | **3744** | **2025** | **2578** | **1226** | **6322** | **3351** |
| **B** | **Out – Patient** | **5500** | **04** | **4460** | **01** | **9960** | **05** |
|  | **TOTAL** | **9244** | **2029** | **7038** | **1227** | **16282** | **3256** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3.** | **C.T. SCAN** | **MALE** | **FEMALE** | **TOTAL** |
| **A.** | **In – Patient** | **791** | **616** | **1407** |
| **B** | **Out – Patient** | **351** | **374** | **725** |
|  | **TOTAL** | **1142** | **990** | **2132** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **4** | **ENDOSCOPY** | **MALE** | **FEMALE** | **TOTAL** |
| **A.** | **In – Patient** | **167** | **97** | **264** |
| **B** | **Out – Patient** | **153** | **97** | **250** |
|  | **TOTAL** | **320** | **194** | **514** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **5.** | **ECG** | **MALE** | **FEMALE** | **TOTAL** |
| **A.** | **In – Patient** | **2375** | **2222** | **4597** |
| **B** | **Out – Patient** | **1100** | **958** | **2058** |
|  | **TOTAL** | **3475** | **3180** | **6655** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **6.** | **T.M.T** | **MALE** | **FEMALE** | **TOTAL** |
| **A.** | **In – Patient** | **01** | **-** | **01** |
| **B** | **Out – Patient** | **33** | **19** | **52** |
|  | **TOTAL** | **34** | **19** | **53** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **7** | **ECO** | **MALE** | **FEMALE** | **TOTAL** |
| **A.** | **In – Patient** | **347** | **365** | **712** |
| **B** | **Out – Patient** | **549** | **437** | **986** |
|  | **TOTAL** | **896** | **802** | **1690** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **8** | **COLONOSCOPY** | **MALE** | **FEMALE** | **TOTAL** |
| **A.** | **In – Patient** | **07** | **10** | **17** |
| **B** | **Out – Patient** | **21** | **10** | **31** |
|  | **TOTAL** | **28** | **20** | **48** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **9** | **THERAPEUTIC** | **MALE** | **FEMALE** | **TOTAL** |
| **A.** | **In – Patient** | **20** | **03** | **23** |
| **B** | **Out – Patient** | **09** | **01** | **10** |
|  | **TOTAL** | **29** | **04** | **33** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **10** | **HOLTER MONITOR** | **MALE** | **FEMALE** | **TOTAL** |
| **A.** | **In – Patient** | **03** | **01** | **04** |
| **B** | **Out – Patient** | **11** | **06** | **17** |
|  | **TOTAL** | **14** | **07** | **21** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **11** | **MRI** | **MALE** | **FEMALE** | **TOTAL** |
| **A.** | **In – Patient** | **220** | **195** | **415** |
| **B** | **Out – Patient** | **209** | **223** | **432** |
|  | **TOTAL** | **429** | **418** | **847** |

**IV. OPERATION CONDUCTED**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **OPERATION** | | **MALE** | **FEMALE** | **TOTAL** |
| **A.** | **SURGICAL** | **Major** | **155** | **236** | **391** |
|  |  | **Minor** | **897** | **954** | **1851** |
| **TOTAL** | **1052** | **1190** | **2242** |
| **B** | **ENT** | **Major** | **48** | **35** | **83** |
|  |  | **Minor** | **356** | **341** | **697** |
| **TOTAL** | **404** | **376** | **780** |
| **C** | **EYE** | **Major** | **74** | **100** | **174** |
|  |  | **Minor** | **131** | **198** | **329** |
| **TOTAL** | **205** | **298** | **503** |
| **D** | **GYNE** | **Major** | **-** | **974** | **974** |
|  |  | **Minor** | **-** | **167** | **167** |
| **TOTAL** | **-** | **1141** | **1141** |
| **E** | **ORTHO** | **Major** | **179** | **69** | **248** |
|  |  | **Minor** | **650** | **761** | **1411** |
| **Others** | **2925** | **1728** | **4653** |
| **TOTAL** | **3754** | **2558** | **6312** |
|  | **GRAND TOTAL** | | **5415** | **5563** | **10978** |

**STATEMENT SHOWING THE PATIENTS REFERRED OUTSIDE SIKKIM DURING THE YEAR: 2012.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **MALE** | **FEMALE** | **TOTAL** |
| **A.** | **Employees** | **400** | **372** | **772** |
| **B** | **Public** | **329** | **319** | **648** |
|  | **TOTAL** | **729** | **691** | **1420** |

**STATEMENT SHOWING THE DOG BITE CASES AND SNAKE BITE CASES DURING THE YEAR : 2012**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SL.NO:** | **PARTICULARS** | **MALE** | **FEMALE** | **TOTAL** |
| **1** | **Dog Bite** | **486** | **298** | **784** |
| **2** | **Snake Bite** | **14** | **11** | **25** |

**STATEMENT SHOWING REPORTS ON AUTOPSY CONDUCTED AT SNTM HOSPITAL DURING THE YEAR: 2012.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SL.NO:** |  | **MALE** | **FEMALE** | **TOTAL** |
| **1** |  | **95** | **27** | **122** |

**STATEMENT SHOWING THE PATIENTS TREATED IN VARIOUS CLINICS DURING THE YEAR: 2012.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SL.NO:** | **CLINICS** | **MALE** | **FEMALE** | **TOTAL** |
| **1** | **ENT** | **10480** | **9967** | **20447** |
| **2** | **ORTHOPAEDICS** | **8997** | **9605** | **18602** |
| **3** | **MEDICAL** | **20096** | **26959** | **47055** |
| **4.** | **SURGICAL** | **8827** | **7996** | **16823** |
| **5.** | **SKIN** | **9367** | **11363** | **20730** |
| **6.** | **GYNAE** | **-** | **6344** | **6344** |
| **7** | **ANC NEW** | **-** | **2295** | **2295** |
| **8** | **ANC OLD** | **-** | **6513** | **6513** |
| **9** | **PSYCHIATRICS** | **1603** | **1669** | **3272** |
| **10** | **PAEDIATRICS** | **13898** | **14126** | **28024** |
| **11** | **EYE** | **6944** | **10656** | **17600** |
| **12** | **CARDIOLOGY** | **890** | **1547** | **2437** |
| **13** | **DENTAL** | **9861** | **11184** | **21045** |
| **14** | **AMJI** | **2257** | **4498** | **6755** |
| **15** | **TB CLINIC** | **1879** | **1792** | **3671** |
| **16** | **DIABETIC** | **240** | **307** | **547** |
| **17** | **M.L.C** | **1534** | **274** | **1808** |
| **18** | **AYUSH** | **522** | **393** | **915** |
|  | **TOTAL** | **97395** | **127488** | **224883** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SL.NO:** |  | **MALE** | **FEMALE** | **TOTAL** |
| **1** | **PHYSIOTHERAPY** | **5918** | **6957** | **12875** |
| **2** | **DRESSING** | **6904** | **3244** | **10148** |
| **3** | **INJECTION** | **3907** | **4323** | **82230** |
|  | **GRAND TOTAL** | **114124** | **142012** | **256136** |

**2. East District (Activities & Achievements)**

**TABLE – I**

|  |  |  |
| --- | --- | --- |
| **SL.**  **NO:** | **BACKGROUND CHARACTERISTICS** | **DISTRICT** |
| **NUMBER** |
| **1** | **GEOGRAPHIC AREA (IN SQ KMS)** | **954 SQ KM** |
| **2** | **NUMBER OF BLOCKS** | **11** |
| **3** | **NUMBER OF TOWNS** | **3** |
| **4** | **TOTAL POPULATION (2011)** | **281293** |
|  | **URBAN** | **120750** |
|  | **RURAL** | **160543** |
| **11** | **TOTAL NO OF PHSC** | **48** |
| **12** | 1. **BIRTH RATE** | **17.6** |
|  | 1. **FERTILITY RATE** | **2.01** |
| **13** | **TOTAL NO OF SCHOLS** | **224** |
| **14** | **NO OF VILLAGES** | **199** |
|  | **NO OF ASHAS** | **199** |
|  | **NO OF VHSC** | **199** |

**Public Health Infrastructure in the district**

**TABLE – II**

|  |  |  |  |
| --- | --- | --- | --- |
| **HEALTH FACILITY** | **NUMBER** | | **REMARKS** |
|  | **GOVERNMENT BUILDINGS** | **RENTED** |  |
| **DISTRICT HOSPITAL** | **1** |  | **SINGTAM DISTRICT HOSPITAL** |
| **MEDICAL COLLEGE/HOSPITAL (PVT.)** | **1** |  | **SMMC/CRH** |
| **AYUSH/AYUR CLINIC** | **1** |  | **SINGTAM** |
| **UFWC** | **1** |  | **STNM HOSPITAL** |
| **CHC** | **1** |  | **RHENOCK** |
| **PHC** | **6** |  |  |
| **SUB- CENTRE** | **48** | **4** |  |
| **HEALTH CENTER AT SHERETHANG** | **1** |  |  |
| **NHPC HOSPITAL (PVT.)** | **1** |  | **BALUTAR, SINGTAM** |

**PHC POPULATION OF EAST DISTRICT 2012 – 2013**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RONGLI (7284)** | | **RHENOCK (8856)** | **PAKYONG (10913)** | **MACHONG (2684)** | **SANG (3236)** | **RANGPO (10190)** | | **SAMDONG (4858)** | |
|  | | | | **PHSC** |  | | | | |
| **NATHANG (775)** | **RORATHANG (2139)** | | **CHANGEY (1710)** | **TARETHANG (1527)** | **RUMTEK (4298)** | | **MAZITAR (3645)** | | **TUMIN (2324)** |
| **LINGTAM (1384)** | **SUDUNGLAKHA (2046)** | | **AHO (2369)** | **MAMRING (1970)** | **RANKA (3870)** | | **DUGA (2637)** | | **PANGTAHANG (3218)** |
| **PHADAMCHEN (1136)** | **ARITAR**  **(3009)** | | **PUBIC NAITAM (2150)** | **BERING (1287)** | **RANIPOOL (5352)** | | **WEST PANDAM (2833)** | | **PENLONG (1532)** |
| **SOUTH REGU (714)** |  | | **NANDOK (2955)** | **BARA PATHING (1324)** | **SIMIK LINGAY (1934)** | | **CENTRAL PANDAM (25.12)** | | **LINGDOK (1804)** |
| **NORTH REGU (1223)** | **PADAMCHEY (2028)** | **LINKEY (1481)** | **DONGAY THANG (1150)** | | **BHASMEY (1474)** | | **LUING (2172)** |
| **SUBARNEY DARA (1015)** | **BASHILAKA (1753)** |  | **KHAMDONG (4087)** | | **PACHAK (1409)** | | **RALEY (2879)** |
| **ROLEP (1177)** | **SYARI (2115)** | **MARTAM (3076)** | | **SUMIN (1778)** | | **MAKHA (3147)** |
| **LAMATHEN (719)** | **ASSAM LINGAY (2512)** | **RAY MINDU (1455)** | |  | |  |
|  |  | **MIDDLE CAMP (3362)** | |
| **TUMLABONG (1880)** | |
| **15427** | **16050** | | **28505** | **10273** | **33700** | | **26478** | | **21934** |

**SINGTAM DISTRICT HOSPITAL = 25029**

**TOTAL POPULATION = 175167 (AS PER HOSPITAL RECORD)**

**MANPOWER LIST UNDER DISTRICT HOSPITAL SINGTAM – APRIL 2013.**

**DOCTOR**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Sl. No.*** | ***Name*** | ***Designation*** | ***Status : R/MR/C*** |
| 1. | Dr. Tsering Laden | CMO | R |
| 2. | Dr. Rita Gautam | DMS | R |
| 3. | Dr. Kanti Sharma | Consultant Gynaecologist | C-NRHM |
| 4. | Dr. Tempo Gyaltsen | DRCHO | R |
| 5. | Dr. Manna Pradhan | Sr. MO | R |
| 6. | Dr.Diki Wangmu Phempu | Pathologist | R |
| 7. | Dr. Dwarika Niroula | Med. Specialist | R |
| 8. | Dr. Jigmee Shartso | Paediatrician | R |
| 9. | Dr. Kanti Sharma | Gynaecologist | C (NRHM) |
| 10. | Dr. M.P. Sharma | --do-- | R |
| 11. | Dr. Tej Chettri | Forensic Surgeon | R |
| 12. | Dr. Ramalingam | Sr. MO | R |
| 13. | Dr. D.P. Sharma | Sr. MO | R |
| 14 | Dr. Ranjita Khati | Gynaecologist | R |
| 15. | Dr. Karma Doma | Microbiologist | R |
| 16. | Dr. Kunzang Ongmu | Psychiatrist | C-NCD |
| 17. | Dr. Sandhya Rai | GDMO | C-NRHM |
| 18. | Dr. Tashi Choppel | GDMO | C-NRHM |
| 19. | Dr. Deepak Sharma | MO | C-NCD |
| 20. | Dr. Prasanna Rai | MO | C-NCD |
| 21. | Dr. Nabin Subba | MO-MMU | C-NRHM |
| 22. | Dr. Rikzin Bhutia | Dental Surgeon | R |
| 23. | Dr. Jyotsna Sharma | --do-- | C-NRHM |
| 24. | Dr. Kiran Singh | MO-AYUSH | C-NRHM |
| 25. | Dr. Manisha Kumari | MO-AYUSH | C-NRHM |
| **NURSING STAFF** | | | |
| ***Sl. NO*** | ***Name*** | ***Designation*** | ***Status : R/MR/C*** |
| 1. | Ganga Devi Sharma | Sr. DPHNO | R |
| 2. | Meena Rai | DNS | R |
| 3. | Shanti Devi Rai | CHO | R |
| 4. | Manju Kumari rai | LHV | R |
| 5. | Palden Bhutia | GNM | R |
| 6. | Kokila Sharma | GNM | R |
| 7. | Chandra Sharma | GNM | R |
| 8. | Premika Pradhan | GNM | R |
| 9. | Kikila Lepcha | GNM | R |
| 10. | Sabita Neopaney | GNM | R |
| 11. | Anju Subba | GNM | R |
| 12 | Rupa Subba | GNM | R |
| 13. | Moti Lhamu | GNM | R |
| 14. | Bimla Siwakoti | GNM | R |
| 15. | Srijana Pradhan | GNM –MMU | C – NRHM |
| 16. | MadhuKala Mishra | GNM | R |
| 17. | Prasansa Rai | GNM (Study Leave) | R |
| 18. | Subhasa Ghimirey | GNM | C – NRHM |
| 19. | Sangeeta Tamang | GNM | C-NRHM |
| 20. | Buddha maya subba | GNM | C-NCD |
| 21 | Yasodha Giri | GNM | C-NCD |
| 22 | Passang Doma Bhutia | GNM | C-NCD |
| 23 | Sonam P Lachungpa | GNM | C-NCD |
| 24 | Tenzing Norden | GNM | C-NCD |
| 25 | Mamta Pradhan | GNM | C-NCD |
| 26 | Megdoline Lepcha | GNM | C-NCD |
| 27 | Kesang Choden Bhutia | GNM | C-NCD |
| ANMs | | | |
| ***Sl. No.*** | ***Name*** | ***Designation*** | ***Status : R/MR/C*** |
| 1. | Tshering Dolma Tamang | ANM – Paed. Clinic | R |
| 2. | Neeta Gurung | ANM – Gynae Clinic | R |
| 3. | Neelam Mani Rai | ANM | R |
| 4. | Raju Devi Rai | ANM | R |
| 5. | Usha Subba | ANM | R |
| 6. | Ganga Basnet | ANM | R |
| 7. | Jamuna Rai | ANM | R |
| 8. | Dayawanti Rasaily | ANM | R |
| 9. | Anchan Subba | ANM | R |
| 10. | Doma Lepcha | ANM | R |
| 11. | Sita Gazmer | ANM | R |
| 12. | Kamala Pradhan | ANM | R |
| 13. | Diki Lepcha | ANM | R |
| 14. | Diku Maya pradhan | ANM | R |
| 15. | Tara Kumari Pradhan | ANM | R |
| 16. | Indra Kumari Pradhan | ANM | R |
| 17. | Pema Lhamu Sherpa | ANM - MCH | R |
| 18. | Geeta Devi Pradhan | ANM – MCH | R |
| 19. | Hema Devi Sapkota | ANM - MCH | R |
| 20. | Sabita Sharma | ANM - DOTS | R |
| 21. | Deokala Sharma | ANM | R |
| 22. | Anjali Sharma | ANM | R |
| **MPHW (M)** | | | |
| ***Sl. NO.*** | ***Name*** | ***Designation*** | ***Status : R/MR/C*** |
| 1. | Subhash Bagdas | MPHW | R |
| 2. | Suk Raj Subba | MPHW | R |
| 3. | K.S.Rai | MPHW | R |
| 4. | Gopal Chettri | MPHW | R |
| 5. | Sarad Thapa | MPHW – NMEP | R |
| 6. | Victor Lucksom | MPHW-OPD | R |
| 7. | Om Kumar | MPHW – RNTCP | R |
| 8. | Suman Rai | MPHW – AYUSH | C -NRHM |
| **PHARMACY/MED. STORE** | | | |
| ***Sl.N.*** | ***Name*** | ***Designation*** | ***Status : R/MR/C*** |
| 1. | Somnath Pandey | SI | R |
| 2. | Laxmi Devi Dahal | Pharmacist | C – NRHM |
| 3. | Binita | Store Keeper | R |
| **LAB TECHNICIAN** | | | |
| ***Sl. NO.*** | ***Name*** | ***Designation*** | ***Status : R/MR/C*** |
| 1. | Kabita Rai | LT – RNTCP | R |
| 2. | Sapna Chettri | LT – Blood Storage | R |
| 3. | Lokesh Thapa | LT | R |
| 4. | Karma Choden | LT | C – NRHM |
| 5. | Bed Maya Sharma | LT – SACS | C |
| 6. | Nanda Kishore Sharma | LT – SACS | C |
| 7. | Prahlad Subba | STLS | C |
| 8. | Karma Bhutia | LT – MMU | C – NRHM |
| **X- RAY TECHNICIAN** | | | |
| ***Sl. NO.*** | ***Name*** | ***Designation*** | ***Status : R/MR/C*** |
| 1. | Bijay Sharma | XT | R |
| 2. | Manita Sharma | XT | C – NRHM |
| 3. | Dinesh PRADHAN | XT – MMU | C – NRHM |
| **O. T. TECHNICIAN** | | | |
| ***Sl. NO.*** | ***Name*** | ***Designation*** | ***Status : R/MR/C*** |
| 1. | Diki Sonam Bhutia | OTT | R |
| 2. | Yapchung Bhutia | OTT | R |
| 3. | SUMITRA ADHIKARI | OTT | C- NRHM |
| 4 | Khemraj sharma | T.O ECG | R |
| 5 | Elegebath lepcha | Tech ECG | C- NRHM |
| **DENTAL HYGEINIST** | | | |
| ***Sl. NO.*** | ***Name*** | ***Designation*** | ***Status : R/MR/C*** |
| 1. | Suraj Bhandari | DH | R |
| 2. | Rumchoo Lepcha | DH | C – NRHM |
| **OPTHALMIC ASSISTANT** | | | |
| ***Sl. NO.*** | ***Name*** | ***Designation*** | ***Status : R/MR/C*** |
| 1. | Bholanath Sapkota | OA | C |
| 2. | Phurbu Lepcha | OA | C |
| 3. | Sangay Bhutia | OA | C |
|  | NCD STAFFS | | |
| 1 | Reshma Subba | Psychologist | C-NCD |
| 2 | Anuradha Sharma | Counsellor | C-NCD |
| 3 | Sangita Pradhan | counsellor | C-NCD |
| 4 | Shila Gautam | Social worker | C-NCD |
| 5 | Kunzang Chopel lepcha | LT | C-NCD |
| 6 | Bina limboo | Attendant | C-NCD |
| 7 | Narayan ruxchal | OA | C-NCD |
| 8 | Pratima Tamang | DEO | C-NCD |
| 9 | Rakesh Dahal | DEO | C-NCD |
| 10 | Rajen Koirala | DEO | C-NCD |
| **MED. ATTENDANT – FEMALE** | | | |
| ***Sl. No*** | ***Name*** | | ***Status : R/MR/C*** |
| 1. | Ganga Devi Basnet | | R |
| 2. | Harka Maya Gurung | | R |
| 3. | Rebika Rai | | R |
| 4. | Sara Subba | | MR |
| 5. | Solomi Tamang | | R |
| 6. | Dhan Kumari Sharma | | MR |
| 7. | Renuka Sharma | | MR |
| 8. | Sonam Choden (Cook) | | R |
| 9. | Jayanti Pradhan (Cook) | | MR |
| 10. | Rupa Tamang (MCH) | | R |
| 11. | Tika Devi Sharma | | MR 89 days |
| 12. | Harka Maya Gurung Tamang | | R |
| **MED. ATTENDANT – MALE** | | | |
| ***Sl. No*** | ***Name*** | | ***Status : R/MR/C*** |
| 1. | Rabden Bhutia | | R |
| 2. | Bhakta Bdr. Pradhan | | R |
| 3. | Phurba Tamang (cook) | | R |
| 4. | Pradeep Nepal | | MR - 89 days |
| 5. | Robin Rai | | MR – 89 days |
| 6. | Bhim Raj Mukhia | | R |
| **SAFAIKARMACHARI** | | | |
| ***Sl. No*** | ***Name*** | | ***Status : R/MR/C*** |
| 1. | Janardhan Rawat | | R |
| 2. | Anil Kumar Rawat | | R |
| 3. | Phul Kumari Rawat (attach frm Samdong) | | R |
| 4. | Harka Maya Tamang | | R |
| 5. | Bir Bahadur Tamang | | R |
| 6. | Manita Chettri | | MR |
| 7. | Lakpa Tamang | | MR – 89 days |
| **DHOBI** | | | |
| ***Sl. No*** | ***Name*** | | ***Status : R/MR/C*** |
| 1. | Suresh Choudhary | | R |
| 2. | Ranjit Kumar Rajak | | R |
| **DRIVER** | | | |
| ***Sl. No*** | ***Name*** | | ***Status : R/MR/C*** |
| 1. | Kunzang Bhutia | | R |
| 2. | Kalu Sherpa | | R. |
| 3. | Chia Rinzing | | R |
| 4. | Uday Pradhan | | R |
| 5. | Anok Tshering Lepcha | | MR |
| 6. | Chinta mani Sharma (NVDCP) | | R |
| 7. | Pempa lepcha (NVDCP) | | R |
| 8. | Tek Bdr Rai (IEC) | | R |
| 9. | Kishore (RNTCP) | | MR |
| 10. | Asish Rai (MMU) | | C – NRHM |
| 11. | Lakpa Tshering Sherpa (MMU) | | C – NRHM |
| 12. | Ram Kumar Rai (MMU) | | C – NRHM |
| **SECURITY** | | | |
| ***Sl. No*** | ***Name*** | | ***Status : R/MR/C*** |
| 1. | Janga Bdr. Chettri – SO | | MR |
| 2. | Thupten Tshering Bhutia | | MR |
| 3. | Simon Rai | | MR |
| 4. | Bhoj Raj Chettri | | MR |
| **MALI** | | | |
| ***Sl. No*** | ***Name*** | | ***Status : R/MR/C*** |
| 1. | Kaushila Rai | | R |
| 2. | Rita Darjee | | R |
| **OTHER SUPPORTING STAFF** | | | |
| ***Sl. No*** | ***Name*** | | ***Status : R/MR/C*** |
| 1. | Thal Bdr Rai (Plumber) | | WC |
| 2. | Deepak Tamang – Generator Operator | |  |
| 3. | Dik Prasad Jogi (Autopsy Helper) | | MR |
| 4. | Dawa Lama (Incineratoer Operator) | | C – NRHM |
| 5. | Kiran basnett | | NRHM |
| 6. | Harka moti Subba | |  |
|  | IDSP | |  |
| 1 | Rachana sharma | | C – NRHM |
| 2 | Sarita Biswakarma | | C – NRHM |
| 3 | Sudarshan chettri | | C – NRHM |
|  | DPMU STAFFS | |  |
| 1 | BISHAL SHARMA DPM | | C – NRHM |
| 2 | HARI SHARMA DAM | | C – NRHM |
| 3 | YOUDEN THOMAS LEPCHA DDA | | C – NRHM |
| 4 | PRATAP SHARMA DDM | | C – NRHM |
|  | STORE | |  |
| 1 | SOMNATH PANDEY SIO | | R |

**REMARKS: - C – CONTRACTUAL**

**R – REGULAR**

**MR – MASTER ROLL.**

**STAFFING PATTERN AT PHCS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Category of staff** | **Name of PHC** | | | | | | |
| ***Pakyong*** | ***Sang*** | ***Samdong*** | ***Rangpo*** | ***Rongli*** | ***Rhenock*** | ***Machong*** |
| ***Med. Officer*** | 2 (C -1) | 2 (C- 1) | 2 (C-1) | 2 (C-1) | 2 | 1 | 1 |
| ***Dent. Surgeon*** | 1 | 0 | 0 | 1 | 1 | 1 | 0 |
| ***CHO/LHV*** | 1 (CHO) | 0 | 1 (LHV) | 1 (LHV) | 1(CHO) | 1 (LHV) | 0 |
| ***GNM*** | 4 (all C) | 1 (C ) | 2 (C ) | 2 (C ) | 2 ( C ) | 1 (C ) | 0 |
| ***ANM/***  ***MPHW(F)*** | 8 (C - 1) | 5 (1-C) | 3 | 5 | 4 (C -1,) | 6 (C -1) | 4 |
| ***MPHW(M)*** | 3 | 1 (SW) | **2 ( out of which 1 from NLEP attchd to DHS)** | 2 | 1 | 1 | 1 |
| ***HA (M)*** | --- | 1 | --- | --- | --- | --- | --- |
| ***Supervisor*** | --- | 1 | 1 (NMS attchd to DHS) | --- | --- | --- | --- |
| ***Lab. Tech.*** | 2 | 1 | 1 | 2 (C-1) | 2 (C -1) | 2 | 1 |
| ***X-ray Tech.*** | 1 (C) | 0 | 0 | 1 | 0 | --- | 0 |
| ***Dental Tech.*** | 0 | --- | --- | 0 | 1 (C) | 0 | --- |
| ***Pharmacist*** | 1 (C) | 0 | 0 | 0 | 0 | 1 (C) | 0 |
| ***HE*** | 1 | 1 | 1 | 0 | 0 | 0 | 0 |
| ***MA (M)*** | 3 | 2 (1-89 days) | 1 | 0 | 1 | 2(MR-1) | 1 |
| ***MA (F)*** | 4  (1 – 89 days) | 1 | 2 (MR-1) | **5(MR-2, and**  **1(R)attached from C. Pandam PHSC**) | 4 (MR-1) | **0** | 2 (MR-1) |
| ***Driver -Ambulance*** | 1 + 1 (AAI Bus) | 1(MR) | 1 | 1 | 1 | 1 | 1 (MR) |
| ***Driver- Prgrm Veh.*** | 1 | 1 | 1 | 1 | **0 (Expired)** | 1 | 1 (MR-89 days) |
| ***Cook*** | 1 | 1 | 1 | 1 | 1 (MR - 89 days)) | 1 (MR -89 days) | 1 |
| ***Dhobi*** | 1 | 1 | 1 | 1 | 1 | 1  (MR -89 days)/ **1** | **1 ( To rtr in april 13)** |
| ***SFK*** | 2  (Both 89 days) | 2 | **2 (out of which 1 attchd to DHS** | **2 (1 SFK to rtr in July 2013)** | **1** | 2 | 2 |
| ***Storekeeper*** | --- | --- | 1 (NRHM) | 2 (NRHM-1, MR-1) | --- | --- | 1 (NRHM) |
| ***Accounts Clerk*** | --- | 1 | --- | 1 | 1 | 1 | --- |
| ***Jr. Accntnt*** | 1 | 1 | 0 | 1 | --- | --- | --- |
| ***LDC*** | 1 (MR) | --- | --- | --- | --- | --- |  |
| ***Peon*** | 1  (89 days) | 1 | --- | 1 | 1 ? | 1 | 1 |
| ***Night Chowkidaar*** | --- | --- | --- | 1 (MR) | --- | 0 | --- |
| ***Plumber*** | --- | --- | --- | --- | 1 (WC) | --- | ---- |
| ***BPM (NRHM)*** | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| ***DEO (NRHM)*** | 1 | 1 | 1 | 1 | 1 | 1 | 1 |

***BIRTH AND DEATH CELL***

*Birth and Death registration under district hospital Singtam for the year 2012-13.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***year*** | ***Birth registration*** | | ***Death registration*** | |
|  | ***current*** | ***delayed*** | ***current*** | ***Delayed*** |
| ***2011-12*** | ***457*** | ***120*** | ***117*** | ***23*** |
| ***2012-2013*** | ***508*** | ***184*** | ***119*** | ***35*** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RCH INDICATORS FOR THE FINANCIAL YEAR 2012-2013**  **Data Item Wise Report for State: Sikkim District: East** | | | | | | | | | | | | |
| **Provisional Figures for - 2012-2013 and Month - Up to March** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **SI NO** | **INDICATORS** | **ACH.** | **TARGET** | **%ACHIVED** | **Machong** | **Pakyong** | **Rangpo** | **Rhenock** | **Rongli** | **SINGTAM District** | **Samdong** | **Sang** |
| **M1 [Ante Natal Care Services ANC]** | **Total number of pregnant women Registered for ANC** | 2800 | 3339 | 83.9 | 132 | 503 | 449 | 249 | 234 | 348 | 394 | 491 |
| **Number of pregnant women registered within first trimester** | 1724 | 2800 | 61.6 | 103 | 222 | 363 | 151 | 151 | 139 | 203 | 392 |
| **Number of pregnant women received 3 ANC check ups during pregnancy** | 2105 | 2800 | 75.2 | 104 | 369 | 356 | 161 | 128 | 343 | 293 | 351 |
| **Number of pregnant women given TT1 during current pregnancy** | 2317 | 2800 | 82.8 | 116 | 434 | 395 | 219 | 185 | 239 | 328 | 401 |
| **Number of pregnant women given TT2 or Booster during current pregnancy** | 2377 | 2800 | 84.9 | 102 | 453 | 415 | 234 | 208 | 288 | 261 | 416 |
| **Total number of pregnant women given 100 IFA tablets** | 2313 | 2800 | 82.6 | 82 | 396 | 337 | 229 | 153 | 372 | 317 | 427 |
| **Number of new cases of Hypertension (BP>140/90) detected in Pregnant women at the institution** | 82 | 2800 | 2.9 | 6 | 5 | 7 | 5 | 0 | 40 | 11 | 8 |
| **Number of Eclampsia cases managed during delivery** | 0 | 2800 | 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Number of Pregnant women with anaemia i.e. Hb level<11 (tested cases)** | 1176 | 2800 | 42.0 | 122 | 239 | 144 | 271 | 63 | 85 | 94 | 158 |
| **Number of Pregnant women having severe anaemia (Hb<7) treated at institution** | 20 | 2800 | 0.7 | 0 | 7 | 0 | 3 | 0 | 6 | 3 | 1 |
|  | **TOTAL DELIVERIES** | 1242 |  |  | 39 | 168 | 135 | 107 | 113 | 507 | 98 | 75 |
| **M2 [Deliveries]** | **Number of deliveries conducted at Home and attended by trained SBA(i.e. Doctor or Nurse or ANM)** | 23 | 209 | 11.0 | 2 | 5 | 1 | 3 | 3 | 3 | 4 | 2 |
| **Number of deliveries conducted at Home and attended by non trained SBA (i.e. trained TBA or Relatives etc.)** | 186 | 209 | 89.0 | 17 | 30 | 21 | 15 | 25 | 21 | 36 | 21 |
| **Total number of deliveries conducted at Home and attended by trained or non-trained SBA (i.e. sum of 2.1.1.a and 2.1.1.b)** | 209 | 1242 | 16.8 | 19 | 35 | 22 | 18 | 28 | 24 | 40 | 23 |
| **Number of newborns visited within 24 hours of delivery for deliveries conducted at home** | 173 | 209 | 82.8 | 10 | 27 | 16 | 18 | 19 | 24 | 37 | 22 |
| **Number of mothers paid JSY incentive for deliveries conducted at home** | 24 | 209 | 11.5 | 1 | 3 | 0 | 3 | 2 | 0 | 5 | 10 |
| **Deliveries conducted at Public Institutions** | 1033 | 1242 | 83.2 | 20 | 133 | 113 | 89 | 85 | 483 | 58 | 52 |
| **Number of women discharged under 48 hours of delivery conducted at Public Institutions** | 1008 | 1033 | 97.6 | 20 | 134 | 123 | 89 | 83 | 452 | 60 | 47 |
| **Number of mothers paid JSY Incentive for deliveries conducted at Public Institutions** | 887 | 1033 | 85.9 | 37 | 161 | 136 | 83 | 72 | 41 | 126 | 231 |
| **Number of ASHAs paid JSY Incentive for deliveries conducted at Public Institutions** | 866 | 1033 | 83.8 | 31 | 157 | 136 | 82 | 71 | 34 | 126 | 229 |
| **M4 [Pregnancy outcome & weight of new-born]** | **Number of male live births** | 612 | 1230 | 49.8 | 17 | 72 | 62 | 53 | 66 | 253 | 47 | 42 |
| **Number of female live births** | 618 | 1230 | 50.2 | 21 | 95 | 72 | 54 | 44 | 250 | 50 | 32 |
| **Total number of male and female live births (4.1.1.a and 4.1.1.b)** | 1230 | 1242 | 99.0 | 38 | 167 | 134 | 107 | 110 | 503 | 97 | 74 |
| **Number of still births** | 14 | 1242 | 1.1 | 1 | 2 | 2 | 0 | 3 | 4 | 1 | 1 |
| **TOTAL DELIVERIES** | 1242 |  |  | 39 | 168 | 135 | 107 | 113 | 507 | 98 | 75 |
| **Number of Abortions (spontaneous or induced)** | 39 |  |  | 1 | 6 | 4 | 7 | 0 | 11 | 1 | 9 |
| **Number of Newborns weighed at birth** | 1108 |  |  | 30 | 158 | 138 | 95 | 102 | 450 | 77 | 58 |
| **Number of Newborns having weight less than 2.5 kg** | 81 |  |  | 3 | 10 | 2 | 2 | 3 | 53 | 5 | 3 |
| **Number of Newborns breast fed within 1 hour** | 1173 | 1230 | 95.4 | 31 | 158 | 142 | 94 | 103 | 499 | 84 | 62 |
| **M5 [Complicated pregnanices]** | **Number of cases of pregnant women with Obstetric Complications and attended at PHCs** | 47 |  |  | 0 | 10 | 0 | 13 | 23 |  | 1 | 0 |
| **Number of cases of pregnant women with Obstetric Complications and attended at CHCs** | 0 |  |  |  |  |  |  |  |  |  |  |
| **Number of cases of pregnant women with Obstetric Complications and attended at SDHs or DHs** | 9 |  |  |  |  |  |  |  | 9 |  |  |
| **Number of cases of pregnant women with Obstetric Complications and attended at other State owned public institutions** | 0 |  |  |  |  |  |  |  |  |  |  |
| **Number of cases of pregnant women with Obstetric Complications and attended at Public facilities i.e. PHC, CHC, SDH, DH and other State owned public institutions (sum of items from 5.1.1 to 5.1.4)** | 56 |  |  | 0 | 10 | 0 | 13 | 23 | 9 | 1 | 0 |
| **Number of cases of pregnant women with Obstetric Complications and attended at Private facilities** | 0 |  |  |  |  |  |  |  |  |  |  |
| **Number of cases of complicated pregnancies treated with IV antibiotics** | 4 |  |  | 0 | 0 | 0 | 1 | 3 | 0 | 0 | 0 |
| **Number of cases of complicated pregnancies treated with IV Antihypertensive/Magsulph injection** | 0 |  |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Number of cases of complicated pregnancies treated with IV Oxytocis** | 67 |  |  | 0 | 0 | 0 | 67 | 0 | 0 | 0 | 0 |
| **Number of cases of complicated pregnancies treated with Blood Transfusion** | 0 |  |  |  |  |  |  |  | 0 |  |  |
| **M6 [Post - Natal Care]** | **Women getting post partum check-up within 48 hours after delivery** | 1379 |  |  | 48 | 197 | 261 | 98 | 119 | 419 | 129 | 108 |
| **Women getting a post partum check up between 48 hours and 14 days after delivery** | 1261 |  |  | 76 | 245 | 248 | 133 | 129 | 75 | 199 | 156 |
| **PNC maternal complications attended** | 23 |  |  | 0 | 1 | 0 | 3 | 16 | 2 | 0 | 1 |
| **M7 [Medical Termination of Pregnancy (MTP)]** | **Number of MTPs conducted at Public Institutions up to 12 weeks of pregnancy** | 4 |  |  | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 |
| **Number of MTPs conducted at Public Institutions for more than 12 weeks of pregnancy** | 1 |  |  | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| **Total number of MTPs conducted at Public Institutions (sum of items 7.1.1 and 7.1.2)** | 5 |  |  | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 0 |
| **Number of MTPs conducted at Private Facilities** | 0 |  |  | 0 | 0 | 0 | 0 | 0 |  | 0 | 0 |
| **M8 [RTI/STI Cases]** | **Number of new cases of RTI/STI in males for which treatment was initiated** | 284 |  |  | 0 | 1 | 32 | 0 | 1 | 220 | 3 | 27 |
| **Number of new cases of RTI/STI in females for which treatment was initiated** | 416 |  |  | 3 | 49 | 67 | 59 | 14 | 180 | 6 | 38 |
| **Total number of new cases of RTI/STI in males and females for which treatment was initiated (sum of items 8.1.a and 8.1.b)** | 700 |  |  | 3 | 50 | 99 | 59 | 15 | 400 | 9 | 65 |
| **Number of suspected RTI/STI cases for whom wet mount test was conducted** | 0 |  |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **M9 [Family Planning]** | **Number of NSV (No Scalpel Vasectomy) conducted.** | 0 |  |  | 0 | 0 | 0 | 0 | 0 |  | 0 | 0 |
| **Number of Laparoscopic sterilizations conducted.** | 0 |  |  | 0 | 0 | 0 | 0 | 0 |  | 0 | 0 |
| **Number of Post-Partum sterilizations conducted at SDHs or DHs** | 6 | 236 | 2.5 |  |  |  |  |  | 6 |  |  |
| **Number of IUD Insertions conducted at SCs** | 148 | 236 | 62.7 | 3 | 28 | 14 | 16 | 5 |  | 30 | 52 |
| **Number of IUD Insertions conducted at PHCs** | 52 | 236 | 22.0 | 3 | 11 | 6 | 8 | 11 |  | 4 | 9 |
| **Number of IUD Insertions conducted at CHCs** | 0 |  |  |  |  |  |  |  |  |  |  |
| **Number of IUD Insertions conducted at SDHs or DHs** | 36 | 236 | 15.3 |  |  |  |  |  | 36 |  |  |
| **Number of IUD Insertions conducted at other State owned public institutions** | 0 |  |  |  |  |  |  |  |  |  |  |
| **Total Number of IUD Insertions conducted at Public facilities i.e. SC, PHC, CHC, SDH, DH and other State owned public institutions (sum of items from 9.5.1.a to 9.5.1.e)** | 236 | 700 | 33.7 | 6 | 39 | 20 | 24 | 16 | 36 | 34 | 61 |
| **Number of IUD Insertions conducted at Private facilities** | 0 |  |  |  |  |  |  |  |  |  |  |
| **Number of IUD removals** | 111 | NEED BASED |  | 7 | 15 | 3 | 9 | 19 | 38 | 11 | 9 |
| **Number of Oral Pills cycles distributed** | 11725 | NEED BASED |  | 678 | 2379 | 1462 | 745 | 742 | 171 | 2863 | 2685 |
| **Number of Condom pieces distributed** | 39768 | NEED BASED |  | 1894 | 9589 | 1509 | 2571 | 5473 | 4540 | 4335 | 9857 |
| **Number of Centchroman (weekly) pills given** | 6 | NEED BASED |  | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 0 |
| **M10 [CHILD IMMUNIZATION]** | **Number of Infants (0 to 11 months old)received BCG immunisation** | 1288 | 2940 | 43.8 | 43 | 188 | 193 | 131 | 126 | 383 | 127 | 97 |
| **Number of Infants (0 to 11 months old) received DPT1 immunisation** | 2298 | 2940 | 78.2 | 127 | 397 | 331 | 198 | 207 | 270 | 365 | 403 |
| **Number of Infants (0 to 11 months old) received DPT2 immunisation** | 2386 | 2940 | 81.2 | 134 | 410 | 325 | 213 | 201 | 285 | 388 | 430 |
| **Number of Infants (0 to 11 months old) received DPT3 immunisation** | 2435 | 2940 | 82.8 | 130 | 440 | 359 | 209 | 213 | 298 | 348 | 438 |
| **Number of Infants (0 to 11 months old) received OPV 0 (Birth Dose)** | 1145 | 2940 | 38.9 | 26 | 171 | 178 | 122 | 124 | 339 | 101 | 84 |
| **Number of Infants (0 to 11 months old) received OPV1 (First Dose)** | 2298 | 2940 | 78.2 | 127 | 397 | 330 | 198 | 207 | 270 | 365 | 404 |
| **Number of Infants (0 to 11 months old) received OPV2 (Second Dose)** | 2380 | 2940 | 81.0 | 135 | 410 | 324 | 211 | 200 | 285 | 385 | 430 |
| **Number of Infants (0 to 11 months old) received OPV3 (Third Dose)** | 2421 | 2940 | 82.3 | 130 | 440 | 342 | 209 | 213 | 304 | 349 | 434 |
| **Number of Infants (upto 48 hrs of age) received Hepatitis-B0 immunisation** | 696 | 2940 | 23.7 | 2 | 109 | 135 | 85 | 105 | 198 | 43 | 19 |
| **Number of Infants (0 to 11 months old) received Hepatitis-B1 immunisation** | 2320 | 2940 | 78.9 | 130 | 397 | 347 | 203 | 207 | 269 | 365 | 402 |
| **Number of Infants (0 to 11 months old) received Hepatitis-B2 immunisation** | 2388 | 2940 | 81.2 | 132 | 416 | 319 | 212 | 199 | 293 | 388 | 429 |
| **Number of Infants (0 to 11 months old) received Hepatitis-B3 immunisation** | 2447 | 2940 | 83.2 | 129 | 450 | 346 | 214 | 215 | 310 | 347 | 436 |
| **Number of Infants (0 to 11 months old) received Measles immunisation (First Dose)** | 2403 | 2940 | 81.7 | 99 | 417 | 354 | 217 | 236 | 320 | 346 | 414 |
| **Number of Infants (more than 16 months old) received Measles immunisation (Second Dose)** | 0 |  |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total number of male children (9 to 11 months old) fully immunised (BCG+DPT123+OPV123+Measles) during the month** | 1280 | 2455 | 52.1 | 42 | 216 | 187 | 95 | 119 | 171 | 167 | 283 |
| **Total number of female children (9 to 11 months old) fully immunised (BCG+DPT123+OPV123+Measles) during the month** | 1175 | 2455 | 47.9 | 58 | 196 | 161 | 92 | 117 | 149 | 166 | 236 |
| **Total number of children (9 to 11 months old) fully immunised (BCG+DPT123+OPV123+Measles) during the month (sum of items 10.1.13.a and 10.1.13.b)** | 2455 | 2940 | 83.5 | 100 | 412 | 348 | 187 | 236 | 320 | 333 | 519 |
| **Number of Infants (more than 16 months old) received DPT Booster dose** | 2170 |  |  | 111 | 409 | 338 | 180 | 211 | 245 | 315 | 361 |
| **Number of Infants (more than 16 months old) received OPV Booster dose** | 2158 |  |  | 107 | 410 | 348 | 180 | 211 | 245 | 301 | 356 |
| **Number of Infants (more than 16 months old) received Measles, Mumps, Rubella (MMR) Vaccination** | 2297 |  |  | 88 | 413 | 370 | 190 | 223 | 316 | 300 | 397 |
| **Total number of male children (12 to 23 months old) fully immunised (BCG+DPT123+OPV123+Measles) during the month** | 66 |  |  | 4 | 0 | 2 | 0 | 13 | 4 | 14 | 29 |
| **Total number of female children (12 to 23 months old) fully immunised (BCG+DPT123+OPV123+Measles) during the month** | 46 |  |  | 0 | 0 | 5 | 2 | 4 | 1 | 13 | 21 |
| **Total number of children (12 to 23 months old) fully immunised (BCG+DPT123+OPV123+Measles) during the month (sum of items 10.3.1.a and 10.3.1.b)** | 112 |  |  | 4 | 0 | 7 | 2 | 17 | 5 | 27 | 50 |
| **Number of children (more than 5 years old) given DT5** | 2274 |  |  | 119 | 262 | 471 | 93 | 90 | 211 | 331 | 697 |
| **Number of children (more than 10 years old) given TT10** | 3466 |  |  | 169 | 618 | 623 | 361 | 218 | 309 | 398 | 770 |
| **Number of children (more than 16 years old) given TT16** | 2460 |  |  | 98 | 509 | 386 | 244 | 138 | 183 | 237 | 665 |
| **Number of cases of Abscess reported following immunisation [Adverse Event Following Immunisation (AEFI)]** | 0 |  |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Number of cases of Death reported following immunisation [Adverse Event Following Immunisation (AEFI)]** | 0 |  |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Number of cases of other complications reported following immunisation [Adverse Event Following Immunisation (AEFI)]** | 1 |  |  | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| **Number of Immunisation sessions planned to be held during the month** | 2942 |  |  | 215 | 571 | 505 | 264 | 369 | 239 | 317 | 462 |
| **Number of Immunisation sessions held during the month** | 2863 |  |  | 193 | 556 | 486 | 243 | 352 | 236 | 336 | 461 |
| **Number of Immunisation sessions held during the month where ASHAs were present** | 2557 |  |  | 208 | 374 | 486 | 247 | 345 | 110 | 335 | 452 |
| **Number of children (more than 16 months old) received Japanese Encephalitis (JE) vaccination** | 0 |  |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **M11 [Number of Vitamin A doses]** | **Number of children (9 months to 5 years old) administered 1st dose of Vitamin A (Dose-1)** | 2443 |  |  | 121 | 417 | 355 | 219 | 258 | 318 | 348 | 407 |
| **Number of children (9 months to 5 years old) were administered 5th dose of Vitamin A (Dose-5)** | 974 |  |  | 71 | 125 | 185 | 70 | 90 | 97 | 141 | 195 |
| **Number of children (9 months to 5 years old) administered 9th dose of Vitamin A (Dose-9)** | 1994 |  |  | 98 | 253 | 433 | 42 | 102 | 287 | 313 | 466 |
| **M12 [Number of cases of Childhood Diseases reported during the month0-5 years:]** | **Number of cases of Diptheria reported in children below 5 years of age** | 0 |  |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Number of cases of Pertusis reported in children below 5 years of age** | 0 |  |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Number of cases of Tetanus neonatarum reported in children below 5 years of age** | 0 |  |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Number of cases of Tetanus other than neonatarum reported in children below 5 years of age** | 0 |  |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Number of cases of Polio reported in children below 5 years of age** | 0 |  |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Number of cases of Measles reported in children below 5 years of age** | 17 |  |  | 0 | 0 | 4 | 0 | 2 | 4 | 0 | 7 |
| **Number of cases of Diarrhoea and Dehydration reported in children below 5 years of age** | 3084 |  |  | 259 | 274 | 440 | 135 | 183 | 582 | 667 | 544 |
| **Number of cases of Malaria reported in children below 5 years of age** | 2 |  |  | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| **Number of children below 5 years of age admitted with Respiratory Infections** | 391 |  |  | 8 | 21 | 7 | 13 | 69 | 267 | 0 | 6 |
| **M13 [Blindness Control Programme]** | **Number of Patients operated for cataract** | 71 |  |  | 0 | 0 | 0 | 0 | 0 | 71 | 0 | 0 |
| **M14 [Patient Services]** | **Number of CHC or SDH or DH functioning as First Referral units (FRUs)** | 0 |  |  |  |  |  |  |  |  |  |  |
| **Number of PHCs functioning 24X7 with atleast 3 Staff Nurses** | 64 |  |  | 12 | 12 | 12 | 4 | 12 |  | 12 |  |
| **Number of Anganwadi centres reported to have conducted VHNDs** | 2266 |  |  | 130 | 364 | 416 | 166 | 362 | 76 | 361 | 391 |
| **Number of facilities having a Rogi Kalyan Samiti (RKS)** | 12 |  |  |  |  |  |  |  | 12 |  |  |
| **Number of RKS meetings held during the month** | 27 |  |  | 2 | 4 | 5 | 4 | 4 | 3 | 3 | 2 |
| **Number of facilities having Ambulance services (Assured Referral Services)** | 94 |  |  | 12 | 12 | 12 | 11 | 12 | 11 | 12 | 12 |
| **Total Number of times the Ambulance was used for transporting patients during the month** | 1203 |  |  | 35 | 278 | 120 | 67 | 87 | 511 | 70 | 35 |
| **Number of Institutions having Operational Sick New Born and Child Care Units (SNCU)** | 0 |  |  |  |  |  |  |  |  |  |  |
| **Number of functional Laproscopes in CHC/SDH/DH** | 0 |  |  |  |  |  |  |  | 0 |  |  |
| **Number of male patients admitted (Inpatients) during the month** | 396 |  |  | 1 | 117 | 51 | 37 | 24 | 155 | 7 | 4 |
| 1495 |  |  | 31 | 336 | 167 | 161 | 113 | 626 | 26 | 35 |
| **Number of female patients (Inpatients) admitted during the month** | 496 |  |  | 16 | 136 | 89 | 68 | 24 | 139 | 15 | 9 |
| 2537 |  |  | 84 | 603 | 332 | 302 | 232 | 876 | 60 | 48 |
| **Total number of patients admitted (Inpatients) during the month (sum of items 14.10.1.a and 14.10.1.b)** | 892 |  |  | 17 | 253 | 140 | 105 | 48 | 294 | 22 | 13 |
| 4032 |  |  | 115 | 939 | 499 | 463 | 345 | 1502 | 86 | 83 |
| **Number of death cases of Inpatient males** | 10 |  |  | 0 | 0 | 1 | 2 | 4 | 3 | 0 | 0 |
| **Number of death cases of Inpatient females** | 9 |  |  | 0 | 2 | 1 | 2 | 0 | 4 | 0 | 0 |
| **Number of cases of death of Inpatients (sum of items 14.10.2.a and 14.10.2.b)** | 19 |  |  | 0 | 2 | 2 | 4 | 4 | 7 | 0 | 0 |
| **In-Patient Head Count at midnight** | 3269 |  |  | 35 | 1192 | 95 | 636 | 393 | 740 | 71 | 107 |
| **OPD attendance (All)** | 241897 |  |  | 19632 | 39554 | 29814 | 25130 | 15455 | 58891 | 24524 | 28897 |
| **Number of major operations carried out using general or spinal anaesthesia** | 0 |  |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Number of minor operations carried out without anaesthesia or using local anaesthesia** | 228 |  |  | 0 | 0 | 0 | 5 | 0 | 223 | 0 | 0 |
| **Number of patients given AYUSH treatment** | 1575 |  |  | 0 | 0 | 0 | 0 | 0 | 1575 | 0 | 0 |
| **Number of patients on whom Dental Procedure was conducted** | 8639 |  |  | 0 | 2128 | 1684 | 392 | 1154 | 3281 | 0 | 0 |
| **Number of Adolescents counselled** | 2082 |  |  | 0 | 625 | 0 | 59 | 0 | 1341 | 0 | 57 |
| **M15 [Laboratory Testing]** | **Number of Haemoglobin (Hb) tests conducted** | 6182 |  |  | 421 | 726 | 415 | 507 | 369 | 3082 | 205 | 457 |
| **Out of the total number of Hb tests conducted, number of cases having Hb less than 7gm/dl** | 92 |  |  | 1 | 10 | 4 | 7 | 2 | 61 | 1 | 6 |
| **Number of blood smears examined for Malaria** | 4216 |  |  | 13 | 76 | 188 | 57 | 37 | 3840 | 0 | 5 |
| **Out of blood smears examined for malaria, number of blood smears tested positive for Plasmodium Vivax** | 73 |  |  | 0 | 0 | 33 | 2 | 1 | 37 | 0 | 0 |
| **Out of blood smears examined for malaria, number of blood smears tested positive for Plasmodium Falciparum** | 10 |  |  | 0 | 0 | 1 | 0 | 1 | 8 | 0 | 0 |
| **M17 [Details of deaths reported during the month with probable causes:]** | **Number of cases of Infant deaths** | 4 |  |  | 0 | 1 | 0 | 0 | 1 | 0 | 2 | 0 |
|  | **NUMBER OF MATERNAL DEATHS** | 6 |  |  | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 0 |

**JSSK FOR THE YEAR 2012 – 2013.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **REFERRAL TRANSPORT SERVICES** | **Free Referral Transport** | | **Free Diagnostic & Drug** | |
| **Mother** | **Children** | **Mother** | **Children** |
| **HOME TO HEALTH INSTITUTION** | **61** | **1** | **1077** | **63** |
| **TRANSFER TO HIGHER FACILITY** | **219** | **34** |
| **DROP BACK HOME** | **92** | **0** |

**TRANSPORTATION INCLUDES STATE VEHICLS, EMRI/EMTS, PPP AND OTHERS.**

**NAME OF THE HEALTH FACILITIES CONDUCTING DELEVERIES ALONG WITH NUMBER UNDER EAST DISTRICT FOR THE YEAR 2012-2013.**

|  |  |
| --- | --- |
| **NAME OF HEALTH FACILITY** | **TOTAL NUMBER OF DELEVERIES CONDUCTED IN THE YEAR** |
|
|  |
|  |  |
| **Machong PHC** | **10** |
| **Barapathing** | **3** |
| **Linkey** | **1** |
| **Lower Biring** | **4** |
| **Mamring Taza Amba** | **2** |
| **Tarethang** | **0** |
| **Pakyong PHC** | **119** |
| **Aho** | **0** |
| **Asssam Lingzey** | **0** |
| **Basillakha** | **0** |
| **Changay** | **6** |
| **Nandok** | **0** |
| **Phadamchey** | **3** |
| **Pubyiuk Naitam** | **1** |
| **Syari** | **4** |
| **Rangpo PHC** | **100** |
| **Bhasmey** | **0** |
| **Central Pandam** | **1** |
| **Duga** | **0** |
| **Mazitar** | **0** |
| **Pachak** | **0** |
| **Sumin** | **6** |
| **West Pamdam** | **6** |
| **Rhenock PHC** | **86** |
| **Aritar** | **0** |
| **Rorethang** | **3** |
| **Sundunglakha** | **0** |
| **Rongli PHC** | **79** |
| **Gnathang** | **0** |
| **Lamaten** | **0** |
| **Lingtam** | **0** |
| **North Rehgoh** | **2** |
| **Phadamchen** | **0** |
| **Rolep** | **3** |
| **South Rehgoh** | **1** |
| **Subaneydara** | **0** |
| **Samdong PHC** | **40** |
| **Lingdok** | **3** |
| **Luing** | **4** |
| **Pangthang** | **3** |
| **Penlong** | **1** |
| **Tumin** | **0** |
| **Raley** | **5** |
| **MAKHA** | **2** |
| **Sang PHC** | **17** |
| **Dangeythang** | **0** |
| **Khamdong** | **1** |
| **Martam** | **3** |
| **Ranipool** | **1** |
| **Ranka** | **7** |
| **Ray Mindu** | **4** |
| **Shyagyong Rumtek** | **3** |
| **Simick Lingzey** | **11** |
| **TUMLABONG** | **1** |
| **MIDDLE CAMP** | **4** |
| **SINGTAM District Hospital** | **483** |
| **TOTAL** | **1033** |

**Year 2012 - 2013**

**Details of Schools and Students for the year 2012-13:**

* **Total Schools in the east district: 232**
* **Schools covered under SHP: 201**
* **Total children screened under SHP: 21536**

**Details of Diseases, Deficiency and no. of students identified with the problem of deficiency:**

|  |  |  |
| --- | --- | --- |
| **Deficiency** | **Student Screened** | **Percentage** |
| **Vitamin** | **1250** | **5.80%** |
| **Under Weight (BMI Classification)** | **1050** | **4.87%** |
| **Over Weight (BMI Classification)** | **62** | **0.28%** |
| **Anemia** | **2434** | **11.30%** |
| **Diarrhoea** | **682** | **3.16%** |
| **Refractive Erros** | **170** | **0.78%** |
| **ENT** | **250** | **1.16%** |
| **Dental** | **4501** | **20.89%** |
| **Skin Infection** | **200** | **0.92%** |
| **Warm Infestation** | **7760** | **36.03%** |

**Details of treatment given to students.**

|  |  |  |
| --- | --- | --- |
| **Treatment** | **Total** | **Percentage** |
| **No. of Children given IFA Tablets** | **14492** | **67.29%** |
| **Children given deforming tablets.** | **8881** | **41.23%** |
| **Others** | **163** | **0.75%** |

**Immunization Status under East District for the year 2012 -13.**

|  |  |  |
| --- | --- | --- |
| **Immunization** | **Total** | **Percentage** |
| **D.T (5-6 yrs.) DPT** | **2498** | **11.59%** |
| **TT (10 yrs.)** | **3198** | **14.84%** |
| **TT (16 yrs.)** | **2476** | **11.49%** |

**Establishment of Adolescent Friendly Health Clinics under East District**

|  |  |  |
| --- | --- | --- |
| **Establishment of Adolescent Friendly Health Clinics under East District** | **No. Of clinic established** | **No. Of Clinic functioning** |
| **District Hospital Singtam** | **1** | **1** |
| **Rhenock PHC** | **1** | **1** |
| **Rongli PHC** | **1** | **1** |
| **Rangpo PHC** | **1** | **1** |
| **Sang PHC** | **1** | **1** |
| **Samdong PHC** | **1** | **1** |
| **Pakyoung PHC** | **1** | **1** |
| **Machong PHC** | **1** | **1** |
| **Total** | **8** | **8** |

|  |  |  |
| --- | --- | --- |
| **Name of Facility** | **Target Adolescence Population** | **Achievement (April 2012 to March 2013)** |
| **District Hospital Singtam** | **5605** | **851 (15.18%)** |
| **Rhenock PHC** | **3639** | **50 (1.37%)** |
| **Rongli PHC** | **3507** | **98 (2.7%)** |
| **Sang PHC** | **7448** | **104 (1.39%)** |
| **Samdong PHC** | **5148** | **807 (15.6%)** |
| **Pakyong PHC** | **6649** | **380 (5.7%)** |
| **Rangpo PHC** | **5833** | **00 (0%)** |
| **Machong PHC** | **2362** | **107 (4.5%)** |

**Programme Management Unit (PMU):**

**Under NRHM, District Programme Management unit at District level and Block Programme Management unit at PHC level were established and operationalised by appointing qualified management graduates personnel to provide support on planning, implementing, monitoring and accounts keeping of the NRHM activities.**

**Financial Management System (FMS):**

**The District Accounts Manager appointed at the District level, and the Block Programme Manager / Accounts Manager at the Block level maintain the proper financial records. Computerized financial management and monitoring is being introduced. Internal and external audit features apart from the monthly and quarterly financial report.**

**For the accurate and timely submission of the Financial Management Report (FMR) the mission has designed a web portal for monthly reporting.**

**Untied Fund:**

**Untied fund are being provided to PHC and PHSC for emergencies purchases (Life saving drugs, consumables, etc) further untied funds can also be used for minor modification of health centers, emergency transport etc**

**In the year 2012-2013**

**48 PHSC were provided with untied fund @ Rs 10,000**

**8 PHCs @ Rs 25,000.**

**Annual Maintenance Grant**

**Annual Maintenance Grant were provided to 48 PHSCs @ Rs 10,000**

**8 PHC s @ Rs 50,000**

**For Minor repair works including electrification, water supply and any patient friendly activities.**

**Rogi Kalyan Samiti (RKS)**

**Under east district there are total 8 RogiKalyanSamiti one at the District Hospital and other 7 RKS at PHCs these registered society act as a group of trustees for management and development of hospitals and health centers all 7 PHC s were provided with corpus grant of Rs 1,00,000 and District RKS was provided with Rs 5,00,000.**

**Under District Hospital SingtamRogiKalyanSamiti has conducted the following activities for the year 2012-2013.**

1. **Blood storage unit construction**
2. **Renovation of OT**
3. **Miscellaneous works (purchase of fire extinguisher, printing of OPD cards, and maintenance of hospital)**

**24X7 PHCs:**

**Under East 7 PHCs have been providing 24X7 health care services. In order to make it effective and functional Medical Officers along with other medical and administrative staffs has been appointed at different PHCs and PHSCs.**

**Mobile Medical Unit:**

**The services like Ante Natal Care, general health checkup with basic investigation and diagnostic facilities, immunization pre treatment & referral facilities and health education are available through MMU facilities.**

**Details of MMU activity for the year 2012-2013**

|  |  |
| --- | --- |
| **Mobile Medical Unit Status With Catch (April 2012 - March 2013 )** | |
| **Name of the District** | **EAST** |
| **No. of MMU in the District** | **1** |
| **Month** | **April'2012 - March 2013.** |
| **No of Camps held** | **108** |
| **Total number of Camp MMU** | **91** |
| **Total number of Camp (MMU + CATCH)** | **17** |
| **Total number of OPD (MMU)** | **6304** |
| **Total number of OPD (CATCH)** | **6050** |
| **Total number of OPD (MMU + CATCH)** | **12354** |
| **Lab Test** | |
| **No of ANC** | **88** |
| **No of PNC** | **0** |
| **No of X-Ray** | **12** |
| **No of USG** | **0** |
| **No of ECG** | **0** |
| **No of Patient examined for Hemoglobin** | **1059** |
| **No of Patient examined for Malaria parasite** | **23** |
| **No of Patient examined for Urine Test** | **83** |
| **RBS** | **5181** |
| **Blood Grouping** | **4869** |
| **HBS AG** | **98** |
| **Urea** | **1005** |
| **Cholesterol** | **1150** |

**Ambulance for Health Centers:**

**State Health Society, has provided Ambulance in all the PHCs and district Hospital. These ambulances are fitted with all the basic health kits. This Ambulance is used to refer the patient free of cost to the Higher Health Centers round the clock.**

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

**Aganwadi centers located at different villages are to conduct VHNDs. In the financial year 2012-2013, VHNDs were carried out at different aganwadi centers under different PHCs and District.**

**Health Management Information System (HMIS):**

**HMIS reporting comprises of online web portal reporting and preparation of HMIS hard copy report and submit it to higher level facility.**

**Under East District all 48 Sub centers prepares monthly HMIS reports and submits it to concerned PHC for compilation. 7 PHCs compile the monthly report and submits it to District. DEO of each PHC uploads the web portal HMIS report every month.**

**DDA stationed at the district uploads the monthly HMIS report for the District and further compiles the Hard copy HMIS report and submits it to state officials.**

**MOTHER AND CHILD TRACKING SYSTEM (MCTS)**

**All 48 PHSCs, 7 PHCs and District are provided with MCTS registers for mother and children. MCTS web portal reports are being uploaded by DEOs stationed at the PHC and DDA at District.**

**HEALTH MELA:In the year 2012-2013 Health Mela was organized at two different PHCs under East District. At Samdong PHC health mela was organized at Tinek BAC on 28/2/2013 and second Health mela was organized under Sang PHC on 10/3/2013.**

**District Health Society East organized Health Mela at Rongli and Machong PHC**

|  |  |  |  |
| --- | --- | --- | --- |
| **SI NO** | **VENUE** | **DATE** | **TOTAL OPD ATTENDANCE** |
| **1** | **SAMDONG PHC** | **28/2/13** | **712** |
| **2** | **SANG PHC** | **10/3/13** | **438** |

**Following services were provided at the time of Health mela**

|  |  |
| --- | --- |
| **SPECIALISTS CLINIC** | **OTHERS CLINIC** |
| **Medicine** | **Dental clinic** |
| **Gynae/obstetrics with USG facility** | **Ayush** |
| **Paediatrics** | **Immunization** |
| **Ophthalmology including cataract screening** | **Family planning services** |
| **ENT** | **ARSH counseling** |
| **Orthopedics** | **Health education & exhibition** |
| **Psychiatric** | **MMU with x-ray and lab services** |
| **Dermatology** |  |

**The local community, PRI Members, NGOs, ASHAs and other volunteers extended their whole hearted cooperation and support for the success of the program in both the areas.**

**AYUSH(HOMOEOPATHY CLINIC) ANNUAL OPD PERFORMANCE REPORT (YEAR 2012 - 2013 ) DISTRICT HOSPITAL SINGTAM**

|  |  |  |
| --- | --- | --- |
| **SL, NO** | **TYPE OF CASE** | **TOTAL** |
| **1** | **RESPIRATORY CASES** | **148** |
| **2** | **GASTRO INTESTINAL CASES** | **276** |
| **3** | **MUSCULO SKELETAL CASES** | **190** |
| **4** | **DERMATOLOGICAL CASES** | **186** |
| **5** | **CARDIOVASCULAR CASES** | **27** |
| **6** | **ENDOCRINAL CASES** | **35** |
| **7** | **MALE SEXUAL CASES** | **17** |
| **8** | **FEMALE SEXUAL CASES** | **71** |
| **9** | **URINARY & RENAL CASES** | **65** |
| **10** | **ENT & OPHTHALMIC CASES** | **108** |
| **11** | **OTHERS** | **168** |
|  | **TOTAL:** | **1291** |

**ACTIVITTIES OTHER THAN OPD (HOMEOPATHY)**

1. **Participated in 2 days CME programme on homoeopathy held at gangtok on December 4th& 5th.**
2. **Participated in 1 day health mela held at Tintek (Samdong). On 28/02/2013**

**Total no. of patients attended -74**

1. **Participated in 1 day health mela held at sang on 10/03/2013**

**Total no. of patients attended -56.**

**AYUSH(AYURVEDA CLINIC) ANNUAL OPD PERFORMANCE REPORT**

**(YEAR 2012 - 2013 ) DISTRICT HOSPITAL SINGTAM**

|  |  |  |
| --- | --- | --- |
| **SL, NO** | **TYPE OF CASE** | **TOTAL** |
| **1** | **RESPIRATORY CASES** | **86** |
| **2** | **GASTRO INTESTINAL CASES** | **94** |
| **3** | **MUSCULO SKELETAL CASES** | **89** |
| **4** | **CARDIOVASCULAR CASES** | **36** |
| **5** | **BLOOD DISORDER** | **13** |
| **6** | **ENDOCRINAL CASES** | **47** |
| **7** | **SEXUAL CASES** | **32** |
| **8** | **NEUROLOGICAL** | **29** |
| **9** | **URINARY & RENAL CASES** | **55** |
| **10** | **ENT & OPHTHALMIC CASES** | **18** |
|  | **OTHERS** | **108** |
|  | **TOTAL:** | **607** |

**ACTIVITES OF AYURVEDA CLINIC (2012-2013)**

1. **Training programme on ARSH 19th- 21st April.**
2. **CATCH camp at Tathaganchen 10-12th Dec and SammanBhawan 20-22nd Dec.**
3. **1 day CME training on 29.12.2012.**
4. **Health Mela at Samdong (Tintek)- 28.02.2013, No. of patients seen-54**
5. **Health Mela at Sang PHC, No. of patients seen-41**

**IEC/BCC**

**The district has fully established IEC/BCC cell at District level and health educator are posted at PHC for implementation of the programme. All the programmes under IEC/ BCC cell are carried out in coordination with NGOs ,panchayats, teachers, ASHAs , along with formal and informal leaders**

**IEC / BCC Programme Conducted during the year 2012 – 2013:**

|  |  |  |
| --- | --- | --- |
| **Sl. No.** | **Types of Programme** | **No. of Programme** |
| **1** | **SENSITIZATION CAMP IN THE FELT NEED AREA** | **10** |
| **2** | **OUTSOURCING HEALTH COMMUNICATION PROGRAM** | **2** |
| **3** | **AWARENESS ON NON COMMUNICABLE DISEASES** | **9** |
| **4** | **AWARENESS ON COMMUNICABLE DISEASES** | **9** |
| **5** | **WORLD POPULATION DAY** | **1** |
| **6** | **CELEBRATION OF NEW BORN WEEK** | **56** |
| **7** | **IDD AWARENESS PROGRAM** | **32** |
| **8** | **HEALTH EXHIBITION AND QUIZ** | **2** |
| **9** | **WORLD EYE SIGHT DAY CELEBRATION** | **11** |

**ASHAs**

**ACCREDITED SOCIAL HEALTH ACTIVIST (ASHA)**

**There are in total 199 villages under east district, 199 ASHAs have been selected in order to serve these villages all ASHAs under east district are trained up to 6th and 7th module Round III, further VHSNC committee under each ASHAs were imparted with VHSC orientation training for all 199 ASHAs.Ashas have been receiving Rs 3000 per month as Honorarium from State Government.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.No** | **Activity** | **Goal for District** | **Achievement in %** |
| **01** | **Number of ASHA monthly meeting per month** | **8** | **8(100%)** |
| **02** | **Number of VHSNC MEETING PER MONTH** | **199** | **50%** |
| **03** | **Number of fully trained ASHAs for every 1000 population** | **199** | **100%** |
| **04** | **Number of clients benefited under JananiSurakshyaYojana (JSY)** |  | **866** |
| **05** | **Number of VHSC constituted and untied grants provided to them** | **199** | **100%** |
| **06** | **Number ASHAs trained under 6th& 7TH module** | **199** | **199** |
| **07** | **Number of ASHA s provided with Asha Drug Kit,ASHA DIARY & HBNC FORMAT** | **199** | **199** |
| **08** | **FUNCTIONAL ASHA GHAR** | **8** | **8 (100%0** |

**Incidence of the disease listed under IDSP for the year 2012(Jan to Dec). (Incidence per 1000 population.)**

**ACUTE DIARRHOEAL DISEASE**

The incidence of acute diarrhoel disease was 10.07 in the first quarter, 14.69 in the 2nd quarter, 8.68 in the third quarter, and 5.21 in the fourth quarter.

**BACILLARY DYSENTRY**

**Bacillary dysentery incidence was .14 in the first quarter, .38 in the second quarter, .11 in the third quarter and .18 in the fourth quarter.**

**MALARIA**

**Incidence of malaria was 0.00 in the first quarter, .01 in the second quarter, .28 in the third quarter and .02 in the fourth quarter.**

**MEASLES**

**Incidence of measles was .03 in the first quarter,.09 in the second quarter, .07 in the third quarter and .05 in the fourth quarter**

**DOG – BITE**

**Incidence of dogbite was 1.49 in the first quarter, 1.60 in the second quarter, 1.10 in the third quarter and .95 in the fourth quarter**

**CHICKEN POX**

**Incidence of chickenpox was .01 in the first quarter, .13 in the second quarter, .06 in the third quarter and .02 I the fourth quarter.**

**ACUTE RESPIRATORY INFECTION**

**Incidence of A.R.I. was 16.03 in the first quarter, 19.38 in the second quarter ,19.7 in the third quarter and 12.54 in the fourth quarter.**

**HYPERTENSION**

**Incidence of hypertension was 4.13 in the first quarter,5.91 in the second quarter ,4.53 in the third quarter and 2.44 in the fourth quarter.**

**MOTOR VEHICLE ACCIDENT**

**Incidence of motor vehicle accident was .43 in the first quarter, .41 in the second quarter, .43 in the third quarter and .34 in the fourth quarter.**

**DIABETIC**

**Incidence of diabetic was 0.36 in the first quarter,0.50 in the second quarter, 0.40 in the third quarter and 0.18 in the fourth quarter**

**TUBERCULOSIS**

**Incidence of tuberculosis was 0.22 in the first quarter, 0.58 in the second quarter, 0.56 in the third quarter and 0.31 in the fourth quarter**

**OUTBREAK REPORTS**

**Executive summary:**

**There was an outbreak of malaria in Rangpo on july-august 2012.1st case or clustering of cases (7 cases)was detected on 16th july 2012 . Initially there was a fall in the number of cases for the next few days,followed by a steep rise in the number of cases(12 cases) from 25th july. The high number of cases was maintained with gradual decline till 3rd August. The number of cases came down in the next three days. However, some cases were seen till the end of august 2012.The incidence was 3.18 in july and 1.10 in august 2012, when we compared this with the previous 2 years data (0 incidence), it was remarkable**

**Major observations:**

**During summer and rainy seasons, people were more prone to malaria.males were more affected. The age group most affected was 16-30 years age group.plasmodium vivax caused 95% of the cases.**

**National Programme for Control of Blindness:**

**District health society organized Cataract camp with IOL implantation at District Hospital Singtam in 2012-13. Total 71 cataract operation was conducted without any complication.**

**Table below reflects the achievements of NPCB for last 6 years.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **YEAR** | **2007 - 2008** | **2008 - 2009** | **2009 - 2010** | **2010-2011** | **2011-2012** | **2012-13** |
| **School eye Screening**  **Programme** | **NIL** | **1100 Students were screened.** | **970 Student were Screened.** | **0** | **0** | **1910 students were screened.** |
| **Cataract Camp with IOL implementation** | **2** | **2** | **2** | **2** | **1** | **1** |
| **Number of Patient operated at camp** | **152** | **135** | **120** | **77** | **40** | **71** |
| **N umber of Patient escorted by ASHAS.** | **Nil** | **47** | **0** | **60** | **6** | **34** |

**NATIONAL LEPROSY ERADICATION PROGRAMME- EAST**

|  |  |  |  |
| --- | --- | --- | --- |
| **YEAR** | **NO.OF NEW CASSES**  **DETECTED** | **NO.OF CASES MADE**  **RELEASE FROM**  **TREATMENT** | **NO.OF CASES UNDER TREATMENT** |
| **2004-2005** | **25 CASES** | **38 CASES** | **14 CASES** |
| **2005-2006** | **23 CASES** | **12 CASES** | **25 CASES** |
| **2006-2007** | **13 CASES** | **28 CASES** | **10 CASES** |
| **2007-2008** | **18 CASES** | **10CASES** | **18 CASES** |
| **2008-2009** | **22 CASES** | **16 CASES** | **24 CASES** |
| **2010-2011** | **16 cases** | **16 cases** | **10 cases** |
| **2011-2012** | **9 cases** | **9 cases** | **6 cases** |
| **2012-2013** | **11 CASES** | **2cases** | **6 cases** |

**N.L.E.P. INDICATOR**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DISTT.** | **YEAR** | **PR/10,000** | **NCDR/100000** | **PD RATIO** | **MB%** | **V.DIFTY** | **CHILD%** | **FEMALE%** |
| **EAST** | **2004-2005** | **05** | **9.1** | **0.02** | **46%** | **NIL** | **3.8%** | **3.8%** |
|  | **2005-2006** | **0.8** | **8.2** | **0.03** | **39%** | **NIL** | **NIL** | **17%** |
|  | **2006-2007** | **0.3** | **4.5** | **0.02** | **53%** | **NIL** | **NIL** | **15%** |
|  | **2007-2008** | **0.6** | **6.0** | **0.03** | **72%** | **NIL** | **NIL** | **22%** |
|  | **2008-2009** | **0.8** | **7.2** | **6.04** | **95%** | **01** | **4.4%** | **18%** |
|  | **2010-2011** | **0.16** | **2.63** | **…..** | **68.75%** | **6.25** | **12.5%** | **31.25%** |
|  | **2011-2012** | **0.28** | **3.1** | **…..** | **50%** | **16.66** | **nil** | **33.33%** |
|  | **2012-13** | **0.38%** | **3.82%** | **……** | **45.4%** |  | **18.1%** | **9%** |

**RNTCP**

**Under East district there are two TB unit**

1. **Gangtok TU**
2. **Singtam TU**

**Singtam TU covers District Hospital Singtam, Rangpo PHC, Rhenock PHC, Rongli PHC, NHPC Project hospital.**

**Targets to be achieved by Singtam TU:**

* **Sputum Conversion rate of 90%**
* **Treatment Outcome rate of 85%**

**(Singtam TU has achieved both the target)**

**MDR TB STATUS**

**Total numbers of 8 Patients are undergoing treatment and medication from state fund. Since april 2012 DOTS Plus programmee has been launched 14 patients are under Singtam TU for necessary treatment and medication.**

**For the financial year 2012-2013 22 patients are under MDR treatment.**

**Panchayati Raj Institution (PRI) Under East District**

|  |  |
| --- | --- |
| **Total number of wards** | **243** |
| **Total number of Gram Panchayat Unit** | **44** |
| **Total number of Zilla Panchayat** | **27** |
| **Total number of Zilla Adakshya** | **01** |

**P.R.I is deeply involved in the process of implementation of various health related activities under NRHM which are as follows:**

1. **Village Health Planning**
2. **Block Health Planning**
3. **ASHA Selection**
4. **Village Health and Sanitation Committee**
5. **Village Health and Nutrition Day**
6. **Community Monitoring**
7. **Financial Management of Untied Fund at PHSC and PHC**
8. **Rogi Kalyan Samittee (RKS) of PHCs and CHCs**
9. **Infrastructure Building and Maintenance**
10. **Janani Surakshya Yojana**
11. **Disaster Management**

**National Iodine Deficiency Disorder Control Programme (NIDDCP):**

1. **Consumption of any iodized salt has been introduced in Sikkim.**
2. **The incidence of IDD and cretins has been reducing significantly over the years after introduction of iodized salt.**
3. **Sale of non- iodized salt has been banned in the state.**
4. **Extensive awareness programmes are being organized for use of iodized salt only.**
5. **Laboratory test of common salt are being done periodically as a surveillance activity under this IDD programme.**

**NVBDCP**

**YEARLY REPORTS FOR MALARIAS 2005 TO 2013**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **YEARS** | **Total BS collection** | **Total BS examination** | **Total positive(p.v.p.f)** | | **Mixed** | **Total positive** | **Relapse** | **Negative** |
| **2005** | **2439** | **2439** | **8** | **1** | **-** | **9** | **-** | **2430** |
| **2006** | **1866** | **1866** | **11** | **4** | **-** | **15** | **-** | **1851** |
| **2007** | **2032** | **2032** | **7** | **1** | **-** | **8** | **-** | **2024** |
| **2008** | **2350** | **2350** | **9** | **1** | **-** | **10** | **-** | **2340** |
| **2009** | **3260** | **3260** | **5** | **5** | **-** | **10** | **-** | **3250** |
| **2010-11** | **5011** | **5011** | **4** | **7** | **1** | **12** | **0** | **4999** |
| **2011-12** | **4144** | **4144** | **2** | **1** | **0** | **3** | **0** | **4141** |
| **2012-2013** | **3802** | **3802** | **5** | **5** | **1** | **7** | **0** | **3795** |

***CATCH PROGRAMMEE UNDER EAST DISTRICT FOR THE YEAR 2012-2013***

**CATCH CHIEF MINISTERS COMPREHENSIVE ANNUAL AND TOTAL HEALTH CHECK UP FOR HEALTHY SIKKIM Under East District has been initiated at all Health Facilities. Further Catch camps are being organized regularly under PHCs and District, during the CATCH Camps overall health checkup is done with provision of all diagnostics, free medicines and referrals.**

**CATCH PERFORMANCES FOR THE YEAR 2012-2013**

|  |  |  |
| --- | --- | --- |
| **SI NO** | **ACTIVITY** | **NOS** |
| **1** | **TOTAL POPULATION COVERED IN TOTAL** | **172417** |
|  | **RURAL POPULATION 92616** |  |
|  | **URBAN POPULATION 79801** |  |
| **2** | **FINDINGS DURING CATCH CAMPS** |  |
|  | **HTN** | **8174** |
|  | **ANAEMIA** | **13065** |
|  | **DIABETICS** | **276** |
|  | **ASTHMA** | **96** |
|  | **T.B** | **50** |
|  | **DENTAL CASES** | **352** |
|  | **PULMONARY HEART DISEASES** | **8** |
|  |  |  |

**HIV AIDS SCENARIO UNDER EAST DISTRICT FOR THE YEAR 2012 -2013**

**ICTC REPORT OF DISTRICT HOSPITAL SINGTAM FOR THE YEAR 2012-2013**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SI NO** | **TEST** | **MALE** | **FEMALE** | **TOTAL** |
| **1** | **ICTC** | **770** | **1062** | **1832** |
| **2** | **TOTAL HIV POSITIVE MALE** | | | **2** |
| **3** | **TOTAL HIV POSITIVE FEMALE** | | | **0** |

**PPTCT REPORT OF DISTRICT HOSPITAL SINGTAM FOR THE YEAR 2012-2013**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SI NO** | **TEST** | **MALE** | **FEMALE WITH ANC** | **FEMALE NON ANC** |
| **1** | **PPTCT** | **1131** | **1270** | **10** |
| **2** | **TOTAL HIV POSITIVE MALE** | | | **0** |
| **3** | **TOTAL HIV POSITIVE FEMALE WITH ANC** | | | **1** |
| **4** | **TOTAL HIV POSITIVE FEMALE WITH NON ANC** | | | **0** |

**OTHER ACTIVITIES CONDUCTED UNDER EAST DISTRICT (2012-2013).**

1. **LAP LIGATION CAMP**

**Under East District Lap ligation Camps was organized at District Hospital Singtam .Total 34 patients benefitted from the camp.**

1. **CATARACT CAMP WITH IOL IMPLANTATION**

**District health society, East organized 3 days Cataract camp with IOL implantation. Total 40 patients were operated successfully without any complication. Dr B.P Dhakal Senior Consultant along with a team from STNM and Dr K.L Bhutia (Opthalmologist) from District hospital Singtam along with other staffs made the camp successful.**

**3. IPPI**

**First round of IPPI was on 20th January 2013 and second round of IPPI was on 24thfebruary 2013. In First round total 15458childrens were vaccinated and in the second round 15719childrens were vaccinated.**

**MEETINGS CONDUCTED UNDER EAST DISTRICT.**

1. **MATERNAL DEATH REVIEW MEETING**

**MDR meeting was organized at Facility level on 5/4/12 and on 15/3/13 as well as it was organized with District Magistrate and six Maternal death cases was discussed in detail on 23/3/2013.**

**PCPNDT review meeting was also organized under the Chairmanship of DC east on 23/3/2013.**

1. **DISTRICT HEALTH MISSION/DISTRICT HEALTH SOCIETY/RKS GOVERNING BODY MEETING**

**Under the chairmanship of Zilla Adakshaya Meeting of District Health Mission and RKS governing body was held on 31/7/2012 at the office of Zilla Adakshaya east. During the second half Meeting of District Health society was held under the chairmanship of D.C East.**

1. **MONTHLY MEETING**

**Every month Meeting was Organised at District Hospital Singtam with Staffs of District, PHCS in order to discuss Issues and performance of various health facilities. Further in monthly meeting Monthly activities and future activities are planned and discussed.similarly such monthly meetings are being organized at PHC and PHSC level as well.**

1. **ASHA MONTHLY MEETING**

**Every month Meeting of ASHAs are being organized at 7 PHC and District Hospital in order to discuss ASHA Issues. E very quarter ASHA Facilitators meeting was organized at District with District Asha mentoring Group and Asha Greviance Readressal Committee.**

**District Asha mentoring group meeting is being held regularly to discuss ASHA issues and further District Asha Grievance Readressal committee is also constituted and its meeting is also conducted regularly.**

**TRAININGS CONDUCTED DURING 2012 2013.**

1. **ASHA 6TH AND 7TH MODULE TRAINING**

**Resource persons for the training were: LHV Pakyong, DHEO, DPHNO, HE sang, HE Pakyong, and NGO member Mr Kamal Bhattarai**

**Total 6 Number of batches was trained comprising of 30 ASHAs in one batch**

**ASHA 6th and 7th module training was complete residential training for 5 days, training was successfully organized at Singtam and Pakyong.**

1. **IYCF TRAINING**

**Resource persons for the training were: JD RCH, DrZigmeeSashtro (Paedtrician)**

**Total 2 batches of training was organized under East District at Pakyong and Singtam**

1. **Re-ORIENTATION TRAINING TO VHSNC MEMBERS**

**Resource persons for the reorientation training to VHSNC members were: CMO, DHEO, DPHNO, DPM, DAM, NGO Member Mr Kamal Bhattarai and MrAsokBhattarai.**

**Total 24 batches of VHSNC reorientation training was organized at various places under East District. Active participation from stake holders was reflected during the training programmee.**

1. **RE-ORIENTATION TRAINING ON HMIS TO HEALTH WORKERS**

**Four batches of Reorientation training on HMIS to health workers was organized under east District. Resource persons for the training were JD(II), SPM, SDO. Participants for the training were MO/ICs , LHVs, BPMs, DEOs, ANMs, MPHW-F, MPHW-M from all health facilities under east district. Further 35 health workers were trained in each batch.**

1. **RE-orientation training to health workers on MCTS**

**Four batches of MCTS review cum Reorientation training was organized under East District in the year**

**Resource persons for the Training were: JD(RCH), SDO,DPM**

**Participants for the training were: MOICs, BPM, DEO, LHV, ASHA Facilitators.**

1. **IMNCI TRAINING TO HEALTH WORKERS:**

**In the year One batch of IMNCI training was organized at district Hospital Singtam. 15 Health workers were imparted with the training for 8 days. Resource persons for the Training were Paedtrician,DRCHO/E.**

1. **NSSK TRAINING:**

**District health society east organized NSSK training to health workers in the year. where 30 health workers were trained. Duration of training was for 3 days and Resource persons were Gyanecologist, Paedtrician, CMO/E, DRCHO**

1. **IUCD TRAINING:**

**15 Health workers in 3 batches were trained on IUCD at District Hospital Singtam. Training was imparted on maniquin and practical was conducted at MCH clinic . Resource person for the training was Gyanecologist and training duration was for 5 days.**

1. **PPIUCD TRAINING:**

**5 Health workers were trained on PP IUCD at District Hospital Singtam. Resource person for the training was Gyanecologist and training duration was for 5 days**

1. **SBA TRAINING:**

**In the year 5 Batchs of SBA(SKILLED BIRTH ATTENDANT) Training was organized under east District and 10 Nursing staffs were trained. 5 batches of SBA training was organized at District Hospital Singtam and resource persons were Gyanecologist, Peadtrician, Maternity ward incharge.**

1. **CONTRACEPTIVE UPDATE SEMINAR:**

**1 batch of contraceptive update seminar to health workers from PHSC and PHC s was organized at District Hospital Singtam in the year .**

**Resource persons for the seminar were: CMO,Gyanecologist, DRCHO/E.**

1. **IMMUNIZATION REFRESHER:**

**Immunization refresher was organized at District Hospital Singtam where the resource person for the program were SIO,CMO.**

1. **COMMUNITY MONITORING TRAINING**

**2 batches of community monitoring training was organized at rongli phc and samdong phc for 5 days. Resource persons for the training were DHEO,HE SANG,HE SAMDONG,CHO PAKYONG,HE PAKYONG, BPM RONGLI, BPM RHENOCK.**

1. **WIFS TRAINING**

**2 batches of WIFS training was organized at District Hospital Singtam. Where the resource persons for the training were DRCHO/E,Dr Zigmee Sashtro.**

1. **JSY (CPSMS) MANAGEMENT SEMINAR**

**District Health Society East Organised management seminar on CPSMS to health workers from all health facilities under east district. Where the resource persons were DIO, OPERATION MANAGER, LEAD MANAGER SBI, CMO, DRCHO, DPM, JD-RCH, SDO.**

1. **C.M.E TO MO’S**

**District health Society East organized C.M.E to specialists and MOs, at Rangpo tourist lodge. Total 26 participants were present for the CME including Specialists, Medical officers from District and all PHCs CME was organized at Nepali Dharamshala in Singtam.Resource persons for the CME were Pathologist, Microbiologist, ENT specialist, and Medical Specialists.**

1. **C.M.E PARAMEDICS**

**One batch of CME to paramedical staffs was organized under East district, total 35 health workers from PHC and PHSCs attended the seminar. Resource persons for the seminar were Gynecologist, Paedtrician, Medical specialists, CMO, DRCHO.**

1. **LAP LIGATION CAMP.**

**Under East District Lap Ligation Camps was organized at District Hospital Singtam. Total 34 patients benefitted from the camp.**

1. **CATARCT CAMP WITH IOL implantation**

**District health society, East organized 3 days Cataract camp with IOL implantation. Total 40 Patients were operated successfully without any complication. Dr. B.P. Dhakal Senior Consultant along with a team from STNM and Dr. K.L. Bhutia (Ophthalmologist) from District Hospital Singtam along with other staffs made the camp successful.**

1. **IPPI**

**First round of IPPI was on 20th January 2013 and second round of IPPI was on 24th February 2013. In first round total 15458 children’s were vaccinated and in the second round 15719 children’s were vaccinated.**

**3. South District (Activities & Achievements)**

**1. INTRODUCTION**

**1.1. SOUTH DISTRICT** is the smallest district among all the four districts of Sikkim. It has an area of 750 sq. kms. There are two Administrative Sub-divisions, Namchi and Rabongla, eight Block Administrative Centers viz; Namchi, Rabongla, Temi, Yangang, Namthang, Sumbuk,Jorethang and Sikkip. There is one Municipal Council and one Nagar Panchayat in Namchi and Jorethang respectively. There are 25 (Twenty Three) Zilla Panchayat and 47 (Forty Five) Gram Panchayat Units (GPU).1.2.The total population of the district is 1,46,742 (Census 2011) which constitutes 24.1% of State.

Majority of population resides in rural areas (97%). The Sex Ratio is 914/1000 male and

among 0-6 years the sex ratio is 948/1000 males. The density of the population of district is196/Sq. km which is the second highest in the state. The literacy rate of the district is 82.7%.1.3.The Health Care and Family Welfare Services in the district are provided to the people through network of one District Hospital, one CHC (under Process for consideration), Six Primary Health Centre (PHC) and Thirty Nine (39) Primary Health Sub- Centers. Outreach services are catered by Mobile Medical Unit (MMU) and other special health programmes held periodically including CATCH Programme.1.4.The District Hospital Namchi is 100 bedded hospitals and acts as a FRU (First Referral Unit) also. Currently this hospital has more than100 beds due to increased number of admissions. It has an additional 30 bedded TB hospital and 10 bedded Eye Department apart from the main hospital building. This hospital has all the basic specialty like General Surgery, Orthopedics, Obstetrics & Gynecology, Dental, Emergency, Medicine, and Pediatrics with New Born Stabilization Unit, Pathology, Microbiology, Radiology, Psychiatric, ENT, Eye, TB & Chest, Physiotherapy and Homeopathy under AYUSH. This hospital has fully fledged Blood Bank and

Operation Theaters. The major services provided by the hospital along with its performance of 2012 are appended below:-

TABLE – (1)

|  |  |  |  |
| --- | --- | --- | --- |
| Sl.No | Major Services – District Hospital | Year | |
| 2011 | 2012 |
| 1. | Patient attendance in the OPD | 90301 | 60,109 |
| 2 | Indoor Patient Admitted (IPD) | 6396 (General) 728 TB | 7261 (General)119 (TB) |
| 3 | Caesarean Section Operation conducted | 10 | 326 |
| 4 | Institutional Delivery conducted | 692 | 1171 |
| 5 | Major Operations | 286 | 423 |
| 6 | Minor Operation | 356 | 3436 |
| 7 | Pathological Test Done | 21613 | 112579 |
| 8 | X – Ray | 8046 | 11522 |
| 9 | ECG | 759 | 1703 |
| 10 | Ultra – sonography | 2312 | 7410 |
| 11 | Blood Transfusion | 816 unit | 934 unit |
| 12 | Annual Bed Occupancy Rate | 93% | 105% |

**1.5 BLOOD BANK** of this hospital is fully functional and has all the basic logistic facilities. The Voluntary Blood Donation has risen to 91.3% this year from 75 % in the year 2011-2012. The Blood Bank collected 1033 units of blood and transfused 934 unit of blood to the hospital admitted cases in the year 2012-13 which is 30 % more than the last year. The Blood requirement has gone up mainly due to increased number of operations conducted by the surgeons and Gynecologist of the hospital. A Namchi based Voluntary Blood Donor Association of Sikkim (VBDAS) as usual has played the major role this year also in blood donation along-with educational institutes, Non-Governmental Organisations and also the Spiritual organizations based at Namchi, Jorethang, Temi-Tarku, Ravangla, Namthang, Bermiok-Tokal, Melli, Yangang & also from some places of West District.

**1.6 THE OBSTRETIC & GYNAECOLOGY** Departments of this hospital has done 326 C-Section and the OPTHALMOLOGY department has initiated Cataract Operation with IOL implantation in this hospital, and operated 88 cases this year. These services are expected to be enhanced in near future. All other departments are catering the services as usual with increased patient load.

**1.7 COMMUNITY HEALTH CENTRE** of the district is under consideration for fulfilling the criteria laid down under Indian Public Health Standard. Jorethang Primary Health Centre is earmarked for the same.

**1.8. PRIMARY HEALTH CENTREs (PHC)** are located at Melli, Namthang, Yangang, Ravangla, Tokal-Bermiok, Jorethang and Temi-Tarku. All these PHCs are functioning as 24 X 7 with basic services. All these PHC have 10 beds each for medical management, institutional delivery and catering emergency services.

**1.9. PRIMARY HEALTH SUB-CENTREs (PHSC):** There are 39 (Thirty-nine) PHSC in the district that provide basic health care services at the community level. PHSCs are equipped in managing minor treatment, delivery, referral services and all the National Health Programmes envisaged under NRHM. The staffs posted in the PHSC are imparted special training like Skill Birth Attendant Training on Delivery, FIMNCI etc from time to time. Presently 35 PHSCs are conducting delivery and are considered as Delivery point PHSCs. Around 75% of the PHSCs in the district is connected through motor-able road and the rest are located in few minutes walking distance. In the current year a total of 76 deliveries are conducted at the PHSC which is more than the previous years. The 5 PHSCs in the district have currently two ANMs.

**2. ACTIVITIES UNDER NATIONAL RURAL HEALTH MISSION (NRHM)**

2.1. DISTRICT HEALTH MISSION is the apex body for taking Decisions under NRHM at the district level. The meeting of District Health Mission was held on 30th March, 2013 and reviewed the progress of the district which was chaired by Shri. B.T. Tamang,

Hon'ble Chairman Namchi Municipal Council.

**2.3. HOSPITAL MANAGEMENT SOCIETY/ROGI KALYAN SAMITHI (RKS)** held four meetings the District and at PHClevel meetings were chaired by respective Chairperson, viz:Hon'ble Zilla Adhakshya, Zilla Panchayat at the district and

BDO at the PHC level.

**2.4. PHSC COMMITTEE** holds meeting regularly during Action Plan preparation and before utilization of the untied and maintenance grant provided to them in the tune of Rs 20,000/-(Rupees Twenty Thousand) only each. The Panchayat Member of the locality chairs all the meeting. The funds are utilized on the basis of local need as decided in the meetings conducted from time to time.

**2.5. VILLAGE HEALTH SANITATION & NUTRITION COMMITTEE (VHSNC):** There are 153 VHSNCs in the district located in all the ASHA villages. They hold meeting at regular interval which is chaired by their respective Panchayat members of the locality as a President of the committee. The untied grant of Rs. 10,000/- (Rupees Ten Thousand) only are utilized on need based following the criteria as laid down in the guidelines provided to them after deciding in such meetings.

2.6. PROGRAMME MANAGEMENT UNITs are established at the District Hospital, Namchi, and in all the PHCs of the district with professional manpower and are other logistics. These units provide, support to the existing health infrastructure and engaged in the financial and programme management like reporting, monitoring, supervision etc.

2.7. FLEXIBLE FUND TO HEALTH INSTITUTIONS provided in the District as Untied Fund and Annual Maintenance Grant per annum with its utilization is given as under:-

**2.8. HUMAN RESOURCES** for providing health care delivery in the district is 585 which consists of 423 regular staff and 51 are working under Ad-hoc/Contractual & Muster roll basis under State Government Service. The manpower provided under NRHM & National Disease Control Programme is 111 which constitute about 26% of the total manpower working under Heath Care, Human Services & F.W. Department under South District.

**2.9. REPRODUCTIVE AND CHILD HEALTH SERVICES:**

**2.9.1. Maternal Health:**

a. Antenatal Registration 2281 number of Pregnant Women was done in this year and 3 ANC was provided to 1862 Pregnant Women i.e. 81.63% (HMIS).

b. In the District Hospital, Namchi 326 number of Caesarean Section was conducted which is the highest than in all the previous years. The 1608 deliveries were conducted at the health institute of the district which has been increased from 65.3% in the 2008-09 to 77.45% in the year 2012-13.

c. The Post Natal Care coverage to all the mother was recorded to be 1823 (94% ) and 3 PNC was given to 1503 mothers (82.42% ).

d. The death review meeting was conducted on 21/3/12 and on 13/10/12 for reviewing the causes of death and its corrective measures which was presided by District Magistrate, South.

e. The Janani Surakshaya Yojana (JSY) scheme was provided to 868 mothers for Institutional Delivery and 27 for Home Delivery.

f. The Janani Sishu Surakshya Karyakram(JSSK) for free drug-consumables provided to 1589 number of Pregnant Women & mothers and 48 children .

g. The Mukhya Mantri Sisu Suraksha Avum Sutkery Sahajog Yojana (MMSSASSY)The new

Initiative of State Government was provided to 13 number of eligible mothers and 25 children.

**2.9.2. Child Health:**

a. The current Birth Registration of new born child in the district is 1206.

b. The Full Immunization coverage of the district is 100+%.( Annexure I)

c. A total of 12263 and 12369 children of 0-5 yrs were given Polio drops during Pulse Polio Immunization Programme, first and second rounds respectively in the district.

**2.9.3. Family Planning:**

a. The Eligible Couple Registered in the district is 22697.

b. 65 Eligible Women had undergone for Tubectomy and 34 men accepted N S V

this year.

c. The Intra Uterine Contraceptive Device and Oral Contraceptive Pills were accepted

by 271 & 1780 Eligible Women and Conventional Contraception (Condom) by 875 men.

d. The follow-up services were provided in the health institutions and also in the outreach services during VHND, MMU and other special camps for all the Family

Planning methods acceptors.

2.10. SCHOOL HEALTH PROGRAMME was conducted in 213 schools covering 90% of schools. A total of 21,192 numbers of students were covered under this School Health Programme. The training to Nodal Health Teachers were also conducted to 175 teachers from different schools of South District. The Weekly Iron and Folic Acid (WIFS) programme started in April 13 in all the 237 schools after having imparted training to 175 number of teachers.

2.11. ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH (ARSH) programme was initiated in the district through eight (8) ARSH clinics. A total of 1572 number of clients were counseled and treated by these clinics for different health problems encountered in the clinics. A total of 2071 numbers of RTI/STI cases were treated during the year.

2.12. PRE-CONCEPTION AND PRENATAL DIAGNOSTIC TECHNIQUE (PCPNDT) ACT- 1994

a. Under this programme the District Advisory Committee meetings were held on bi-monthly basis under the chairpersonship of District Collector and the four numbers of meetings were held on 18th April, 16th June, 17th August and 18th October 2013 and the various issues related

to this Act were discussed .

b. An orientation programme on the subject was held to ASHAs of Namchi Sub-Division on 29th

December 2012, where 25 ASHAs attended the same.

c. The Registration of Ultra Sound Clinic in District Hospital, Namchi was renewed on

17th Oct 2012 for a period of five year.

2.13. OUT-REACH PROGRAMMES:

2.13.1. Village Health Sanitation & Nutrition Day (VHND) are conducted by Accredited Social Health Activist (ASHA), Aganwadi Workers (AWW) and other health functionaries every month at Aganwadi Centers in the village. This is an important activity at the village level where various activities like counseling, Ante-Natal service, Post-Natal Services and other health related activities are undertaken. Such activities are conducted in all the 236 Aganwadi centers on rotation basis in the district. This also provides the support on tracking Pregnant Women and children for rendering them required services.

2.13.3. MOBILE MEDICAL UNIT (MMU) services in the district were provided since 2008 and are extending the services continuously since then. This year a total of 146 MMU camps were held in the district and examined and treated 23,226 number of patient. 517 ANC, 28 PNC, and 20 IUCD and other services were catered to those who attended the camps. The homeopathy services were also rendered to those in need. A total of 16035 number of Blood tests were done with 143 X Rays. The MMU calendar is prepared every month during monthly meeting and this year it has been integrated with the CATCH Programme since August 2012.

2.14. INFORMATION EDUCATION & COMMUNICATION (IEC)/ BEHAVIOURAL CHANGE COMMUNICATION (BCC) activities are conducted by a fully fledged IEC/BCC Cell established in the District Hospital, Namchi headed by District Health Education Officer and two Health Educators appointed under Jorethang and Melli PHC. A total of 186 different IEC/BCC activities were conducted in the district. Apart from the routine IEC/BCC activities the other activities conducted were Breast Feeding Week commenced from 1st to 7th of August 2012. The IEC personnel are also Dist Trainers for ASHAs and fully participate in the CATCH Programme.

2.19. ACCREDITED SOCIAL HEALTH ACTIVIST (ASHA) of this district are working in 153 villages under all the PHSC and PHC area. They are trained in HBNC skill developments 7th Module for managing the new born cases at the village level. They are involved and working in all the National Health Programmes and other special programmes implemented by the district.

**Activities carried out by ASHAs:**

a. 1836 numbers of VHND attended and 1836 VHSNC meetings conducted and attended.

b. 153 ASHAs mobilized 2053 number of children during routine Immunization Programme in

the district.

c. House to house home visits are done by the ASHAs twice a year for Polio Programme and for the preparation of Community Need Assessment Planning and on other days need based home visits are carried out by the 153 ASHAs for providing ANC, PNC, New Born Care and for the follow up of drop outs in ANC , Immunization and for Counseling services on different health issues.

d. The ASHAs are mobilizing community in all the health activities like- IEC/BCC Programme, CATCH Programmes, Eye Camps, Family Planning Camps and other special health Programmes conducted periodically.

e. 40 Number of patients were escorted for Cataract Operation in the district hospital Namchi.Mrs Manmaya Rai, ASHA Facilitator of Lower Boom tar Busty was awarded by District Health Society on 30th March 2013 in recognition of her dedicated services.

**2.21 NATIONAL DISEASES CONTROL PROGRAMME**

**2.21.1. REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME (RNTCP):**

The RNTCP in the district is implemented through District Tuberculosis Centre (DTC) and has detected 307 new TB cases this year and provided with treatment through DOTS. Currently there are 399 no. of patients under treatment in the district. The total number of Multi-Drug Resistance TB (MDR-TB) cases in the district is 20 and taking medicines. A total of 667 cases of TB patient attended OPD in the TB Hospital. The total admission as Indoor Patient in the TB Hospital was 119 .As usual the World TB day was observed at District Hospital, Namchi on 24th March 2013. Which was attended by 50 participants. The theme of the day was “Stop TB in my Life time”. The programme was chaired by Chief Medical Officer, South. The DTC conducted one day training of

30 Nursing Staff in the district on 5th and 6th of March '13 on PMDT. The DTC also conducted 7 numbers of IEC activities in different places of the district. There are 172 nos of drug providers at the community level in the entire district. The cure rate is 91% and success rate is 87.7%.

**2.21.2. NATIONAL LEPROSY ERADICATION PROGRAMME (NLEP) :**

The district has already achieved its primary goal for elimination Leprosy. Currently, the

Prevalence rate of Leprosy in the district is 0.39 %. At present, there are 6 (Six) cases under treatment and 4 (four) cases have been released from treatment. This wing in the district has undertaken various activities in this year to contain the problem. 27 (Twenty Seven) Medical Officers of the district were imparted 2 (Two) days training on 4th & 5th September, 2012. A 2 (Two) days training for 30 (Thirty) Health Worker (Male), 29 (Twenty Nine) Health Worker Female and 22 (Twenty Two ) LHV/ANM were conducted on 27th and 28th November, 3rd & 4th December, 2012 and 7th & 8th January, 2013 respectively. Also a day long training for 77 (Seventy seven) Aganwadi Worker was organized on 28th March 2013.

As a part of IEC activity, awareness programme cum health check-up was organized in nine different places of district in the month of June, August and September, 2012 where 1181 people participated in the said programme. This year the district has observed Anti-Leprosy Fortnight from 30th of January to 13th February, 2013. During the Fortnight 24 (Twenty Four) nos. of Health Workers and ASHAs were imparted training to conduct the survey for detecting new cases and referral. After the training, house-to-house survey was conducted in 4 (Four) Revenue Blocks and a total of 187- people were enumerated. Out of which 1833 were examined for the signs of Leprosy. A total 6 (Six) cases were suspected and referred to District Hospital, Namchi where 2(Two) cases were confirmed and started treatment under MDT. A reviews meeting on Leprosy was also conducted on 30th March 2013.

**21.3. NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS (NPCB)**

The NPCB wing of District Hospital, Namchi has made significant achievements this year.The Ophthalmology department of District Hospital, Namchi was made functional. The vision centre in 5 (Five) PHCs were also made functional through visits by Ophthalmic Assistants from District Hospital, Namchi one in a month on prefixed date since August, 2012. A total of 45 visits were made by the Ophthalmic Assistants and examined 774 patient with different eye problems. Awareness generation programme was conducted for MPHW (M/F)/ANM at District Hospital, Namchi on 22nd September, 2012 on various eye diseases and blindness.This year, the NPCB wing observed “World Sight Day” at Borong Secondary School on 11th October, at Kartikey Junior High School on 12th October and at Kewzing Senior Secondary School on 16th October, 2012. The programme was conducted in collaboration with NGOs “DRISHTI” of Namchi, Kapinjal Club of Polot, Turuk Development Society of Turuk and Vision of Kewzing based at Kewzing South Sikkim. The programme had IEC component followed by Eye

check-up. During the camps 393 beneficiaries including school children were examined for various eye problems and detected 7 (Seven) cataract, 50 (Fifty) Refractive Error, 2 (Two) Squint and 20 (Twenty) Conjunctivitis cases. The cataract screening camps were also held in 10 places of the district in the month of mid October to early November, 2012 in addition to World Sight Day. The Cataract Operation Camp with IOL implantation was held at District Hospital, Namchi from 22nd to 24th November, 2012 in collaboration with the doctors and team from STNM Hospital,Gangtok where 40 cataract operations were done. The programme was inaugurated by Shri Binod Rai, Hon'ble Parliamentary Secretary to the Government of Sikkim and area MLA of Namchi- Singithang constituency and attended by local gentry and officers & official of

Departments of the district.In this year, Ophthalmic department of District Hospital, Namchi under NPCB operated 88 cataract cases (40 inc camp-48 routine) and 102 numbers of other cases. A total of 3808 patient including children attended the Eye Clinic and examined for the different eye problems. A total of 33 Schools were visited by the Ophthalmic Assistants and all the schoolchildren up to class V were examined. Out of which 238 children were detected for having refractive error that were provided necessary advices for their corrective measures. The NPCB wing also observed “World Glaucoma Day” on 12th March, 2013 in the premises of District hospital, Namchi followed by a weeklong screening camp for Glaucoma. A total of 103 patient attended the camp and o2 detected for Glaucoma.

**2.21.4. NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NBVDCP).**

Under this programme, Anti-Malaria month was observed in the month of June, 2012 in the district by organizing Advocacy meeting of Aganwadi Workers, ASHAs and Health Worker of malaria prone areas on 16th June 2012. A total of 30 participants attended the said advocacy meeting. This was followed by organizing awareness programme along with Health camps at Manpur (Jorethang) on 27th March, Turung on 28th and Amalay Linkey Tar on 30th June 2012. A total of 433 people were examined and a total of 335 blood slides were collected for screening during these Health Camps. The Programme was attended by State Programme Officer (NVBDCP) Gangtok, CMO (South), Microbiologist of District Hospital Namchi, District RCH Officer and Medical Officer of NCD along with other paramedical staffs and ASHA. Anti-Dengue month in the district was also observed in the month of July 2012. A one-day advocacy meeting was organized to 37 (Thirty Seven) Health Worker (M/DF)/ANM of the district at District Hospital Namchi on 20th July, 2012. The participants were made aware on Dengue, its

consequences, containment measures and prevention of the diseases.One day training on Vector Borne Diseases for ASHAs, Block Programme Managers, Data

Entry Operator and Health Educators was organized on 20th & 21st of March, 2013 at District Hospital, Namchi. A total of 159 participants attended the training on these two days. Similarly, and advocacy meeting was organized for 73 (Seventy Three) Panhayats, NGOs, Bharat Nirman Volunteers and health functionaries on 27th March, 2013 at Sumbuk Block Administrative Centre and on 28th March, 2013 .70 Aganwadi Worker of Malaria prone areas of the district were imparted advocacy meeting on the topic of Vector Borne Diseases. The Indoor Residual Spray was done in the lower belt of Jorethang and Melli area in the month of June and July, 2012. A total of 05 malaria cases (PV PF J& Mixed) were detected and treated successfully, 4 cases of Kala-azar were also admitted and treated in the District Hospital,Namchi. There were no reports of death due to Vector Borne Diseases in the district. A total number 867 numbers of blood slides were collected and screened on a regular basis in this year.

**2.21.5. NATIONAL IODINE DEFICIENCY DISORDERS CONTROL PROGRAMME**

**(NIDDCP):**

The NIDDCP in the district has made a remarkable progress since 1991. The Prevalence Rate of disease is 13.7% (2009-2010) in south district. The Universal Salt Iodization Programme implemented is vigorously monitored by ASHA at the community level during VHND programme every month by using salt testing kits. The results are very encouraging and no salt samples without iodine were detected this year. A total of 2015 salt samples were tested in the district. The Global Iodine Deficiency Disorder Prevention Days were observed in 35 different schools of the district in the month of October – November, 2012. The programme consisted of awareness generation, open quiz to the students and on the spot salt testing by using salt testing kits for the presence of iodine content in the edible salt used by house-holds. An orientation

Training camp was also organized on Iodine Deficiency Disorders for 60 ASHAs in two batches on the 6th & 7th March 2013 at District Hospital Namchi.

Table – 8

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year | Consumers & Retailers | | Total | HH are consuming adequate iodized salt |
|  | >15PPM | < 15 PPM |  |  |
| 2008 – 09 | 2233 | 167 | 2400 | 93 |
| 2009 – 10 | 1824 | 76 | 1900 | 96 |
| 2010 -11 | 2350 | 50 | 2400 | 97.7 |
| 2011-12 | 2265 | 30 | 2295 | 96 |
| 2012 – 13 | 2435 | 43 | 2501 | 98 |

2.21.6. INTEGRATED DISEASE SURVEILLANCE PROJECT (IDSP) is working for the rigorous monitoring & surveillance of the about 19 syndromic, presumptive and laboratory confirmed cases of different disease since 2008 by one Data Manager and Data Operator. This programme is headed by DSO, Dr Urgen Sherpa who is the Microbiologist of District Hospital, Namchi. The details of the cases under surveillance and its progress are given in the table below:

Table – 9

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type of Reports | Number of Cases Reported | | | | |
| Syndromic cases Reported Form) | 2008 | 2009 | 2010 | 2011 | 2012 |
| Only Fever | 6286 | 15.514 | 9439 | 8041 | 9312 |
| Fever with Rash | 31 | 09 | 95 | 36 | 37 |
| Fever with cough >. 3 weeks | 3046 | 7434 | 7109 | 5989 | 6579 |
| Diarrhoea with no dehydration | 1089 | 3514 | 3361 | 3050 | 3316 |
| Diarrhoea with blood in stool | 15 | 43 | 02 | 39 | 29 |
| Presumptive Cases Reported (P Form) | | | | | |
| Snake Bite | NA | 27 | 33 | 19 | 23 |
| Dog Bite | NA | 379 | 633 | 747 | 724 |
| Enteric Fever | 04 | 12 | 57 | 03 | 05 |
| Pneumonia | 262 | 289 | 473 | 214 | 396 |
| Viral Hepatitis | 01 | 24 | 42 | 92 | 79 |
| Measles | 115 | 50 | 46 | 92 | 53 |
| Bacillary Dysentry | 150 | 152 | 458 | 723 | 62 |
| Chicken Pox | NA | 200 | 302 | 173 | 158 |
| Acute Respiratory Infection | 5368 | 10415 | 12031 | 10580 | 12885 |
| Acute Diarrhoeal Diseases | 1384 | 3129 | 3498 | 10712 | 3883 |
| Motor Vehicle Accident Cases | NA | NA | 120 | 104 | 112 |
| Diabetes | NA | NA | 93 | 194 | 383 |
| Menigitis | 00 | 06 | 02 | 12 | 04 |
| Kalazar | NA | NA | NA | NA | 04 |
| Lap Report (L Form) | | | | | |
| Tuberculosis +ve cases | 111 | 195 | 187 | 171 | 161 |
| Malaria + cases | 09 | 06 | 08 | 04 | 03 |

2.21.7.1. Integrated Counseling and Testing Centre (ICTC) is manned by a counselor and one Laboratory Technician. This centre is working for accessing accurate and confidential testing of HIV. A total of 3592 persons were counseled and tested for HIV in this year. of which 4 samples were found reactive.

2.21.7.2. Prevention of Parents to Child Transmission (PPTCT) centre has been functioning through one counselor and Laboratory Technician for reducing the risk of mother to child transmission of HIV/AIDS by providing services to Pregnant Women during their Ante-natal check-up since last 2005. The total no of Ante-natal women and their spouse counseled and tested to HIV is 1941 but no positive cases detected.

2.21.7.3. Sexually Transmitted Disease (STD) Clinic of District Hospital, Namchi is providing services by detecting and treating the disease with free drugs. This clinic is also supporting to control the HIV transmission by referral services to the needy persons.

2.21.7.4. AYUSH SYSTEM has Homeopathy Department in the District Hospital, Namchi and at Jorethang PHC. This department is functional since 2003 at District Hospital, Namchi and manned by 2 Medical Officers and 1 Paramedics. At Jorethang PHC only 1 Medical Officer is posted and functional since 2011. The total no of patient attended and treated at Homeopathy Clinic of Namchi Hospital was 7453 and 5860 numbers at Jorethang PHC respectively in this year. The patient flow in these clinics has been increasing since its inception. The Medical Officer of this clinic is also attending the other outreach programmes during CATCH, school health, MMU and other special health programmes like Health Mela.

**22. NON COMMUNICABLE DISEASES CONTROL PROGRAMME (NCDCP) :**

2.22.1. NATIONAL PROGRAMME FOR CONTROL & PREVENTION OF CANCER, DIABETES,CARDIO-VASCULAR DISEASES AND STROKE (NPCDCS) is implemented in this district since last 2011-12 as a part of pilot project by Ministry of Heath & Family (MO/HFW), Government of India(GOI) through NCD cell The centre is manned by 1 District Nodal Officer, Medical Specialist, District Programme Manager cum Medical Officer, Finance cum Logistic Officer, Programe Assistant and Data Operator each.

The centre organized training on NPCDCS and use of Glucometer (Accu Check) for 63

HW (M/F)/ANM on 9th and 10th July '12. The glucometer was distributed to 39 PHSC. The weekly and monthly reporting from the PHSC/PHC level started last year has been strengthened this year and monitoring system is made in place. Construction of 43 bedded cardiac care unit in the District Hospital. (Under NPCDCS) has been undertaken.

**2.22.2. NATIONAL PROGRAMME FOR HEALTH CARE OF THE ELDERLY (NPHCE)**

implemented since 2011-12 as a pilot project of the MO I/C, Health & FW GOI. The clinic isintegrated with NPCDCS and is run in Medical OPD by Medical Specialist. This programme has 5 Staff Nurses, 1 Physiotherapist, 1 Counselor and 2 Attendants. A weekly Geriatric Clinic also runs at all PHCs in the district. The construction for 10 bedded Geriatric Ward at Dist Hospital Namchi and up gradation of physiotherapy undertaken under NPHCE.

**2.22.3. NATIONAL TOBACCO CONTROL PROGRAMME (NTCP)** has been implemented in the district since 2009-10 in the district. A District Tobacco Control Cell ahs been established at District Hospital, Namchi. This is manned by 1 Nodal Officer, 1 Medical Social Worker and 1 Data Operator. A total of one day orientation programme was conducted at District Hospital, Namchi on 7th, 14th, 21st for 85 Health workers and on 18th and 13th March 2013 to 153 ASHAs of South District. Besides, these trainings Awareness Programme was conducted in 11 schools. The hoardings for COTPA was displayed in 6 PHCs. The periodical checks in the shops and hotels are also conducted in the district. Tobacco Control Inspection was conducted during Jorethang Mela on 15th,16th,17th,January 2013 as well.

th th **2.22.4. MENTAL HEALTH PROGRAMME :** Training was imparted to 90 MPHWs on 13 & 18 March 2013 and Advocacy on Mental Health was conducted at District Hospital Namchi on 19th and 30th of March '13 for 153 ASHAs. 3 Awareness Programme was conducted at Namchi Govt. College. New Light Academy and CCCT, Chisopani.

**3. CHIEF MINISTER'S COMPREHENSIVE ANNUAL AND TOTAL CHECK UP FOR HEALTHY** th **SIKKIM (CATCH SIKKIM)** was implemented since 25 October, 2010 in the district from YangangPHC. The programme aims to provide a comprehensive health check-up annually to all thecitizens residing in their respective villages and to prepare individual data base for better planningto achieve a goal of healthy Sikkim. The programmes were organized at ward level in coordinationwith Panchayat members of the village, ASHA, AWWs, local health functionaries andother volunteers including NGO members. The district has conducted 433 camps and 11, 0219people have attended the camps so far. During the camp detail information was recorded in their

house-hold and individual format designed by the department. Compilation and entry of the total services in detail are still going on and is not completed.

Total Number of CATCH Programme conducted:

|  |  |  |  |
| --- | --- | --- | --- |
| Sl. NO | PHC | Total Population Screened | No. of Camps |
| 1 | Namchi | 19447 | 77 |
| 2 | Yangang | 12230 | 54 |
| 3 | Jorethang | 15717 | 52 |
| 4 | Temi | 10264 | 39 |
| 5 | Ravangla | 18979 | 60 |
| 6 | Tokal Bermiok | 4676 | 34 |
| 7 | Melli | 14757 | 65 |
| 8 | Namthang | 14149 | 52 |
| Total | | 110219 | 433 |

PERFORMANCE OF HEALTH CARE SERVICES (District HMIS Report).

|  |  |
| --- | --- |
| Activities | 2012 - 2013 |
| ANC Target | 2381 |
| ANC Registration | 95% |
| Full ANC (3 ANC, TT, 100IFA) | 78.20% |
| Total Delivery within District | 2076 |
| Home Delivery | 12.47% |
| Home Delivery assisted by skilled attendant | 72.48% |
| Institutional Delivery | 87.52% |
| JSY Beneficiaries | 868 |
| Maternal Death | 05 |
| 3 PNC (Complete) | 82.42% |
| Total Live Birth | 1868 |
| No of Infant Death (still & 0 – 1) | 11 |
| New Born < 2.5kg | 67 |
| BCG | 84% |
| DPT – III | 99% |
| Measles | 100+% |
| Hepatitis ‘B’ | 100+% |
| Full Immunization | 100+% |
| No of Immunisation session held (Routine) | 13042 |
| No of Immunization session held (Outreach) | 854 |
| Eligible Couple | 22697 |
| NSV acceptors | 34 |
| Lab Ligation Acceptors | 65 |
| OCP Users | 1780 |
| CC Users | 875 |
| IUD Acceptors | 281 |

2. MATERNAL HEALTH SERVICES:

|  |  |  |
| --- | --- | --- |
| Facility | Services | 2012 - 2013 |
| Namthang PHC | ANC Registration | 264 |
| Jorethang PHC |  | 411 |
| Temi PHC |  | 179 |
| Yangang PHC |  | 320 |
| Melli PHC |  | 213 |
| Tokal Bermiok |  | 157 |
| Ravangla PHC |  | 350 |
| Namchi District Hospital |  | 387 |
| Total |  | 2281 |
| Namthang PHC | 3 ANC | 223 |
| Jorethang PHC |  | 367 |
| Temi PHC |  | 174 |
| Yangang PHC |  | 245 |
| Melli PHC |  | 161 |
| Ravangla PHC |  | 285 |
| Tokal Bermiok |  | 118 |
| Namchi District Hospital |  | 289 |
| Total |  | 1862 |
| Namthang PHC | Institutional Delivery (Pvt. District Hospital PHC & PHSCs) | 38 |
| Jorethang PHC | 149 |
| Temi PHC | 51 |
| Yangang PHC |  | 91 |
| Melli PHC |  | 150 |
| Ravangla PHC |  | 75 |
| Tokal Bermiok |  | 12 |
| Namchi District Hospital |  | 1171 |
| Pvt. Out of District & State |  | 80 |
| Total |  | 1817 |
| Namthang PHC | Home Delivery | 50 |
| Jorethang PHC |  | 44 |
| Temi PHC |  | 19 |
| Yangang PHC |  | 45 |
| Melli PHC |  | 21 |
| Ravangla PHC |  | 46 |
| Tokal Bermiok |  | 20 |
| Namchi District Hospital |  | 14 |
| Total |  | 259 |

3. IMMUNIZATION SERVICES.

|  |  |  |
| --- | --- | --- |
| Health Institution | Particulars | 2012 - 2013 |
| Namthang PHC | BCG | 198 |
| Jorethang PHC |  | 339 |
| Temi PHC |  | 121 |
| Yangang PHC |  | 169 |
| Melli PHC |  | 159 |
| Ravangla PHC |  | 245 |
| l Bermiok PHC |  | 44 |
| Namchi District Hospital |  | 371 |
| Total |  | 1646 |
| Namthang PHC | DPT – III/ OPV – III | 280 |
| Jorethang PHC |  | 362 |
| Temi PHC |  | 161 |
| Yangang PHC |  | 317 |
| Melli PHC |  | 185 |
| Ravangla PHC |  | 288 |
| Bermiok PHC |  | 120 |
| Namchi District Hospital |  | 369 |
| Total |  | 2082 |
| Namthang PHC | Measles | 283 |
| Jorethang PHC |  | 334 |
| Temi PHC |  | 161 |
| Yangang PHC |  | 307 |
| Melli PHC |  | 167 |
| Ravangla PHC |  | 292 |
| Bermiok PHC |  | 124 |
| Namchi District Hospital |  | 376 |
| Total |  | 2044 |
| Namthang PHC | Full Immunization | 283 |
| Jorethang PHC |  | 334 |
| Temi PHC |  | 161 |
| Yangang PHC |  | 307 |
| Melli PHC |  | 167 |
| Ravangla PHC |  | 292 |
| Bermiok PHC |  | 124 |
| Namchi District hospital |  | 376 |
| Total |  | 2044 |

FAMILY PLANNING (PERMANENT METHODS)

|  |  |  |
| --- | --- | --- |
| Health Institution | Particulars | 2012 - 2013 |
| Namthang PHC | Eligible couples | 2954 |
| Jorethang PHC |  | 3709 |
| Temi PHC |  | 1798 |
| Yangang PHC |  | 3120 |
| Melli PHC |  | 2397 |
| Ravangla PHC |  | 3324 |
| l Bermiok PHC |  | 1272 |
| Namchi District Hospital |  | 4123 |
| Total |  | 22697 |
| Namthang PHC | Lap. Ligation | 1 |
| Jorethang PHC |  | 0 |
| Temi PHC |  | 0 |
| Yangang PHC |  | 0 |
| Melli PHC |  | 0 |
| Ravangla PHC |  | 2 |
| Bermiok PHC |  | 0 |
| Namchi District Hospital |  | 31 |
| Total |  | 34 |
| Namthang PHC | NSV | 0 |
| Jorethang PHC |  | 0 |
| Temi PHC |  | 0 |
| Yangang PHC |  | 0 |
| Melli PHC |  | 0 |
| Ravangla PHC |  | 0 |
| Bermiok PHC |  | 0 |
| Namchi District Hospital |  | 65 |
| Total |  | 65 |

FAMILY PLANNING (SPACING METHODS).

|  |  |  |
| --- | --- | --- |
| Health Institution | Particulars | 2012 - 2013 |
| Namthang PHC | IUCD Acceplters | 67 |
| Jorethang PHC |  | 53 |
| Temi PHC |  | 22 |
| Yangang PHC |  | 37 |
| Melli PHC |  | 18 |
| Ravangla PHC |  | 32 |
| l Bermiok PHC |  | 06 |
| Namchi District Hospital |  | 36 |
| Total |  | 271 |
| Namthang PHC | Oral Pills Cycles Distributed | 3589 |
| Jorethang PHC |  | 1900 |
| Temi PHC |  | 1447 |
| Yangang PHC |  | 3308 |
| Melli PHC |  | 2613 |
| Ravangla PHC |  | 2436 |
| Bermiok PHC |  | 83 |
| Namchi District Hospital |  | 7787 |
| Total |  | 23163 |
| Namthang PHC | Condom Pcs Distributed | 13630 |
| Jorethang PHC |  | 6431 |
| Temi PHC |  | 3288 |
| Yangang PHC |  | 6106 |
| Melli PHC |  | 8216 |
| Ravangla PHC |  | 8732 |
| Bermiok PHC |  | 00 |
| Namchi District Hospital |  | 17825 |
| Total |  | 64228 |

HEALTH CAMPS AND OTHER PROGRAMMES

|  |  |
| --- | --- |
| Camps | 2012 - 2013 |
| MMU Camps | 146 |
| Lap Ligation Camps | 0 |
| NSV Camps | 1 |
| Cataract Camps | 1 |
| Health Mela | 1 |
| VHND | 1836 |

SERVICES UNDER MMU PROGRAMME 2012.

|  |  |
| --- | --- |
| SERVICES UNDER MMU | TOTAL PATIENTS TREATED |
| No. of Camps held | 146 |
| No. of Patient Treated | 23226 |
| No. of ANC | 517 |
| No. of PNC | 28 |
| RTI/STI Case Detected | 36 |
| TB Case | 14 |
| Hypertension | 615 |
| Eye Screening | 271 |
| Physical and Mental Disability | 19 |
| Refractive Error | 123 |
| Cataract Detected | 19 |
| IUD Inserted | 20 |
| OCP Acceptor | 17 |
| Condom Acceptor | 11 |
| Diabetes | 641 |
| No. of X – Ray | 143 |
| No. of USG | 4 |
| RBS Test | 8004 |
| HBSAG Test | 350 |
| Blood Grouping | 16035 |
| HCG | 64 |
| VDRL Test | 259 |
| No. of ECG | 0 |
| No. of Patient examined for Hemoglobin | 12295 |
| No. of Patient examined for Urine Test | 372 |

**4. West District (Activities & Achievements)**

**DISTRICT HOSPITAL GYALSHING WEST SIKKIM.**

**INTRODUCTION.**

**West District is one of the four administrative districts of the State Sikkim. Geographically the district covers 1161 sq km. The district head quarter is Gyalshing. This is also one of the two Sub- Divisions of the district covering maximum geographical area of the district. The other Sub – Division is Soreng, West District is the second largest district of Sikkim in terms of its population. As per 2011 Census the population size of the districts is 1, 36,299 of which 53% reside in Gyalshing Division and rest of the 47% reside in Soreng Sub – Division. The Population as per the survey conducted during community Need Assessment in the month of February 2012 – 13 is 1, 41,905.**

**Climatologically, during monsoon the heavy rain fall is a common feature of West District. It causes lot of problems by triggering off multiple landsides. Road blockage and destruction are common consequences of such landslides. Due to this kind of disaster this part of the State sometimes remains cut off from other part of the State including State Capital for almost 1-2 weeks.**

**West Sikkim is one of the backward district having difficult, hard to reach and inaccessible areas and with more PHC and PHSCs than other district. Of the 7 PHCs, Sombaria PHC is the farthest with 73 km from Gyalshing and Tashiding PHC which is the nearest is 32 km from District Hospitals.**

**WEST DISTRICT**

**Total Population 1, 36,299 (Census 2011)**

**Sex Ratio (State) 0 – 6 years 944/1000 (Census 2011)**

**Number of District Hospital : 1**

**Number of PHCs : 7**

**Number of PHSCs : 41**

**Number of ICDS Centre : 288**

**Number of Gram Panchayats Unit : 53**

**Number of Gram Panchayat Ward : 283**

**Number of Household : 26593 (as per IPPI 2011-12)**

**Number of ASHAs : 205**

**Number of Villages : 205**

**Number of School : 356 Schools (236 Govt. School**

**& 120 Pvt. Schools)**

**Formation of Committees : 1. District Health Mission**

**: 2. District Health Society**

**: 3. Rogi Kalyan Samiti at District**

**And PHCs.**

**: 4.District Level ASHA**

**Mentoring Committee.**

**District level monitoring committee was formed by Dr. Thinlay Wongyal, CMO consisting of CMO, District RCH Officer, District Tuberculosis Officer, District Medical Superintendent/District Leprosy Officer, District Nodal Officer for IDSP/NVBDCP, and District Programme Manager for monitoring and evaluation of the activities being undertaken in West District. This committee meets once in a month to review the performance and help in supportive supervision of the underperforming health centres. Each member is allotted a PHC for supportive supervision. He/She attends the monthly meeting at PHC with the staffs and ASHAS and has to submit a report during the monthly meeting at District Hospital Gyalshing.**

|  |  |  |
| --- | --- | --- |
| **SL.NO** | **DATE** | **REMARKS** |
| **1** | **26th Feb. 2013** | **Appraisal meeting of District Health Society members on NRHM with the chairmanship of newly posted District Collector/West, Dr. L.P. Chettri and other DHS members.** |
| **2** | **28th Feb. 2016** | **Appraisal meeting of District Health Society members on NRHM with the chairmanship of newly elected Zilla Adhyaksha/West Ms. Devika Subba and other DHM members.** |
| **3** | **4th of Every Month** | **Monthly Review Meeting at District with CMO, District Programme Officers, MOI/Cs, Supervisor Officers & Distt. Block Programme Management Unit.** |
| **4.** | **5th of Every Month** | **Monthly Review Meeting at District & 8 PHSCs with PHSC Staff with CMO, DRCHO and DPM.** |

**SUPERVISORS FOR PHC & PHSCs.**

**The monitor the Primary Health Centres (PHC) and Primary Health Sub- Centre (PHSC), especially the underperforming Health Centers, supervisory level officers like Medical Officers, CNO, DHE/HEs, LHVs and BPAMs etc. have been allotted PHCs and PHSCs for supportive supervision and on every 4th of the month the reports are presented and discussed in detail about the problems and solving them.**

**RESPONSIBILITY OF NODAL OFFICERS:**

**To make the programme/schemes more efficient the different programmes are looked after by different nodal officers who are selected by the head office in consultation with chief medical officer.**

**Nodal Officers for the Programmes/Schemes are as follows:-**

**Dr. Tseten Namgyal: RCH Programme**

**Dr. Anusha Lama : NLEP/MMU**

**Dr. Shanti Mishra : RNTCP**

**Dr. Bikash Pradhan: IDSP/NCD/CATCH/DMHP**

**Mr. Digam Gurung: VHSNC/ASHA Programme**

**PERFORMANCE ON MCH, IMMUNISATION & FAMILY WELFARE.**

**MATERNAL HEALTH:**

|  |  |  |  |
| --- | --- | --- | --- |
| **SL.**  **NO:** | **SERVICES** | **2012 - 2013** | |
| **TARGET** | **ACHIEVEMENT** |
| **1** | **Total ANC Registration** | **2320** | **2225 (96%)** |
| **2** | **ANC minimum 3 check- up** | **2320** | **1948 (84%)** |
| **3** | **Total Delivery** | **1918** | **1935** |
| **4** | **Institutional Delivery** |  | **1634(84%)** |
| **5** | **Home Delivery** |  | **301 (16%)** |
| **6** | **JSY Beneficiaries (Institutional Delivery)** |  | **518** |
| **7** | **JSY Beneficiaries (Home Delivery)** |  | **13** |
| **8** | **No. of JSY incentive for ASHA** |  | **506** |
| **9** | **T.T. (PW)** | **2320** | **2028 (87%)** |

**CHILD HEALTH:**

|  |  |  |  |
| --- | --- | --- | --- |
| **SL.**  **NO:** | **SERVICES** | **2012 - 2013** | |
| **TARGET** | **ACHIEVEMENT** |
| **1** | **BCG** | **2090** | **1959 (84%)** |
| **2** | **MEASLES** | **2090** | **2011 (96%)** |
| **3** | **VIT. ‘A’ (1ST DOSE)** | **2090** | **2090 (98%)** |
| **4** | **HEPATITIS ‘B’** | **2090** | **2008 (96%)** |
| **5** | **DPT (5 YRS)** | **2988** | **2175 (73%)** |
| **6** | **TT (10 YRS)** | **3241** | **3161 (97%)** |
| **7** | **TT (16 YRS)** | **3036** | **1964 (65%)** |

**FAMILY PLANNING:**

|  |  |  |  |
| --- | --- | --- | --- |
| **SL.**  **NO:** | **SERVICES** | **2012 - 2013** | |
| **TARGET** | **ACHIEVEMENT** |
| **1** | **IUD acceptor** | **698** | **346 (50%)** |
| **2** | **OCP Users** | **2407** | **1667 (69%)** |
| **3** | **Condom Users** | **5461** | **3085 (56%)** |
| **4** | **Lap Ligation** |  | **3** |
| **5.** | **NSV** |  | **0** |

1. **REPRODUCTIVE CHILD HEALTH (RCH – II)**

**A.1) Maternal Health:-**

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

**Village Health and Nutrition Days (VHND) are being organized and conducted in the ICDS centers where ASHAs are appointed in the villages and reports are submitted during the monthly review meeting of ASHA. Every month VHND programme are organized with the MPHWs/ANMs as resource persons. Drop out cases for immunization, TT injection ANC services are also given on these days and IEC are also given on nutrition, communicable and non – communicable diseases. During VHND, AWWs, NGOs and Panchayats also take active part in making VHND successful. Since July 2007, VHND is being organized at ICDS centers on every month. During the financial year 2012 – 13, 2233 VHND programme was conducted in West District.**

* **Jannani Suraksha Yojna (JSSY):**

**Under Janani Suraksha Yojana scheme, cash assistance is being provided to the mothers of BPL group up to two live births for enabling them to deliver in health institutions. Cash assistance is also being provided to SC/ST mothers and mothers of BPL group for home delivery.**

* **Cash Assistance to Mother (inst. Delivery) @Rs, 700/- per case**
* **Cash Assistance to Child (home delivery) @ Rs, 500/- per cases**
* **ASHA incentive @ Rs. 350/- per cash (Inst. Delivery)only**

**From the Month of January 2013, the JSY incentive is being paid in the accounts of beneficiaries as per the DBT programme. All together 540 beneficiaries have been paid during the financial year 2012 – 13. Since nationalized band doesn’t exist in every town at PHC level, the beneficiaries are facing difficulty in opening bank account, as such the Mission Director, NRHM has been requested to request the Ministry of Health to allow the state government to follow the old method of paying the cash assistance at least to the beneficiaries belonging to difficult and inaccessible areas like Karzee, Mangnam, Dhupidara, Sepi, Sopakha, Rimbi etc.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **YEAR** | **PHYSICAL** | | | **FINANCIAL** | | |
|  | **JSY Beneficiaries** | | **ASHA** | **Home Delivery** | **Inst. Delivery** | **ASHA** |
| **April 2012 to December 2012** | **13** | **518** | **506** | **6,500** | **3,62,600** | **177,100** |
| **January 2013 to March 2013** | **00** | **09** | **09** | **00** | **6,300** | **5,400** |

* **Maternal Death Review:-**

**A District level meeting on Maternal Death Review was held at office of DC (West) on 14/02/13 under the chairmanship of DC (W) Mr. L.P.Chettri. Meeting was attended by DC (W), CMO (W), and DRCHO (W), CMO (W) Gynecologists from District Hospital Gyalshing. At the outset CMO (W) highlighted on objectives of Maternal Death Review Committee and the different activities that is to be undertaken if any maternal death occurs.**

**DRCHO (W) highlighted on three cases of maternal death that occurred under west district.**

* **1st case – Roma Chettri W/O Kalyan Chettri, 2nd gravid, R/O Lingchom died at District Hospital Gyalshing on 19/09/2012. She had normal delivery followed by bleeding. Facility based survey was conducted by Gynecologist and found that cause of death was PPH.**
* **2nd case – Sonam Doma Lepcha W/O Ongchu Lepcha, 3rd gravid, R/O Lower Bom Reshi died on 14/10/2012 following home delivery. Verbal autopsy was conducted by Medical Officer and his team of Rinchenpong PHC and found the cause of death to be PPH after delivery of baby.**
* **3rd cases – Sushma Rai/W/O Som Prakash Rai, 2nd gravid, Resident of Ralang South Sikkim was brought to DHG for delivery. She had normal vaginal delivery followed by sudden PPH and was manage with fluids and had to be referred to District Hospital Namchi but died on the way to Namchi.**

**Interactive session was held to explore the fact against incident and also to fine out any gap that could be fulfilled so that we could avoid maternal death in future.**

**Following suggestions were given by DC (W).**

**He said to give importance on awareness generation programs and to make it continuous process till everyone becomes fully aware of Health Services provided to them. He also said that west Sikkim has difficult geographical terrain which could be one of the reasons for people not reaching in time to health facility at the time to emergency.**

* **Drugs & Consumables for Normal Deliveries, Caesarean Deliveries and Referral Transport.**

**Janani Sishu Suraksha Karyakaram (JSSK): It stipulates out all expenses related to delivery in a public Institution and the schemes have been borne entirely by the government and no user charges would be imposed. Under this initiative, a pregnant woman is entitled to free transport from home to the Government health facility, between facilities, in cases she is referred on account of complications, and also drop back home after 48 hours of delivery. It also include free drugs and consumables, free investigation & laboratory test, free blood when required and free diet for the duration of a patient’s stay in the facility. Similarly this scheme is also entitled for the sick newborns of less than 30 days after birth, accessing public health institutions for healthcare. They also get free treatment, free transport both ways and between facilities in case of referral. So far 663 beneficiaries have been benefited by this scheme under west District.**

**A.2) Child Health:**

* **Incentive to ASHA on Child Health (HBNC):**
* **730 beneficiaries have been provided facility under HBNC programme during the year 2012 – 13.**

**A.3) Family Planning:**

* **Permanent Method: In the financial year 2012 – 13, the birth rate of West District has been recorded as 15/1000 population as per HMIS and CAN report. As per Census 2011 report the birth rate of Sikkim is recorded as 17.6/1000 population. The Total Fertility Rate as per DLHS – III is 1.8. Since the birth rate is low and TFR is less than 2, the emphasis is mainly given on temporary method of family planning. Total 04 beneficiaries having more than 03 children were given service on permanent family planning method.**
* **Spacing Method: This year total of 346 beneficiaries have accepted long acting IUCD380A, the figure of acceptance is less than the last year where it was 536 IUCD acceptors, the reason being the issue of IUD thread missing after insertion as complained by many Mothers. To improve the quality of IUCD insertion the ANMs have been given hands on training for 05 days by the gynecologists’ and total 10 ANMs were trained on IUCD insertion.**
* **Last year. The majority of the Mothers opted for OCP method both from public and private sector and total of 1588 OCP acceptors were recorded last year as per HMIS report. Percentage of currently married women aged 15 – 49 years who are currently using any contraceptive method as per DLHS-III is 68.5 (any method).**

**A.4) Adolescent Reproductive and Sexual Health (ARSH):**

* **School Health Programme:**

**Out of total 236 School under west district 160 schools have been covered last year for school health programme. Students were provided with free health check up including Dental Eye, free medicines were distributed. Immunization & awareness on personal hygiene & nutrition were also undertaken. A total of 12252 students were examined out of which 1747 students were referred to DHG and PHCs.**

**A.5) Tribal RCH:**

* **Under Tribal RCH Scheme, the fund provided is to be utilized as performance based incentive for the Medical Officer, Staff Nurse/ANM and other health functionaries (FWA/Sweeper). The payment of incentive is to be done only after the PHC & PHSC crosses the 30% of the estimated number of deliveries as projected in their respective CNAs.**
* **Rs550,200/- has been paid to Medical Officers & other staff for conducting Institutional Delivery during the year 2012 – 13, the incentive will be only for the notified areas which are as follows:**
* **District Hospital Gyalshing**

|  |  |
| --- | --- |
| **Tashiding PHC** | **Karjee PHSC, Kongri PHSC, Gangyap PHSC, Naku Chumbong PHSC** |
| **Yuksam PHC** | **Gerethang PHSC, Thingling PHSC, Melli Aching PHSC, Rimbi PHSC, Nambu PHSC, Darap PHSC, Pelling PHSC.** |
| **Dentam PHC** | **Radhu Khandu PHSC, Lingchum PHSC** |
| **Rinchenpong PHC** | **Samdong PHSC, Zeel Hathidunga PHSC, Boom Reshi PHSC, Deythang PHSC** |
| **Sombaria PHC** | **Okheray PHSC Rebdi Bharang PHSC.** |

**A.6) PC – PNDT & SEX RATIO:**

* **In West District there are no cases of sex determination and no female feticide have been reported.**
* **Continuous IEC programme on PCPNDT Act are being carried out at the Community level and during VHND days. Sex ratio of west district as per census 2011 is 941 per 1000 and the child sex ratio is 950 girls per 1000 boys. Quarterly Review Meeting of Members in presence of DC is being conducted to review all the activities under PCPNDT. The Quarterly reporting is being submitted to the State.**

**A.7) Human Resource appointed under NRHM at West District:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.no** | **Designation** | **Numbers** | **Remarks** |
| **1** | **Medical Officers** | **3** | **2 at DH & 1 at Sombaria PHC** |
| **2** | **Dental Surgeon** | **4** | **2 at DH & 1 each at Rinchenpong & Sombaria PHC** |
| **3** | **Staff Nurse/GNM** | **18** | **10 at DH, 2 each at Dentam & Mangalbaria PHC, 1 each at Yuksam, Rinchenpong, Soreng & Sombaria PHC** |
| **4** | **ANM** | **23** | **18 at PHSC, 1 at Dentam & 2 each at Yuksam & Mangalbaria** |
| **5** | **MPHW (male)** | **7** | **All are posted at PHSC** |
| **6** | **X-Ray Technician** | **3** | **1 each at DH, Dentam & Rinchenpong PHC** |
| **7** | **Lab. Technician** | **6** | **2 at DH, 1 each at Rinchenpong, Mangalbaria, Soreng & Sombaria PHC** |
| **8** | **Dental Technician** | **2** | **1 each at Dentam & Rinchenpong PHC** |
| **9** | **OT Technician** | **1** | **District Hospital** |
| **10** | **ECG Technician** | **1** | **District Hospital** |
| **11** | **Pharmacist** | **4** | **1 each at DH, Dentam, Soreng & Sombaria PHC** |
| **12** | **Incinerator Operator** | **1** | **District Hospital** |
| **13** | **ARSH Counsellors/ School Health Coordinator** | **2** | **1 ARSH counsellors and 1 SHC posted at DH** |
| **14** | **Store Keeper** | **5** | **1 each at Tashiding, Yuksam, Mangalbaria, Soreng & Sombaria PHC** |

* **Incentive to Staff (difficult, most difficult & inaccessible areas)**

**Under the new initiative/strategic intervention/innovation & Project, the Doctors, GNMs, ANMs and Paramedics (Pharmacist, MPHW, Lab. Technician, X-Ray Technician, Dental Technician, Ayush paramedics, OT Technician etc.) posted in the areas designated as the difficult, most difficult and inaccessible areas are given incentives:**

* + **Difficult Areas: Tashiding PHC, Yuksam PHC, Dentam PHC, Sombaria PHC, Thingling PHSC, Yangsom PHSC, Darap PHSC, Khanisherbong PHSC, Hathidunga PHSC, Okhrey PHSC, Nakuchumbnong PHSC, Dodak PHSC, Singling PHSC, Nambu PHSC, Gangyap PHSC, Buriakhop PHSC.**
  + **Most Difficult Areas: Deythang PHSC, Tickpur PHSC, Radhukhandu PHSC, Melliaching PHSC, Boom-Reshi PHSC, Uttray PHSC & Ribdi PHSC.**
  + **Inaccessible Areas: Rimbik PHSC, Karzee PHSC, Karmatar PHSC & Kongri PHSC**

**A sum of Rs. 770,180/- has been paid as incentive to staff for posted at difficult, most difficult and inaccessible areas. [Difficult areas: Rs. 316,220/- (21 staff), Most Difficult areas: Rs. 199,800/- (7 staff) and Inaccessible areas: Rs. 254160 (6 staff)]. The staffs are being paid an addition of 10%, 20% and 30% of their basic pay as per the posting in the areas categorized as above.**

**A.8) Training:**

* **Maternal Health Training: SBA training of ANM/GNM**

**A total of 07 ANMs in three batches SBA training have been conducted at District Hospital Gyalshing during the year 2012-13. During the training period, SBA trainees were provided with the theory classes on management of Normal Pregnancy, labour and post partum period and new born care. They were also given hands on training and sufficient time to practice for the skill development. Every individual were posted in labour room to conduct minimum eight deliveries.**

**Those who have completed SBA training are conducting institutional delivery at their respective health PHCs and PHSCs.**

* **Child Health Training: IMNCI training of ANM, Orientation training on promotion of IYCF**

**Eight days training on IMNCI for ANMs/GNMS in a unit of 16 participants was conducted at District hospital Gyalshing under West District w.e.f. 11th March to 18th march 2013. Paediatrician, Gynaecologists & DRCHO (W) was the Resource persons for the entire training period.**

**Training started with the Registration & pre-evaluation to assess the KAP of the participants. The Trainees were provided with Theory classes, Video show on neonatal & childhood illness & its management, Demonstration & Role play. On the last day of the training programme, Participants were assessed for the knowledge & skill acquired during the Eight days training programme.**

* **Family Planning Training: Training of ANMs/LHVs in IUD Incretion, Training of ANM in PPIUD**

**The five days skill training on Postpartum IUCD/ IUCD insertion on “No Touch Technique” was conducted under the technical guidance of Gynecologists at District Hospital Gyalshing in the month of October & November 2012. Total 12 ANMs in a unit of 06 in two batches for period of 05 days were given theoretical and hands on training. Dummy was provided for demonstration for the insertion of IUCD to make them more skilled and familiar to the subject. Training was concluded with Post–test evaluation of the trainees were very impressive and highly satisfactory.**

* **ARSH Training:**

**ARSH Training for Health Workers & WIFS training of Teachers & Health Workers:**

**Five days modular training for ANMs under west district was conducted in the month of March 2013 in a unit of 30 per batch. The training was impacted by District resource persons namely, Gynecologists, Pediatrician, DMS & Nodal Officer (NCD).**

**The Ministry of health and family welfare, Government of India has started the Weekly Iron and Folic Acid Supplementation (WIFS) to reduce the prevalence and severity of nutritional anemia in adolescent population (10-19 years). The prevalence of anemia in girls (HB<12g %) and in boys (HB<13g %) is high as per the reports of NFHS-III and the National Nutrition Monitoring Bureau survey. According to NFHS-III data, over 55 percent of both adolescent boys and girls are anemic.**

**Total 60 health Workers and 110 Schools Nodal teachers have been identified and trained on WIFS programme in the month of March 2013. Under the WIFs programme for adolescent, IFA supplements are distributed free of cost on a weekly basis for 52 weeks in a year to the target groups. In addition to IFA supplements, tablet Albendazole for de-worming are administered twice a year to the target group. The scheme has been implemented in all the Jr. Schools, Sec. Schools and Sr. sec. Schools in west district in the month of April 2013. Monthly report from schools are collected, compiled and forwarded to State and GOI every month.**

* **Continuing Medical Education (CME) of Medical Officers & Paramedical Officers**

**Three days of Continuing Medical Education (CME) for Doctors has been completed on 7th & 8th Nov. 2012 and 4th March 2013 at Tashigang Resort participants from all seven PHCs and District were attended. Similarly, on 27th Feb. 2013, one day of continuing Medical Education (CME) for paramedical staff (LHV, HE, Staff Nurse, paramedical and others) has also conducted.**

**Zilla Adhyaksha West, Mrs Devika Subba and District Collector West, Mr. L. P. Chettri presided over as Chief Guest and Special Guest for the programme.**

**A.9) Programme Management Unit: Programme Management Units are set up in all the 7 PHCs & District Hospital Gyalshing for proper and better management of the programmes being conducted in the district. The management units are fully equipped with computers and have internet connection too.**

* **District Programme Management Supporting Unit:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.no** | **Designation** | **Sanction** | **In position** | **Remarks** |
| **1** | **District Programme Manager** | **1** | **1** |  |
| **2** | **District Accounts Manager** | **1** | **1** |  |
| **3** | **District Data Manager** | **1** | **1** |  |
| **4** | **District Logistic Manager** | **1** | **1** |  |

* **Block Programme Management Supporting Unit:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.no** | **Designation** | **Sanction** | **In position** | **Remarks** |
| **1** | **Block Programme cum Accounts Manager** | **7** | **5** | **Vacant post at Sombaria & Dentam PHC** |
| **2** | **Data Entry Operator** | **7** | **7** |  |

**B. NATIONAL RURAL HEALTH MISSION (NRHM Additionalties)**

**B.1) Accredited Social Health Activist (ASHA):**

**205 numbers of ASHAs were appointed. Upto 6th & 7th module (3rd rounds) of training was completed. Certificates, ID cards, aprons and drug kits were distributed. All the ASHAs have started functioning and are submitting monthly reports also. Besides, they also maintain records on JSY, conduct outreach programme, meetings, VHNDs, motivates the clients for lap ligation and non-scalpel vasectomy.**

**Village Health and Nutrition Days (VHND) are being organized and conducted in the ICDS centers where ASHAs are appointed in the villages and reporting are submitted monthly. The 205 numbers of ASHAs of West District are organizing and conducting the programmes with the Health Staffs as resource persons. Drop out cases for immunisation, TT injection, ANC services are also given on these days and general IEC are also given on nutrition and communicable and non-communicable diseases. During VHND, AWWs, NGOs and Panchayats also take active part in making VHND successful. Since July 2007, VHND is being organized at ICDS centers on every month.**

**.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl no** | **Name of Health Centers** | **No. of AHSAs (selected)** | | | **VHSNC formed** | **ASHA with Drug kit** | **Dropouts** |
| **2007-08** | **2008-09** | **Total** |
| **1** | **District Hospital Gyalshing** | **18** | **21** | **39** | **39** | **39** | **1** |
| **2** | **Tashiding PHC** | **13** | **1** | **14** | **14** | **14** | **0** |
| **3** | **Yuksam PHC** | **14** | **1** | **15** | **15** | **15** | **0** |
| **4** | **Dentam PHC** | **19** | **7** | **26** | **26** | **26** | **2** |
| **5** | **Rinchenpong PHC** | **15** | **17** | **32** | **32** | **32** | **1** |
| **6** | **Mangalbaria PHC** | **7** | **11** | **18** | **18** | **18** | **1** |
| **7** | **Soreng PHC** | **19** | **18** | **37** | **37** | **37** | **0** |
| **8** | **Sombaria PHC** | **15** | **9** | **24** | **24** | **24** | **2** |
| **Total** | | **120** | **85** | **205** | **205** | **205** | **7** |

**Note: out of 7 dropouts ASHA one each ASHA from Dentam & Sombaria PHC are appointed for Govt. Jobs and rest 5 ASHAs elected as panchayat & Zilla panchayat.**

**21 ASHA facilitators:**

**District Hospital: 4**

**Tashiding PHC 1**

**Yuksam PHC 2**

**Dentam PHC 3**

**Rinchenpong PHC 3**

**Mangalbaria PHC 2**

**Soreng PHC 4**

**Sombaria PHC 2**

**Incentive package to ASHA:**

|  |  |  |
| --- | --- | --- |
| **Sl no** | **Incentive based activity** | **Amount per activity (Rs)** |
|
| **1** | **JSY incentive (escorting PW for Inst. Delivery)** | **350/case** |
| **2** | **Incentive for organised VHND programme** | **150/VHND** |
| **3** | **Mobilising child to Immunization site** | **150/month** |
| **4** | **Motivator incentive for Male Sterilization** | **200/case** |
| **5** | **Motivator incentive for Female Sterilization** | **150/case** |
| **6** | **Cataract Camp Eye operated incentives for ASHA** | **175/case** |

**ASHA Divas (Monthly Meeting of ASHA):**

**District Hospital - 29th of every month**

**Tashiding PHC - 29th of every month**

**Yuksam PHC - 26th of every month**

**Dentam PHC - 27th of every month**

**Rinchenpong PHC - 7th of every month**

**Mangalbaria PHC - 17th of every month**

**Soreng PHC - 8th of every month and**

**Sombaria PHC - 27th of every month**

**Date is subject to be changed in accordance with the state holidays and other unavoidable health programme.**

**ASHA Diwas (monthly meeting) organized in presence of CMO, DRCHO, and DPM/ASHA Nodal Officer at District Level and in the PHC level it was usually conducted by the Block Programme Manager along with the Medical Officer In-charge, LHV and other Health Staff.**

**During ASHA Diwas all the ASHA submits their monthly Report like Iodine Test Report, VHND Report and VHSC Utilisation Certificate along with proper bills on that day. Maximum of the meetings are done with the orientation on the utilization of Fund. They are also taught about J.S.Y. documentation, release of fund, timely submission of Bills, proper utilization of fund (according to the plan prepared with their respective VHSC members), etc. They are also constantly reminded to maintain good rapport with the Health workers as well as their respective village peoples so that, it will be easy to deliver the health services.**

**ASHAs are provided with the TA of 100 Rupees and snacks. Minutes and attendances are being maintained by BPAM.**

**At PHC level all the accounts are maintained by the BPM in accordance with the guidelines.**

**Identity Card of ASHA:**

**The identity card is provided to all the 205 ASHAs of West District for their recognition as an ASHA**

**Review Meeting of ASHA AMG:**

**Quarterly Review Meeting of ASHA AMG conducted regularly along with ASHA facilitators at Conference Hall, District Hospital Gyalshing.**

**ASHA DRUGKITS:**

**ASHA drug kits are replaced as per guidelines.**

**List of Medicines:**

1. **Paracetamol Tablet 500mg**
2. **Paracetamol 125mg (syrup)**
3. **ORS packet**
4. **Dressing Gauge**
5. **Iodine Tincture Bottle (100ml)**
6. **Gension Violet Paint Bottle (50ml)**
7. **Roll Bandage (1inches)**
8. **Condom**
9. **Cotton Roll (200gm)**
10. **IFA Tab.**
11. **Dyolomine Tab.**

**3rd Round HBNC training of ASHA: training of 184 ASHA completed at District Hospital Gyalshing & training of 21 ASHA Facilitator completed at Jorthang at South Sikkim**

**The training module specially focus on basic essential care of mother and child i.e. how to recognize and identify the high risk, emergency referral, non-emergency referral and normal cases during antenatal and post natal period for the appropriate referral services to the appropriate health facility and to manage at their setting.**

**On top of that the training provided with the good communication skill to create awareness on health seeking behavior among the needy communities of rural below poverty line and inaccessible or underserved people for the healthy living practice. The ultimate goal of the training is to reduce the current maternal and infant mortality rate.**

**Resource Person:**

* **Mrs, Riki Lhamu Lepcha CNO/W (Training Coordinator),**
* **Mr. N.N. Shrarma State Facilitator/NRHM Sikkim**
* **Mrs.Tarun Rai DPHNO/S (National Trainer),**
* **Mrs. Chitra Rekha Pradhan DHEO/S,**
* **Mr. J.D. Sharma NGO/HECS (Coordinator),**
* **Mr. R. Pega DHEO Soreng PHC,**
* **Mr. Passang Lendup Sherpa H.E. Senik PHC**
* **Miss Bindya Subedi H.E. and**
* **Mr. Digam Gurung DPM/W (ASHA Nodal Officer)**

**B.2) Untied Fund:**

**Untied Fund of 7 PHC, 41 PHC & 205 VHSNC:**

**The funds has been used for payment to labour for minor water supply connection, curtains for duty rooms/OPD/wards, bleaching powder, repair of kitchen window to avoid leakage of water, purchase of bamboo for cleaning of hospital building from outside, harpic for hard stain, replacing of damaged taps in delivery room/wards/toilets, wall clock, common seal of society and committee etc.**

**205 nos. of Village Health, Sanitation & Nutrition Committee are formed in the 205 villages of West District with ASHAs as the Member Secretary. The bank accounts are opened. The Panchayats and the community are aware of the organisation of the VHSNCs as they have been given orientation on the same. The bank account will be operated jointly by the member secretary and the president of VHSNC**

**B.3) Annual Maintenance Grant (AMG):**

**AMG of 7 PHC, AMG of 37 PHSC (4 PHSC are running under rented buildings):**

**The funds has been used for water connection in mortuary, waste bins for wards/OPD/office/emergency, Citizen’s charters, improvement of waste pit & mesh wire cover for incinerator room, wheel barrow, repair of water connection in hospital, complaints and suggestions box, case sheets with cover, paintings of inner walls of wards, water filter in wards/emergency/OPD/office, Notice and key boards in indoor duty room, replacement of broken window glass, Homeopathy and Adolescent clinic board, notice and white board and emergency lights or inverter for wards etc.**

**B.4) Hospital Strengthening:**

* **ASHA Ghar at District Hospital & 7 PHCs: ASHA Ghar is setup at all the 7 PHCs. Following materials are provided: Mattress, blanket, bed sheet, pillow with cover, Gas stove and cylinder, plates, spoons, mugs, pressure cooker, aluminium container, aluminium bowl, plastic bucket, Towel, water boiler, soap case, frying and cooking pan etc.**
* **Sub-center Rent:**

**Out of 41 PHSC, 4 PHSC are running at rented house, namely- Gangyap PHSC, Kamling PHSC, Nayabazar PHSC and Daramdin PHSC.**

**B.5) Corpus Grant to RKS/HMS:**

* **Corpus Grant to District RKS/HMS & 7 PHCs: Corpus fund provided to Gyalshing District hospital was utilized mainly in those areas to ensure the continuous water supply & power supply, in maintaining hygiene and at times for purchase of medicines & essential medical equipments. In totality, to ensure convenience & quality service to the patient during their stay / visit to the health centre.**

**Detail of work undertaken -**

1. **Construction of drinking water facility**
2. **Construction & Facelift of registration counter.**
3. **Purchase of medical disinfectant.**
4. **Minor repair of main OT (wall & toilet),X ray room & gynae OPD**
5. **Printing of important hospital register, case sheet etc.**
6. **Purchase of medical equipments.**
7. **Minor repair of water connections and electrical works.**
8. **Purchase of medicines.**
9. **Purchase of heater for PNC, labour room. & Paediatric.**

**B.6) District Health Action Plan:**

**Preparation of District Health Action Plan for the year 2013-14: The District Health Action Plan (DHAP) is (very important exercise to bring the changes in providing effective, efficient and people friendly health services at their doorsteps, by reviewing of the past performance where and how have we failed in meeting with the needs of the people.) It is an important tool for a state to bring about architectural changes in public health care delivery. The DHAP is prepared on the basis of bottom-up, need-based, participatory and convergent planning process with plans emerging at village levels which are integrated at the Block level and District levels.**

**The following steps led the DHAP to take the final shape:**

**MEETING WITH MO I/C, BPAM AND LHV**

**Meeting for the action plan was held in the District Hospital, all the Programme Officers, MO I/Cs, BPAM, HEO, LHV were present in the meeting. The meeting was chaired by the Chief Medical Officer (West), Dr. Thinlay Wongyal. It was decided in the meeting that the block would be preparing the action plan based on the data collected from the village level by the ANM/MPHW of SCs and PHC.**

**PHSC LEVEL: At the PHSC level a meeting was conducted among the concerned ANM, MPHW (M) and VHSNC members (ASHA, Panchayats, AWW, FNGO etc.) filling-up the pre-designed formats provided by BPMU. In the meeting the related health issues of the villages covering under each PHSC were also discussed in length and decided to address the issues in the next plan, the meeting also planned to utilize the VHSNCs and PHSC Untied Fund, identified the areas for utilizing Annual Maintenance Grant and submitted to the PHC.**

# PHC/BLOCK LEVEL: The planning process of the PHSC was reviewed and supported by the BPAM and LHV of the PHC. The facility survey and IPHS survey was done by BPAM in consultation with LHV and MO I/Cs. The past performances of the PHC were also collected in the format provided to them. The Group discussion was conducted with RKS members. The BHAP was prepared on the basis of the respective PHSCs situation analysis and the facility survey. The inferences of the group discussion were reflected and incorporated in developing the draft Block Health Action Plan (BHAP). The BHAP was presented before the Governing Body of the RKS of each PHC. After having inputs and suggestions the BHAP was modified, presented and submitted to the District for incorporating in the District Health Action Plan (DHAP).

**DISTRICT LEVEL HEALTH ACTION PLAN: The BHAP plan was reviewed and supported by DPM and DAM. The facility survey and IPHS survey of District Hopital Gyalshing was done by DPM in consultation with CMO, DMS, DRCHO, DTO and concerned in-charge of the division of the Hospital. The group discussion was conducted with RKS members on the pre defined topics. The DHAP for the 2013-14 was then developed on the basis of the inputs from facility survey, group discussion and BHAPs.**

**B.7) Panchayati Raj Initiative: Re-orientation training of 1025 VHSNC members:**

**205 VHSNC committee member are trained on role and responsibility of the committee**

**B.8) Mainstreaming of AYUSH:**

**In the year 2008, September, AYUSH Clinic was set up at District Hospital Gyalshing. With the full support of the authorities and public, the Homoeopathic & Ayurvedic clinic gained momentum gradually in Gyalshing.**

**The AYUSH clinic in the District is to provide health care facility to the common people through safe, simple and cost effective treatment. And also create awareness regarding the role of natural medicine and understanding its holistic approach. Regular counseling sessions with the patients regarding diet and life style, also attending meetings with the ASHA and teaching them the benefits of natural medicine.**

**A number of diseases are being treated ranging from fever, skin complaints, dentition in children, gastritis, migraine, diabetes to hypertension, and also all case of chronic and acute ailments are being taken care of. A large number of people are getting benefit from homoeopathy both young and old. Homoeopathic medicines or *sweet balls* are quite popular with the children.**

* **Human Resource (AYUSH only):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.no** | **Designation** | **Numbers** | **Remarks** |
| **1** | **Medical Officers** | **3** | **2 MO posted at DH and 1 at Soreng PHC** |
| **2** | **Paramedics** | **1** | **District Hospital** |

**B.9) IEC/BCC:**

**IEC (Information, Education and Communication) is a continuous process, through IEC we communicate the communities on various health issues like Maternal and Child health, eligible couple counseling, behavior change communication, awareness on social mobilization and imparting training to penchants, AWW, ASHA and health functionaries. Mostly IEC programme carried out in need base, after conducting IEC programme we usually allow interacting among the participants for the participatory action and feedback as well.**

**Details of programme:**

|  |  |  |
| --- | --- | --- |
| **Sl.no** | **Type of Programme** | **No. of Prog.** |
| **1** | **Sensitization camp in the felt need area/Community** | **24** |
| **2** | **Outsourcing health communication programme** | **2** |
| **3** | **Awareness on Non-communicable Diseases** | **16** |
| **4** | **Awareness on Communicable Diseases** | **16** |
| **5** | **World Population Day** | **1** |
| **6** | **Breastfeeding week** | **49** |
| **7** | **Celebration of new born week** | **49** |
| **8** | **Health Mela** | **1** |

**Sensitization camp in the felt need area/community was conducted at school and village to give awareness on JSY, JSSK, MMSSYASSY, HIV/AIDS, personal hygiene and adolescents under the guidance of CMO/W & DRCHO/W at PHCs and PHSC and District level.**

**Outsourcing health communication programme was organized by Manav sewa samiti and Aarigoan sudar samiti sponsored by District IEC cell.**

**Awareness on non communicable diseases was conducted at PHSC, NGO’s, Panchyat and general public were present on the programme, during the programme resource person gives health talks on various issues like cancer, diabetics and hypertension are the burning issues now a days.**

**Awareness on communicable diseases was conducted at PHSC, PHC and District level ,The resource person of the day were CMO/W, MO I/Cs, DRCHO,DHEO,CNO/W,HE,MPHW M/F ,programme was conducted at felt need areas.**

**Breastfeeding week was observed at ICDS centre of West District on August 2012. AWW, PRI members, VHSNC member & ANC mother were presents on the day. Resource person delivered speech on exclusive breastfeeding and its importance.**

***Celebration on New born week* was observed at Panchyat ghar middle Gayzing, during the programme ANC mother,PNC mother and general public were present on the day.**

***World population day* was observed at Conference hall, District hospital Gyalshing on 11th July, all together 30 participants were participated in the programme and interactive session was held during the programme. During the programme resource person imparted health education on population stabilization.Health Mela:**

**Every year there is a provision of fund to organize health melas in the district and during the financial year 2012-13, the health melas were organised at Dentam PHC and Yuksam PHC where all the specialist were invited for the melas to provide the specialist services.**

**B.10) Mobile Medical Unit (MMU)**

* **Human Resource (MMU only):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.no** | **Designation** | **Sanction** | **In position** |
| **1** | **Medical Officers** | **2** | **1** |
| **2** | **GNM** | **1** | **0** |
| **3** | **Lab. Technician** | **1** | **1** |
| **4** | **X-Ray Technician** | **1** | **1** |
| **5** | **Drivers** | **3** | **3** |

* **MMU (Mobile Medical Unit):**

**A total of 98 camps were conducted in the year 2012-13. Total population covered is 18726. Besides health check up investigations like X-ray and other laboratory investigations are done. IEC activities are also conducted in collaboration with NLEP, DTC, NCD & RCH during MMU camps. Camps are conducted under District and under various PHCs & PHSCs.**

**Details of Performance:**

|  |  |
| --- | --- |
| **Particulars** | **Performance** |
| **No. of Camps** | **98** |
| **OPD** | **18726** |
| **Referral:** | |
| **Gynae.** | **288** |
| **Ortho** | **53** |
| **Surgery** | **25** |
| **Eye** | **257** |
| **ENT** | **29** |
| **Medicine** | **415** |
| **Total:** | **1067** |
| **Investigation:** | |
| **USG** | **0** |
| **X-Ray** | **465** |
| **Lab.** | **16125** |
| **Total:** | **16590** |

**B.11) Planning, Implementation and Monitoring:**

* **Re-orientation training on HMIS/MCTS:**

**Reorientation training on HMIS was conducted (total 3 batches)**

* **Pre-test and post test**
* **Address by CMO/W including briefing of the programme**
* **Introduction to HMIS by Dr. Melozina Lepcha, (Nodal Officer of HMIS cum Jt. Dir. NRHM)**
* **Status of HMIS facility wise uploading by Mr. S. Pradhan (SDO)**
* **HMIS format by Dr. Namita H. Subba/Dr. Melozina Lepcha**
* **Quarterly Review Meeting on HMIS/MCTS**

**Review meetings on the status of MCTS/HMIS were held every quarter of 2012-13 under the Chairmanship of Chief Medical Officer/ West at District Hospital Gyalshing.**

**The meeting was attended by MO i/Cs, DPMU & BPMU staff, ANMs, CNO, LHVs, HE and SHC under west district.**

**List of State Programme Officers who attended meeting reqularly:**

**Dr. N. Senga (Jt. Director RCH),**

**Dr. Melozina Lepcha (Jt. Director NRHM),**

**Dr. Namita Subba (SPM/ NRHM) and**

**Mr. Sanjay Pradhan (SDO/NRHM)**

**B.12) Community Monitoring Programme:**

**Community-based Monitoring of health services is a key strategy of National Rural Health Mission (NRHM) to ensure that the services reach those for whom they are meant, especially for those residing in rural areas, the poor, women and children. Community Monitoring is also seen as an important aspect of promoting community led action in the field of health.**

**As per discussion between District Health Society, it was decided that the community monitoring programme will be given to outsource. Because, It was also felt that monitoring from other district based MNGO will be better in providing us with the facts and other documents and were approached to take up the project. So, after discussion with DHS members, the Drishti MNGO, Namchi is selected.**

**As per the guidelines and directions from the CMO, DRCHO and DPM, for monitoring process, three PHCs were chosen as the sample of the study-**

|  |  |  |
| --- | --- | --- |
| **Tashiding PHC** | **Yuksam PHC** | **Soreng PHC** |
| **Kongri PHSC** | **Thingling PHSC** | **Zoom PHSC** |
| **Karzee PHSC** | **Melli Aching PHSC** | **Chumbung PHSC** |
| **Gangyap PHSC** | **Gerethang PHSC** | **Singling PHSC** |
|  |  | **Buriakhop PHSC** |

**In every PHSC 5 GPU were selected for the survey. From each GPU maximum of 5 beneficiaries (Nursing mothers) were selected for individual interview. Along with individual interview and group discussion, the assigned ASHA of each village was interviewed for knowledge for her working in the community and challenges faced by them. A check list for PHC and PHSC was formulated for account of their infrastructure, staff, services and equipments.**

**After compiling the results of the survey under their respective category, Jan Sambad was conducted for each Village. The PRI members of the respective ward and representatives from the Health Department were attended in the Jan Sambad.**

**B.13) Mental Health Programme: Mental Health Staff Office is set up at Administrative Section, District Hospital Gyalshing for proper and better management of the programmes. The office is equipped with furniture and has computer with printers etc. Details of Human Resource appointed under Mental Health Programme are as follows:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.no** | **Designation** | **Sanction** | **In-position** | **Remarks** |
| **1** | **Staff Nurse/GNM** | **1** | **1** | **Attached to the ward** |
| **2** | **Programme Manager** | **1** | **1** |  |
| **3** | **Programme Assistant** | **1** | **1** |  |
| **4** | **Record Keeper** | **1** | **1** |  |

**C. IMMUNISATION:**

**C.1) RI Strengthening Project (Review meeting, Mobility Support, Outreach services etc.)**

* **Supervision & Monitoring**

**Supervision & Monitoring of Immunisation sessions are being conducted by CMO/DRCHO at District and by MO I/Cs at their respective PHCs and PHSCs.**

* **Quarterly Review Meeting at District/PHC level**

**Quarterly review meeting is conducted at district level with MOI/c of respective PHCs to discuss quarterly performance and any difficulties faced by field staffs during the planning and implementation of programme.**

* **Mobilization of Children by ASHA / Link Workers**

**All the Children are mobilized to the Immunisation site by Village ASHAs to ensure timely vaccination and that no children are left out without any vaccines.**

* **Alternate Vaccine Delivery to Session Sites & Hard to Reach areas and other areas**

**Mobility support for vaccine delivery to the Session Sites & Hard to Reach areas is provided every month to ensure the proper cold chain and timely reaching of all vaccines.**

* **Micro planning at PHSC/Block/District level**

**Micro planning of Immunisation programme is being conducted in all the Sub-centres, PHCs & DH**

**C.2) Immunization Training:**

* **Two days district level Orientation training on Immunisation for ANMs, Multi Purpose Health Workers (Male), LHV, have been conducted in the month of March 2013 in a unit of 20 participants for two days.**

**The training programme was impacted by District Resource Persons namely, Paediatrician, Gynaecologist, CMO & DRCHO.**

**C.3) Human Resource: Only one staff designated as computer Assistant is appointed under immunization programme. She is compiling and uploading the HMIS and other reports regularly.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.no** | **Designation** | **Sanction** | **In-position** | **Remarks** |
| **1** | **Computer Assistant** | **1** | **1** | **Actively involved in compiling the HMIS and other reports** |

**SUCCESS STORY**

**INTERPLAST SURGERY CAMP:**

**The District Hospital Gyalshing successfully conducted reconstructive surgery camp in collaboration with Interplast Germany which was financially supported by the Hon’ble Chief Minister of Sikkim, Mr. Santa Pradhan, Secretary Agriculture and Mr. L. P. Chettri, District Collector West.**

**The camp was organised from 28/10/2012 till 07/11/2012. A total of 58 patients were treated and surgery was conducted on 50 patients comprising of 4 cleft lip, 7 cleft palate, 12 combined lip and palate, 20 burn contractures and 7 others which include neurofibromatosis, portwine stain etc.**

**The interplast team of 7 people from Germany was led by Dr. Jans Peter Sieber and were really happy to see the way the District Hospital was being managed with a very good and appreciative team led by Dr. Anusha Lama.**

**The hospital management and authorities are very grateful to Mr. Pawan Chamling, Hon’ble Chief Minister of Sikkim, Mr. Karma Gyatso, Chief Secretary, Mr. Santa Pradhan, Secretary Agriculture and Mr. Chettri, District Collector West for their kind support otherwise this camp would remained a dream for Dr. Thinlay Wongyal, Chief Medical Officer and his team.**

**Medical Officers of Primary Health Centres have also contributed and played a vital role in finding out the patients from nook and corner of West Sikkim and for actively supporting in the camp.**

**DIFFICULT RURAL AREAS HEALTH CAMP:**

**Every year a team from District Hospital Gyalshing comprising of Chief Medical Officer, District RCH Officer, District Medical Superintendent, Senior Programme Officers, Specialist and staffs organises health camp in most difficult areas where the people doesn‘t get the opportunity to have a proper health check up. This camp is organised voluntary by the Doctors from District Hospital Gyalshing and was initiated by Dr. Thinlay Wongyal, Chief Medical Officer in the year 2007. The first camp was organised at Karzee-Mangnam under Tashiding PHC and this year the camp was organised at Ribdi Bhareng under Sombaria PHC.**

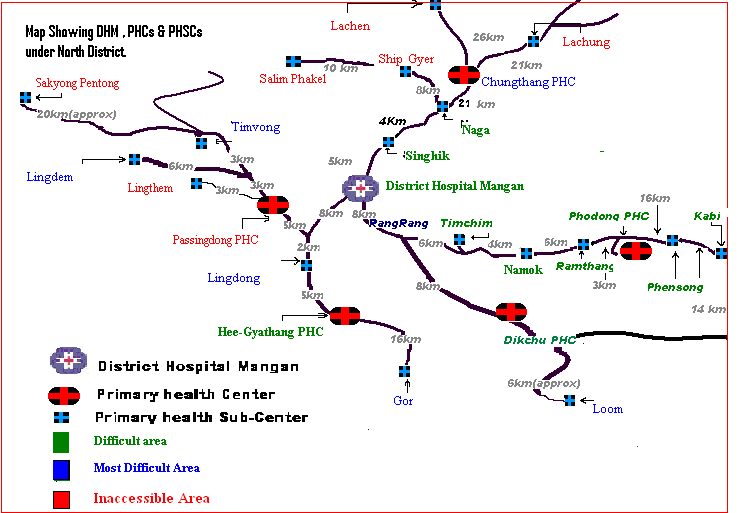
**The camp was organised for 2 days where activities like tooth extraction, vision testing, interaction with adolescent students, IEC and health check up for the villagers and students were conducted. In total 354 people were screened and treated. The camp was supported by Dr. Balkrishna Chauhan, Medical Officer in-charge, Dr. P. Pradhan, Dental Surgeon and staffs from Sombaria PHC**

**5. North District (Activities & Achievements)**

****

DISTRICT HOSPITAL MANGAN

MAP OF NORTH DISTRICT SHOWING LOCATION OF HEALTH INSTITUTIONS



**Human Resource at Mangan District Hospital**

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff** | **Sanctioned (IPHS)** | **In-Position** | |
| **R** | **C** |
| Chief Medical Officer | 1 | 1 | 0 |
| Medical Superintendent | 1 | 1 | 0 |
| Blood Bank Officer | 1 | 0 | 0 |
| Medical Specialist | 2 | 0 | 0 |
| Surgery Specialists | 2 | 0 | 0 |
| O & G specialist | 2 | 0 | 0 |
| Dermatologist/Dendrologist | 1 | 0 | 0 |
| Pediatrician | 2 | 0 | 0 |
| Anesthetist | 2 | 0 | 0 |
| Ophthalmologist | 1 | 0 | 0 |
| Orthopaedician | 1 | 0 | 0 |
| Radiologist | 2 | 0 | 0 |
| Casualty Doctor/General Duty doctor | 9 | 1 | 4 |
| Dental Surgeon | 3 | 2 | 0 |
| Forensic Specialist | 1 | 0 | 0 |
| ENT Surgeon | 1 | 0 | 0 |
| AYUSH Physician(Homeopathy) | 1 | 0 | 2 |
| Pathologist & Microbiologist | 2 | 1 | 0 |

**Para Medical Staffs at District Hospital Mangan as on 31st March 2012**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Personnel** | **IPHS Norm** | **In-Position** | |
| **R** | **C** |
| 1 | Staff Nurse | 50 | 9 | 8 |
| 2 | Attendant | - | 4 | 0 |
| 3 | Ophthalmic Assistant/Refractionist | 1 | 1 | 0 |
| 4 | Laboratory Technician | 5 | 4 | 0 |
| 5 | Radiographer | 3 | 2 | 0 |
| 6 | Pharmacist | 5 | 0 | 0 |
| 7 | Matron | 2 | 1 | 0 |
| 8 | Physiotherapist | 1 | 2 | 0 |
| 9 | Medical record Officer/technician | 1 | 1 | 0 |
| 10 | Electrician | 1 | 0 | 0 |
| 11 | Plumber | 1 | 1 | 0 |

**Human Resource in the 5 PHCs as on 31st March 2012**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Personnel** | **IPHS Norm** | **In-Position** | |
| **R** | **C** |
| **1** | **Medical Officers** | **2/PHC** | **3** | **1** |
| **2** | **Lab. Technicians** | **1/PHC** | **3** | **1** |
| **3** | **Staff Nurse** | **3/PHC** | **0** | **6** |
| **4** | **Pharmacist** | **1/PHC** | **0** | **1** |
| **5** | **LHV** | **1/PHC** | **3** | **0** |
| **6** | **Health Educator** | **1/PHC** | **2** | **0** |
| **7** | **ANMs/MPHW (F)** | **3/PHC** | **8** | **0** |

**Human Resource in the 18 PHSCs as on31st March 2013**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Personnel** | **IPHS Norm** | **In-Position** | |
| **R** | **C** |
| 1 | ANM | 2/PHSC | 19 | 13 |
| 2 | MPHW (M) | 1/PHSC | 13 | 6 |

**Human Resources in the PMU & MMU (NRHM)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **Staffs** | **Required** | **In position** |
|  | **District Programme Management Unit (DPMU)** | | |
| **1** | **District Programme Manager** | **1** | **1** |
| **2** | **District Accounts Manager** | **1** | **1** |
| **3** | **District Data Manager** | **1** | **1** |
| **4** | **Logistic Manager** | **1** | **1** |
| **5** | **District Data Assistant** | **1** | **1** |
|  | **Block Programme Management Unit (BPMU)** | | |
| **1** | **Block Programme Manager** | **3** | **3** |
| **2** | **Data Entry Operator** | **3** | **3** |
|  | **Mobile Medical Unit (MMU)** | | |
| **1** | **Medical Officer** | **2** | **2** |
| **2** | **Staff Nurse** | **1** | **1** |
| **3** | **Lab Technician** | **1** | **1** |
| **4** | **X-Ray Technicians** | **1** | **1** |
| **5** | **Pharmacist** | **1** | **1** |
| **6** | **Driver** | **3** | **3** |

**Target and Achievement of Health Care Services**

**(As per District HMIS in numbers)**

|  |  |  |
| --- | --- | --- |
| **Services** | **2012-2013**  **Target** | **2012-2013**  **Achievement** |
| Total ANC Registration | 661 | 698(106%) |
| Full ANC (3 ANC,TT,100 IFA tbs. given) | 661 | 573(87%) |
| Total Delivery | 601 | 336(55%) |
| Institutional Delivery | 601 | 263(80%) |
| Home Delivery |  | 73(20%) |
| JSY Beneficiaries (Inst. Delivery) | 300 | 256 |
| JSY Beneficiaries (Home delivery) | 50 | 16 |
| No. of JSY incentive for ASHA | 300 | 225 |
| Maternal Death | 00 | 01 |
| Immunization |  | |
| **BCG** | 601 | 358(60%) |
| **DPT-I** | 601 | 556(93%) |
| **DPT-II** | 601 | 580(97%) |
| **DPT-III** | 601 | 607(101%) |
| **OPV-0** | 601 | 287(48%) |
| **OPV-I** | 601 | 556(93%) |
| **OPV-II** | 601 | 580(97%) |
| **OPV-III** | 601 | 607(101%) |
| **MMR** | 601 | 568(95%) |
| **HEPATITIS I** | 601 | 572(95%) |
| **HEPATITIS II** | 601 | 589(98%) |
| **HEPATITIS III** | 601 | 601(100%) |
| **Measles** | 601 | 617(103%) |
| **Full immunization** | 601 | 617(103%) |
| **DPT 5 Yrs** | 1039 | 795(77%) |
| **TT - 10 Yrs** | 1048 | 788(75%) |
| **TT- 16 Yrs** | 910 | 496(55%) |
| **FAMILY PLANNING** | | |
| Male Sterilization | 00 | 00 |
| Female sterilization | 00 | 00 |
| IUCD acceptor | 62 | 63 |
| OCP users – cycle | 370 | 365 |
| CC users – cycle | 200 | 167 |

**Major Services at District Hospital, Mangan**

|  |  |
| --- | --- |
| **Services** | **2012-2013** |
| OPD | 39174 |
| IPD | 1806 |
| Dental Cases treated | 1023 |
| Total X-Ray | 1257 |

**LAB Services 2012 – 2013**

|  |  |  |
| --- | --- | --- |
| **Sl.No** | **Service** | **2012-2013**  **Achievement** |
| 1 | Hb% estimation | 1056 |
| 2 | Pregnancy test | 340 |
| 3 | Urine RE | 352 |
| 4 | Blood slides examined for MP | 158 |
| 5 | Sputum Samples examined | 227 |
| 6 | Sputum found +ve | 30 |

**REFERRAL SERVICES 2012 – 2013**

|  |  |  |
| --- | --- | --- |
| **Sl.No** | **Service** | **2012-2013**  **Achievement** |
| 1 | High Risk Pregnant women referred | 29 |
| 2 | High risk children referred | 10 |
| 3 | Others referred | 150 |

**Health Camps and Programmes, North District**

|  |  |  |
| --- | --- | --- |
| **Camps** | **2012-2013**  **Target** | **2012-2013**  **Achievement** |
| MMU Camps | 95 | 92 |
| Health Mela | 2 | 2 |
| VHND | 1008 | 930 |

**NRHM Initiatives under North District**

**ROGI KALYAN SAMITI:**

The RKS meeting of governing bodies was organized on quarterly basis. During the meeting performance of District Hospital Mangan and proper fund utilization for the year 2012 – 2013 was evaluated by RKS Committee in District Hospital and four PHCs.

**Programme Management Unit**

A District Programme Management Unit at District level and Block Programme Unit at block level is in place as proposed under NRHM. The PMU consists of a Programme Manager, Accounts Manager & a Data Entry Operator at District level and the PMU at block level consist of Block Programme Manager and Data Entry Operator to prepare accounts and assist in programme management.

**ASHA**

The selection of Accredited Social Health Activists (84 in number) has been completed in the district. All the ASHA are trained upto 7th module during the year 2012-2013.

**ASHA incentives during the year 2012-2013**

|  |  |  |
| --- | --- | --- |
| **Incentives based activity** | **Amount per activity** | **No. of ASHA paid** |
| JSY incentives | 350/ case | 225 |
| Mobilizing child for immunization | 150/ month /ASHA | 84 |

**MNGO scheme**

**MNGO and FNGOs under North District**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.No** | **Name of NGOs** | **Key Activities** | **Operational Area** |
| 01 | MLAS (MNGO) | RCH-II  Community Development | North District |
| 02 | Toong-Naga Development Welfare Association (FNGO) | RCH II | Toong, Naga, Safo, Shipgyer, Chungthang |
| 03 | Sikkim Youth Welfare Association (FNGO) | RCH II | Mangshila, Tingchim, Namok |
| 04 | RBRK Phidang (FNGO) | RCH II | Gor, Phidang, Loom, Hee-Gyathang |

**JANANI SURAKSHA YOJNA (JSY)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Year** | **Home Delivery** | **Institutional Delivery** | **Total** |
| 1 | 2006 -2007 | 134 | 105 | 239 |
| 2 | 2007 – 2008 | 517 | 136 | 187 |
| 3 | 2008 – 2009 | 53 | 243 | 296 |
| 4 | 2009 – 2010 | 57 | 230 | 287 |
| 5 | 2010-2011 | 33 | 211 | 244 |
| 6 | 2011-2012 | 39 | 293 | 332 |
| 7 | 2012-2013 | 16 | 256 | 272 |

**VHSNC:**

There are 84 VHSNC till date and all are functional. There is a functional joint account for all VHSC. Training for all the VHSNC members has been completed during this year.

**MOBILE MEDICAL UNIT**

Mobile Medical Unit was flagged off by Honorable chief minister of Sikkim on 14th of December 2008 at Mangan North Sikkim. The following figure envisage the achievements of MMU under North District for the year 2012-2013 –

**OPD**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **YEAR** | **CAMP** | **MALE** | **FEMALE** | **TOTAL** | **ANC** |
| 2012-2013 | 92 | 1064 | 1664 | 2728 | 137 |
| CATCH 2012-13 | 12 | 632 | 1463 | 2095 | 8 |

**LAB.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| YEAR | UREA | VDRL | CHOL | Hb% | RBS | ABORh | X-RAY |
| 2012-2013 | 78 | 81 | 23 | 359 | 202 | 320 | 28 |
| CATCH 2012-2013 | 170 |  | 601 | 1068 | 720 |  | 0 |

**1. INTEGRATED DISEASE SURVEILLANCE PROJECT (IDSP)**

Integrated Diseases Surveillance is intended to detect early warning signal of impending outbreak and help to initiate an effective response in time. IDSP is also expected to provide data to monitor programme of ongoing disease control programme and help in allocating health resources more optimally.

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

Amongst all communicable diseases, Tuberculosis is the leading killer in the world. The disease and its associated illness affect the human being in its most productive age group causing immense socio economic loss. It is also a leading cause of death among women and contributes to intense stigma resulting in social discrimination. Women some times, are the worst sufferers.

**Dedicated Human resources for RNTCP in North District**

|  |  |  |
| --- | --- | --- |
| **Human Resources** | **Regular** | **Contractual** |
| DTO | 1 | 0 |
| MO-TC | 1 | 0 |
| STS | 0 | 1 |
| STLS | 0 | 1 |
| Data Entry Operator | 0 | 1 |
| Statistical Assistant | 0 | 0 |
| Driver | 0 | 1 |

**RNTCP Infrastructure in the District**

|  |  |
| --- | --- |
| **RNTCP Infrastructure in the District** | **Number** |
| District TB Centre | 1 |
| Tuberculosis Unit | 1 |
| Designated Microscopic Centers | 3 |
| DOT Centers | 126 |

**Performance under RNTCP-North District**

|  |  |
| --- | --- |
| **Services** | **2012-2013** |
| No. of new smear positive cases put on treatment | 48 |
| No. of new smear negative cases put on treatment | 34 |
| No. of extra pulmonary cases put on treatment | 40 |
| No. of failure cases put on treatment | 08 |
| No. of TAD cases put on treatment | 01 |
| No. of other cases put on treatment | 21 |
| No. of relapse cases on treatment | 05 |
| MDR TB patients under treatment | 07 |
| Total No. of patient put on treatment | 157 dots |
| Annual case detection Rate | 154% |
| Cure Rate for case detected | 81% |

District is trying its best to achieve the case detection rate of at least 70% among newly detected infections (new smear positive cases) and to maintain the cure rate of 90%.

District is facing a limitation to meet fund requirement. Since the fund is calculated according to population, North District being the least populated get very little fund which is not enough to carry out the programme on IEC, training, civil works, laboratories maintenance, miscellaneous etc. This restricts the district to expand network of DOTS providers in rural & hard to reach areas

**NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS**

India was the first country to launch the national Programme for Control of Blindness in the year 1976 with a goal of reducing the prevalence of blindness in India. Blindness is a curse on mankind. A large no of blind people in a country denote poor socio-economic development and an inefficient eye care service in the country this is because about 80-90% of the blindness are either curable or preventable.

**Blindness Control Programme Services**

|  |  |  |
| --- | --- | --- |
| **S. No.** | **Services** | **Achievement 2012- 2013** |
| 1 | Screening Camp | 4 |
| 2 | Cataract Camp | 1 |
| 3 | Number of patient operated | 18 |
| 4 | No. of school children detected with refractive errors | 43 |

**NATIONAL LEPROSY ERADICATION PROGRAMME**

The North district Leprosy Society was formed in the year 1995 under the chairmanship of District Magistrate same has been merged with district health society under NHRM, North. The main aim of the programme is to identify and treat all the leprosy cases in the district. District focuses on elimination and bringing down the prevalence rate below 1/10,000 population and developing the skills and knowledge of service providers and promoting community awareness through quiz, rally, folk show, IPC, workshop, Health Mela, wall painting etc.

**NLEP Performance under North District**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **No. of patient/new cases detected** | **No. of cases others patients/old MB** | **No. of cases others patients/old PB** |
| **2012-2013** | **00** | **01** | **00** |

|  |  |  |
| --- | --- | --- |
| **S. No.** | **Services** | **Achievement 2012- 2013** |
| **1** | **School Quiz** | **01** |
| **2** | **Hoarding repair & printing** | **01** |
| **3** | **IEC Programme/anti lep.day observation** | **04** |
| **4** | **I P C meeting** | **01** |
| **5** | **RCS Screening Camp at Phensong PHSC** | **01** |
| **6** | **Wall painting** | **04** |
| **7** | **Skin Screening Camp at District Hospital Mangan** | **01** |
| **8** | **I E C MATERIALS** | **300 NOS/PRINTED & DISTRIBUTED** |
| **9** | **LEPROSY BOOKLETS** | **200 NOS/PRINTED & DISTRIBUTED** |

**NATIONAL IODINE DEFICIENCY DISORDERS CONTROL PROGRAM**

Iodine is an essential micronutrient. It is required at 100-150 micrograms daily for normal human growth and development. The Iodine deficiency disorder is caused due to lack of nutritional iodine in the food.

Presently Iodine Deficiency Disorders is a public health problem in the district. National Iodine Deficiency Disorders Control Programme is implemented in the state. NIDDCP is implemented from the state for which programme officers are deputed. The test report conducted at every village is submitted to DRCHO at District on weekly basis. Mass awareness programme was conducted by IEC cell north district during the financial year 2012-13 through the public gatherings which was available at VHNDs.

**NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAM (NVBDCP)**

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

There is no proper District NVBDCP Wings at the district. For the proper functioning of the programme District NVBDCP Wing has to be setup in the districts having one DMO, Data Entry operator and Account Staff along with the Technical staffs.

**Other Vector Borne Diseases**

**Dengue**

No cases of Dengue have been reported till date.

**Kala Azar**

No case of Kala Azar was reported during the year 2012 – 2013.

There are no reported cases of **Japanese Encephalitis** and **Chikungunya** till date.

**IEC/BCC Programme conducted during 2012-2013**

|  |  |
| --- | --- |
| **Types of Programme** | **No. of Programme** |
| Awareness on communicable disease | 12 |
| Celebration of world population Day | 01 |
| Awareness on NCD | 10 |
| World Breast Feeding Week | 24 |
| World anti drugs day | 01 |
| Celebration of New Born care week | 24 |
| World No Tobacco Day | 17 |
| Celebration of Safe Motherhood | 18 |
| Awareness of communicable disease | 04 |
| Sanitization programme on various health issues | 15 |
| World population day | 01 |
| Outsourcing of health communication | 01 |

**Capacity Building and Training under North District**

|  |  |  |  |
| --- | --- | --- | --- |
| **Types of Training** | **Training Achievement**  **2011-2012** | **Duration of**  **training** | **Place of Training** |
| Skill Birth Attendant | 2GNM  2ANM | 21 days | STNM |
| Refresher Training on Leprosy | 5 MO, 84 ASHA | 1 day | District Hospital |
| Training of VHSNC members | 840 VHSNC members  (17 Batches) | 1 day | District Hospital and PHC |
| CME for Medical Officer | MO | 2 days | District Hospital |
| CME for Paramedics | Paramedical Staff | 2 days | District Hospital |
| Contraceptive Update Seminar | Paramedical Staff | 1 day | District Hospital |
| Refresher Training on Immunization | LHV,GNM,ANM &MPHW(M) | 2 days | District Hospital and PHC’s |
| Refresher Training On Iodine | Paramedical Staff | 1 day | District Hospital |
| Reorientation Training on HMIS | MO,LHV,GNM,ANM,  BPM,DEO | 1 day | District Hospital |
| Reorientation Training on MCTS | MO,LHV,GNM,ANM,  BPM,DEO | 1 day | District Hospital |

**PROPOSAL UNDER NRHM (DISTRICT HEALTH ACTION PLAN) FOR NORTH DISTRICT 2013-2014**

**DISTRICT HOSPITAL MANGAN**

1. Functionalisation of FRU
2. Up gradation of Lab for District Hospital Mangan.
3. Separate administrative building is needed in District Hospital as the administration section is being functioning in private wards of District Hospital Mangan. The part of this building will also function as MCH section where the ILR will be put in. This was also advised by the CRM team during their recent visit to North District.
4. Maintenance (Recurring expenditure for Subscription of journals)of Library for District Hospital Mangan.
5. Doctor’s Quarter – 6 unit i.e. 3 storied building.
6. Quarter for GNM - 12 units i.e. 3 storied building.

**PHODONG PHC**

1. Repairing of Doctor’s Quarter as it is damaged by earthquake.
2. Dental Chair.

**PASSINGDONG PHC**

1. Total PHC is damaged by the Earthquake
2. Reconstruction of Lingthem PHSC as it is damaged by the Earthquake

**CHUNGTHANG PHC**

1. Major repairing of PHC as it is damaged due to earthquake.
2. Doctor’s and staff quarter totally damaged due to earthquake.
3. Reconstruction of newly constructed Garage cum conference building as it is damaged due to earthquake.
4. Major repairing of Saffo PHSC as it is damaged by the Earthquake.
5. New Construction of Shipgyer PHSC as it is damaged by the Earthquake.
6. New Construction of Lachung PHSC as it is damaged by the Earthquake.

**ASHA**

Ward wise ASHA, Mobile recharge voucher, Drug kit, Drug kit bag and Apron

**VHND**

Rs.500/- per VHND (84 VHNDs per Month under North District)

**MANPOWER**

1. **Specialist for Fictionalization of FRU Mangan.**
2. **Medical Officer – 10 - 1 additional MO for all the 5 PHCs of North Sikkim and 5 additional MO for DHM**
3. **GNM –20 - 2 for Phodong, 1 for Passingdong, 2 for Hee-Gyathang, 2 for Chungthang and 3 for Dikchu PHC and 10 for DHM.**
4. **Sanitation Inspector for District Hospital Mangan.**
5. **BPM – 1 for Hee-Gyathang PHC**
6. **ANM – 11**
7. **MPHW (Male) - 10**