**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** |

**HEALTH STATUS IN SIKKIM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl.No** | **INDICATORS** | | **SOURCE** | **PRESENT STATUS** | **All INDIA** |
| **1.** | **Crude Birth Rate (CBR)**  **(Per 1000 population)** | | **SRS 2013** | **17.1** | **21.4** |
| **2.** | **Crude Death Rate (CDR)**  **(Per 1000 population)** | | **SRS 2013** | **5.2** | **7.0** |
| **3.** | **Infant Mortality Rate (IMR)(Per 1000 Live births)** | | **SRS 2013** | **22** | **40** |
| **4.** | **Total Fertility Rate (TFR)**  **(Number of Children per women)** | | **SRS 2013** | **17.1** | **2.70** |
| **5.** | **Full Immunization %** | | **NFHS III(2005-06)**  **SR 2014-15** | **70**  **90** | **44**  **--** |
| **6.** | **Institutional Delivery%** | | **NFHS III(2005-06)**  **SR 2014-15** | **49**  **98** | **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 2014-15** | **70**  **86** | **52**  **--** |
| **10.** | **Child Sex Ratio (0-6yrs)**  **(Per 1000 Males)** | | **NFHS III(2005-06)**  **2001 Census**  **2011 Census** | **999**  **963**  **957** | **--**  **927**  **914(P)** |
| **11.** | **Sex Ratio( All ages)**  **(Per 1000 Males)** | | **NFHS III(2005-06)**  **2001 Census**  **2011 Census** | **936**  **875**  **890** | **--**  **933**  **940(P)** |
| **12.** | **T.B.Cure Rate** | | **SR 2014** | **78 %** | **-** |
| **13.** | **Prevalence Rate of Goiter** | | **State & ICCIDD Survey 2009-10** | **13.37%** | **--** |
| **14.** | **Prevalence Rate of Leprosy**  **(Per 10000 Population)** | | **SR 2014-15** | **0.14%** | **--** |
| **15.** | **Prevalence Rate of Malaria/1000 Pop.** | | **SR 2014** | **0.4 %** |  |
| **15.** | **Civil Registration of** | **Birth** | **SR 2013** | **82%** | **--** |
| **Death** | **SR 2013** | **106%** |  |
| **16.** | **Hepatitis ‘B’ Vaccination (Introduced by State Govt. since 14.09.2001)(Free of Cost)** | | **SR 2014-15** | **85%** | **--** |

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

**SR – State Report (2014-2015)**

**SRS (2013) – Sample Registration System**

**TREND OF HEALTH INDICATORS IN SIKKIM**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(SRS 2013) 17.1 21.4 (SRS 2013) 5.2 7.0

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

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

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

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

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

(SRS 1997) 51 71

(SRS 1998) 52 72

(SRS 1999) 49 70

(SRS 2000) 49 68

(SRS 2001) 42 66

(SRS 2002) 34 64

(SRS 2003) 33 60

(SRS 2004) 32 58

(SRS 2005) 30 58

(SRS 2006) 33 57

(SRS 2007) 34 55

(SRS 2008) 33 53

(SRS 2009) 34 53

(SRS 2010) 30 47

(SRS 2011) 26 44

(SRS 2012) 24 42

(SRS 2013) 22 40

Remarks: SRS – Sample Registration System (Scheme)

NFHS – National Family Health Survey

**HEALTH INFRASTRUCTURE IN SIKKIM AS ON 31.12.2015**

**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 up gradation to CHC**

**HOSPITAL BED SANCTIONED STRENGTH IN SIKKIM AS ON 31/12/2015**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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.

**DISTRICTWISE INPATIENTS/OUTPATIENTS, POPULATION/DOCTOR, DOCTOR/PATIENT RATIO, NURSE/ PATIENT RATIO AS ON 31/12/2015**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Serial No.** | **PARTICULARS** | **EAST** | **WEST** | **NORTH** | **SOUTH** | **STATE** |
| **1** | **POPULATION/DOCTORS** | **1439** | **3590** | **1561** | **2532** | **1902** |
| **2** | **POPULATION/NURSE** | **2165** | **5457** | **2300** | **5064** | **2993** |
| **3** | **POPULATION/ANMs** | **1295** | **1499** | **662** | **1204** | **1226** |
| **4** | **POPULATION/BED** | **286** | **802** | **291** | **587** | **391** |
| **5** | **POPULATION/HEALTH ASSISTANTS (M&F)** | **283583** | **12403** | **10927** | **73425** | **30529** |
| **6** | **POPULATION/HEALTH WORKERS (M&F)** | **1772** | **1325** | **633** | **1669** | **1454** |
| **7** | **POPULATION/LAB TECH** | **11343** | **8025** | **7285** | **6675** | **8722** |
| **8** | **BED/DOCTORS** | **5.0** | **4.5** | **5.3** | **4.3** | **4.8** |
| **9** | **BED/NURSE** | **7.5** | **6.8** | **7.9** | **8.6** | **7.6** |
| **10** | **BED/ANMs** | **4.5** | **1.9** | **2.3** | **2.0** | **3.1** |
| **11** | **INDOOR PATIENTS TREATED (2014)** | **26327** | **7192** | **1463** | **7934** | **36916** |
| **12** | **OUTDOOR PATIENTS TREATED (2014)** | **528655** | **135493** | **25254** | **144145** | **833547** |

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

**NATIONAL NORMS**

|  |  |
| --- | --- |
| **1. Doctors** | **-1/3500 population** |
| **2. Nurses** | **-1 per 5000 population** |
| **3. Health Workers (Male & Female)** | **-1 per 5000 in plain area and**  **3000 in tribal hilly areas** |
| **4. Trained Dai** | **-1 per each village** |
| **5. Health Assistant (Male & Female)** | **-1 per 30,000 population in plain area and 20,000 in tribal hilly areas** |
| **6. Lab Tech** | **-1 per 10,000 population** |

**District wise Doctors in Position in the State as on 31/12/2015**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | **78** | **11** | **8** | **8** | **5** | **2** | **2** | **19** | **6** | **139** |
| **2.** | **Doctors(Other than mentioned in Sl. NO. 1)** | **42** | **10** | **2** | **7** | **3** | **7** | **-** | **6** | **4** | **81** |
| **3.** | **MO(Specialist )**  **(Contractual)** | **1** | **2** | **-** | **-** | **-** | **2** | **-** | **4** | **-** | **9** |
| **4.** | **MO (Contractual)** | **1** | **3** | **6** | **4** | **6** | **5** | **4** | **5** | **3** | **37** |
| **5.** | **MO**  **(AMJI/AYUSH)**  **Regular/Contractual** | **1** | **2** | **2** | **1** | **1** | **0** | **1** | **0** | **3** | **11** |
|  | **TOTAL** | **123** | **28** | **18** | **20** | **15** | **16** | **7** | **34** | **16** | **277** |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.No** | **Designation** | **STNM/**  **Gangtok**  **HO** | **East** | **West** | **North** | **South** | **State** |
| **1.** | **Pr.Director/**  **Pr.Chief Consultant** | **01** | **-** | **-** | **-** | **-** | **01** |
| **2.** | **Addl.Director/**  **Consultant Grade I** | **01** | **-** | **-** | **-** | **-** | **01** |
| **3.** | **Consultants**  **Grade II** | **5** | **-** | **-** | **-** | **-** | **5** |
| **4.** | **Dental Surgeon**  **Senior Grade** | **8** | **1** | **1** | **1** | **3** | **14** |
| **5.** | **Dental Surgeon**  **Junior Grade** | **1** | **3** | **1** | **2** | **1** | **8** |
| **6.** | **Dental Surgeon (Contract)** | **2** | **3** | **-** | **1** | **2** | **8** |
| **7.** | **Dental Surgeon (NRHM)** | **0** | **3** | **1** | **1** | **2** | **7** |
|  | **Total** | **18** | **10** | **3** | **5** | **8** | **44** |

**Departmentwise No. of Specialist as on 31/12/2015.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | **06** | **-** | **02** | **-** | **01** | **-** | **-** | **-** | **-** | **1** | **9** | **1** | **10** |
| **3.** | **Gynaecology & Obstetric** | **06** | **-** | **02** | **-** | **04** | **-** | **01** | **-** | **03** | **01** | **16** | **1** | **17** |
| **4.** | **Paediatrician** | **6** | **-** | **03** | **-** | **01** | **-** | **-** | **01** | **01** | **-** | **11** | **1** | **12** |
| **5.** | **Orthopaedic** | **03** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **01** | **-** | **4** | **-** | **04** |
| **6.** | **Surgeon** | **05** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **02** | **-** | **7** | **-** | **07** |
| **7.** | **Anaesthesist/DA** | **06** | **1** | **1** | **-** | **02** | **-** | **-** | **-** | **01** | **01** | **10** | **2** | **12** |
| **8.** | **Psychiatrist** | **03** | **-** | **-** | **01** | **01** | **-** | **-** | **-** | **01** | **-** | **5** | **1** | **06** |
| **9.** | **Medico Legal** | **02** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **01** | **-** | **3** | **-** | **03** |
| **10.** | **Pathology/DCP** | **06** | **-** | **02** | **-** | **02** | **-** | **-** | **-** | **02** | **-** | **12** | **-** | **12** |
| **11.** | **Radiology/Dip. In Radiology** | **03** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **02** | **-** | **5** | **-** | **05** |
| **12.** | **TB & Respiratory** | **02** | **-** | **-** | **-** | **-** | **-** | **1** | **-** | **01** | **-** | **4** | **-** | **04** |
| **13.** | **Opthalmology** | **03** | **-** | **-** | **1** | **-** | **-** | **-** | **-** | **-** | **01** | **3** | **2** | **05** |
| **14.** | **Dermatology** | **03** | **-** | **-** | **-** | **1** | **-** | **-** | **-** | **1** | **-** | **5** | **-** | **5** |
| **15.** | **GastroEnterology** | **01** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **1** | **-** | **01** |
| **16.** | **ENT** | **4** | **-** | **1** | **-** | **1** | **-** | **-** | **1** | **2** | **-** | **8** | **1** | **9** |
| **17.** | **Microbiology** | **5** | **-** | **3** | **-** | **-** | **-** | **1** | **-** | **2** | **-** | **11** | **-** | **11** |
| **18.** | **Community Medicine** | **6** | **-** | **1** | **-** | **-** | **-** | **-** | **-** | **3** | **-** | **10** | **-** | **10** |
| **20.** | **Pharmalogy** | **01** | **-** | **01** | **-** | **-** | **-** | **-** | **-** | **1** | **-** | **3** | **-** | **3** |
| **21.** | **Anatomy/DNB** | **01** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **1** | **-** | **01** |
| **22** | **PMR (Physical Medicine of Rehabitation** | **01** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **1** | **-** | **01** |
| **23** | **Physiology** | **-** | **-** | **01** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **1** | **-** | **01** |
| **24** | **Bio Chemistry** | **4** | **-** | **2** | **-** | **-** | **-** | **01** | **-** | **1** | **-** | **8** | **-** | **8** |
|  | **TOTAL** | **78** | **1** | **19** | **2** | **13** | **-** | **4** | **2** | **25** | **4** | **139** | **9** | **148** |

**DISTRICT WISE POSTING OF NURSING PERSONNELS IN POSITION AS ON 31/12/2015**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. N.** | **Designation** | **STNM/HO** | **East** | **West** | **North** | **South** | **State** |
| **1.** | **Joint Director(Nursing)** | **-** | **-** | **-** | **-** | **-** | **-** |
| **2.** | **Community Nursing Officer** | **-** | **-** | **-** | **-** | **-** | **-** |
| **3.** | **Principal Nursing Officer** | **1** | **-** | **-** | **-** | **-** | **1** |
| **4.** | **Nursing Supdt.** | **-** | **-** | **-** | **-** | **-** | **-** |
| **5.** | **Senior CHO** | **-** | **-** | **-** | **-** | **-** | **-** |
| **6.** | **Deputy Director Nursing** | **2** | **-** | **-** | **-** | **-** | **2** |
| **7.** | **Sr. PHNO** | **1** | **1** | **-** | **1** | **1** | **4** |
| **8.** | **Sr. Sister Tutor** | **5** | **-** | **-** | **-** | **-** | **5** |
| **9.** | **Dy. Nursing superintendent** | **4** | **-** | **-** | **1** | **1** | **6** |
| **10.** | **Asstt. Director Nursing** | **2** | **-** | **-** | **-** | **-** | **2** |
| **11.** | **CHO** | **-** | **4** | **2** | **-** | **3** | **9** |
| **12.** | **PHNO** | **1** | **-** | **-** | **-** | **1** | **2** |
| **13.** | **Jr. Sister Tutor** | **2** | **-** | **-** | **-** | **-** | **2** |
| **14.** | **Assistant Nursing Superintendent** | **16** | **1** | **1** | **1** | **1** | **20** |
| **15** | **LHV/HA(F)** | **1** | **11** | **4** | **2** | **2** | **20** |
| **16.** | **Staff Nurse** | **98** | **12** | **8** | **5** | **19** | **142** |
| **17.** | **Sr.ANM(Selection Grade)** | **31** | **22** | **12** | **4** | **30** | **99** |
| **18.** | **ANM (G-I)** | **45** | **38** | **19** | **17** | **50** | **169** |
| **19.** | **ANM/MPHW (G-II)** | **12** | **35** | **21** | **8** | **12** | **88** |
| **20.** | **ANM/MPHW G-III)** | **2** | **11** | **15** | **17** | **14** | **59** |
| **21.** | **Staff Nurse (NRHM)** | **3** | **18** | **17** | **14** | **10** | **62** |
| **22.** | **ANM/MPHW (NRHM)** | **1** | **22** | **24** | **20** | **16** | **83** |
|  | **TOTAL** | **227** | **175** | **123** | **90** | **160** | **775** |

**District wise Position of Paramedics (Group A & B) as on 31/12/2015**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.**  **No** | **Particulars** | **STNM/HO** | **EAST** | **WEST** | **NORTH** | **SOUTH** | **STATE** |
| **1** | **Joint Med. Store Officer** | **1** | **-** | **-** | **-** | **-** | **1** |
| **2** | **Joint Director (PFA)** | **-** | **1** | **-** | **-** | **-** | **1** |
| **3** | **Dy. Director (IEC)** | **2** | **-** | **1** | **1** | **1** | **5** |
| **4** | **Dy. Director (Sanitation)** | **01** | **-** | **-** | **-** | **-** | **01** |
| **5** | **Joint Director (Drugs)** | **-** | **-** | **-** | **-** | **-** | **-** |
| **6** | **Sr. Public Analyst** | **-** | **-** | **-** | **-** | **-** | **-** |
| **7** | **Sr. Med. Store Officer** | **01** | **-** | **-** | **-** | **-** | **01** |
| **8** | **Sr. Food Inspector** | **1** | **-** | **-** | **-** | **1** | **2** |
| **9** | **Sr. Tech. Officer** | **-** | **-** | **-** | **-** | **-** | **-** |
| **10** | **Health Edn. Officer (IEC)** | **1** | **3** | **1** | **-** | **02** | **07** |
| **11** | **Sr./Non- Med. Leprosy Officer** | **-** | **01** | **01** | **1** | **1** | **4** |
| **12** | **Community Health Officer (CHO)** | **-** | **-** | **-** | **-** | **-** | **-** |
| **13** | **Technical Officer** | **24** | **5** | **4** | **4** | **15** | **52** |
| **14** | **Entomologist (NRHM)** | **01** | **-** | **-** | **-** | **-** | **01** |
| **15** | **Dietician** | **01** | **-** | **-** | **-** | **1** | **2** |
| **16** | **Asstt. Director (Sanitation)** | **01** | **-** | **01** | **1** | **-** | **03** |
| **17** | **Counselor (on Deputation to another deptt.** | **01** | **-** | **-** | **-** | **-** | **01** |
| **18** | **Physiotherapist** | **3** | **1** | **1** | **-** | **01** | **06** |
| **19** | **Clinical Psychologist** | **1** | **-** | **-** | **-** | **-** | **1** |
| **20** | **Sr. Drug Inspector** | **-** | **02** | **-** | **-** | **-** | **02** |
| **21** | **Med. Store Officer** | **1** | **1** | **1** | **1** | **1** | **05** |
|  | **TOTAL** | **40** | **15** | **11** | **9** | **24** | **99** |

**District wise Position of Paramedics (Group C) as on 31/12/2015.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.No** | **Particulars** | **STNM/HO** | **EAST** | **WEST** | **NORTH** | **SOUTH** | **STATE** |
| **1** | **Compounder** | **02** | **-** | **-** | **-** | **01** | **03** |
| **2** | **Health Assistant** | **-** | **-** | **-** | **-** | **-** | **-** |
| **3** | **MPHW (M)** | **5** | **72** | **43** | **24** | **46** | **190** |
| **4** | **MRT** | **-** | **-** | **-** | **01** | **-** | **1** |
| **5** | **X- Ray- Technician** | **3** | **3** | **3** | **1** | **05** | **15** |
| **6** | **Radiographer/CT Scan** | **3** | **-** | **-** | **3** | **01** | **7** |
| **7** | **ECG Technician** | **5** | **-** | **1** | **-** | **-** | **6** |
| **8** | **Lab. Tech. (1, II & III)** | **9** | **13** | **11** | **4** | **18** | **55** |
| **9** | **Blood Bank Tech.** | **1** | **-** | **-** | **-** | **01** | **2** |
| **10** | **Orth.Tech.** | **4** | **1** | **-** | **-** | **2** | **7** |
| **11** | **OT Technician** | **5** | **02** | **02** | **01** | **1** | **11** |
| **12** | **Ophthalmic Assistant** | **2** | **-** | **-** | **1** | **01** | **4** |
| **13** | **Health Educator** | **-** | **2** | **2** | **1** | **2** | **7** |
| **14** | **Counsellor Drug De – adddic.** | **01** | **-** | **-** | **-** | **-** | **01** |
| **15** | **Non Med. Supervisor** | **03** | **03** | **03** | **03** | **04** | **16** |
| **16** | **PMW** | **-** | **-** | **3** | **-** | **-** | **3** |
| **17** | **Dental Assistant** | **4** | **1** | **02** | **02** | **1** | **10** |
| **18** | **Dental Hygienist** | **2** | **1** | **1** | **-** | **-** | **04** |
| **19** | **Treatment Organiser** | **-** | **1** | **1** | **-** | **-** | **2** |
| **20** | **Asstt. Pgysiotherapist** | **4** | **-** | **01** | **-** | **02** | **7** |
| **21** | **Ward Master** | **02** | **01** | **-** | **-** | **01** | **04** |
| **22** | **Store Inspector** | **01** | **02** | **-** | **-** | **-** | **03** |
| **23** | **Sanitary Inspector** | **-** | **-** | **-** | **-** | **-** | **-** |
| **24** | **Drug Inspector** | **-** | **-** | **-** | **-** | **-** | **-** |
| **25** | **Autopsy Technician** | **01** | **-** | **-** | **-** | **-** | **01** |
| **26** | **Insect Collector** | **04** | **01** | **-** | **-** | **-** | **05** |
| **27** | **Dark Room Asstt.** | **1** | **-** | **-** | **-** | **01** | **2** |
| **28** | **Refractionist** | **01** | **-** | **-** | **-** | **-** | **01** |
| **29** | **Lab Tech. (NRHM)** | **-** | **03** | **06** | **02** | **04** | **15** |
| **30** | **X – Ray Tech. (NRHM)** | **01** | **2** | **3** | **1** | **1** | **8** |
| **08** | **Paramedics (Ayush) NRHM** | **-** | **01** | **2** | **01** | **02** | **6** |
| **32** | **Pharmacist (NRHM)-** | **-** | **3** | **5** | **5** | **5** | **18** |
| **33** | **MPHW (M) (NRHM)** | **-** | **-** | **-** | **-** | **-** | **-** |
| **34** | **Dental Assistant (NRHM)** | **-** | **3** | **-** | **-** | **3** | **6** |
| **35** | **O T Tech. (NRHM)** | **-** | **1** | **1** | **-** | **1** | **3** |
| **36** | **Ophthalmic Assistant (NRHM)** | **1** | **-** | **-** | **-** | **-** | **1** |
| **37** | **ECG Tech. (NRHM)** | **1** | **1** | **-** | **-** | **-** | **2** |
|  | **TOTAL** | **66** | **117** | **90** | **50** | **103** | **426** |

**Annual report showing the district wise performance on Immunization, MCH & Family Welfare for the year from April 2014 to March, 2015**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DISTRICT** | **ANC REGISTRATION** | **ANC 3 CHECK UPS** | **INSTITUTIONAL**  **DELIVERIES** | **HOME DELIVERIES** | **TOTAL**  **DELIVERIES** | **HOME DELIVERIES ASSISTED BY**  **Non SBA(TBA/Relatives)** | **HOME DELIVERIES ASSISTED BY**  **Doctor/Nurse/ANM** |
| **EAST** | **4442**  **(97.6%)** | **3856**  **(86.8%)** | **\*4888**  **(98.5%)** | **72**  **(1.5%)** | **4960**  **(111.7%)** | **41**  **(0.8%)** | **31**  **(0.6%)** |
| **WEST** | **2119**  **(97.9%)** | **1840**  **(86.8%)** | **1155**  **(97.7%)** | **27**  **(2.3%)** | **1182**  **(55.8%)** | **14**  **(1.2%)** | **13**  **(1.1)** |
| **NORTH** | **673**  **(96.0%)** | **585**  **(86.9%)** | **244**  **(96.1%)** | **10**  **(3.9%)** | **254**  **(37.7%)** | **7**  **(2.7%)** | **3**  **(1.2)** |
| **SOUTH** | **2138**  **(91.7%)** | **1818**  **(85.0%)** | **1619**  **(96.6%)** | **57**  **(3.4%)** | **1676**  **(78.4%)** | **44**  **(2.6%)** | **13**  **(0.8)** |
| **STATE** | **9372**  **(96.1%)** | **8099**  **(86.4%)** | **7906**  **(98.0%)** | **166**  **(2.0%)** | **8072**  **(86.1%)** | **106**  **(1.3%)** | **60**  **(0.7)** |

**\*Inst Del. - 2317 (UFWC) ANC Registration (East) – 1898 (UFWC & CRH)**

**1641(CRH) 2544 (Rural)**

**930(Rural) 4442 4888**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **District** | **Estd. No. of infants** | **Estd. No. of Pregnant women** | **DPT** | **OPV** | **BCG** | **Measles** | **Full Immunizations** | **Hepatitis**  **‘B’** | **MMR** | **TT of pregnant women** |
| **UFWC** |  |  | **1149** | **1548** | **3917** | **1543** | **1542** | **1149** | **1493** | **1210** |
| **EAST(Rural)** |  |  | **2181** | **2184** | **988** | **2194** | **2184** | **2184** | **2227** | **2321** |
| **EAST** | **4139** | **4553** | **3330**  **(80.4%)** | **3732**  **(90.1%)** | **4905**  **(118.5%)** | **3737**  **(90.2%)** | **3726**  **(90.0%)** | **3333**  **(80.5%)** | **3720**  **(89.8%)** | **3531**  **(77.5%)** |
| **WEST** | **1968** | **2165** | **1844**  **(93.6%)** | **1844**  **(93.6%)** | **1224**  **(62.1%)** | **1808**  **(91.8%)** | **1831**  **(93.0%)** | **1828**  **(92.8%)** | **1775**  **(90.1%)** | **1911**  **(88.2%)** |
| **NORTH** | **637** | **701** | **535**  **(83.9%)** | **535**  **(83.9%)** | **255**  **(40.0%)** | **544**  **(85.4%)** | **543**  **(85.2%)** | **535**  **(83.9%)** | **515**  **(80.8%)** | **641**  **(91.4%)** |
| **SOUTH** | **2118** | **2330** | **1853**  **(87.4%)** | **1853**  **(87.4%)** | **4667**  **(220.3%)** | **1882**  **(88.8%)** | **1890**  **(89.2%)** | **1832**  **(86.4%)** | **1821**  **(85.9%)** | **1972**  **(84.6%)** |
| **STATE** | **8862** | **9749** | **7562**  **(85.3%)** | **7964**  **(89.8%)** | **11051**  **(124.7%)** | **7971**  **(89.9%)** | **7990**  **(90.1%)** | **7528**  **(84.5%)** | **7831**  **(88.3%)** | **8055**  **(82.6%)** |

**CASES AND DEATHS DUE TO PRINCIPAL COMMUNICABLE DISEASES DURING 2014 -SIKKIM.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Name of diseases as per standard definition of case** | **ICD- 10 code** | **Total Cases** | **Total Deaths** |
| **1** | **Cholera(Lab confirmed)** | **A00** | **0** | **0** |
| **2** | **Acute Diarrhoeal Diseases (including Gastro enteritis etc.)** | **A09** | **47077** | **0** |
| **3** | **Diptheria** | **A36** | **0** | **0** |
| **4** | **Tetanus other than Neontal** | **A35** | **0** | **0** |
| **5** | **Neonatal Tetanus** | **A33** | **0** | **0** |
| **6** | **Whooping cough** | **A37** | **0** | **0** |
| **7** | **Measles** | **B05** | **120** | **0** |
| **8** | **Acute Respiratory Infection (ARI) including Influenza and excluding Pneumonia** | **J00-06 22** | **99370** | **23** |
| **9** | **Pneumonia** | **J12-18** | **1425** | **9** |
| **10** | **Enteric Fever** | **A01** | **1373** | **0** |
| **11** | **Viral Hepatitis – A** | **B15.9** | **13** | **0** |
| **12** | **Viral Hepatitis – B** | **B16.9** | **1310** | **0** |
| **13** | **Viral Hepatitis C.D.E** | **B 17.8** | **0** | **0** |
| **14** | **Meningococcal Meningits** | **A39.0** | **0** | **0** |
| **15** | **Rabies\*\*\*\*** | **A82** | **0** | **0** |
| **16** | **Syphilis** | **A50-A53** | **190** | **0** |
| **17** | **Gonococcal Infection** | **A54** | **17** | **0** |
| **18** | **Chicken Pox** | **B01** | **371** | **0** |
| **19** | **Encephalitis** | **G04.9** | **7** | **0** |
| **20** | **Viral Meningitis** | **Go3.9** | **0** | **0** |
| **21** | **Others** |  | **288378** | **49** |
|  | **TOTAL** |  | **439651** | **81** |

**CASES AND DEATHS DUE TO NON-COMMUNICABLE DISEASES DURING 2014 -SIKKIM.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No** | **Nature/ Group of Non Communicable Diseases** | **ICD-10 Code** | **Total Cases** | **Total Deaths** |
| **1** | **Cardio Vascular Diseases** |  |  |  |
| **1.1** | **Rheumatic Fever** | **I00 – I02** |  |  |
| **1.2** | **Hypertension** | **I10 - I15** | **25036** | **16** |
| **1.3** | **Ischemic Heart Diseases** | **I20 - I25** | **291** | **0** |
| **1.4** | **Congenital Heart Disease** | **Q20 - Q28** | **0** | **0** |
| **1.b** | **Dilated Cardiomyopathy** |  | **226** | **6** |
| **1.c** | **Myocarditis** |  | **4** | **0** |
| **1.g** | **Rheumatic Heart Disease** |  | **348** | **7** |
| **1.h** | **Hypertensive Heart Disease** |  | **114** | **3** |
| **1.i** | **Acutemyocardial Infraction** |  | **146** | **11** |
| **1.j** | **Pericardial Effusion** |  | **13** | **1** |
| **1.k** | **Acutecorpulmonale** |  | **15** | **0** |
| **1.l** | **Chronic Corpulmonale** |  | **4** | **2** |
| **ii.** | **Other Cardio Vascular Diseases** | **I05-I09,I26-I52,I70- I99** | **0** | **0** |
| **2** | **Neurological Disorders** |  |  |  |
| **2.1** | **Cerebro Vascular Accident** | **I60-I69** | **600** | **55** |
| **2.2** | **Chronic Neurological Disorder** | **G90-G99** | **0** | **0** |
| **2.3** | **Other Neurological Disorders \*\*** | **F 00-03, G 00-G83** | **282** | **4** |
| **3** | **Diabetes Mellitus** |  |  |  |
| **3.1** | **Type 1** | **E 10** | **281** | **0** |
| **3.2** | **Type 2** | **E 11** | **4088** | **19** |
| **4** | **Lungs Disease** |  |  |  |
| **4.1** | **Bronchitis** | **J 40** | **1457** | **1** |
| **4.2** | **Emphysemas** | **J 43** | **12** | **0** |
| **4.3** | **Asthma** | **J 45** | **3517** | **5** |
| **5** | **Psychiatric Disorder** |  |  |  |
| **5.1** | **Common Mental Disorders** | **F10-F19** | **5631** | **0** |
| **5.2** | **Severe Mental Disorders** | **F 99** | **1737** | **0** |
| **6** | **Accidental Injuries** | **S00-S99,T00-T14** | **18144** | **8** |
| **7** | **Cancer (Malignant & Benign)** |  |  |  |
| **7.1** | **Cervix Cancer** | **C53, D26** | **682** | **1** |
| **7.2** | **Breast Cancer** | **C50 & D24** | **44** | **1** |
| **7.3** | **Lung Cancer** | **C34, D14.3** | **52** | **5** |
| **7.4** | **Oral Cancer (Lip, Oral Cavity and Pharynx)** | **C00 - C14, D10** | **34** | **3** |
| **7.5** | **Other Cancers(excluding 7.1 to 7.4)** | **C00-D48** | **362** | **30** |
| **8** | **Snake Bite** | **T 63.0** | **124** | **0** |
| **9** | **Renal Failure** |  |  |  |
| **9.1** | **Acute Renal Failure** | **N 170** | **12** | **0** |
| **9.2** | **Chronic Renal Failure** | **N 18** | **17** | **1** |
| **10** | **Obesity** | **E 66** | **0** | **0** |
| **11** | **Road Traffic Accidents** | **V01-V89** | **3583** | **1** |
| **12** | **Others NCD** |  | **363956** | **295** |
|  | **TOTAL** |  | **430812** | **475** |

**INSTITUTIONAL CASES AND DEATHS DUE TO COMMUNICABLE DISEASE FOR THE YEAR 2014-15, STATE SIKKIM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. No** | **Name of diseases as per standard definition of case** | **ICD- 10 code** | **Patients Reported/Treated during the year** | | | | | | | **Total Deaths during the Reporting Year** | | |
| **Outpatient (OPD) cases** | | **IPD Cases Reported Direct** | | **Total Cases** | | |
|  |  |  | **M** | **F** | **M** | **F** | **M** | **F** | **T** | **M** | **F** | **T** |
| **1** | **Cholera(Lab confirmed)** | **A00** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **2** | **Acute Diarrhoeal Diseases (including Gastro enteritis etc.)** | **A09** | **21365** | **22304** | **1450** | **1958** | **22815** | **24262** | **47077** | **0** | **0** | **0** |
| **3** | **Diptheria** | **A36** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **4** | **Tetanus other than Neontal** | **A35** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **5** | **Neonatal Tetanus** | **A33** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **6** | **Whooping cough** | **A37** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **7** | **Measles** | **B05** | **55** | **42** | **10** | **13** | **65** | **55** | **120** | **0** | **0** | **0** |
| **8** | **Acute Respiratory Infection (ARI) including Influenza and excluding Pneumonia** | **J00-06 22** | **46022** | **50656** | **1324** | **1368** | **47346** | **52024** | **99370** | **9** | **14** | **23** |
| **9** | **Pneumonia** | **J12-18** | **479** | **441** | **261** | **244** | **740** | **685** | **1425** | **5** | **4** | **9** |
| **10** | **Enteric Fever** | **A01** | **542** | **579** | **139** | **113** | **681** | **692** | **1373** | **0** | **0** | **0** |
| **11** | **Viral Hepatitis – A** | **B15.9** | **2** | **4** | **4** | **3** | **6** | **7** | **13** | **0** | **0** | **0** |
| **12** | **Viral Hepatitis – B** | **B16.9** | **736** | **526** | **25** | **23** | **761** | **549** | **1310** | **0** | **0** | **0** |
| **13** | **Viral Hepatitis C.D.E** | **B 17.8** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **14** | **Meningococcal Meningits** | **A39.0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **15** | **Rabies\*\*\*\*** | **A82** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **16** | **Syphilis** | **A50-A53** | **56** | **134** | **0** | **0** | **56** | **134** | **190** | **0** | **0** | **0** |
| **17** | **Gonococcal Infection** | **A54** | **3** | **10** | **3** | **1** | **6** | **11** | **17** | **0** | **0** | **0** |
| **18** | **Chicken Pox** | **B01** | **176** | **173** | **11** | **11** | **187** | **184** | **371** | **0** | **0** | **0** |
| **19** | **Encephalitis** | **G04.9** | **0** | **0** | **4** | **3** | **4** | **3** | **7** | **0** | **0** | **0** |
| **20** | **Viral Meningitis** | **Go3.9** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **21** | **Others** |  | **131853** | **144371** | **5573** | **6581** | **137426** | **150952** | **288378** | **26** | **23** | **49** |
|  | **TOTAL** |  | **201289** | **219240** | **8804** | **10318** | **210093** | **229558** | **439651** | **40** | **41** | **81** |

**18.INSTITUTIONAL CASES AND DEATHS DUE TO COMMUNICABLE DISEASE FOR THE YEAR 2014-15, DISTRICT HOSPITAL EAST SINGTAM & STNM SIKKIM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. No** | **`** | **ICD- 10 code** | **Patients Reported/Treated during the year** | | | | | | | **Total Deaths during the Reporting Year** | | |
| **Outpatient (OPD) cases** | | **IPD Cases Reported Direct** | | **Total Cases** | | |
|  |  |  | **M** | **F** | **M** | **F** | **M** | **F** | **T** | **M** | **F** | **T** |
| **1** | **Cholera(Lab confirmed)** | **A00** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **2** | **Acute Diarrhoeal Diseases (including Gastro enteritis etc.)** | **A09** | **11993** | **12796** | **799** | **986** | **12792** | **13782** | **26574** | **0** | **0** | **0** |
| **3** | **Diptheria** | **A36** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **4** | **Tetanus other than Neontal** | **A35** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **5** | **Neonatal Tetanus** | **A33** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **6** | **Whooping cough** | **A37** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **7** | **Measles** | **B05** | **9** | **7** | **8** | **11** | **17** | **18** | **35** | **0** | **0** | **0** |
| **8** | **Acute Respiratory Infection (ARI) including Influenza and excluding Pneumonia** | **J00-06 22** | **24768** | **26652** | **729** | **797** | **25497** | **27449** | **52946** | **9** | **14** | **23** |
| **9** | **Pneumonia** | **J12-18** | **330** | **279** | **54** | **67** | **384** | **346** | **730** | **5** | **4** | **9** |
| **10** | **Enteric Fever** | **A01** | **77** | **74** | **17** | **30** | **94** | **104** | **198** | **0** | **0** | **0** |
| **11** | **Viral Hepatitis – A** | **B15.9** | **2** | **3** | **0** | **2** | **2** | **5** | **7** | **0** | **0** | **0** |
| **12** | **Viral Hepatitis – B** | **B16.9** | **735** | **525** | **25** | **23** | **760** | **548** | **1308** | **0** | **0** | **0** |
| **13** | **Viral Hepatitis C.D.E** | **B 17.8** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **14** | **Meningococcal Meningits** | **A39.0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **15** | **Rabies\*\*\*\*** | **A82** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **16** | **Syphilis** | **A50-A53** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **17** | **Gonococcal Infection** | **A54** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **18** | **Chicken Pox** | **B01** | **22** | **25** | **0** | **0** | **22** | **25** | **47** | **0** | **0** | **0** |
| **19** | **Encephalitis** | **G04.9** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **20** | **Viral Meningitis** | **Go3.9** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **21** | **Others** |  | **67653** | **76609** | **1918** | **2794** | **69571** | **79403** | **148974** | **26** | **23** | **49** |
|  | **TOTAL** |  | **105589** | **116970** | **3550** | **4710** | **109139** | **121680** | **230819** | **40** | **41** | **81** |

**19.INSTITUTIONAL CASES AND DEATHS DUE TO COMMUNICABLE DISEASE FOR THE YEAR 2014-15, DISTRICT HOSPITAL GYALSHING WEST SIKKIM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. No** | **Name of diseases as per standard definition of case** | **ICD- 10 code** | **Patients Reported/Treated during the year** | | | | | | | **Total Deaths during the Reporting Year** | | |
| **Outpatient (OPD) cases** | | **IPD Cases Reported Direct** | | **Total Cases** | | |
|  |  |  | **M** | **F** | **M** | **F** | **M** | **F** | **T** | **M** | **F** | **T** |
| **1** | **Cholera(Lab confirmed)** | **A00** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **2** | **Acute Diarrhoeal Diseases (including Gastro enteritis etc.)** | **A09** | **3333** | **3551** | **209** | **260** | **3542** | **3811** | **7353** |  |  |  |
| **3** | **Diptheria** | **A36** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **4** | **Tetanus other than Neontal** | **A35** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **5** | **Neonatal Tetanus** | **A33** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **6** | **Whooping cough** | **A37** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **7** | **Measles** | **B05** | **18** | **10** | **1** | **1** | **19** | **11** | **30** | **0** | **0** | **0** |
| **8** | **Acute Respiratory Infection (ARI) including Influenza and excluding Pneumonia** | **J00-06 22** | **6820** | **8962** | **137** | **126** | **6957** | **9088** | **16045** | **0** | **0** | **0** |
| **9** | **Pneumonia** | **J12-18** | **10** | **15** | **6** | **10** | **16** | **25** | **41** | **0** | **0** | **0** |
| **10** | **Enteric Fever** | **A01** | **9** | **8** | **19** | **29** | **28** | **37** | **65** | **0** | **0** | **0** |
| **11** | **Viral Hepatitis – A** | **B15.9** | **0** | **0** | **1** | **0** | **1** | **0** | **1** | **0** | **0** | **0** |
| **12** | **Viral Hepatitis – B** | **B16.9** | **1** | **1** | **0** | **0** | **1** | **1** | **2** | **0** | **0** | **0** |
| **13** | **Viral Hepatitis C.D.E** | **B 17.8** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **14** | **Meningococcal Meningits** | **A39.0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **15** | **Rabies\*\*\*\*** | **A82** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **16** | **Syphilis** | **A50-A53** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **17** | **Gonococcal Infection** | **A54** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **18** | **Chicken Pox** | **B01** | **79** | **78** | **7** | **7** | **86** | **85** | **171** | **0** | **0** | **0** |
| **19** | **Encephalitis** | **G04.9** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **20** | **Viral Meningitis** | **Go3.9** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **21** | **Others** |  | **33314** | **35588** | **1831** | **2062** | **35145** | **37650** | **72795** | **0** | **0** | **0** |
|  | **TOTAL** |  | **43584** | **48213** | **2211** | **2495** | **45795** | **50708** | **96503** | **0** | **0** | **0** |

**20.INSTITUTIONAL CASES AND DEATHS DUE TO COMMUNICABLE DISEASE FOR THE YEAR 2014-15, DISTRICT HOSPITAL MANGAN NORTH SIKKIM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. No** | **Name of diseases as per standard definition of case** | **ICD- 10 code** | **Patients Reported/Treated during the year** | | | | | | | **Total Deaths during the Reporting Year** | | |
| **Outpatient (OPD) cases** | | **IPD Cases Reported Direct** | | **Total Cases** | | |
|  |  |  | **M** | **F** | **M** | **F** | **M** | **F** | **T** | **M** | **F** | **T** |
| **1** | **Cholera(Lab confirmed)** | **A00** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **2** | **Acute Diarrhoeal Diseases (including Gastro enteritis etc.)** | **A09** | **2057** | **1804** | **86** | **94** | **2143** | **1898** | **4041** | **0** | **0** | **0** |
| **3** | **Diptheria** | **A36** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **4** | **Tetanus other than Neontal** | **A35** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **5** | **Neonatal Tetanus** | **A33** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **6** | **Whooping cough** | **A37** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **7** | **Measles** | **B05** | **0** | **0** | **1** | **0** | **1** | **0** | **1** | **0** | **0** | **0** |
| **8** | **Acute Respiratory Infection (ARI) including Influenza and excluding Pneumonia** | **J00-06 22** | **4231** | **4202** | **23** | **29** | **4254** | **4231** | **8485** | **0** | **0** | **0** |
| **9** | **Pneumonia** | **J12-18** | **0** | **0** | **1** | **4** | **1** | **4** | **5** | **0** | **0** | **0** |
| **10** | **Enteric Fever** | **A01** | **2** | **3** | **1** | **2** | **3** | **5** | **8** | **0** | **0** | **0** |
| **11** | **Viral Hepatitis – A** | **B15.9** | **0** | **1** | **3** | **1** | **3** | **2** | **5** | **0** | **0** | **0** |
| **12** | **Viral Hepatitis – B** | **B16.9** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **13** | **Viral Hepatitis C.D.E** | **B 17.8** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **14** | **Meningococcal Meningits** | **A39.0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **15** | **Rabies\*\*\*\*** | **A82** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **16** | **Syphilis** | **A50-A53** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **17** | **Gonococcal Infection** | **A54** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **18** | **Chicken Pox** | **B01** | **5** | **17** | **1** | **3** | **6** | **20** | **26** | **0** | **0** | **0** |
| **19** | **Encephalitis** | **G04.9** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **20** | **Viral Meningitis** | **Go3.9** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **21** | **Others** |  | **2968** | **2904** | **322** | **327** | **3290** | **3231** | **6521** | **0** | **0** | **0** |
|  | **TOTAL** |  | **9263** | **8931** | **438** | **460** | **9701** | **9391** | **19092** | **0** | **0** | **0** |

**21.INSTITUTIONAL CASES AND DEATHS DUE TO COMMUNICABLE DISEASE FOR THE YEAR 2014-15, DISTRICT HOSPITAL SOUTH SIKKIM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. No** | **Name of diseases as per standard definition of case** | **ICD- 10 code** | **Patients Reported/Treated during the year** | | | | | | | **Total Deaths during the Reporting Year** | | |
| **Outpatient (OPD) cases** | | **IPD Cases Reported Direct** | | **Total Cases** | | |
|  |  |  | **M** | **F** | **M** | **F** | **M** | **F** | **T** | **M** | **F** | **T** |
| **1** | **Cholera(Lab confirmed)** | **A00** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **2** | **Acute Diarrhoeal Diseases (including Gastro enteritis etc.)** | **A09** | **3982** | **4153** | **356** | **618** | **4338** | **4771** | **9109** | **0** | **0** | **0** |
| **3** | **Diptheria** | **A36** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **4** | **Tetanus other than Neontal** | **A35** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **5** | **Neonatal Tetanus** | **A33** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **6** | **Whooping cough** | **A37** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **7** | **Measles** | **B05** | **28** | **25** | **0** | **1** | **28** | **26** | **54** | **0** | **0** | **0** |
| **8** | **Acute Respiratory Infection (ARI) including Influenza and excluding Pneumonia** | **J00-06 22** | **10203** | **10840** | **435** | **416** | **10638** | **11256** | **21894** | **0** | **0** | **0** |
| **9** | **Pneumonia** | **J12-18** | **139** | **147** | **200** | **163** | **339** | **310** | **649** | **0** | **0** | **0** |
| **10** | **Enteric Fever** | **A01** | **454** | **494** | **102** | **52** | **556** | **546** | **1102** | **0** | **0** | **0** |
| **11** | **Viral Hepatitis – A** | **B15.9** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **12** | **Viral Hepatitis – B** | **B16.9** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **13** | **Viral Hepatitis C.D.E** | **B 17.8** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **14** | **Meningococcal Meningits** | **A39.0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **15** | **Rabies\*\*\*\*** | **A82** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **16** | **Syphilis** | **A50-A53** | **56** | **134** | **0** | **0** | **56** | **134** | **190** | **0** | **0** | **0** |
| **17** | **Gonococcal Infection** | **A54** | **3** | **10** | **3** | **1** | **6** | **11** | **17** | **0** | **0** | **0** |
| **18** | **Chicken Pox** | **B01** | **70** | **53** | **3** | **1** | **73** | **54** | **127** | **0** | **0** | **0** |
| **19** | **Encephalitis** | **G04.9** | **0** | **0** | **4** | **3** | **4** | **3** | **7** | **0** | **0** | **0** |
| **20** | **Viral Meningitis** | **Go3.9** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **21** | **Others** |  | **27918** | **29270** | **1502** | **1398** | **29420** | **30668** | **60088** | **0** | **0** | **0** |
|  | **TOTAL** |  | **42853** | **45126** | **2605** | **2653** | **45458** | **47779** | **93237** | **0** | **0** | **0** |

**22.INSTITUTIONAL CASES AND DEATHS DUE TO NON-COMMUNICABLE DISEASE FOR THE YEAR 2014-15, STATE SIKKIM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S. No** | **Nature/ Group of Non Communicable Diseases** | **ICD-10 Code** | **New\* Patients Reported/Treated** | | | | | | | **Total Deaths** | | |
| **Out-Patient** | | **IPD Cases Reported** | | **Total Cases** | | |
|
| **Cases** | | **Cases** | |
| **M** | **F** | **M** | **F** | **M** | **F** | **Total** | **M** | **F** | **Total** |
|  | **1** | **2** | **3** | **4** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** |
| **(3+7)** | **(4+8)** | **(9+10)** |
| **1** | **Cardio Vascular Diseases** |  |  |  |  |  |  |  |  |  |  |  |
| **1.1** | **Rheumatic Fever** | **I00 – I02** |  |  |  |  |  |  |  |  |  |  |
| **1.2** | **Hypertension** | **I10 - I15** | 11102 | 12782 | 567 | 585 | 11669 | 13367 | 25036 | 8 | 8 | 16 |
| **1.3** | **Ischemic Heart Diseases** | **I20 - I25** | 140 | 121 | 14 | 16 | 154 | 137 | 291 | 0 | 0 | 0 |
| **1.4** | **Congenital Heart Disease** | **Q20 - Q28** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **1.b** | **Dilated Cardiomyopathy** |  | 75 | 59 | 55 | 37 | 130 | 96 | 226 | 5 | 1 | 6 |
| **1.c** | **Myocarditis** |  | 2 | 0 | 2 | 0 | 4 | 0 | 4 | 0 | 0 | 0 |
| **1.g** | **Rheumatic Heart Disease** |  | 110 | 184 | 29 | 25 | 139 | 209 | 348 | 5 | 2 | 7 |
| **1.h** | **Hypertensive Heart Disease** |  | 30 | 27 | 21 | 36 | 51 | 63 | 114 | 2 | 1 | 3 |
| **1.i** | **Acutemyocardial Infraction** |  | 50 | 57 | 23 | 16 | 73 | 73 | 146 | 7 | 4 | 11 |
| **1.j** | **Pericardial Effusion** |  | 1 | 0 | 7 | 5 | 8 | 5 | 13 | 0 | 1 | 1 |
| **1.k** | **Acutecorpulmonale** |  | 0 | 1 | 6 | 8 | 6 | 9 | 15 | 0 | 0 | 0 |
| **1.l** | **Chronic Corpulmonale** |  | 0 | 0 | 2 | 2 | 2 | 2 | 4 | 1 | 1 | 2 |
| **ii.** | **Other Cardio Vascular Diseases** | **I05-I09,I26-I52,I70- I99** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **2** | **Neurological Disorders** |  |  |  |  |  |  |  |  |  |  |  |
| **2.1** | **Cerebro Vascular Accident** | **I60-I69** | 262 | 182 | 81 | 75 | 343 | 257 | 600 | 30 | 25 | 55 |
| **2.2** | **Chronic Neurological Disorder** | **G90-G99** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **2.3** | **Other Neurological Disorders \*\*** | **F 00-03, G 00-G83** | 118 | 134 | 17 | 13 | 135 | 147 | 282 | 3 | 1 | 4 |
| **3** | **Diabetes Mellitus** |  |  |  |  |  |  |  |  |  |  |  |
| **3.1** | **Type 1** | **E 10** | 147 | 117 | 15 | 2 | 162 | 119 | 281 | 0 | 0 | 0 |
| **3.2** | **Type 2** | **E 11** | 1721 | 2035 | 170 | 162 | 1891 | 2197 | 4088 | 9 | 10 | 19 |
| **4** | **Lungs Disease** |  |  |  |  |  |  |  |  |  |  |  |
| **4.1** | **Bronchitis** | **J 40** | 723 | 664 | 34 | 36 | 757 | 700 | 1457 | 1 | 0 | 1 |
| **4.2** | **Emphysemas** | **J 43** | 0 | 6 | 2 | 4 | 2 | 10 | 12 | 0 | 0 | 0 |
| **4.3** | **Asthma** | **J 45** | 1565 | 1505 | 208 | 239 | 1773 | 1744 | 3517 | 4 | 1 | 5 |
| **5** | **Psychiatric Disorder** |  |  |  |  |  |  |  |  |  |  |  |
| **5.1** | **Common Mental Disorders** | **F10-F19** | 2775 | 2817 | 6 | 33 | 2781 | 2850 | 5631 | 0 | 0 | 0 |
| **5.2** | **Severe Mental Disorders** | **F 99** | 392 | 464 | 540 | 341 | 932 | 805 | 1737 | 0 | 0 | 0 |
| **6** | **Accidental Injuries** | **S00-S99,T00-T14** | 11789 | 4818 | 1071 | 466 | 12860 | 5284 | 18144 | 7 | 1 | 8 |
| **7** | **Cancer (Malignant & Benign)** |  |  |  |  |  |  |  |  |  |  |  |
| **7.1** | **Cervix Cancer** | **C53, D26** | 622 | 23 | 20 | 17 | 642 | 40 | 682 | 0 | 1 | 1 |
| **7.2** | **Breast Cancer** | **C50 & D24** | 0 | 20 | 1 | 23 | 1 | 43 | 44 | 0 | 1 | 1 |
| **7.3** | **Lung Cancer** | **C34, D14.3** | 22 | 12 | 6 | 12 | 28 | 24 | 52 | 1 | 4 | 5 |
| **7.4** | **Oral Cancer (Lip, Oral Cavity and Pharynx)** | **C00 - C14, D10** | 13 | 7 | 9 | 5 | 22 | 12 | 34 | 1 | 2 | 3 |
| **7.5** | **Other Cancers(excluding 7.1 to 7.4)** | **C00-D48** | 92 | 76 | 118 | 76 | 210 | 152 | 362 | 17 | 13 | 30 |
| **8** | **Snake Bite** | **T 63.0** | 54 | 33 | 21 | 16 | 75 | 49 | 124 | 0 | 0 | 0 |
| **9** | **Renal Failure** |  |  |  |  |  |  |  |  |  |  |  |
| **9.1** | **Acute Renal Failure** | **N 170** | 2 | 1 | 5 | 4 | 7 | 5 | 12 | 0 | 0 | 0 |
| **9.2** | **Chronic Renal Failure** | **N 18** | 0 | 0 | 9 | 8 | 9 | 8 | 17 | 1 | 0 | 1 |
| **10** | **Obesity** | **E 66** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **11** | **Road Traffic Accidents** | **V01-V89** | 1894 | 1440 | 170 | 79 | 2064 | 1519 | 3583 | 1 | 0 | 1 |
| **12** | **Others NCD** |  | 153242 | 198490 | 4040 | 8184 | 157282 | 206674 | 363956 | 175 | 120 | 295 |
|  | **TOTAL** |  | 186943 | 226075 | 7269 | 10525 | 194212 | 236600 | 430812 | 278 | 197 | 475 |

**23.INSTITUTIONAL CASES AND DEATHS DUE TO NON-COMMUNICABLE DISEASE FOR THE YEAR 2014-15, DISTRICT HOSPITAL EAST SINGTAM & STNM SIKKIM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S. No** | **Nature/ Group of Non Communicable Diseases** | **ICD-10 Code** | **New\* Patients Reported/Treated** | | | | | | | **Total Deaths** | | |
| **Out-Patient** | | **IPD Cases Reported** | | **Total Cases** | | |
|
| **Cases** | | **Cases** | |
| **M** | **F** | **M** | **F** | **M** | **F** | **Total** | **M** | **F** | **Total** |
|  | **1** | **2** | **3** | **4** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** |
| **(3+7)** | **(4+8)** | **(9+10)** |
| **1** | **Cardio Vascular Diseases** |  |  |  |  |  |  |  |  |  |  |  |
| **1.1** | **Rheumatic Fever** | **I00 – I02** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **1.2** | **Hypertension** | **I10 - I15** | 5561 | 6084 | 286 | 292 | 5847 | 6376 | 12223 | 7 | 7 | 14 |
| **1.3** | **Ischemic Heart Diseases** | **I20 - I25** | 32 | 14 | 8 | 4 | 40 | 18 | 58 | 0 | 0 | 0 |
| **1.4** | **Congenital Heart Disease** | **Q20 - Q28** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **1.b** | **Dilated Cardiomyopathy** |  | 75 | 59 | 55 | 37 | 130 | 96 | 226 | 5 | 1 | 6 |
| **1.c** | **Myocarditis** |  | 2 | 0 | 2 | 0 | 4 | 0 | 4 | 0 | 0 | 0 |
| **1.g** | **Rheumatic Heart Disease** |  | 110 | 184 | 29 | 25 | 139 | 209 | 348 | 5 | 2 | 7 |
| **1.h** | **Hypertensive Heart Disease** |  | 30 | 27 | 21 | 36 | 51 | 63 | 114 | 2 | 1 | 3 |
| **1.i** | **Acutemyocardial Infraction** |  | 50 | 57 | 23 | 16 | 73 | 73 | 146 | 7 | 4 | 11 |
| **1.j** | **Pericardial Effusion** |  | 1 | 0 | 7 | 5 | 8 | 5 | 13 | 0 | 1 | 1 |
| **1.k** | **Acutecorpulmonale** |  | 0 | 1 | 6 | 8 | 6 | 9 | 15 | 0 | 0 | 0 |
| **1.l** | **Chronic Corpulmonale** |  | 0 | 0 | 2 | 2 | 2 | 2 | 4 | 1 | 1 | 2 |
| **ii.** | **Other Cardio Vascular Diseases** | **I05-I09,I26-I52,I70- I99** |  |  |  |  |  |  |  |  |  |  |
| **2** | **Neurological Disorders** |  |  |  |  |  |  |  |  |  |  |  |
| **2.1** | **Cerebro Vascular Accident** | **I60-I69** | 262 | 181 | 65 | 63 | 327 | 244 | 571 | 30 | 25 | 55 |
| **2.2** | **Chronic Neurological Disorder** | **G90-G99** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **2.3** | **Other Neurological Disorders \*\*** | **F 00-03, G 00-G83** | **107** | **118** | **14** | **10** | 121 | 128 | 249 | **3** | **1** | 4 |
| **3** | **Diabetes Mellitus** |  |  |  |  |  |  |  |  |  |  |  |
| **3.1** | **Type 1** | **E 10** | **87** | **50** | **5** | **2** | 92 | 52 | 144 | **0** | **0** | 0 |
| **3.2** | **Type 2** | **E 11** | 1492 | 1812 | 134 | 120 | 1626 | 1932 | 3558 | 9 | 10 | 19 |
| **4** | **Lungs Disease** |  |  |  |  |  |  |  |  |  |  |  |
| **4.1** | **Bronchitis** | **J 40** | 685 | 622 | 23 | 24 | 708 | 646 | 1354 | 1 | 0 | 1 |
| **4.2** | **Emphysemas** | **J 43** | **0** | **3** | **1** | **2** | 1 | 5 | 6 | **0** | **0** | 0 |
| **4.3** | **Asthma** | **J 45** | 1122 | 1038 | 87 | 84 | 1209 | 1122 | 2331 | 3 | 1 | 4 |
| **5** | **Psychiatric Disorder** |  |  |  |  |  |  |  |  |  |  |  |
| **5.1** | **Common Mental Disorders** | **F10-F19** | 2415 | 2308 | **0** | **0** | 2415 | 2308 | 4723 | **0** | **0** | 0 |
| **5.2** | **Severe Mental Disorders** | **F 99** | 2 | 2 | 271 | 171 | 273 | 173 | 446 | **0** | **0** | 0 |
| **6** | **Accidental Injuries** | **S00-S99,T00-T14** | 6721 | 2446 | 481 | 187 | 7202 | 2633 | 9835 | 7 | 1 | 8 |
| **7** | **Cancer (Malignant & Benign)** |  |  |  |  |  |  |  |  |  |  |  |
| **7.1** | **Cervix Cancer** | **C53, D26** | **622** | **23** | **20** | **17** | 642 | 40 | 682 | **0** | **1** | 1 |
| **7.2** | **Breast Cancer** | **C50 & D24** | **0** | **20** | **1** | **23** | 1 | 43 | 44 | **0** | **1** | 1 |
| **7.3** | **Lung Cancer** | **C34, D14.3** | **22** | **12** | **6** | **12** | 28 | 24 | 52 | **1** | **4** | 5 |
| **7.4** | **Oral Cancer (Lip, Oral Cavity and Pharynx)** | **C00 - C14, D10** | **13** | **7** | **9** | **5** | 22 | 12 | 34 | **1** | **2** | 3 |
| **7.5** | **Other Cancers(excluding 7.1 to 7.4)** | **C00-D48** | **92** | **76** | **115** | **75** | 207 | 151 | 358 | **17** | **13** | 30 |
| **8** | **Snake Bite** | **T 63.0** | 40 | 23 | 14 | 8 | 54 | 31 | 85 | 0 | 0 | 0 |
| **9** | **Renal Failure** |  |  |  |  |  |  |  |  |  |  |  |
| **9.1** | **Acute Renal Failure** | **N 170** | 2 | 0 | 0 | 2 | 2 | 2 | 4 | 0 | 0 | 0 |
| **9.2** | **Chronic Renal Failure** | **N 18** | 0 | 0 | 8 | 3 | 8 | 3 | 11 | 1 | 0 | 1 |
| **10** | **Obesity** | **E 66** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **11** | **Road Traffic Accidents** | **V01-V89** | 797 | 270 | 98 | 25 | 895 | 295 | 1190 | 1 | 0 | 1 |
| **12** | **Others NCD** |  | 116081 | 154236 | 2826 | 6192 | 118907 | 160428 | 279335 | 174 | 120 | 294 |
|  | **TOTAL** |  | 136423 | 169673 | 4617 | 7450 | 141040 | 177123 | 318163 | 275 | 196 | 471 |

**24.INSTITUTIONAL CASES AND DEATHS DUE TO NON-COMMUNICABLE DISEASE FOR THE YEAR 2014-15, DISTRICT HOSPITAL GYALSHING WEST**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S. No** | **Nature/ Group of Non Communicable Diseases** | **ICD-10 Code** | **New\* Patients Reported/Treated** | | | | | | | **Total Deaths** | | |
| **Out-Patient** | | **IPD Cases Reported** | | **Total Cases** | | |
|
| **Cases** | | **Cases** | |
| **M** | **F** | **M** | **F** | **M** | **F** | **Total** | **M** | **F** | **Total** |
|  | **1** | **2** | **3** | **4** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** |
| **(3+7)** | **(4+8)** | **(9+10)** |
| **1** | **Cardio Vascular Diseases** |  |  |  |  |  |  |  |  |  |  |  |
| **1.1** | **Rheumatic Fever** | **I00 – I02** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **1.2** | **Hypertension** | **I10 - I15** | **2260** | **3136** | **118** | **94** | **2378** | **3230** | **5608** | **0** | **0** | **0** |
| **1.3** | **Ischemic Heart Diseases** | **I20 - I25** | **2** | **0** | **0** | **1** | **2** | **1** | **3** | **0** | **0** | **0** |
| **1.4** | **Congenital Heart Disease** | **Q20 - Q28** | 0 | 0 | 0 | 0 | **0** | **0** | **0** | 0 | 0 | 0 |
| **1.b** | **Dilated Cardiomyopathy** |  | 0 | 0 | 0 | 0 | **0** | **0** | **0** | 0 | 0 | 0 |
| **1.c** | **Myocarditis** |  | 0 | 0 | 0 | 0 | **0** | **0** | **0** | 0 | 0 | 0 |
| **1.g** | **Rheumatic Heart Disease** |  | 0 | 0 | 0 | 0 | **0** | **0** | **0** | 0 | 0 | 0 |
| **1.h** | **Hypertensive Heart Disease** |  | 0 | 0 | 0 | 0 | **0** | **0** | **0** | 0 | 0 | 0 |
| **1.i** | **Acutemyocardial Infraction** |  | 0 | 0 | 0 | 0 | **0** | **0** | **0** | 0 | 0 | 0 |
| **1.j** | **Pericardial Effusion** |  | 0 | 0 | 0 | 0 | **0** | **0** | **0** | 0 | 0 | 0 |
| **1.k** | **Acutecorpulmonale** |  | 0 | 0 | 0 | 0 | **0** | **0** | **0** | 0 | 0 | 0 |
| **1.l** | **Chronic Corpulmonale** |  | 0 | 0 | 0 | 0 | **0** | **0** | **0** | 0 | 0 | 0 |
| **ii.** | **Other Cardio Vascular Diseases** | **I05-I09,I26-I52,I70- I99** | 0 | 0 | 0 | 0 | **0** | **0** | **0** | 0 | 0 | 0 |
| **2** | **Neurological Disorders** |  |  |  |  |  |  |  |  |  |  |  |
| **2.1** | **Cerebro Vascular Accident** | **I60-I69** | **0** | **1** | **1** | **3** | **1** | **4** | **5** | **0** | **0** | **0** |
| **2.2** | **Chronic Neurological Disorder** | **G90-G99** | 0 | 0 | 0 | 0 | **0** | **0** | **0** | 0 | 0 | 0 |
| **2.3** | **Other Neurological Disorders \*\*** | **F 00-03, G 00-G83** | **11** | **16** | **3** | **3** | **14** | **19** | **33** | **0** | **0** | **0** |
| **3** | **Diabetes Mellitus** |  |  |  | **0** | **0** | **0** | **0** | **0** |  |  |  |
| **3.1** | **Type 1** | **E 10** | **12** | **14** | **1** | **0** | **13** | **14** | **27** | **0** | **0** | **0** |
| **3.2** | **Type 2** | **E 11** | **16** | **28** | **0** | **0** | **16** | **28** | **44** | **0** | **0** | **0** |
| **4** | **Lungs Disease** | **-** |  |  |  |  |  |  |  |  |  |  |
| **4.1** | **Bronchitis** | **J 40** | **5** | **7** | **3** | **4** | **8** | **11** | **19** | **0** | **0** | **0** |
| **4.2** | **Emphysemas** | **J 43** | **0** | **3** | **1** | **1** | **1** | **4** | **5** | **0** | **0** | **0** |
| **4.3** | **Asthma** | **J 45** | **200** | **178** | **29** | **29** | **229** | **207** | **436** | **0** | **0** | **0** |
| **5** | **Psychiatric Disorder** |  |  |  |  |  |  |  |  |  |  |  |
| **5.1** | **Common Mental Disorders** | **F10-F19** | **0** | **0** | **2** | **1** | **2** | **1** | **3** | **0** | **0** | **0** |
| **5.2** | **Severe Mental Disorders** | **F 99** | 2 | 2 | 269 | 170 | **271** | **172** | **443** | **0** | **0** | **0** |
| **6** | **Accidental Injuries** | **S00-S99,T00-T14** | **840** | **377** | **29** | **43** | **869** | **420** | **1289** | **0** | **0** | **0** |
| **7** | **Cancer (Malignant & Benign)** |  |  |  |  |  |  |  |  |  |  |  |
| **7.1** | **Cervix Cancer** | **C53, D26** | **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** |
| **7.3** | **Lung Cancer** | **C34, D14.3** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **7.4** | **Oral Cancer (Lip, Oral Cavity and Pharynx)** | **C00 - C14, D10** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **7.5** | **Other Cancers(excluding 7.1 to 7.4)** | **C00-D48** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **8** | **Snake Bite** | **T 63.0** | **5** | **2** | **2** | **2** | **7** | **4** | **11** | **0** | **0** | **0** |
| **9** | **Renal Failure** |  |  |  |  |  |  |  |  |  |  |  |
| **9.1** | **Acute Renal Failure** | **N 170** | 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 |
| **10** | **Obesity** | **E 66** | 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 |
| **12** | **Others NCD** |  | **17123** | **19456** | **596** | **1081** | **17719** | **20537** | **38256** | **0** | **0** | **0** |
|  | **TOTAL** |  | 20476 | 23220 | 1054 | 1432 | 21530 | 24652 | 46182 | **0** | **0** | **0** |

**25.INSTITUTIONAL CASES AND DEATHS DUE TO NON-COMMUNICABLE DISEASE FOR THE YEAR 2014-15, DISTRICT HOSPITAL MANGAN NORTH**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S. No** | **Nature/ Group of Non Communicable Diseases** | **ICD-10 Code** | **New\* Patients Reported/Treated** | | | | | | | **Total Deaths** | | |
| **Out-Patient** | | **IPD Cases Reported** | | **Total Cases** | | |
|
| **Cases** | | **Cases** | |
| **M** | **F** | **M** | **F** | **M** | **F** | **Total** | **M** | **F** | **Total** |
|  | **1** | **2** | **3** | **4** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** |
| **(3+7)** | **(4+8)** | **(9+10)** |
| **1** | **Cardio Vascular Diseases** |  |  |  |  |  |  |  |  |  |  |  |
| **1.1** | **Rheumatic Fever** | **I00 – I02** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **1.2** | **Hypertension** | **I10 - I15** | **1252** | **1207** | **36** | **32** | **1288** | **1239** | **2527** | **1** | **1** | **2** |
| **1.3** | **Ischemic Heart Diseases** | **I20 - I25** | 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 |
| **1.b** | **Dilated Cardiomyopathy** |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **1.c** | **Myocarditis** |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **1.g** | **Rheumatic Heart Disease** |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **1.h** | **Hypertensive Heart Disease** |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **1.i** | **Acutemyocardial Infraction** |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **1.j** | **Pericardial Effusion** |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **1.k** | **Acutecorpulmonale** |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **1.l** | **Chronic Corpulmonale** |  |  |  |  |  |  |  |  |  |  |  |
| **ii.** | **Other Cardio Vascular Diseases** | **I05-I09,I26-I52,I70- I99** |  |  |  |  |  |  |  |  |  |  |
| **2** | **Neurological Disorders** |  |  |  |  |  |  |  |  |  |  |  |
| **2.1** | **Cerebro Vascular Accident** | **I60-I69** | 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 |
| **2.3** | **Other Neurological Disorders \*\*** | **F 00-03, G 00-G83** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **3** | **Diabetes Mellitus** |  |  |  |  |  |  |  |  |  |  |  |
| **3.1** | **Type 1** | **E 10** | **1** | **2** | **1** | **0** | **2** | **2** | **4** | **0** | **0** | **0** |
| **3.2** | **Type 2** | **E 11** | **3** | **2** | **0** | **0** | **3** | **2** | **5** | **0** | **0** | **0** |
| **4** | **Lungs Disease** | **-** |  |  |  |  |  |  |  |  |  |  |
| **4.1** | **Bronchitis** | **J 40** | **2** | **3** | **7** | **5** | **9** | **8** | **17** | **0** | **0** | **0** |
| **4.2** | **Emphysemas** | **J 43** |  |  |  |  |  |  |  |  |  |  |
| **4.3** | **Asthma** | **J 45** | **27** | **18** | **4** | **2** | **31** | **20** | **51** | **1** | **0** | **1** |
| **5** | **Psychiatric Disorder** | **-** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **5.1** | **Common Mental Disorders** | **F10-F19** | **2** | **0** | **0** | **0** | **2** | **0** | **2** | **0** | **0** | **0** |
| **5.2** | **Severe Mental Disorders** | **F 99** |  |  |  |  |  |  |  |  |  |  |
| **6** | **Accidental Injuries** | **S00-S99,T00-T14** | **655** | **308** | **22** | **8** | **677** | **316** | **993** | **0** | **0** | **0** |
| **7** | **Cancer (Malignant & Benign)** |  |  |  |  |  |  |  |  |  |  |  |
| **7.1** | **Cervix Cancer** | **C53, D26** | **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** |
| **7.3** | **Lung Cancer** | **C34, D14.3** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **7.4** | **Oral Cancer (Lip, Oral Cavity and Pharynx)** | **C00 - C14, D10** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **7.5** | **Other Cancers(excluding 7.1 to 7.4)** | **C00-D48** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **8** | **Snake Bite** | **T 63.0** | **4** | **2** | **3** | **2** | **7** | **4** | **11** | **0** | **0** | **0** |
| **9** | **Renal Failure** |  |  |  |  |  |  |  |  |  |  |  |
| **9.1** | **Acute Renal Failure** | **N 170** | **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** |
| **10** | **Obesity** | **E 66** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **11** | **Road Traffic Accidents** | **V01-V89** | **7** | **0** | **0** | **0** | **7** | **0** | **7** | **0** | **0** |  |
| **12** | **Others NCD** |  | **1721** | **1844** | **232** | **211** | **1953** | **2055** | **4008** | **1** | **0** | **1** |
|  | **TOTAL** |  | 3674 | 3386 | 305 | 260 | 3979 | 3646 | 7625 | 3 | 1 | 4 |

**26.INSTITUTIONAL CASES AND DEATHS DUE TO NON-COMMUNICABLE DISEASE FOR THE YEAR 2014-15, DISTRICT HOSPITAL SOUTH SIKKIM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S. No** | **Nature/ Group of Non Communicable Diseases** | **ICD-10 Code** | **New\* Patients Reported/Treated** | | | | | | | **Total Deaths** | | |
| **Out-Patient** | | **IPD Cases Reported** | | **Total Cases** | | |
|
| **Cases** | | **Cases** | |
| **M** | **F** | **M** | **F** | **M** | **F** | **Total** | **M** | **F** | **Total** |
|  | **1** | **2** | **3** | **4** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** |
| **(3+7)** | **(4+8)** | **(9+10)** |
| **1** | **Cardio Vascular Diseases** |  |  |  |  |  |  |  |  |  |  |  |
| **1.1** | **Rheumatic Fever** | **I00 – I02** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **1.2** | **Hypertension** | **I10 - I15** | **2029** | **2355** | **127** | **167** | **2156** | **2522** | **4678** | **0** | **0** | **0** |
| **1.3** | **Ischemic Heart Diseases** | **I20 - I25** | **106** | **107** | **6** | **11** | **112** | **118** | **230** | **0** | **0** | **0** |
| **1.4** | **Congenital Heart Disease** | **Q20 - Q28** | 0 | 0 | 0 | 0 | **0** | **0** | **0** | 0 | 0 | 0 |
| **1.b** | **Dilated Cardiomyopathy** |  | 0 | 0 | 0 | 0 | **0** | **0** | **0** | 0 | 0 | 0 |
| **1.c** | **Myocarditis** |  | 0 | 0 | 0 | 0 | **0** | **0** | **0** | 0 | 0 | 0 |
| **1.g** | **Rheumatic Heart Disease** |  | 0 | 0 | 0 | 0 | **0** | **0** | **0** | 0 | 0 | 0 |
| **1.h** | **Hypertensive Heart Disease** |  | 0 | 0 | 0 | 0 | **0** | **0** | **0** | 0 | 0 | 0 |
| **1.i** | **Acutemyocardial Infraction** |  | 0 | 0 | 0 | 0 | **0** | **0** | **0** | 0 | 0 | 0 |
| **1.j** | **Pericardial Effusion** |  | 0 | 0 | 0 | 0 | **0** | **0** | **0** | 0 | 0 | 0 |
| **1.k** | **Acutecorpulmonale** |  | 0 | 0 | 0 | 0 | **0** | **0** | **0** | 0 | 0 | 0 |
| **1.l** | **Chronic Corpulmonale** |  | 0 | 0 | 0 | 0 | **0** | **0** | **0** | 0 | 0 | 0 |
| **ii.** | **Other Cardio Vascular Diseases** | **I05-I09,I26-I52,I70- I99** | 0 | 0 | 0 | 0 | **0** | **0** | **0** | 0 | 0 | 0 |
| **2** | **Neurological Disorders** |  |  |  |  |  |  |  |  |  |  |  |
| **2.1** | **Cerebro Vascular Accident** | **I60-I69** | 0 | 0 | 15 | 9 | **15** | **9** | **24** | 0 | 0 | 0 |
| **2.2** | **Chronic Neurological Disorder** | **G90-G99** | 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 |
| **3** | **Diabetes Mellitus** |  |  |  | 0 | 0 | **0** | **0** | **0** |  |  |  |
| **3.1** | **Type 1** | **E 10** | **47** | **51** | **8** | 0 | **55** | **51** | **106** | **0** | **0** | **0** |
| **3.2** | **Type 2** | **E 11** | **210** | **193** | **36** | **42** | **246** | **235** | **481** | **0** | **0** | **0** |
| **4** | **Lungs Disease** |  |  |  |  |  |  |  |  |  |  |  |
| **4.1** | **Bronchitis** | **J 40** | **31** | **32** | **1** | **3** | **32** | **35** | **67** | **0** | **0** | **0** |
| **4.2** | **Emphysemas** | **J 43** | **0** | **0** | **0** | **1** | **0** | **1** | **1** | **0** | **0** | **0** |
| **4.3** | **Asthma** | **J 45** | **216** | **271** | **88** | **124** | **304** | **395** | **699** | **0** | **0** | **0** |
| **5** | **Psychiatric Disorder** |  |  |  | **0** | **0** | **0** | **0** | **0** |  |  |  |
| **5.1** | **Common Mental Disorders** | **F10-F19** | **358** | **509** | **4** | **32** | **362** | **541** | **903** | **0** | **0** | **0** |
| **5.2** | **Severe Mental Disorders** | **F 99** | **388** | **460** | **0** | **0** | **388** | **460** | **848** | **0** | **0** | **0** |
| **6** | **Accidental Injuries** | **S00-S99,T00-T14** | **3573** | **1687** | **539** | **228** | **4112** | **1915** | **6027** | **0** | **0** | **0** |
| **7** | **Cancer (Malignant & Benign)** |  |  |  |  |  |  |  |  |  |  |  |
| **7.1** | **Cervix Cancer** | **C53, D26** | **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** |
| **7.3** | **Lung Cancer** | **C34, D14.3** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **7.4** | **Oral Cancer (Lip, Oral Cavity and Pharynx)** | **C00 - C14, D10** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **7.5** | **Other Cancers(excluding 7.1 to 7.4)** | **C00-D48** | **0** | **0** | **3** | **1** | **3** | **1** | **4** | **0** | **0** | **0** |
| **8** | **Snake Bite** | **T 63.0** | **5** | **6** | **2** | **4** | **7** | **10** | **17** | **0** | **0** | **0** |
| **9** | **Renal Failure** |  |  |  |  |  |  |  |  |  |  |  |
| **9.1** | **Acute Renal Failure** | **N 170** | **0** | **1** | **5** | **2** | **5** | **3** | **8** | **0** | **0** | **0** |
| **9.2** | **Chronic Renal Failure** | **N 18** | **0** | **0** | **1** | **5** | **1** | **5** | **6** | **0** | **0** | **0** |
| **10** | **Obesity** | **E 66** | 0 | 0 | 0 | 0 | **0** | **0** | **0** | 0 | 0 | 0 |
| **11** | **Road Traffic Accidents** | **V01-V89** | **1090** | **1170** | **72** | **54** | **1162** | **1224** | **2386** | **0** | **0** | 0 |
| **12** | **Others NCD** |  | **18317** | **22954** | **386** | **700** | **18703** | **23654** | **42357** | **0** | **0** | **0** |
|  | **TOTAL** |  | 26370 | 29796 | 1293 | 1383 | 27663 | 31179 | 58842 | **0** | **0** | **0** |

**7. NATIONAL RURAL HEALTH MISSION (NRHM)**

**7.1 Introduction**

The National Rural Health Mission (NRHM) in Sikkim is being implemented in the right earnest since 2005. The state has made significant gains in the health sector with the opportunities presented under NRHM. The state is working towards ensuring quality service delivery, efficient utilization of scarce resources, and most of all, to ensure service guarantees to local households. NRHM is now changed to National Health Mission (NHM) since 2013 under which both NRHM and NUHM are covered to provide accessible, affordable and quality health care services especially the vulnerable groups. The key strategy of the NRHM to bridge gaps in healthcare facilities, facilitate decentralized planning in health sector, provide an overarching umbrella to the existing programmes has worked out well in Sikkim. Attempt has been made to address the issue of health in the context of a sector wide approach encompassing sanitation and hygiene, nutrition etc. as basic determinants of good health and advocates convergence with related social sector departments at all levels. Though RMNCH+A has been priority focus, paradigm shift has been continuum of care for all age group and sex based on emergence of Non Communicable Diseases and Suicide and Mental Health as major Public Health Programme towards life style modification (ABCDEFGH of life style) and develop appropriate life skill to focus on positive physical and mental health by team right from village to state level.better coordination of all stakeholders, better community process so that there is better ownership etc.

Additional manpower: 8 specialists, 57 doctors, 149 Nurses, 95 paramedics, 69 managerial staffs, 666 ASHAs are supported by NHM.

**Infrastructure:** 2 new PHCs and 6 PHSC and about 16 quarters are constructed, all four District hospitals, 2 CHCs, 24 PHCs, 146 PHSCs were renovated through NHM funds.

The state has made significant gains in reducing Infant Mortality Rate of 34/1000 live birth in 2009 Sample Registration System (SRS) to 22/1000 live birth in SRS 2013. Total number of maternal deaths in 2011-12 was 25 which has come down to 15 in 2014-15. This reflects improvement in quality of maternal and child care.

**Accredited Social Health Activist (ASHA)**

666 (641 Accredited Social Health Activist ASHA and 25 link workers) of Sikkim selected by community and trained upto 6th & 7th Module (4th round). Government of Sikkim has provided honorarium of INR3000/- per month as additional support, which has encouraged ASHAs to retain in their respective places. Beside Reproductive Maternal Neonatal Child and Adolescent Health (RMNCH+A), the ASHAs of Sikkim are progressively acquiring more skills and knowledge on state specific issues like risk reduction strategies for non-communicable diseases, life skill development, identifying and referring persons with mental illness in the community.

**Community Mobilization**

The Village Health Sanitation and Nutrition Committees (VHSNC) and Village Health Nutrition Days (VHND) are the major structures set up under NHM to ensure community mobilization and participation. Orientation training of VHSNC member was taken up to increase community ownership and decentralized implementation. In 2014-15 totals of 8000 Village Health Nutrition Days were conducted. Besides addressing Reproductive Maternal Neonatal Child and Adolescent Health (RMNCH+A), the VHND programme is focusing on Non-Communicable Diseases, Mental Health issues including suicide.

**Facility up gradation**

At present 23 PHCs are providing basic 24x7 services and the process of upgrading them to IPHS is ongoing. Two PHSCs up gradated to PHCs, One in North (Hee-Gyathang) & one in South (Tokal Bermiok) and two existing PHCs have been up gradated to CHCs (Jorethang & Rhenock). The District Hospitals of Namchi, Gyalshing and Singtam has been functioning as a First Referral Unit (FRU) and the state is working towards upgrading it to IPHS and the District hospital Mangan is FRU compliant.

**Mobile Medical Units (MMU)**

All the 4 Districts are having fully functional MMU. This MMU Scheme under NHM will ensure the availability of health care service to the people of remote areas at certain interval (well-advertised dates). In this scheme each district provided with 2 Diagnostic Bus equipped with x-ray, USG, Laboratory, audio-visual system and 1programme vehicle. Human resources like 1MO, 1staff nurse, 1pharmacist, 2 technician and 3Driver were provided. The MMU is providing curative and RCH services with specialized facilities like X-ray, ECG, USG and Laboratory investigation. During the year 2014-15:

Number of camps held-381

Number of Patients Examined- 22774

Investigation done-

* X-ray- 476
* Haemoglobin Estimation- 3156
* Blood examination for Malaria- 46
* Urine Examination- 668

**Mainstream AYUSH**

With the aim to provide alternative choice of services to public AYUSH Clinics has been established at all four District Hospitals including infrastructure manpower and drugs. At present 12 (Twelve) Medical Officer AYUSH and 5 (five) Paramedics are in position. To give integrated health care Medical Officer AYUSH has been trained in Skilled Birth Attendant and other health programmes.

1. **REPRODUCTIVE AND CHILD HEALTH II - FLEXI POOL**

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

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

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

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

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

* Maternal Health
* Child Health, RBSK & Immunization
* Family planning
* Adolescent Health
* PC & PNDT
* Tribal RCH
* Maternal Health
  1. **Service Delivery**

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

**MATERNAL HEALTH INDICATORS STATUS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Indicators** | **NHFS II** | **NHFS III** | **UNICEF**  **CES 2009** | **DLHS IV**  **(2012-13)** | **2013-14 (HMIS)** | **2014-15**  **(HMIS)** |
| **3 ANC** | 47.4 | 69.4 | 87.3 | 94 | 82.8 | 88.4 |
| **Institutional Delivery** | 39 | 49 | 68.9 | 82.7 | 93 | 98 |
| **Maternal Deaths** | **NA** | **NA** | **NA** | - | 11 | 15 |
| **TFR** | 2.8 | 2.02 | - | - | - | - |
| **Anaemia (PW)** | 61.1 | 58.5 | - | 74.9 | - | - |
| **TT (PW)** | 52.7 | - | 94.2 DLHS III | 99.4 | 88.54 | 87.4 |

The 3 Ante Natal Check up has shown an improvement from 69.9% in DLHS III (2007-08) to 94% % in DLHS IV 2012-13, and institutional delivery (ID) has gone up from 49.8% in DLHS III (2007-08) to 82.7% in DLHS IV 2012-13. Drastic decline is seen in maternal deaths which have come down from twenty six (26) in 2012-13 to fifteen (15) in 2014-15. Total Fertility Rate of 1.7 (SRS 2010) of the state has been projected as below the replacement level.

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

* Compulsory registration of pregnant women by 1st trimester under Mother and Child Tracking System (MCTS).
* Use of MCP card for all Pregnant Women and continuing the same with the newborn.
* Provision of Safe Motherhood booklet to all ANC mother during firast ANC registration.
* Ensuring home delivery by Skilled Birth Attendant (SBA) trained health worker in hard to reach area by provision of incentive to the health worker.
* Ensuring adequate supplies at all the health facilities as per 5x5 matrix from GoI.
* Continuing Skilled based capacity building as per Skill Lab GoI guidelines.
* Continuing supervision and monitoring from the state and districts by the concerned programme officers.
* Implementation of all the schemes for promotion of institutional deliveries like JSY and JSSK.
* Operationalisation of First Referral Unit (FRU) and 24x7 PHC is another strategy to provide quality health care services, however non-availability of specialist and medical officers is major concern in making all the FRUs and 24x7 PHC functional as per Indian Public Health Standards (IPHS) norms.

**Schemes for promoting Institutional Delivery:**The specific services packages for mothers to encourage institutional delivery include;

Janani Surakshya Yojana (JSY),

Janani Sishu Surakshya Karyakaram (JSSK)

**Janani Surakshya Yojana (JSY) status:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Home Delivery** | | **Inst. Delivery** | | **Total JSY Beneficiaries** | | ***Financial Progress (Rs in lakhs)*** | |
| **Target** | **Ach.(%)** | **Target** | **Ach. (%)** | **Target** | **Ach. (%)** | ***Target*** | ***Ach. (%)*** |
| **2013-14** | 500 | 45  (09) | 3700 | 2338 (63) | 4200 | 2383 (57) | *51.25* | *27.71 (54)* |
| **2014-15** | 400 | 10  (2.5) | 3000 | 2268  (75.6) | 3400 | 227  (67) | *31.25* | *26.69*  *(85)* |

**Janani Sishu Surakshya Karyakaram (JSSK)**

This scheme to promote institutional delivery was implemented since November 2011 with issue of Government Order on 10.10.11 on free diagnostics and treatment for all mothers having delivery at the health facility, all sick neonates and this scheme is further extended to sick infant from 2013. There is provision of Rs.350/- for normal delivery and Rs.1,600/- for each cesarean section and Rs.1,000/- for referral transport from home to facility and back.

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **year** | **target** | **Free Drugs & Consumables** | **Free Diet** | **Free Diagnostics** | **Free Blood** |
| 2013-14 | 7600 | 7447 (97%) | 6252 (82%) | 6727 (88%) | 07 (.09% |
| 2014-15 | 7136 | 5723 (80%) | 8653 (121%) | 6125 (85%) | 69 (1%) |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Target** | **Referral transport availed** | **State Vehicle** | **EMRI/ EMTS** | **PPP** | **Others** | **Total (%)** |
| 2013-14 | 7600 | Home to health institution | 617 | 36 | 94 | 2747 | **3494** (45) |
| Transfer to higher level facility for complications | 567 | - | 37 | 1202 | **1806** (23) |
| Drop back home | 687 | 36 | 80 | 2558 | **3361** (44) |
| 2014-15 | 7136 | Home to health institution | 405 |  | 118 | 2612 | **3135(43)** |
| Transfer to higher level facility for complications | 513 |  | 72 | 384 | **969(13)** |
| Drop back home | 353 |  | 109 | 2163 | **2625(37)** |

**Maternal Death Review (MDR)**

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

**Facility wise distribution of Maternal Death in 2014-15:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Year** | **STNM** | **CRH** | **East** | **West** | **North** | **South** | **Total** |
| 2014-15 | 7 | 4 | 1 | 1 | 0 | 2 | 15 |

Majority of maternal deaths are due to hemorrhage (APH, PPH) ,Medical problem (thyrotoxicosis with heart disease, pulmonary tuberculosis, jaundice with hepatorenal failure and )and Pregnancy Induce Hypertension. Maximum death is found to be occurring at STNM/CRH and these cases are mostly referred cases from districts.

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

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

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

**RTI/STI Cases Reported (HMIS):-**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.no** | **Particulars** | **2013-14** | **2014-15** |
| 1 | Number of new cases of RTI/STI in males for which treatment was initiated | 580 | 548 |
| 2 | Number of new cases of RTI/STI in females for which treatment was initiated | 4537 | 4854 |
| 3 | Total number of new cases of RTI/STI in males and females | 5117 | 5402 |
| 4 | Number of suspected RTI/STI cases for whom wet mount test was conducted | 4 | 0 |

**CHILD HEALTH**

The interventions in the Child Health programme mainly focus on the children under 5 years of age and address the most common causes of mortality in this period .The thrust area for newborn and child health under National Health Mission for improved child survival are immediate, routine newborn care & care of sick newborns, child nutrition including essential micronutrients supplementation, immunization against common childhood diseases, management of common neonatal and childhood illnesses.

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

* Monthly Regular Infant Death Review at all levels and appropriate corrective measures.
* Ensure Pregnant Mothers get access to adequate and quality ANC care & delivery.
* Home based newborn care and prompt referral.
* Facility-based care of the sick newborn (SNCU-Sick Newborn Care Unit (2 nos), NBSU- Newborn Stabilization Unit (3 nos), NBCC- Newborn Care Corners (36 nos).
* Integrated management of common childhood illnesses (diarrhea and pneumonia).
* Child nutrition and essential micronutrients supplementation.
* Immunization.
* Early detection and management of defects at birth, deficiencies, diseases and disability in children (0-18 years) under RBSK.
* Janani Sishu Suraksha Karyakram is GOI Scheme where all newborns and Infants requiring facility-based care receive diagnostics, drugs and treatment free of charge at the health facilities. Free Emergency Referral transport is also provided for transport from home/community to the health facility and between health facilities in case of referral.
* Infant and child death reporting has been streamlined. Reporting within 24 hours has been remarkably improved in 2014-15. Appropriate corrective actions are being taken up to reduce infant deaths.

**Trend in IMR for Sikkim as per SRS (2006 to 2013):-**

**Achievements in 2013-14 & 2014-15**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Immunization Coverage as per HMIS report | | | |
| Vaccine | DLHS IV (2012-13) | 2013-14 | 2014-15 |
| Full Immunization Coverage against reported live birth | 85.2 % | 92 % | 99% |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| JSSK Service Delivery | | | | | | |
|  | Target Beneficiaries (FY 2013-14) | No. of Beneficiaries Availed free entitlements under JSSK | | | | |
| Drugs | Diagnostics | Referral Transport | | |
| Home to facility | Inter facilities | Drop Back |
| Sick Neonates and Infants | 1360 | 1360 | 1361 | 1229 | 251 | 89 |
| % |  | 100% | 90% | 19% | 9% | 20% |

**Family Planning:**

Total Fertility Rate of 1.7 (SRS 2010) of the state has been projected as below the replacement level. Therefore we are focusing on spacing methods rather than the permanent methods of sterilization through the provision of contraceptive choices, interpersonal communication, intensive IEC activities and counseling.

**Technique/Method wise Sterilization Operation and IUD Insertion during 2014-15**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Particulars** |  | **East** | **West** | **North** | **South** | **State** |
| Vasectomy | NSV | 07 | nil | nil | 41 | 48 |
| Tubectomy | Laparoscpic | 33 | nil | nil | nil | 33 |
|  | Tubectomy | 42 | nil | nil | 98 | 140 |
| Total Sterilization | | **82** | **nil** | **nil** | **139** | **221** |
| IUD Insertion | | 779 | 596 | 34 | 113 | 1522 |
| Death | | nil | nil | nil | nil | nil |
| Complication | | nil | nil | nil | nil | nil |
| Failure | | nil | nil | nil | nil | nil |

**Adolescent Health Programme**

Adolescent health programme is implemented with an aim to provide comprehensive health services to adolescent in all public health facilities as per the Adolescent Health Programme guidelines from Government of India. Services are provided though AFH clinics or Yuwa Clinics across the state. The programme has been implemented since 2011-12 and Adolescent Health cell is functioning along with the RCH Cell at the State level. The main component covered under this programme is the Rashtriya kishor Swasthya Karyakram (RKSK) and Weekly Iron & Folic acid supplementation (WIFS) among the school going as well as out of school girls and boys. Under Adolescent Health Programme there are a total of 31 Adolescent Friendly Health Clinic (AFHC) in place in the State. These are situated at STNM hospital, all 4 districts, 2 CHCs & 24 PHCs. Services are provided daily at STNM hospital & districts and weekly at CHCs & PHCs.

**Report on ARSH 2014-15**

|  |  |
| --- | --- |
| Indicators | Service Provision |
| Total no. of Clients registered | 16581 |
| Total no. of clients who received clinical services | 2564 |
| Total no. of clients who received counseling services | 2563 |
| Total no. of client referred to other facilities | 109 |
| Number of out reached activities conducted | 449 |

**WIFS programme:-**

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

Besides clinic based intervention efforts are made to reach the out of school adolescent at the community through outreach activities at schools, VHNDs, AWC, AWWs and health mela. Both out of school boys and girls will be covered through peer educator starting with east and west district this year. Adolescent Health days is proposed to be conducted in villages on quarterly basis as well from this year.

Further the school nodal teachers are orientated & sensitized on the scheme including the functionaries of WCD department for successful implementation of the programme. Monitoring mechanism as per the operational framework is ensured. However inter-sectorial convergence is to be strengthened particularly between WCD and HRDD department.

**Month wise coverage of WIFS in 2014-15**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **April** | **May** | **June** | **July** | **August** | **Sept** | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** | **March** |
| **WIFS/ IFA** | | | | | | | | | | | |
| 49222  (70%) | 50164 (72%) | 48267 (70%) | 44406 (63%) | 44076 (64%) | 48244 (47%) | 43253 (43%) | 52401 (52%) | 47453 (47%) | 46291 (46%) | 36494 (36%) | 49961 (50%) |
| **Albendazole** | | | | | | | | | | | |
| 1102 (1%) | 1477  (1%) | 1144  (1%) | Nil | Nil | 2270 (2%) | Nil | 9340 (9%) | Nil | Nil | Nil | 21326 (21%) |

The denominator for the calculation of WIFS coverage was 69,758 adolescent girls and boys till August 2014 but from September 2014 the estimated target was taken from U-DISE which is 1,01306 adolescent girls and boys from 6th to 12th standard and out of school girls. The main challenge is coverage during the winter holidays and for this sensitization of teachers and parents is being ensured during parent teachers meeting.

**PRE-CONCEPTION & PRE-NATAL DIAGNOSTIC TECHNIQUES (PROHIBITION OF SEX SELECTION) ACT, 1994**

**Status of implementation of PC & PNDT Act 1994, in Sikkim**

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

**At the State level**

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

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

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

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

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

**Sex ration status: Sikkim/India**

|  |  |  |
| --- | --- | --- |
| **Year (Census)** | **Sikkim** | **National** |
| Adult | | |
| 1981 | 835 | 934 |
| 1991 | 878 | 927 |
| 2001 | 875 | 933 |
| 2011 | 890 | 940 |
| **0-6 years** | | |
| 1981 | 978 | 979 |
| 1991 | 965 | 945 |
| 2001 | 963 | 927 |
| 2011 | 957 | 918 |
| **Target:2014-15: 950/1000 males:**  **2015-16: 960/1000males:**  **2016-17 : 970/1000 males** | | |

**District wise sex ratio status**

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

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

**Activities conducted at state and district level**

* 1. State Level orientation of health workers was held in coordination with Nursing Personnel on 5/12/2014.
  2. All the MOs from districts were orientated and sensitized on PC & PNDT Act. on 17/12/2014
  3. All stake holders of USG Clinics from in & around Gangtok, NGO s from Districts were sensitized on PC & PNDT Act on 19th/12/2014
  4. Stake holders of Clinics performing USG and MTP services along with Legal Personnel were orientated on PC 7 PNDT Act. on 24th March 2015
  5. Awareness among general public was conducted through IEC division by local NGO, Sikkim women council on 21st February 2015 at Bhojoghari and ASHI on 1st March 2015 at middle syari.
  6. Similar training of health functionaries , judiciaries and awareness for general public was conducted at all the four districts
  7. Supervision and monitoring from the state by State monitoring team having State Appropriate Authority/ State Nodal Officer , Legal officer and DEO (PNDT)conducted on quarterly basis. At times the supervision is conducted along with Clinical establishment team.

**Adolescent Health Programme**

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

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

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

Five (5) counselors are in place at STNM & 4 districts to provide counseling services to the adolescent coming to this clinic. All the Medical Officer & In-charge of the MCH clinics are trained under Adolescent Health programme. Outreach activities are also conducted through schools and VHNDs.

**Status of client load for last 3 years is as follows:-**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Target estimated as per school session** | **Client load Males** | | **Client load Females** | | **Total client load (%)** |
| AFHC | Outreach | AFHC | Outreach |  |
| 2011-12 | 70200 | 73 | 488 | 583 | 749 | 1893(2) |
| 2012-13 | 72500 | 1066 | 1710 | 1672 | 2123 | 6571(9) |
| 2013-14 | 70848 | 2621 | 5504 | 5243 | 6317 | 19685(27) |
| 2014-15 | 89751 | 4074 | 3428 | 4774 | 4305 | 16581 (19) |

Improvement is seen in the attendance of the client load in the clinics; however a separate room for running the clinic is required for all the health facilities to provide proper counseling services to the adolescents attending these clinics.

**WIFS programme:-**

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

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

Further the school nodal teachers are orientated & sensitized on the scheme including the functionaries of WCD department for successful implementation of the programme. Monitoring mechanism as per the operational framework is ensured. However inter-sectorial convergence is to be strengthened particularly between WCD and HRDD department.

**Status of WIFS consumption for 2014-15**

**The percentage in the table below is calculated as per the target population given by District till August 2014**

|  |  |  |  |
| --- | --- | --- | --- |
| Girls | Boys | AWW | Total |
| 36408 | 32140 | 1210 | 69758 |

**From September 2014 U-DISE target population is used for the percentage calculation**

|  |  |  |  |
| --- | --- | --- | --- |
| Girls | Boys | AWW | Total |
| 46598 | 43153 | 11555 | 101306 |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **April** | **May** | **June** | **July** | **August** | **Sept** | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** | **March** |
| **WIFS/ IFA** | | | | | | | | | | | |
| 49222  (70%) | 50164 (72%) | 48267 (70%) | 44406 (63%) | 44076 (64%) | 48244 (47%) | 43253 (43%) | 52401 (52%) | 47453 (47%) | 46291 (46%) | 36494 (36%) | 49961 (50%) |
| **Albendazole** | | | | | | | | | | | |
| 1102 (1%) | 1477  (1%) | 1144  (1%) | Nil | Nil | 2270 (2%) | Nil | 9340 (9%) | Nil | Nil | Nil | 21326 (21%) |

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

1. **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% by 2017 in the entire Country.

**A. Implementation mechanism and activities:**

The different components of the NIDDCP for implementation activities are IDD control Cell, IDD Monitoring Laboratory, 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 imparting trainings to all the health functionaries including AWW, ASHA and Salt retailers.

**2. IDD Monitoring Laboratory:**

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

A regular monitoring and evaluation of iodated salt sample at both consumers and retailer’s level is being carried out to monitor the quality of the iodized salt.

A minimum of fifty salt samples from each district is being collected and analyzed monthly as per the GoI Policy Guidelines 2006. Estimation has also been taken up in this laboratory since Nov 2009.

A total of 25 samples each district is being collected and analyzed and reports are forwarded to GOI on monthly as per the GoI guidelines.

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

**3. Publicity and health education:**

Publicity and health education is being carried out with an objective to generate awareness among general population regarding consequences of iodine deficiency disorders and to educate the general masses on improving storage of iodized salt and to promote the consumption of iodated salt. A week long Global IDD Prevention Day starting on 21st October is celebrated every year. This day is celebrated to create awareness about the importance of regular consumption of iodized salt in prevention of Iodine Deficiency Disorders. In addition to Global IDD Prevention Day Celebration, Orientation Training Camp Programme is conducted for all the health functionaries including AWW, ASHA and Salt retailers.

**4. Surveys and resurveys:**

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

The last survey was conducted in the year 2006-07 where in the prevalence of goiter was found to be 14.17% and the resurvey was carried out during 2009-10 in all the four districts, Where in the prevalence of goiter is found to be 13.37. Resurvey was conducted in the north district in the year 2011-2012, south and east district in the year 2012-13 and west in the year 2013-14 wherein the prevalence was found to be 2.33%, 6.1%,4.9% ,8.8%respectively. However the state as a whole is still endemic for IDD as a district is said to be endemic if the goiter rate is above 5% in children of age group 6 to 12 years surveyed.

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

|  |  |  |
| --- | --- | --- |
| **Year of Survey** | **Goiter (%)** | **Cretinism (%)** |
| 1982 (ICMR) | 56.6 | - |
| 1989-91 | 54.03 | 3.46 |
| 1998-99 | 16.08 | 1.8 |
| 2006-07 | 14.17 | Cretin free state since 2003-04 ( Central Report) |
| 2009-10 | 13.37 |
| 2011-12 | 2.33% (North district) |
| 2012-13 | 6.1%and 4.9%(south and east) |
| 2014-15 | 8.8%(west district) |  |

**B. Physical Achievements:**

2014-15 Percentages of households consuming adequately iodized salt as per salt sample analysis report from the Monitoring Laboratories for the last five years.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year | Consumers and Retailers | | Total | Remarks (%) |
| >15 ppm | <15 ppm |
| 2007- 08 | 2205 | 225 | 2430 | 90.70 |
| 2008- 09 | 2233 | 167 | 2400 | 93.00 |
| 2009- 10 | 1824 | 76 | 1900 | 96.00 |
| 2010- 11 | 2350 | 50 | 2400 | 97.70 |
| 2011-12 | 2335 | 15 | 2350 | 99.36 |
| 2012-13 | 2366 | 34 | 2400 | 98.58 |
| 2013-14 | 2386 | 14 | 2400 | 99.41 |
| 2014-15 | 2396 | 04 | 2400 | 99.83 |

**2. Salt Sample analysis report for Consumers and Retailers for 2014-15**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Months | Iodometric Titration | | Total | Iodometric Titration | | Total |
| Households (%) | | Retailers (%) | |
| >15 ppm | <15 ppm | >15 ppm | <15 ppm |
| April 14 | 160 | - | 160 | 40 | - | 40 |
| May 14 | 160 | - | 160 | 40 | - | 40 |
| June 14 | 160 | - | 160 | 40 | - | 40 |
| July 14 | 160 | - | 160 | 40 | - | 40 |
| August 14 | 160 | - | 160 | 40 | - | 40 |
| September 14 | 160 | - | 160 | 40 | - | 40 |
| October 14 | 158 | 02 | 160 | 40 | - | 40 |
| November14 | 160 | - | 160 | 40 | - | 40 |
| December 14 | 160 | - | 160 | 40 | - | 40 |
| January 15 | 160 | - | 160 | 40 | - | 40 |
| February 15 | 158 | 02 | 160 | 40 | - | 40 |
| March 15 | 160 |  | 160 | 40 | - | 40 |
| **Total** | **1916** | **04** | **1920** | **480** |  | **480** |

**3. District Wise break up of Salt Sample Analysis report 2014-2015**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Consumers** | | **Total** | **Retailer** | |  |
| >15 ppm | <15 ppm | >15 ppm | <15 ppm | Total |
| **EAST** | 480 | 00 | 480 | 120 | 00 | 600 |
| **NORTH** | 476 | 04 | 480 | 120 | 00 | 600 |
| **SOUTH** | 480 | 00 | 480 | 120 | 00 | 600 |
| **WEST** | 480 | 00 | 480 | 120 | 00 | 600 |
| **TOTAL** | **1916** | **04** | **1920** | **480** | **00** | **2400** |

**5. Details of UIE estimation report for 2014-15**

|  |  |  |
| --- | --- | --- |
| **Method of Testing - Digestion Method (Sandell-Kolthoff) using Perchloric Acid:** | | |
| Median Value µ/dl | From April 2011 till March 2012 | Remark |
| 0.0 – 5.0 | 01 |  |
| 5.0 – 10.0 | 04 |
| 10.0 – 15.0 | 10 |
| 15.0 – 20.0 | 58 |
| 20.0 to 25.0 | 110 |
| >= 300 | 1017 |
| Total | 1200 |

**6. Publicity and Health education**

**A: Global IDD Prevention day celebration**

Global IDD Prevention day is celebrated for awareness generations in the State on 21st October every year. This year the day was celebrated across the state. The programme was conducted at the AWC involving the ASHA and AWWs, UHSNCs, Nodal teachers, state health officers at the state level by the IDD cell and IEC division while 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** | **Fund released from GOI** | **Total fund** | **Balance** |
| **2010-11** | **3.25** | **2.96** | **8.41** | **6.79** | **21.41** | **34.53** | **35.39** | **13.98** |
| **2011-12** | **3.60** | **14.19** | **2.57** | **7.39** | **27.75** | **20.87** | **34.85** | **7.10** |
| **2012-13** | **3.46** | **3.79** | **12.80** | **6.07** | **26.12** | **21.96** | **29.06** | **2.94** |
| **2013-14** | **4.08** | **3.64** | **12.55** | **16.65** | **36.92** | **43.37** | **46.31** | **9.39** |
| **2014-15** | **4.41** | **3.49** | **3.93** | **22.62** | **34.45** | **33.75** | **43.14** | **8.69** |

**Future strategies**

1. Set up IDD laboratory in all the districts with man power for smooth implementation of programme.
2. Fund should be routed through RTGS as it is hampering the smooth functioning of the programme.
3. As technical officer and lab assistant are in contractual basis, there is no rise in salary for past 5 years.

**(C )Integrated Disease Surveillance Programme.**

**INTRODUCTION**

At national level Integrated Disease Surveillance Programme (IDSP) was launched by Hon’ble Union Minister of Health & Family Welfare in November 2004. It is a decentralized, State based Surveillance Program in the country. It is intended to detect early warning signals of impending outbreaks and help initiate an effective response in a timely manner.

The nomenclature of Integrated Disease Surveillance Project has been changed to *Integrated Disease Surveillance Programme* from 2013.

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 accidents.
*          **Confirmed** - Clinical diagnosis by medical officer and or positive laboratory identification. This includes typhoid fever, dengue, hepatitis, malaria, tuberculosis, cholera, shigella dysentery, diphtheria, chikungunya, meningococcal meningitis, leptospirosis and others.

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

In May 2012 Rabies Surveillance was started and on 2013 Vaccine Preventable Disease (VPD) Surveillance has been initiated.

**Physical Activities**

1. **Human Resource Development** – To provide better technical expertise to system GOI has provided contractual staffs (Epidemiologist, Entomologist, Financial consultant, Microbiologists, Data Managers, Data Entry Operators and others). A total of 20 staffs are working in IDSP in which 15 staffs are on contractual Basis. Appointment of Financial Consultant and Data Manager was done in year 2014-15. There is also a provision of capacity building for all human resource of the State through routine training of health care workers involved in IDSP. For this purpose GOI provides a separate fund.

**Manpower of IDSP, Sikkim**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Designation** | **SSU** | **DSU** | **Medical Collage** | **Total** | **Nature of Post** | **Status** |
| **SSO** | **1** | **0** | **0** | **1** | **Regular** | **Active** |
| **DSO** | **0** | **4** | **0** | **3** | **Regular** | **Active**  **1 Vacant(Since Feb. 2015)** |
| **Training Consultant** | **1** | **0** | **0** | **1** | **Regular** | **Active** |
| **Epidemiologist** | **1** | **0** | **0** | **1** | **Contractual** | **Inactive(Since Jan. 15)** |
| **Entomologist** | **1** | **0** | **0** | **1** | **Contractual** | **Active** |
| **Financial Consultant** | **1** | **0** | **0** | **1** | **Contractual** | **Active** |
| **Microbiologist** | **0** | **2** | **0** | **2** | **Contractual** | **Active** |
| **Data Manger** | **1** | **4** | **0** | **5** | **Contractual** | **Active** |
| **Data entry operator** | **1** | **4** | **1** | **6** | **Contractual** | **Active** |

**2.   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 and Sikkim has one District Priority Lab (DPL). At present IDSP is working with laboratories in most of the health institutions of the State they are (24 L-PHC, 4 L-District, 1District Priority Lab in STNMH, 4 Pvt. Lab and 1L in CRH, Tadong)

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

**3.   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 | Uninstalled due to shifting of room. | 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. | 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.

**4.   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 188 reporting units [District -4, PHC- 24, PHSC - 148, STNM Hospital-1 and CRH Tadong-1, (Hospital & Medical College), Private Practitioner-4, 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 (Sichey) | 0 | 0 | 1 | April 2012 |

**Disease Outbreaks detected in the state of Sikkim from 2014-2015**

|  |  |  |  |
| --- | --- | --- | --- |
| **Disease Outbreaks** | **Source of data for identification of these outbreaks** | **Outbreaks investigated by State / District RRT** | **Remarks** |
| Chicken Pox Outbreak at Machong. | Reported by MO/IC Machong. | MO/IC and District RRT | Controlled in time |
| ADD/AGE Outbreak at Swayam, Eklayva Residental School. | Reported by DSO North District | Investigation done by Dist RRT Team. | Controlled in time |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl NO** | **Trainees** | **Year of Training** | **Total Trained** |
| 1 | MO | ***2014-15*** | ***40*** |
| 2 | MPHW/Nurses/Lab Technician and other Paramedical staff | ***2014-15*** | ***35*** |

**6.      Committee and surveillance –**

State Surveillance Unit and District Surveillance Unit were established in the 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 2014-15.

Similarly due to outbreak of EBOLA VIRUS DISEASE at different parts of the world, ***Hospital Management Committee*** was formed consisting of Microbiologist, Medical Specialist, Pathologist, Medico- Legal Staffs, Nurses, Lab Technician, and Safai Karmachari.

Same committee was designated as ***Hospital Management Committee*** for the recent Swine Flu Outbreak across the country.

Also for surveillance Para- medical staffs of the department were deployed as screening teams for H1 N1 Seasonal Influenza A, at various check posts of the state.

**7. Probable cases Surveillance.**

* 1. **Seasonal monthly trend of Acute Diarrheal Disease of 2014 in Sikkim**
  2. **Seasonal monthly trend of Bacillary Dysentery of 2014 of Sikkim.**
  3. **Seasonal monthly trend of Viral Hepatitis of 2014 of Sikkim**
  4. **.Seasonal monthly trend of Measles of 2014 of Sikkim**
  5. **.Seasonal monthly trend of Chicken Pox of 2014 of Sikkim**
  6. **.Seasonal monthly trend of ARI/ILI of 2014 of Sikkim**

1. **PNEUMONIA.**

**Interpretation**

In 2014, Sikkim recorded the highest cases of ADD, Bacillary Dysentery, Viral Hepatitis, Chicken Pox ARI, cases from East District as compared to other Districts. Measles cases were recorded high in south district during the month of June 2014 as compared to other districts and Pneumonia cases were also recorded high in 2014 from South District.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Financial Status for the year 14-15(Till 31st March 2015) Under IDSP** | | | | | | | | |
| Year | Approved Outlay | Opening Balance | Fund Received | | | Total Fund Available column (3+6) | Expenditure | Unspent Balance |
|  |  |  | Central | State | Total Col(4+5) |  |  |  |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| ***2013-14*** | ***68.13*** | ***6.59*** | ***50.00*** | ***5.00*** | ***55.00*** | ***61.59*** | ***48.42*** | ***3.27*** |

**Financial Status of IDSP**

**Achievements.**

1. Conducted IDSP Review Meeting on August 2014.
2. Preparedness meeting on EBOLA Virus Disease with Health Dignitaries.
3. Appointed Financial Consultant and Data Manager.
4. Deputed Microbiologist (STNMH), Medical Specialist (STNMH) & Epidemiologist (IDSP) at AIIH&PH, Kolkata for training on Master Trainers of EBOLA Virus Disease preparedness.
5. Accomplished EBOLA Virus Disease preparedness workshop at State and districts.
6. Received Personal Protective Equipment (PPE) from GoI.
7. Attended Decadal IDSP Review meeting at NCDC, Delhi.
8. Conducted Orientation cum workshops on Swine Flu Preparedness.
9. Disseminated PPE, banners and posters for Swine Flu at districts.
10. Daily reporting of Swine Flu cases is being done till date, reports are sent to Emergency Medical Relief, Central Surveillance Unit, New Delhi and also to Chief Minister, Health Minister, Chief Secretary and DGHS cum Secretary (Health).

**NATIONAL LEPROSY ERADICATION PROGRAMME**

**Leprosy in Sikkim**

In the last 5 yrs alone, 86 new cases have been detected . Among these new cases nine suffered from deformity.(10%). The reason for developing deformity is probably because these patients reported very late & they had already developed permanent nerve damage. As leprosy carries a lot of stigma & leprosy patients often suffer from discrimination & ostracization, they do not report to health centres & also because they are not aware of the signs, symptoms of leprosy , they do not report for diagnosis & treatment.

. In 2006 , The G.B.Pant temporary Hospitalization Hospital at Sajong , Rumtek was closed down with the aim of integrating leprosy services into general health services. Since leprosy is now a completely curable disease , there is no need to hospitalize them separately for treatment of reaction s, ulcers& other complications. The patients can avail all necessary facilities at PHSCs, PHCs. Unless leprosy patients are treated like any other patients in any hospitals , health centres by health workers, doctors , we cannot remove stigma.

**Problems & challenges**

1.Most people think that since leprosy is eliminated , there is no work to be done especially in states like Sikkim where we are detecting 15-20 cases only annually. However , Leprosy is a very complex disease. After patients have completed their treatment, they can still suffer from reactions upto 5 years . If these reactions are not diagnosed & appropriate treatment given along with regular assessment of their nerve function, these patients then develop deformity. A person with deformity has to live with the disability & its consequences throughout his lifetime , making him economically dependant .

2. It is also a social challenge because most of the leprosy affected people are very poor. Once they develop impairments of hands & feet, they are taught self care of their anaesthetic hand s,feet & eyes to ensure they do not suffer further disability. Unfortunately, many of them report to hospitals with severe infections. Recently, one patient from Singtam had to get his foot amputated at STNM Hospital. The doctors & staff from Orthopaedics have been very supportive in the treatment of leprosy patients. These patients with disability face great difficulty in sustaining livelihood for themselves & their family as they are mostly farmers.

4. Although leprosy is eliminated from most states & the nation, new cases are still being detected. As long as even a single case is detected, the mission cannot be over. There is an increasing trend of leprosy in states like Bihar, W.Bengal, Maharashtra. Since we get a lot of migrant workers form Bihar & W.Bengal, Sikkim will continue to get cases. Also, most of the newly cases detected are also among locals.

5. Most health workers, doctors consider leprosy to be of low priority. In the process, cases are detected late with deformity. It is also difficult to sustain expertise in leprosy as most doctors & health workers have not seen or treated leprosy cases. Also many of the leprosy fieldworkers who have been integrated into general health services have become either complacent about their responsibilities in leprosy or have lost their ownership for the programme.

6. Stigma still exist even in educated families leading to delayed detection. Hence, innovative methods for IEC which are cost effective & sustainable have to be developed.

**Human Rights issues**

The National human rights commission has expressed deep concern for human rights of people affected by leprosy.

Important suggestions/recommendations emanating out of the National conference on leprosy:

1.There is need to give wide circulation to the principles and guidelines prepared by the Human Rights Council and which emphasize that persons affected by leprosy and their family members should be treated with dignity.

2. State Governments must take steps to eradicate discrimination being faced by persons affected by leprosy by developing appropriate IEC material and ensure its wider dissemination.

3. There is need to generate awareness on the issue of leprosy by way of organizing training programmes, workshop, lectures, nukkad nataks, TV spots, radio talks, puppetry, etc. for all sections of the society.

4. The discriminatory provisions in central and state laws affecting Civil and Political Rights and Economical, Social and Cultural Rights may either be repealed or suitably amended. Research study would be carried out to suggest suitable changes.

5. Leprosy affected persons should be given proper care treatment in all the hospitals without discrimination.

6. In order to provide an enabling environment for leprosy affected persons and their families, there should not be separated colonies for leprosy affected person. Efforts must be made to settle them in the mainstream society by allocation of lands and housing. They should live in a sporadic manner in the society.

7. The State Governments must take steps to improve living conditions in the colonies where people affected by leprosy reside.

8. Leprosy should be included in the school syllabus so that children are sensitive towards leprosy affected/cured persons and their families.

9. The Central Government must ensure inclusion of persons affected by leprosy in the poverty alleviation schemes.

10. There is a need to provide adequate and reasonable level of pension to persons affected by leprosy keeping the best practice followed by government of Delhi as a model.

11. There is a need to review criteria of minimum requirement of 40% percent disability under the PWD requirement Act, 1995 for persons affected by leprosy to obtain disability certificate. Most of the LAPs are having 30 percent disability and hence are not eligible for disability certificate.

12. Employment in Government can be provided as is done in Karnataka where 130 Group D employees have been recruited. In Kerela, they are employed as hospital attendants. Such practices can be replicated.

13. Steps must be taken to ensure easy availability of disability certificate to persons affected by leprosy by organizing special camps.

14. The state must take steps to motivate the persons affected by leprosy in developing self help groups for self care like dressing of their ulcers.

15. Leprosy affected and cured persons and their families should live a dignified life. For this, they need to be empowered with basic human rights like right to education, right to work, right to health, right to food, right to housing and other economic, social and cultural rights. They should have access to all these rights without facing any kind of discrimination.

16. There are no leprosy specific schemes and these should be designed. There is no scheme for allotment of land to them. Further, reservation with in persons with disabilities is required as they are most vulnerable with little say.

17. There is need for early detection and ASHAs may be provided incentive across the country as is being done in some States like Karnataka. This States also has Swarna Arogya Chatanya Programme for early detection which may be implemented elsewhere.

**EPIDEMIOLOGICAL STATUS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Indicator** | **2008-09** | **2009-10** | **2010-11** | **2011-12** | **2012-13** | **2013-14** | **2014-15** |
| No. of New Case Detected | 29 | 20 | 16 | 20 | 19 | 18 | 13 |
| No. of New Cases Released from Treatment | 08 | 22 | 22 | 12 | 21 | 13 | 19 |
| MB % Among New Cases | 83% | 60% | 69% | 70% | 63% | 56% | 69.2% |
| Child % Among New cases | 0 | 0 | 12.5% | 5% | 15.7% | 11% | 0% |
| Female % Among New cases | 21% | 30% | 43% | 25% | 15.7% | 39% | 15.3% |
| Treatment Completion Rate | 36.36 | 84.3 | 64.70 | 84.84 | 82.3 | 85.7 | Report will be generated in July 2015 |
| No. of Suspected Relapse cases | 0 | 0 | 2 | 1 | 1 | 0 | 0 |
| Re-constructive surgery conducted | 0 | 0 | 0 | 0 | 5 patients | 1 patient | 0 |

**STATUS ON DPMR**

**(DISABILITY PREVENTION AND MEDICAL REHABILITATION)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Indicators** | **2009-10** | **2010-11** | **2011-12** | **2012-13** | **2013-14** | **2014-15** |
| No. of reaction cases recorded | 04 | 03 | 05 | 11 | 5 | 5 |
| No. of grade-I disability | 02 | 01 | 01 | 01 | 0 | 0 |
| No. of grade-II disability | 01 | 02 | 05 | 02 | 1 | 2 |
| No. patient with eye involvement | 0 | 01 | 01 | 0 | 0 | 0 |
| No. of patient provide Footwear | 02 | 03 | 06 | 14 | 24 | 10 |
| No. of patient provided self care kit | 0 | 0 | 04 | 17 | 15 | 8 |
| Reconstructive surgery conducted | 0 | 0 | 0 | 5 | 1 | 0 |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.No.** | **Types of Training** | **Category of personal** | **No. of Batches planned** | **No. of Batches trained** |
| 1 | 2 days Refresher Training | MOs | 3 batch | 3 batch |
| 2 | 2 days refresher Training of | District Nucleus staff | 1 batch | 1 batch |
| 3 | 2 days Orientation Training | Nursing Staff/ANM | 2 batch | 2 batch |

**East District**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.No**. | **Types of Training** | **Category of personnel** | **No. of Batches Planned** | **No. of Batches trained** |
| 1 | 2 days orientation Training | M.P.H.W. (M/F) | 4 | 4 |
| 2 | 2 days Training for | DPM, BPM & DEO of NHM | 1 batch | 1 batch |
| 3 | 1 day Sensitization | ASHA | 6 batch | 6 batch |
| 4 | 1 day Training | Lab. Technician | 1 batch | 1 batch |

**West District**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.No**. | **Types of Training** | **Category of personnel** | **No. of Batches Planned** | **No. of Batches trained** |
| 1 | 2 days orientation Training | M.P.H.W. (M/F) | 4 batch | 2 batch |
| 2 | 2 days Training for | DPM, BPM & DEO of NHM | 1 batch | 1 batch |
| 3 | 1 day Sensitization | ASHA | 6 batch | 6 batch |
| 4 | 1 day Training | Lab. Technician | 1batch | 0 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.No.** | **Types of Training** | **Category of personal** | **No. of Batches Planned** | **No. of Batches trained** |
| 1 | 2 days orientation Training for | M.P.H.W.(M/F) | 2 batch | 2 batch |
| 2 | 2 days Training for | DPM, BPM & DEO of NHM | 1 batch | 1 batch |
| 3 | 1 day Training | Lab. Technician | 1batch | 0 |
| 4 | 1 day Sensitization for | ASHA | 3 batch | 3 batch |

**North District.**

**South District**

**NATIONAL LEPROSY ERADICATION PROGRAMME**

**IEC Activities Report 2014 - 2015**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| S.No. | **Activities** | **Urban IEC Activity**  ***STATE HQ:*** | **East**  **District** | **West**  **District** | **North**  **District** | **South**  **District** | **Total** |
| 1 | Hoardings | 2 | 2 | 0 | 2 | 0 | **6nos** |
| 2 | Wall Panting | 0 | 0 | 0 | 0 | 0 | **0** |
| 3 | Distribution of Posters/Pamphlets | English:-2000  Nepali:-2000 | 1500 | 1000 | 2000 | 3000 | **11500nos** |
| 4 | Banners. | 6 | 12 | 16 | 6 | 11 | **51nos** |
| 5 | IPC Meeting at Block level for Teachers, Govt. official & ASHA. | 0 | 1 | 0 | 0 | 2 | **3nos** |
| 6 | Skin Camp | 0 | 1 | 0 | 0 | 0 | **1nos** |
| 7 | Active search (House to House) Survey by ASHAs during Anti- Leprosy fortnight | 0 | 11 | 1 | 9 | 19 | **40**  **Villages** |
| 8 | Village IEC Programme | 0 | 1 | 7 | 0 | 2 | **10**  **Village** |
| 9 | School IEC Programme/Quiz | 20 | 2 | 4 | 3 | 0 | **29**  **Schools** |
| 10 | Leprosy awareness in newspapers (half page in 2 languages Nepali & English) on Gandhi Jayanti. | 2  Newspapers | 0 | 0 | 0 | 0 | **2** **Newspapers** |
| 11 | Video spot on local cable Television during Anti-leprosy fortnight. | 2 weeks | 0 | 0 | 0 | 0 | **2 weeks** |
| 12 | Leprosy awareness message on 95FM during Anti-leprosy fortnight. | 2 weeks | 0 | 0 | 0 | 0 | **2 weeks** |

**Special Activities**

**Anti-leprosy fortnight [30thJan 2015 – 13thFeb 2015]**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl.No.** | **Activities** | **East District** | **West District** | **North District** | **South District** | **Total** |
| **1** | Sensitization of ASHA and VHNSC Member on Anti-leprosy fortnight for **(Active search House to House Survey)** | **30** | **8** | **13** | **30** | **81nos** |
| **2** | Active search (**House to House) Survey by ASHA/MPHW/NMS** on Anti-leprosy fortnight. | **11 village**  Enumerated:  **23058**  Examined:  **19364**  Suspected: **0** | **1 village**  Enumerated:  **668**  Examined:  **579**  Suspected: **0** | **9 village**  Enumerated:  **1314**  Examined:  **957**  Suspected: **0** | **19 village**  Enumerated:  **4520**  Examined:  **2782**  Suspected: **0** | **40 villages**  Enumerated**:**  **29560**  Examined**:**  **23682**  Suspected: **0** |

**(E) DENTAL (ORAL) HEALTH PROGRAM**

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

For more than three decades, the State Dental (Oral) Health Programmes is being carried out under the supervision of the Health Care, Human Services & FW Dept. The Programme is supervised by the Principal Director (Dental) - cum – State 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, district 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 Disease (Gingivitis/Periodontitis) because of the poor Oral Hygiene. Precancerous lesions like Oral Sub mucous Fibrosis 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 fully fledged Dental Department with several Specialists and Dental Surgeons. The Dental Clinics 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.**

* 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=5141 & 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)
* In 2011 Total No: patients=24435 (Male=11941 & Female=12494)
* In 2012 total patients was 25125. In 2012-13 it was 27762 (Male=13161:Female=14601)
* In 2013-14, the total number of patient was – 28231 (Male-15636, Female – 12595)
* **In 2014 – 15**, the total number of patients was- **33955** (Male-18700, Female – 15255):-

1. Opd: 33955
2. Extraction: 10800
3. Root canal Treatment : 2821
4. Filling: 13562
5. Scaling: 3520
6. Admitted: 1822
7. Transalevolar extraction:1430

Total number of students treated at the dental clinic, STNM Hospital, referred from **SCHOOL DENTAL** **HEALTH PROGRAMME** from the month of March 2014 March 2015:-

* Total number of students – 331 (Males -177, female – 154)
* Dental Caries (6 weeks to 6 years) – 68
* Dental Caries (7 years to 18 years)-263

The number students treated at various schools during the School Dental Health in 2010 – 11 was 704 8 (which includes Private Schools) in 2013 – 14 was 13036.

**The total number of students treated in 2014 – 2015 was 3396**, the details of which are mentioned below:

1. Dental Caries (6 weeks to 6 years)-484 – Males – 231 and females – 253
2. Dental Caries (7 years to 18 years) – 2912-Males- 1151 and females-1761
3. Cleft lip – 01
4. Cleft palate -02

Apart from the STNM Hospital, there are four Dental Units in the four District Hospitals (viz- Namchi, Gyalshing, Singtam & Mangan) and eight Dental Units in the ten PHCs (Ravang, Jorethang, Chungthang, Soreng, Dentam, Rongli, Pakyong, and Rongpo, Rinchenpong, Rhenock, Sombaria, Phodong & Melli.

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, Rhenock & 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 Kodc Dental X – Ray Machine and one Kodac RVG – 5100 system has been installed at STNM Hospital in 2010.

New sets of Dental Extraction Instruments, Filling Scaling and Diagnostics instruments for the STNM Hospital and the PHCs had been projected in the Annual Report/Plan in the year 2008- 2009, 2011 – 12, 2012 – 13, 2013 – 14 and 2014 – 15 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.

**In 2014 – 2015, 22 Dental Chairs and units are coming from the North East fund along with 22 infection control package (insta clave) and 18 Dental X – ray machines. The list of which is typed below:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Equipment Details** | |  |
| Sl.No | Name of Health Institution | Item | Quantity |
| 1. | STNM Hospital | Dental chair with accessories (chamundi)  Dental chair with accessories (Mookambika)  DC X – ray with remote control  Infection Control Package | 4 nos  3 nos  3 nos  7 nos |
| 2 | District Hospital Mangan | Dental chair with accessories (Mookambika)  DC – X-ray with remote control  Infection control package | 1 nos  1 nos  1 nos |
| 3 | District Hospital Singtam | Dental chair with accessories (Mookambika)  DC – X-ray with remote control  Infection Control Package | 1 nos  1 nos  1 nos |
| 4 | District Hospital, Namchi | Dental chari with accessories (Mookambika)  DC – x – ray with remote control  Infection Control Package | 1 nos  1 nos  1 nos |
| 5 | District Hospital, Gyalshing | Dental chair with accessories (Mookambika)  DC – x – ray with remote control | 1 nos  2 nos |
| 6 | Chungthang, PHC | Dental chair with accessories (Mookambika)  DC x – ray with remote control  Infection Control Package | 1 nos  1 nos  1 nos |
| 7 | Phodong, PHC | Dental chair with accessories (Mookambika)  DC x- ray with remote control  Infection Control Package | 1 nos  1 nos  1 nos |
| 8 | Rangpo, PHC | Dental chair with accessories (Mookambika)  DC x – ray with remote control  Infection Control Package | 1 nos  1 nos  1 nos |
| 9 | Pakyong, PHC | Dental chair with accessories (Mookambika)  DC x-ray with remote control  Infection Control Package | 1 nos  1 nos  1 nos |
| 10 | Dentam PHC | Dental chair with accessories (Mookambika)  DC x- ray with remote control  Infection control package | 1 nos  1 nos  1 nos |
| 11 | Soreng PHC | Dental chair with accessories (Mookambika)  Dc x- ray with remote control  Infection control package | 1 nos  1 nos  1nos |
| 12 | Sombaria, PHC | Dental chair with accessories (Mookambika)  Dc x- ray with remote control  Infection control package | 1 nos  1 nos  1nos |
| 13 | Ravangla PHC | Dental chair with accessories (Mookambika)  Dc x- ray with remote control  Infection control package | 1 nos  1 nos  1nos |
| 14 | Jorethang PHC | Dental chair with accessories (Mookambika)  Dc x- ray with remote control  Infection control package | 1 nos  1 nos  1nos |
| 15 | Yangang, PHC | Dental chair with accessories (Mookambika)  Dc x- ray with remote control  Infection control package | 1 nos  1 nos  1nos |
| 16 | Namthang PHC | Dental chair with accessories (Mookambika)  Dc x- ray with remote control  Infection control package | 1 nos  1 nos  1nos |

The STNM Hospital will be receiving 4 Chamundi – Confident dental chair and units and 3 Mookambika- Confident dental chair and units. One old Chamundi- Confident dental chair which is functioning needs to be shifted from Room No. 1 to the general extraction centre of the Dental Clinic, STNM Hospital. One each functioning chamundi- confident dental chair and unit can be shifted from the Dental Section STNM Hospital to District Hospital – Namchi, District Hospital – Singtam and Rongli PHC. This is because the districts hospitals require additional chairs as most of the dental chairs and units are old and require frequent repair work. Similar is the case for Rongli PHC.

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 Somabrey and Rehnock PHCs and one each at district Hospital Namchi and Gyalshing for School Health have been appointed in 2010 & 2012 total six new dental surgeons.

**Two dental surgeons on regular basis have been selected through the SPSC. They have been respectively posted at Chungthang and Dentam. In 2014 – 2015, five new posts of Dental Surgeons has been advertise under the National Oral Health Mission (NHM) for which the exams are yet to be conducted.**

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

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

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

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

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

1. **Restrengthing of Infrastructure:**
2. Additional rooms/space in the
3. Dental Clinic of the STNM Hospital
4. Additional rooms/space in the District hospital and PHCs.

**DENTAL EQUIPMENTS 2014 – 2015**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl.No. | 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. 8,00,000 | STNM 4 District 8 PHC 16 | Rs. 224,00,000 |
| 2 | Dental X – ray Machine | Rs. 2,50,000 | District 4 PHC 16 | Rs. 50,00,000 |
| 3 | Air rotor hand piece (NSK – Japan) | Rs. 20,000 | STNM – 10 District -8 PHC 16` | Rs. 6.80,000 |
| 4 | Dental extraction instrument for Adults and children | Rs. 70,000 | STNM- 2 sets District – 4 sets PHC – 16 sets | Rs. 15,40,000 |
| 5 | Filling, scaling and Diagnostic Instruments | Rs. 50,000 | STNM – 2 sets District – 4 sets PHC- 16 sets | Rs. 11,00,000 |
| 6 | Voltage Stabilizer | Rs. 6000 | STNM – 4 District -4 PHC – 16 | Rs. 1,44,000 |
| 7 | 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 |
| 8 | Kodac RVG – 5100 with Compaq Laptop | Rs. 3,00,000 | STNM -1 | Rs. 3,00,000 |
| 9 | Instrument boiler – large size | Rs. 3,000 | STNM – 4 District -4 PHC – 16 | Rs.72,000 |
| 10 | Suni surgical Mictomotor (designed for surgery and implantology, LCD display with programme setting, autoclavable motor & cord, implantology, endodontic, periodontics)SATELEC | Rs.2,50,000 | STNM -1 | Rs. 2,50,000 |
| 11 | 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 |
| 12 | Implant System – 5 Implant System: Internal Hex 2.5 mmd Implant System – SFB, SPI, DFI , ATID | Rs. 20,000 | STNM -4 | Rs. 80,000 |
| 13 | Prosthetic System for Internal Hex Impalnts 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 |
| 14 | 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. 35,562,900 |

**MANPOWER POWER PLANNING OF THE DENTAL DEPARTMENT OF THE STNM HOSPITAL, FOUR DISTRICTS, EIGHT THE AND THE HEALTH HEADQUARTER 2015 – 2016 (As per the new Dental Cadre Amendment – 2015 – 2016 under process.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sl.No | Man power – Doctor/staff | STNM Hospital | | District hospital and PHC | | Gangtok (HQ) Directorate | |
| Existing | Required | Existing | Required | Existing | Required |
| 1. | Additional Director General (Dental) |  |  |  |  | 0 | 1 |
| 2 | Principal Director (Dental) Principal Chief Consultant (Super time Grade- 1 |  |  |  |  | 2 (these 2 posts were upgraded from director | 1+2=3 |
| 3 | Director (Dental) Chief Consultant (Super time Grade – II) |  |  |  |  | 0 (as 2v posts were upgraded) | 4 |
| 4 | Additional Director (Dental) Consultant Grade – I/Selection Grade - 1 |  |  |  |  | 1 | 6+1=7 |
| 5 | Joint Director (Dental) Consultant Grade – II/selection Grade – II |  |  |  |  | 5 | 5+7=12 |
| 6 | Senior Dental Surgeon (Senior Grade) |  |  |  |  | 14 | 14+5=9 |
| 7 | Dental Surgeon (Junior Grade) |  |  |  |  | 14 | 14+15=29 |
|  | **TOTAL** |  |  |  |  | **36** | **75** |

**Leave Reserve (5%) – Training Reserve (5%) – 4 Deputation Reserve (5%) – 4 = Total = 12.**

**Grand authorized strength: 75 = 12 = 87.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sl.No: | Man Power –Doctor/Staff | STNM Hospital | | District hospital and PHC | | Gangtok (HQ) Directorate | |
|  |  | Existing | Required | Existing | Required | Existing | Required |
| 1 | Oral Surgeon | 2 | 1 | 1 | 4 |  |  |
| 2 | Operative/Endodontist1 | 2 | 2 | 0 | 4 |  |  |
| 3 | Prosthodontist | 3 | 1 | 0 | 4 |  |  |
| 4 | Orthodontist | 2 | 1 | 0 | 4 |  |  |
| 5 | General Dental Surgeon | 6 | 6 | 16 | 16 |  |  |
| 6 | Dental (Oral) hygienist | 1 | 5 | 1 | 30 |  |  |
| 7 | Dental Technician | 0 | 4 | 0 | 30 |  |  |
| 8 | Dental Ceramist | 0 | 4 | 0 | 30 |  |  |
| 9 | Dental Assistant | 3 | 5 | 3 | 30 |  |  |
| 10 | Dental Nurse | 2 | 4 | 0 | 30 |  |  |
| 11 | Computer Literate LDC/Steno | 0 | 2 | 0 | 30 |  |  |
| 12 | Dental Ward Attendant | 0 | 4 | 0 | 30 |  |  |
| 13 | Peon | 0 | 1 | 0 | 4 | 0 | 1 |
| 14 | Sweeper | 0 | 1 | 0 | 4 | 0 | 1 |
| 15 | Pr. Director (Dental) 0n deputation as Chief Birth & Death Registrar | 1 |  |  |  |  |  |
| 16 | Store Keeper/Inspector | 0 | 1 |  | 6 |  |  |
|  | **Total** | **21** | **42** | **21** | **256** | **0** | **2** |

**1.Budgetry support and expenditure**

**NON – CONSUMABLE ITEMS**

**Consumerables to be procured by STNM for Dental OPD and District Hospitals for 2014 – 2015.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.No:** | **Item Description/Particulars** | **Make** | **Amount** |
| **2** | **DENTAL CONSUMERABLES** |  |  |
| **2.001** | **Silver Amalgam (Superme)** | **Dentsply** | **100** |
| **2.002** | **Glassionomer Cement** | **GC corporation** | **100** |
| **2.003** | **Zinc Oxide Power** | **Dentsply** | **100** |
| **2.004** | **RCT Filesh H files length 21mm & 25mm size 15-40 & 45 – 80** | **Dentsply/Syborn Endo** | **100** |
| **2.005** | **RCT Files K files length 21mm & 25mm size 15 – 40 & 45 – 80** | **Dentsply/Syborn Endo** | **100** |
| **2.006** | **RCT Reamers length 21mm & 25mm size 15 – 40 & 45 – 80** | **Dentsply/Syborn Endo** | **100** |
| **2.007** | **Diamond burs – Straight** | **Dentsply** | **500** |
| **2.008** | **Diamond burs – Round** | **Dentsply** | **100** |
| **2.009** | **Diamond burs – tapered** | **Dentsply** | **100** |
| **2.010** | **Diamound burs – Inverted** | **Dentsply** | **100** |
| **2.011** | **EUGENOL** | **Dentsply** | **200** |
| **2.012** | **RCT BROACH length 21 mm & 25mm size 15-40 & 45 – 80** | **Dentsply Mallefer** | **100** |
| **2.013** | **Impresson Material** | **Zelgan/alginate** | **4** |
| **2.014** | **Dental Stone** | **Kalabai** | **10** |
| **2.015** | **Form cresol** | **Phamadent Remedies** | **20** |
| **2.016** | **Gutta Percha cones size 15 – 40 & 45 – 80** | **Dentsply** | **200** |
| **2.017** | **SS wire (21 gauge)** | **KC Smith** | **20** |
| **2.018** | **SS Wire (22 gauge)** | **KC Smith** | **20** |
| **2.019** | **SS Wire (26 gauge)** | **KC Smith** | **20** |
| **2.020** | **SS Wire (28 gauge)** | **KC Smith** | **20** |
| **2.021** | **Abgel Gelatine based foam** | **S. Krishna Labs** | **150** |
| **2.022** | **Steel Plastic Filling Instrument** | **Dentsply/Ash/Api German Steel** | **100** |
| **2.023** | **Steel Cement mixing spatula** | **Dentsply/Ash/Api German steel** | **100** |
| **2.024** | **Steel Amalgam Plaugger** | **Dentsply/Ash/Api German Steel** | **100** |
| **2.025** | **Steel Ball Burnisher (big)** | **Dentsply/Ash/Api German Steel** | **100** |
| **2.026** | **Steel Ball Burnisher (Small)** | **Dentsply/Ash/Api German steel** | **100** |
| **2.027** | **Steel Sickle scaler** | **Dentsply/Ash/Api German Steel** | **100** |
| **2.028** | **Steel Tweezer** | **Dentsply/Ash/Api German steel** | **100** |
| **2.029** | **Steel Probe** | **Dentsply/Ash/Api German steel** | **100** |
| **2.030** | **Suture cutting Scissor** | **Dentsply/Ash/Api German steel** | **50** |
| **2.031** | **Steel BP Handle No.3** | **Dentsply/Ash/Api German Steel** | **50** |
| **2.032** | **Steel Howarths Elevator** | **Dentsply/Ash/Api German steel** | **20** |
| **2.033** | **Steel Dental Mouth Mirror Handle** | **Dentsply/Ash/Api German steel** | **100** |
| **2.034** | **Steel Dental Mouth Mirror Top** | **Dentsply/Ash/Api German steel** | **100** |
| **2.035** | **Amalgam Carrier** | **Dentsply/Ash/Api German steel** | **50** |
| **2.036** | **Steel wire Cutter Dental** | **Mons- England** | **5** |
| **2.037** | **Light Cure Composite Filling Material** | **-** | **8** |
| **2.038** | **Steel cement mixing spatula (agate)** | **Dentsply/Ash/Api German steel** | **50** |
| **2.039** | **Light Cure Composite – Led- Gun** | **Guilin** | **4** |
| **2.040** | **Aerotor Handpiece** | **Nsk/Japan** | **30** |
| **2.041** | **Adams Plier** | **RMO (Rocky Mountain Orthodontics)** | **4** |
| **2.042** | **Universal Wire Bending Plier** | **RMO (Rocky Mountain Orthodontics)** | **4** |
| **2.043** | **Wax Knife** | **API** | **6** |
| **2.044** | **Ruber Bowl** | **API** | **6** |
| **2.045** | **Mercury** | **Deepshore Products** | **100** |
| **2.046** | **POLY-F** | **Dentsply** | **10** |
| **2.047** | **Aerotor Spray** | **Dentsply** | **10** |
| **2.048** | **Plastic Spatula (alginate mixing)** | **Dentsply/Ash/API German steel** | **4** |
| **2.049** | **Plastic Mixing Spatula (Agate)** | **Dentsply/Ash/API German steel** | **50** |
| **2.050** | **Black Braided Silk thread (3-0\_ cutting needle 18mm** | **Ethicon** | **50** |
| **2.051** | **Absorable vicryl suture thread (3-0) 22mm** | **Johnson** | **10** |
| **2.052** | **Surgical Blade No 15** | **Surgeon kehn surgical** | **10** |
| **2.053** | **BP Handle No 3** | **Dentsply/Ash/API German steel** | **10** |
| **2.054** | **Ball Burnisher – Big** | **Dentsply/Ash/API German steel** | **10** |
| **2.055** | **Ball Burnisher – small** | **Dentsply/Ash/API German steel** | **10** |
| **2.056** | **Morter and Pestle** | **Dentsply/Ash/API German steel** | **20** |
| **2.057** | **Dapen Dish** | **Dentsply/Ash/API German steel** | **20** |
| **2.058** | **Glass Slab** | **Dentsply/Ash/API German steel** | **20** |
| **2.059** | **Broad Scaler** | **Dentsply/Ash/API German steel** | **20** |
| **2.060** | **Push Scaler** | **Dentsply/Ash/API German steel** | **20** |
| **2.061** | **Universal Scaler** | **Dentsply/Ash/API German steel** | **20** |
| **2.062** | **Curette Right** | **Dentsply/Ash/API German steel** | **20** |
| **2.063** | **Curette Left** | **Dentsply/Ash/API German steel** | **20** |
| **2.064** | **Hoe Scaler** | **Dentsply/Ash/API German steel** | **20** |
| **2.065** | **Dissecting Scissor small & Medium** |  | **10** |
| **2.066** | **Expansion screw small, medium & large** |  | **10** |
| **2.067** | **Plaster of Paris** |  | **20** |
| **2.068** | **Modelling Wax** |  | **20** |
| **2.069** | **Impression Trays for RPD** |  | **2 sets** |
| **2.070** | **Impression Trays for CD** |  | **2 sets** |
| **2.071** | **Cold Cure (Polymer and Monomer)** |  | **2** |
| **2.072** | **Heat Cure (Polymer and Monomer)** |  | **2** |
| **2.073** | **Cold Mold Seal** |  | **1** |
| **2.074** | **Mineral Trioxide Aggregate (MTA)** | **Dentsply** | **10** |
| **2.075** | **Spreader (15-40)** | **Dentsply** | **100** |
| **2.076** | **Coupland Elevator** | **Dentsply/Ash/API German steel** | **20** |
| **2.077** | **Surgical Mallet 250 gms – steel** | **Dentsply** | **20** |
| **2.078** | **Stainless steel chisel 6mm & 4mm** | **Ortho man/GDR** | **50** |
| **2.079** | **Surgical Diamond Burs (Assorted) long shaft** | **Dentsply/Mons** | **20** |
| **2.080** | **Calcium Hydroxide Powder** | **Denstsply** | **20** |
| **2.081** | **Circle cutting needle (small) 18mm** |  | **100** |
| **2.082** | **Ticture Iodine** |  | **5** |
| **2.083** | **Acraflavin Liquid** |  | **5** |
| **2.084** | **Sodium Hypochloride** |  | **50** |
| **2.085** | **Hydrogen Peroxide** |  | **50** |
| **2.086** | **Leucoplast** |  | **25** |
| **2.087** | **Metrogyl Inf Liquid** |  | **50** |
| **2.088** | **Bandages -3”** |  | **20** |
| **2.089** | **Vaseline** |  | **10** |
| **2.090** | **15% Xylocaine topical Spray/ 2% Lidocaine** |  | **20** |
| **2.091** | **EDTA soln/gel(RC-PREP)** | **RC Prep/Dentsply** | **20** |
| **2092** | **Gutta percha Dissolving solution** |  | **10** |
| **2.093** | **Mouth Props** | **Dentsply/Ash/API German steel** | **5** |
| **2.094** | **Periosteal Elevators** | **Dentsply/Ash/API German steel** | **10** |
| **2.095** | **Lendo Levian Elevator** | **Dentsply/Ash/API German steel** | **20** |
| **2.096** | **Austin Retractor** | **Dentsply/Ash/API German steel** | **20** |
| **2.097** | **Sppon Excavator big, small (sharp)** | **Dentsply/Ash/API German steel** | **50** |
| **2.098** | **Cellophone Strips** |  | **50** |
| **2.099** | **IODOFORM Powder** | **Dentsply** | **5** |
| **2.100** | **Matrix System Delivery Tpffelmeir Retainer with steel matrix band** | **Dentsply/Ash/API German steel** | **20** |
| **2.101** | **Protaper Files Dentsply** | **Dentsply/Mons** | **20** |
| **2.102** | **Protaper GP Files Dentsply** | **Dentsply/Mons** | **20** |
| **2.103** | **Metapex** |  | **10** |
| **2.104** | **Chemose Leather** |  | **20** |

**ORTHODONTIC INSTRUMENTS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No:** | **Name of Orthodontic Instruments** | **Demand** | **Appro. Cost** |
| **1** | **Bird bead plier (RMO)** | **2** | **20,000** |
| **2** | **Ribbion arch plier** | **2** | **20,000** |
| **3** | **Howe plier (straight and curved)** | **2+2** | **40,000** |
| **4** | **Universal plier** | **2** | **5,000** |
| **5** | **Separator placing plier** | **2** | **20,000** |
| **6** | **Anterior band forming plier right** | **2** | **20,000** |
| **7** | **Posterior band forming plier left** | **2** | **20,000** |
| **8** | **Band former** | **2** | **14,000** |
| **9** | **Band Pusher** | **2** | **10,000** |
| **10** | **Band contouring plier** | **2** | **10,000** |
| **11** | **Band cutting scissor** | **2** | **6,000** |
| **12** | **Anterior band removing plier** | **2** | **20,000** |
| **13** | **Posterior band removing plier** | **2** | **20,000** |
| **14** | **Heavy wire cutter plier** | **2** | **16,000** |
| **15** | **Ligature cutter** | **2** | **24,000** |
| **16** | **Rosa with grooves** | **2** | **20,000** |
| **17** | **Dela rosa without grooves** | **2** | **20,000** |
| **18** | **Distal end cutter** | **2** | **24,000** |
| **19** | **Turret blue without torque** | **2** | **14,000** |
| **20** | **Dontrix** | **2** | **20,000** |
| **21** | **Debonding plier straight** | **2** | **20,000** |
| **22** | **Debonding plier curved** | **2** | **20,000** |
| **23** | **Reverse tweezer/bracket placing plier** | **2** | **6,000** |
| **24** | **Bonne’s guage with marker** | **2** | **4,000** |
| **25** | **Instruments stand** | **2** | **1800** |
| **26** | **Cheek retractor adult** | **2** | **1000** |
| **27** | **Cheek retractor children** | **2** | **800** |
| **28** | **Hinge articulators** | **4** | **3000** |
| **29** | **Orthodontic impression trays (plastics)for adults** | **2 sets** | **3000** |
| **30** | **Orthodontic impression trays (plastics)for children** | **2 sets** | **3000** |
| **31** | **Orthodontic rim – blocked trays for adults** | **2 sets** | **5500** |
| **32** | **Orthodontic rim- blocked trays for children** | **2 sets** | **5500** |
| **33** | **Base formers** | **2 sets** | **1800** |
| **34** | **Lateral cephalogram view – box** | **2 nos** | **2400** |
| **35** | **Patient education typhodont** | **1 nos** | **14000** |
| **36** | **Intraoral mirror double sided** | **2 nos** | **1200** |
| **37** | **Digital camera with 6-8 mega pixels** | **1** |  |
| **38** | **Pre- fabricated bands (RMO) Assorted** | **2 sets** | **9000** |
| **39** | **LED light cure with minimum wave length 470 nm** | **1 nos** | **32000** |
| **40** | **Spot welder** | **1 nos** | **4000** |
| **41** | **Oxytelence torch** | **1 nos** | **3000** |

**ORTHODONTICS BRAKETS**

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | **018” standard edgewise brackets(bondable)** | **4 sets** | **1400 per kit** |
| **2** | **018” standard edgewise brackets (weldable)** | **4 sets** | **1200 per kit** |
| **3** | **022” standard edgewise brackets (bondable)** | **4 sets** | **4000 per kit** |
| **4** | **022” standard edgewise brackets (weldable)** | **4 sets** | **6500 per kit** |
| **5** | **018” Roth brackets (bondable) with U double and L single molar tubes** | **4 sets** | **6500 per kit** |
| **6** | **022” Roth brackets (bondable) with U double and L single molar tubes** | **4 sets** | **7500 per kit** |
| **7** | **018” MBT brackets (bondable) with MBT molar tubes** | **4 sets** | **7500 per kit** |
| **8** | **022” MBT brackets (bondable) with MBT molar tubes** | **4 sets** | **8000 per kit** |
| **9** | **Miniture roth ultra low profile brackets with tubes** | **4 sets** | **10000 per kit** |
| **10** | **Miniture roth ultra low profile brackets without tubes** | **4 set** | **9000 per kit** |
| **11** | **018” Ceramic roth brackets** | **4 sets** | **20000 per kit** |
| **12** | **022” Ceramic roth brackets** | **4 sets** | **2200 per kit** |
| **13** | **Self ligating brackets Roth 022x28 (shappire)** | **4 sets** | **18000 per kit** |
| **14** | **Self ligating brackets MBT 022x022x028 (Shappire)** | **4 sets** | **18000 per kit** |

**Molar tubes**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **Single weldable molar tune with hood for U/L first molars** | **10 sets** | **250 per piece** |
| **2** | **Double weldable molar tube with headgear tube for upper first molar** | **10 sets** | **250 per piece** |
| **3** | **Single convertible molar tube with book for U/L first molar** | **10 sets** | **250 per piece** |
| **4** | **Double convertible molar tune with headgear tube for upper first molar** | **10 sets** | **250 per piece** |
| **5** | **Triple convertible molar tune with headgear tube** | **10 sets** | **250 per piece** |
| **6** | **Double convertible molar tune with auxiliary tube for upper first molar** | **10 sets** | **250 per piece** |

**Lingual attachments**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **Lingual button weldable** | **10 no** | **100 per piece** |
| **2** | **Lingual buttons bondable** | **10 no** | **100 per piece** |
| **3** | **Lingual sheaths weldable** | **10 no** | **100 per piece** |
| **4** | **Molar cleats weldable** | **10 no** | **100 per piece** |
| **5** | **Molar cleats bondable** | **10 no** | **100 per piece** |

**Orthodontic adhesives**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **No – mix composite** | **1 set** | **6000** |
| **2** | **Primer for no – mix composite** | **1 set** | **400** |
| **3** | **Etchant for no – mix composite** | **1 set** | **400** |
| **4** | **Light cure adhesive** | **1 sets** | **400** |
| **5** | **Self – etching primer** | **1 set** | **400** |
| **6** | **Moisture insensitive primer** | **1 set** | **400** |
| **7** | **Conventional primer** | **1 set** | **400** |
| **8** | **Etchant for light cure adhesive** | **1 set** | **400** |

**Nickel titanium wires and accessories**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **Niti round arches. 012”** | **U/1 2 sets** | **500 each** |
| **2** | **Niti round arches. 014”** | **U/1 2 sets** | **500 each** |
| **3** | **Niti round arches. 016”** | **U/1 2 sets** | **500 each** |
| **4** | **Niti round arches. 018”** | **U/1 2 set** | **500 each** |
| **5** | **Niti round arches. 020”** | **U/1 2 set** | **500 each** |
| **6** | **Niti round arches with RCS.016”** | **U/1 2 set** | **500 each** |
| **7** | **Niti round arches with RCS. 018”** | **U/1 2 set** | **500 each** |
| **8** | **Niti rectangular arches.016”x022”** | **U/1 2 set** | **500 each** |
| **9** | **Niti rectangular arches.017”x025”** | **U/1 2 set** | **500 each** |
| **10** | **Niti rectangular arches.018”x025”** | **U/1 2 set** | **500 each** |
| **11** | **Niti rectangular arches.019”x025”** | **U/1 2 set** | **500 each** |
| **12** | **Niti rectangular archeswith RCS.016”x022”** | **U/1 2 set** | **500 each** |
| **13** | **Niti rectangular archeswith RCS.017”x025”** | **U/1 2 set** | **500 each** |
| **14** | **Niti open coil spring in spool. 009x030** | **U/1 2 set** | **500 each** |
| **15** | **Niti open coil spring in spool. 010x030** | **U/1 2 set** | **500 each** |
| **16** | **Niti closed coil spring in with hooks 9 mm** | **U/1 2 set** | **500 each** |
| **17** | **Niti closedcoil spring in with hooks 12mm** | **U/1 2 set** | **500 each** |

**TMA (BETA III Titanium) Wires**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **TMA rectangular arches. 017x.025”** | **U/1 2 sets** | **900 each** |
| **2** | **TMA rectangular arches. 019”x025”** | **U/1 2 sets** | **900 each** |
| **3** | **TMA 15” straight lenths rectangular.016”x022”** | **U/1 2 sets** | **900 each** |
| **4** | **TMA 15” straight lengths rectangular.017”x025”** | **U/1 2 sets** | **900 each** |
| **5** | **TMA 15” straight length rectangular.019”x025”** | **U/1 2 sets** | **900 each** |

**Stainless steel wires and accessories**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **Round arches in .012”** | **U/1 2 sets** | **200 each** |
| **2** | **Round arches in .014”** | **U/1 2 sets** | **200 each** |
| **3** | **Round arches in.016”** | **U/1 2 sets** | **200 each** |
| **4** | **Round arches in.018”** | **U/1 2 sets** | **200 each** |
| **5** | **Round arches in.020”** | **U/1 2 sets** | **200 each** |
| **6** | **Rectangular arches in .016”x.022”** | **U/1 2 sets** | **200 each** |
| **7** | **Rectangular arches in .017”x.022”** | **U/1 2 sets** | **200 each** |
| **8** | **Rectangular arches in .017”x.025`”** | **U/1 2 sets** | **200 each** |
| **9** | **Rectangular arches in .018”x.025”** | **U/1 2 sets** | **200 each** |
| **10** | **Rectangular arches in .018”x.025”** | **U/1 2 sets** | **200 each** |
| **11** | **Rectangular arches in .019”x.025”** | **U/1 2 sets** | **200 each** |
| **12** | **Rectangular arches in .021”x.025”** | **U/1 2 sets** | **200 each** |
| **13** | **Rectangular arches in .0215”x.028”** | **U/1 2 sets** | **200 each** |
| **14** | **Straight lengths 14” round.016”** | **U/1 2 sets** | **200 each** |
| **15** | **Straight lengths 14” round.014”** | **U/1 2 sets** | **200 each** |
| **16** | **Straight lengths 14” round.018”** | **U/1 2 sets** | **200 each** |
| **17** | **Straight lengths 14” round.020”** | **U/1 2 sets** | **200 each** |
| **18** | **Straight lengths 14” rectangular.016”x022”** | **U/1 2 sets** | **200 each** |
| **19** | **Straight lengths 14” rectangular.017”x022”** | **U/1 2 sets** | **200 each** |
| **20** | **Straight lengths 14” round.017”x.025”** | **U/1 2 sets** | **200 each** |
| **21** | **Straight lengths 14” round.019”x.025”** | **U/1 2 sets** | **200 each** |
| **22** | **Straight lengths 14” round.021”x.025”** | **U/1 2 sets** | **200 each** |
| **23** | **Ligature wire 1 oz spool. Oo9** | **U/1 2 sets** | **200 each** |
| **24** | **Ligature wire 10z spool .010** | **U/1 2 sets** | **200 each** |
| **25** | **Open coil spring in spool** | **2 nos** | **800** |
| **26** | **Seven strand coaxial wire 30” spool.0155”** | **U/1 2 sets** | **200 each** |

**Elastomeric**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **E- chain 15” spool in continuous (latex free)small** | **1 pkt** | **1400** |
| **2** | **E- chain 15” spool in continuous (latex free)medium** | **1 pkt** | **1400** |
| **3** | **E- chain 15” spool in continuous (latex free)large** | **1 pkt** | **300** |
| **4** | **Loose ligature ties (latex free)** | **1 pkt** | **1000** |
| **5** | **Intra oral elastic amber colored in 3/8”** | **1 pkt** | **1000** |
| **6** | **Indra oral elastic amber colored in 5/16”** | **1 pkt** | **1000** |
| **7** | **Intra oral elastic amber colored in ¼”** | **1 pkt** | **1000** |
| **8** | **Intra oral elastic amber colored in 3/16** | **1 pkt** | **1000** |
| **9** | **Intra oral elastic amber colored in 1/8”** | **1 pkt.** | **1000** |
| **10** | **Tssue guard/wire sleeve** | **1 pkt** | **600 per pkt.** |
| **11** | **Separators blue** | **1 pkt** | **1200 per pkt.** |

**Diagnostic Aids**

|  |  |
| --- | --- |
| **1** | **Orthopantomogram (Kodak)** |
| **2** | **Lateral Cephalogram (Kodak)** |
| **3** | **Hand wrist x – rays (Kodak)** |
| **4** | **C.V.M.I. index (Lateral Cephalogram) kodak** |

**Orthodontics brackets.**

|  |  |  |  |
| --- | --- | --- | --- |
| **15** | **.018” standard edgewise brackets (bondable)** | **4 sets** | **1400 per kit** |
| **16** | **.018” standard edgewise brackets (weldable)** | **4 sets** | **1200 per kit** |
| **17** | **.022” standard edgewise brackets (bondable)** | **4 sets** | **4000 per kit** |
| **18** | **.022” standard edgewise brackets (weldable)** | **4 sets** | **2500per kit** |
| **19** | **.018” Roth brackets (bondable) with U double and L single molar tubes** | **4 sets** | **6500 per kit** |
| **20** | **.022” Roth brackets (bondable) with U double and L single molar tubes** | **4 sets** | **7500 per kit** |
| **21** | **.018” MBT brackets (bondable) with MBT molar tubes** | **4 sets** | **7500 per kit** |
| **22** | **.018” MBT brackets (bondable) with MBT molar tubes** | **4 sets** | **7500 per kit** |
| **23** | **Miniture roth ultra low profile brackets with tubes** | **4 sets** | **10000 per kit** |
| **24** | **Miniture roth ultra low profile brackets without tubes** | **4 sets** | **9000 per kit** |
| **25** | **.018” Ceramic roth brackets** | **4 sets** | **20000 per kit** |
| **26** | **.022” Ceramic roth brackets** | **4 sets** | **22000 per kit** |
| **27** | **Self ligating brackets Roth 022x028 (shappire)** | **4 sets** | **18000 per kit** |
| **28** | **Self ligating brackets MBT 022c028 (shappire)** | **4 sets** | **1800 per kit** |

**Molar tubes**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **Single weldable molar tube with hood for U/L first molars** | **10 sets** | **250 per piece** |
| **2** | **Double weldable molar tube with headgear tube for upper first molar** | **10 sets** | **250 per piece** |
| **3** | **Single convertible molar tube with book for U/L first molar** | **10 sets** | **250 per piece** |
| **4** | **Double convertible molar tube with headgear tube for upper first molar** | **10 sets** | **250 per piece** |
| **5** | **Triple convertible molar tube with headgear tube** | **10 sets** | **250 per piece** |
| **6** | **Double convertible molar tube with auxillary tube for upper first molar** | **10 sets** | **250 per piece** |

**Lingual attachments**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **Lingual buttons weldable** | **10 nos** | **100 per piece** |
| **2** | **Lingual buttons bondable** | **10 nos** | **100 per piece** |
| **3** | **Lingual sheaths weldable** | **10 nos** | **100 per piece** |
| **4** | **Molar cleats weldable** | **10 nos** | **100 per piece** |
| **5** | **Molar cleats bondable** | **10 nos** | **100 per piece** |

**Orthodontic adhesives**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **No- mix composite** | **1 set** | **6000** |
| **2** | **Primer for no- mix composite** | **1 set** | **400** |
| **3** | **Etchant for no- mix composite** | **1 set** | **400** |
| **4** | **Light cure adhesive** | **1 set** | **400** |
| **5** | **Self- etching primer** | **1 set** | **400** |
| **6** | **Moisture insensitive primer** | **1 set** | **400** |
| **7** | **Conventional primer** | **1 set** | **400** |
| **8** | **Etchant for light cure adhesive** | **1 set** | **400** |

**Nickel titanium wires and accessories**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **Niti round arches .012”** | **U/1 2 sets** | **500 each** |
| **2** | **Niti round arches .014”** | **U/1 2 sets** | **500 each** |
| **3** | **Niti round arches .016”** | **U/1 2 sets** | **500 each** |
| **4** | **Niti round arches .018”** | **U/1 2 sets** | **500 each** |
| **5** | **Niti round arches .020”** | **U/1 2 sets** | **500 each** |
| **6** | **Niti round arches with RCS .016”** | **U/1 2 sets** | **500 each** |
| **7** | **Niti round arches with RCS .018”** | **U/1 2 sets** | **500 each** |
| **8** | **Niti round arches with RCS .016”x .022”** | **U/1 2 sets** | **500 each** |
| **9** | **Niti rectangular arches.018”x .025”** | **U/1 2 sets** | **500 each** |
| **10** | **Niti rectangular arches.019”x .025”** | **U/1 2 sets** | **500 each** |
| **11** | **Niti rectangular arches with RCS.016”x .022”** | **U/1 2 sets** | **500 each** |
| **12** | **Niti rectangular arches with RCS.017”x .025”** | **U/1 2 sets** | **500 each** |
| **13** | **Niti open coil spring in spool .009x030** | **U/1 2 set** | **500 each** |
| **14** | **Niti open coil spring in spool .010 x .030** | **U/1 2 set** | **500 each** |
| **15** | **Niti closed coil spring with hooks 9mm** | **U/1 2 set** | **500 each** |
| **16** | **Niti closed coil spring with hooks 12mm** | **U/1 2 set** | **500 each** |

**TMC (BETA) III Titanium) wires**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **TMC rectangular arches . 017x.025”** | **U/1 2 sets** | **900 each** |
| **2** | **TMC rectangular arches . 019x.025”** | **U/1 2 sets** | **900 each** |
| **3** | **TMC 15” straight lengths rectangular 016 x.022”** | **U/1 2 sets** | **900 each** |
| **4** | **TMC 15” straight lengths rectangular 017 x.025”** | **U/1 2 sets** | **900 each** |
| **5** | **TMC 15” straight lengths rectangular 019 x.025”** | **U/1 2 sets** | **900 each** |

**Stainless steel wires and accessories**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **Round arches in .012”** | **U/1 2 sets** | **200 each** |
| **2** | **Round arches in .014”** | **U/1 2 sets** | **200 each** |
| **3** | **Round arches in .016”** | **U/1 2 sets** | **200 each** |
| **4** | **Round arches in .018”** | **U/1 2 sets** | **200 each** |
| **5** | **Round arches in .020”** | **U/1 2 sets** | **200 each** |
| **6** | **Niti rectangular arches.016”x022”** | **U/1 2 sets** | **500 each** |
| **7** | **Niti rectangular arches.017”x025”** | **U/1 2 sets** | **500 each** |
| **8** | **Niti rectangular arches.018”x025”** | **U/1 2 sets** | **500 each** |
| **9** | **Niti rectangular arches.019”x025”** | **U/1 2 sets** | **500 each** |
| **10** | **Niti rectangular arches with RCS.016”x022”** | **U/1 2 sets** | **500 each** |
| **11** | **Niti rectangular arches with RCS.017”x025”** | **U/1 2 sets** | **500 each** |
| **12** | **Niti open coil spring in spool . 009x .030** | **U/1 2 sets** | **500 each** |
| **13** | **Niti open coil spring in spool . 010x .030** | **U/1 2 sets** | **500 each** |
| **14** | **Niti closed coil spring with hooks 9mm** | **U/1 2 sets** | **500 each** |
| **15** | **Niti closed coil spring with hooks 12mm** | **U/1 2 sets** | **800 each** |

**TMC (BETA II Titanium) wires**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **TMC rectangular arches.017”x025”** | **U/1 2 sets** | **900 each** |
| **2** | **TMC rectangular arches.019”x025”** | **U/1 2 sets** | **900 each** |
| **3** | **TMC 15” straight lengths rectangular.016”x022”** | **U/1 2 sets** | **900 each** |
| **4** | **TMC 15” straight lengths rectangular.017”x025”** | **U/1 2 sets** | **900 each** |
| **5** | **TMC 15” straight lengths rectangular.019”x025”** | **U/1 2 sets** | **900 each** |

**Stainless steel wire and accessories**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **Round arches in .012”** | **U/1 2 sets** | **200 each** |
| **2** | **Round arches in .014”** | **U/1 2 sets** | **200 each** |
| **3** | **Round arches in .016”** | **U/1 2 sets** | **200 each** |
| **4** | **Round arches in .018”** | **U/1 2 sets** | **200 each** |

**Elastomeric**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **E-chain 15” spool in continuous (latex free) small** | **1 pkts** | **1400** |
| **2** | **E-chain 15” spool in continuous (latex free) medium** | **1 pkts** | **1400** |
| **3** | **E-chain 15” spool in continuous (latex free) large** | **1 pkts** | **1000** |
| **4** | **Loose ligature ties (latex free)** | **1 pkt** | **1000** |
| **5** | **Intra oral elastic amber colored in 3/8”** | **1 pkt** | **1000** |
| **6** | **Intra oral elastic amber colored in 5/16”** | **1 pkt** | **1000** |
| **7** | **Intra oral elastic amber colored in 1/4”** | **1 pkt** | **1000** |
| **8** | **Intra oral elastic amber colored in 3/16”** | **1 pkt** | **1000** |
| **9** | **Intra oral elastic amber colored in 1/8”** | **1 pkt** | **1000** |
| **10** | **Tissue guard/wire sleeve** | **1 pkt** | **600 per pkt.** |
| **11** | **Separators blue** | **1 pkt** | **1200 per pkt** |

**Diagnostic Aids**

|  |  |
| --- | --- |
| **1** | **Orthopantomogram (Kodak)** |
| **2** | **Lateral Cephalogram (Kodak)** |
| **3** | **Hand wrist x – rays (Kodak)** |
| **4** | **C.V.M.I Index (Lateral Cephalogram) Kodak** |

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

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

|  |  |  |
| --- | --- | --- |
| **1** | **Dental Ceramist** | **4 post** |
| **2** | **Dental Technician** | **4 post** |

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

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

**II. Equipments for crown and bridge work:-**

1. **Porcelain Furnace - Rs. 20,00,000 (approx) 1 No**
2. **Metal ceramic furnace Rs. 6,00,00 (approx) 1 No**
3. **Casting Machine Rs. 20,000 (approx) 1 No**
4. **Burn out furnace Rs. 60,000 (approx) 1 No**
5. **Sand blaster Rs, 50,000 (approx) 1 No**
6. **Torch for metal melting Rs. 10,000 (approx) 1 No**
7. **Oxygen cylinder with regulator Rs. 15,000 (approx) 2 No**
8. **Compressor Rs. 30,000 (approx) 1 No**
9. **Dental lathe machine Rs. 30,000 (approx) 1 No**
10. **Denture acrylic trimming machine Rs.15,000 (approx) 1 No**
11. **Flask press Rs. 10,000 (approx) 1 No**
12. **Hanging motor (Germany) Rs. 25,000 (approx) 1 No**
13. **Metal trimming machine Rs. 10,000 (approx) 1 No**

**III. Equipment for Prosthodontic Lab. Non Expendable:-**

**a Dew axing unit - Rs. 50,000 1 No**

**b. Hanaw Articulator –Rs.20, 000 2 No Rs.40, 000**

**c. Hanaw Flash – Rs. 6,000 – 2 No Rs. 12,000**

**d. Face Bow Rs. 5,000 – 2 No Rs. 10,000**

**e. Gothic arch tracing device Rs. 5,000 2 No Rs. 10,000**

**IV. Miscellaneous:-**

1. **Wax Knife Rs. 60- No Rs. 300**
2. **Lecron carver Rs. 60 – 5 No Rs. 300**
3. **Acrylic trimmer:-**

**Rose head, ball shaped, felt con shaped (TC trimmers) Rs. 500 each, - 15 No = Rs. 7, 500**

1. **Air rotor burs:-**
2. **Tapered Cone,**
3. **Torpedo diamond, Each packet consist of three pieces of burs**
4. **Flat end tapered fissure, Each packet cost Rs. 300 – (50, pkts.)**
5. **Torpedo diamond Each packet cost Rs, 300 – (50 pkts.)**
6. **Flat end straight, Rs 15, 000**
7. **Foot ball shaped**
8. **Wheel shaped**
9. **Flame shaped, and (h) Needle shaped contact breaker.**
10. **Expendable items, for crown and bridges, prosthodontic works:-**
11. **Green stick composition Rs. 300 (approx) – 2 pkt. = Rs. 600**
12. **Dental die stone (densply) Rs. 200 (approx) – 2 pkt = Rs. 400**
13. **Dental stone (densply) Rs. 60 (approx) - 6 pkt = Rs.360**
14. **Plaster of Paris Rs. 50 (approx) - - 6 pkts= Rs. 300**
15. **Modeling wax Rs. 150 (approx) – 8 pkt= Rs.1,200**
16. **Base Plaster wax Rs. 100 (approx) - 8 pkt = Rs. 800**
17. **Acrylic teeth (full set) Rs. 200 (approx) - 10 pkt= Rs. 2,000**
18. **Acrylic teeth (partial set) Rs. 50 (approx) -20 pkt = Rs.1,000**
19. **Zelgam impression material Rs. 200 (approx\_15pkt= Rs. 3,000**
20. **Heat cure acrylic Rs. 1,000 (approx) – 2 pkt = Rs. 2,000**
21. **Cold cure acrylic Rs. 800 (approx) – 2 pkt = Rs,1,600**
22. **Zinc oxide eugenol final impression paste Rs. 900 (approx)-4pkt Rs.3,600**
23. **Pumice powder Rs. 50 (approx) – 3 pkt = Rs. 150**
24. **Talbot solution (450 ml) Rs. 1, 000 (approx) – 1 bot = = Rs. 1,000**
25. **Whitening powder Rs. 50 (approx) – 3 pkts = Rs. 150**
26. **Indelible colour pencil Rs. 40 (approx) - 10 pcs = Rs.4**
27. **Putty (Addesion silicom) – 2 packets**
28. **Light body – 2 tubes**
29. **Light body gub (EMAX)**
30. **Tray adhesive – 2 piece**

**INSTRUMENTS FOR ORAL SURGERY**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **Sinus lifting curretts** | **1 set** | **1 lakh** |
| **2** | **Piezo surgical sinus lifting kits** | **1 set** | **5 lakhs** |
| **3** | **Micro saw (ocilliting reciprocating) for orthonathic surgery (Nubag surg. MD – 20)** | **1 set** | **5 lakhs** |
| **4** | **Fibrooptic retractors for orthonathic surgery** | **1 set** | **5 lakhs** |
| **5** | **Instruments for open reduction of Lefort fractures, septal chisel lateral nasal chisel, smith separators, tessier mobilize** | **1 set** | **25,000** |
| **6** | **Platting kits for fixation of Lefort fractures (liebeienger cranio maxilla facial fixation kits, trimoz kit, synthesis AO kit)** | **1 set** | **9 lakhs** |
| **7** | **Stainless steel chisels (Large neck/cutting edge diameter 4mm 6mm)** | **20 nos** |  |
| **8** | **Austins retractors** | **4 nos** |  |
| **9** | **Hawarths periosteal retractors** | **4 nos** |  |
| **10** | **Maxilla distraction forceps** | **2 sets** |  |
| **11** | **Electro cautery. Bronchart (500 watt/250 watt)** | **1 set** | **60,000** |
| **12** | **Dermatome** | **1 set** | **1,50,000** |
| **13** | **Helical loop** | **1 set** | **12,000** |

1. **Physical and financial target for the year vis – a –vis achievement.**

**Two successful dental camps were held this year 2014 – 2015**

* **One day Dental workshop at Conference. Hall European Commission Building STNM complex Gangtok, East Sikkim on the 07/03/2015**
* **One Day Dental Health Workshop along with free dental check up with basic dental treatments along with x – ray facility and free medicine at panchaseal Bhawan and Jorethant PHC, South Sikkim on the 14/7/2015. Under the NOHP a one day dental workshop was held with active participation from the teachers, students,NGOs, parents and various organizations.**
* **There were power point presentations followed by a healthy discussion regarding the oral health care, oral cancer, anti smoking laws, tobacco – band and also the importance of including dental education in the school curriculum.**
* **The workshop was organized as per the financial norms under NOHP & RHC (NRHM)**
* **Honorarium was given to the Chief Guest, NGOs, Guests, Teachers, Parents, Panachayats, student and other participants.**
* **Refreshments and tea was provided to the participants during the workshop and thereafter lunch.**
* **The workshop was also featured in the local news channel and local news paper.**
* **The programme as a whole received immense support and appreciation from the general public who turned up in large numbers and also expressed their views.**
* **The Honorable Health Minister, Sheri A.K. Ghatani appreciated the efforts of the dental fraternity and also said a few words on the importance of oral health especially focusing on oral cancer and the use of tobacco chewing, smoking etc.**
* **Furthermore he emphasized on the important points that were highlighted by the Drs during the presentation.**
* **He also said the essay completions should be held among the students who have participated in the workshop and the best essay will be rewarded and also published in the local papers. He encouraged the students to go back to their respective schools and share the knowledge they had received through the workshop.**
* **Certificate of merit were given to doctors who made power presentations Government piplay senior secondary school, Government Jorethang Senior Secondary School, Government Naya Bazar Secondary School, Government Zhoom Senior Secondary School, the Sikkim Sai Sewa Samiti, The Art of living and Marwari Yuwa Manch representatives.**
* **All in the entire entire workshop was a success with a good turnover of participants and a healthy feedback with a successful dental camp held simultaneously.**

1. **Physical and financial target proposed for 2015 – 2016.**

* **Appointment of Dental Surgeon in the remaining PHC: - where Dental surgeons are not appointed.**
* **Posting of additional second Dental Surgeon in all of the 24 PHCs:- after creation of new posts in the dental cadre.**
* **Additional Dental Chair & units, instruments in all of the PHC where they have not been installed from the new lot of North East fund.**
* **Appointment of additional Dental Hygienist/Dental Mechanic/Dental Assistant in all the PHC, District Hospitals and STNM Hospital.**
* **Appointment of ward attendant (male/female) in all the PHC, District Hospitals and STNM Hospital. Till date we do not have any ward attendant posted in the PHC, District Hospitals and STNM Hospital.**
* **Appointment of Computer data operator at the STNM Hospital, PHCs and District Hospitals.**
* **Computerization of the Dental Clinic and or : new desktop, CPU and printer in the STNM Hospital, PHCs and district Hospitals,**

**SUMMARY**

* **The overall turnover of patients has been better than the previous year, as compared to 28231 patients in 2013 – 2014.**
* **Two new Dental Surgeons also have been appointed by the SPSC Department and are posted in Chungthang, North Sikkim and Dentam, West Sikkim respectively.**
* **22 dental chairs and units are coming from the North East fund along with 22 infection control package (insta clave) and 18 dental x – ray machines.**
* **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).**

**(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 underserved areas.
* Public awareness about prevention and timely treatment of eye ailments.
* Special focus on illiterate women in rural areas. For this purpose, there should be convergence with various ongoing schemes to cover of women and children.
* To make eye care comprehensive. Besides cataract surgery other Intra Ocular surgical operations for treatment of Glaucoma, Diabetic Retinopathy etc. may also be provided free of
* cost to the poor patients through government as well as qualified non government organizations.

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

MD (NRHM)

SPO (NPCB)

DPMs

MOs

Ophthalmic Nurses

Ophthalmic Assistants

Data Entry Operator

Administrative Assistants

L.D.C

AWWs

MPHWs

CMO (4 Dists.)

Consultant NPCB

ASHAs

AO

Multi tasking Staff

1. ***Review of physical and financial targets achieved in this financial year 2014-15***
2. ***1. CATARACT OPERATION WITH I.O.L IMPLANTATION***

***TARGET – 800***

|  |  |
| --- | --- |
| *STNM Hospital* | *214* |
| *DHS EAST* | *96* |
| *DHS WEST* | *60* |
| *DHS NORTH* | *0* |
| *DHS SOUTH* | *80* |
| *NGO* | *0* |
| *Pvt. Sector SMIMS(Tadong)* | *0* |
| *TOTAL* | ***450*** |

*During the year 2014-15, total of 450 cataract cases were operated with IOL implantation.*

*Above diagram showing the percentage of Cataract Patients operated district wise in the Free Cataract Operation Camp organized in the year 2014-15.*

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

|  |  |
| --- | --- |
| *Diabetic Retinopathy*  *(Laser Techniques)* | *76* |
| *Glaucoma* | *80* |
| *Corneal Opacity*  *(Peripheral)* | *87* |
| *Squint* | *127* |
| *Intraocular Trauma* | *190* |
| ***Total:*** | ***560*** |

***Diagram shows the number of Other Eye Disease patients offered treatment or referred during the year 2014-15.***

***2. Target and achievement***

|  |  |  |
| --- | --- | --- |
| ***Target : 800*** | ***Achievement*** | ***Percentage*** |
| *Total* | *450* | *56.25* |
| *IOL implantation – 90%* | *450* | *100* |
| *Women beneficiaries – 55%* | *184* | *41* |
| *Surgery on bilaterally blind 50%* | *7* | *1.5* |
| *SC/ST/BPL – 50%* | *136* | *30* |
| *Referred cases* | *102 cases (referred*  *to higher centres)* |  |

***Cataract Achievement 2014-15:-***

*During the year 2014-15, total of 450 Cataract cases were successfully operated, which is 56% of the total target for the year, out of which 41% were women beneficiaries, 1.5% were bilateral cases and 30% were ST/SC/BPL patients. However, total of 102 patients were referred to higher centres (viz. SGLEH, AIIMS New Delhi, Apollo Kolkata, etc.) for further treatment.*

***Reason for Shortfall:-***

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

***Future Strategies:-***

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

***DISTRICE-WISE.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *District* | *State*  *(STNM*  *Hospital)* | *East* | *West* | *North* | *South* | |
| *Free Cataract Operation camp* | *-* | *01* | *01* | *-* | *-* | |
| *No. of cataract operations done* | *-* | *50* | *60* | *-* | *-* | |
| *In STNM Hospital, Singtam*  *Dist. Hospital and Namchi,*  *Dist. Hospital for 2014-15*  *routine cat.ops* | *214* | *46* | *-* | *-* | | *80* |

*Total two free cataract camps and one Free Squint operation camp were conducted by NPCB, Govt. of Sikkim during 2014-15.*

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

|  |  |
| --- | --- |
| ***TARGET :3500*** | ***ACHIEVEMENT*** |
| ***TOTAL CHILDREN***  ***SCREENED*** | ***9828*** |
| ***CHILDREN TO BE DETECTED***  ***WITH REFRACTIVE ERROR*** | ***554*** |
| ***FREE SPECTACLE*** | ***NIL*** |
| ***EYE DONATION*** | ***NIL*** |

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

***C. Training***

|  |  |
| --- | --- |
| *EYE SURGEONS* | *NA* |
| *MEDICAL OFFICERS* | *-* |
| *NURSES* | *2* |
| *P.M.O. As* | *20* |
| *TEACHERS* | *51* |
| *ASHAs* | *100* |

*During the year 2014-15, no any Medical Officers were trained. Total of 20 PMOAs, 100 ASHAs (50 from East and 50 from South Dist.) were trained and Nurses were trained at District Hospital, East and South by Ophthalmologists. Teachers were trained by PMOAs, during School Eye Screening (SES) Camps.*

***D. VISION CENTRES***

*TARGET –4 Achievement -100 %*

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

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

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

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

1. ***EQUIPMENTS***

*Procurement of Ophthalmic equipment for State and district Hospitals for 2014-15 is completed.*

*GOI funds for purchase of Mobile Ophthalmic Unit to NPCB, SHS during 2014-15 is completed.*

***G. MANPOWER RECRUITMENT:***

*During the current year (2014-15) five Ophthalmic Technician in District Hospital, Singtam and Namchi were appointed on contract basis under NPCB. Below is the status of manpower position under NPCB, Sikkim so far:-*

*MANPOWER*

*(Skilled & Administrative)*

|  |  |  |
| --- | --- | --- |
| *LOCATION* | *IN POSITION* | |
| *REGULAR* | *CONTRACTUAL* |
| *a) SHS/S.T.N.M Hospital, State* |  |  |
| *Consultant Eye Surgeon* | *1* | *Nil* |
| *SPO* | *1* |  |
| *Ophthalmologist* | *1* | *1* |
| *PMOA* | *3* | *5* |
| *Nurses* | *Nil* | *Nil* |
| *A.O* |  | *1* |
| *U.D.C* | *NIL* |  |
| *Administrative Assistant* |  | *1* |
| *Data Entry Operator* |  | *1* |
| *Peon* | *1* |  |
| *Multi tasking staff* |  | *1* |
| *Driver* |  |  |
| *b) DHS/District Hospitals.* |  |  |
| *b.1.) EAST:* |  |  |
| *Ophthalmologist* | *Nil* | *1(NRHM Appointed)* |
| *PMOA* |  | *7* |
| *b.2.) WEST:* |  |  |
| *Ophthalmologist* | *Nil* | *nil* |
| *PMOA* |  | *3* |
| *b.3.) NORTH:* |  |  |
| *Ophthalmologist* | *Nil* | *Nil* |
| *PMOA* | *1* | *2* |
| *b.4.) SOUTH:* |  |  |
| *Ophthalmologist* | *Nil* | *1(NRHM Appointed)* |
| *PMOA* | *1* | *6* |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Expenditure and Present Balance under NPCB/SHS accounts*  *Sikkim as on 31.03.2015 (` rupees in lacs)* | | | | | |
| ***Department*** | ***O.B*** | ***GIA*** | | ***EXP.*** | ***Cl.BAL.*** |
| ***NPCB/ SHS*** | ***62.57*** | ***180.96***  ***(including 10.0 lacs of State Share)*** | | ***115.91*** | ***127.62*** |
| *Expenditure/Fund Allocation head during previous year 2014-15* | | | | | |
| ***ACTIVITY*** | | | ***Expenditure(in lacs)*** | | |
| *Cataract Camp* | | | *14.87* | | |
| *IEC* | | | *2.46* | | |
| *School Eye Screening* | | | *1.51* | | |
| *Management of State Health Society, contingencies, T.A/D.A,*  *Salaries, e.t.c.* | | | *18.41* | | |
| *Other Eye Diseases* | | | *7.92* | | |
| *GIA for strengthening district hospital* | | | *37.54* | | |
| *Mobile Ophthalmic Unit* | | | *1.37* | | |
| *Training* | | | *1.50* | | |
| *Salary of Ophthalmic Assistant* | | | *30.33* | | |
| ***Total*** | | | ***115.91*** | | |

**Brief Summary:** During the financial year 2014-15, GOI sanctioned a sum of `170.96 lakhs, and received`10.00 lakhs as state share. All the expenditure was incurred during the year from the total GIA received during the year in addition to the previous year unspent fund balance.

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

* Infrastructure:

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

* Equipments:

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

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 at least two contractual PMOA each appointed under NPCB during previous year 2013-14. District Hospital, Gaylsing and Mangan do not have Ophthalmologist either appointed on regular or contractual basis. Appointment of Ophthalmologist is being approved from the GOI but due to less salary structure, appointment could not be done.

Summary:

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

Microbiologist visits the District Hospital before the camps for Micro swab for C & S. During the Year 2014-15 we were shortfall by 384 cases in achieving the target for cataract operation because of the less number of eye patients are coming for cataract operation due to inadequate transport facilities. SES was conducted by the PMOAs of all the District Hospitals including PMOAs of STNM hospital.

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

Recommendation:

* Ophthalmic Surgeon - at least one each in all the District Hospital and 2 more in STNM Hospital
* PMOAs - One PMOA to be appointed in each PHC 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 2015-16**

1. Total of 800 Cataract Patients are targeted to operate during the year.
2. 3500 numbers of Students are to be provided free spectacles.
3. As included in new initative by GOI the spectacles for near work to old persons has to be distributed.
4. Procurement of Eye Equipments and installation at District Hospitals for smooth functioning of the programme.
5. Construction of Dedicated Eye Wing at District Hospital, Mangan, North and Gyalshing, West, Sikkim.
6. Appointment of 4 Ophthalmologists at District Hospitals and PHCs.
7. Proposed for appointment of Driver for two Mobile Ophthalmic Unit purchased during 2015-16.
8. Distribution of free spectacles to school going children prescribed for wearing glasses.

**(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 Officer / Chief Medical Officers.

**Malaria Problem in Sikkim**

**Malaria is prevalent:**

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

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

**Activities For malarial areas of the state.**

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

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

***Statements showing Malaria Situation from 2010- 2014 State- Sikkim***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **YEAR** | **Population** | **BS Collection** | **Total**  **Positive**  **Cases** | **No.of Pf Cases** | **No. of Death** | **ABER**  **(%)** | **SPR**  **(%)** | **Pf (%)** | **API** | **SFR**  **(%)** |
| **2010** | **183993** | **6526** | **49** | **14** | **Nil** | **3.5** | **0.75** | **28.5** | **0.26** | **0.21** |
| **2011** | **188588** | **6969** | **51** | **14** | **Nil** | **3.70** | **0.73** | **27.45** | **0.03** | **0.20** |
| **2012** | **193302** | **6574** | **77** | **14** | **Nil** | **3.40** | **1.17** | **18.1** | **0.03** | **0.21** |
| **2013** | **198136** | **11136** | **39** | **13** | **Nil** | **5.6** | **0.35** | **33.3** | **0.01** | **0.11** |
| **2014** | **203089** | **7970** | **35** | **18** | **Nil** | **3.9** | **0.4** | **51.4** | **0.01** | **0.2** |

***STATEMENT SHOWING DISTRICT WISE DISTRUBATION OF***

***CASES OF KALA-AZAR FROM 2010 – 2014***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Sl. No*** | ***Year*** | ***East*** | ***West*** | ***North*** | ***South*** | ***Total*** |
| ***1.*** | **2010** | **01** | **Nil** | **Nil** | **02** | **03** |
| ***2.*** | **2011** | **03** | **Nil** | **Nil** | **04** | **07** |
| ***3.*** | **2012** | **Nil** | **02** | **Nil** | **03** | **05** |
| ***4.*** | **2013** | **03** | **02** | **Nil** | **02** | **07** |
| **5.** | **2014** | **04** | **Nil** | **Nil** | **02** | **06** |

***STATEMENT SHOWING VECTOR BORNE DISEASE SITUATION FROM – 2010 TO 2014.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***YEAR*** | ***MALARIA*** | ***FILARIASIS*** | ***KALA - AZAR*** | ***DENGUE*** |
| **2010** | **49** | **01** | **03** | **07** |
| **2011** | **51** | **Nil** | **07** | **02** |
| **2012** | **77** | **Nil** | **05** | **07** |
| **2013** | **38** | **Nil** | **07** | **679** |
| **2014** | **35** | **Nil** | **06** | **03** |

**N.B:- There is no reported case 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 2015-16.**

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

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

Revised National Tuberculosis Control Programme is the State run tuberculosis control imitative of the Government of India. It incorporates the principal of DOTS (Directly Observed Treatment Short Course), the global TB control strategy of the WHO. The programme provides free of cost, quality Anti TB drugs across the country through the various primary health centres. The RNTCP has recently adopted a new strategy of universal access to quality diagnostic and treatment to all TB patients.

**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.

The main objective of RNTCP is to detect and maintain at least 70 (95)% of the estimated new smear positive cases from the community and achieve and maintain at least a cure rate of 85 (95)% of such cases.

Revised National Tuberculosis Control Programme started in the state from 1st March 2002. To attain the objective of RNTCP a defined infrastructure has been set up which are as follows:-

1. **State TB Cell –** Oversee the RNTCP programme in the state and is headed by Additional Director – cum – state TB officer.
2. **District TB Centres –** 05 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 TU’s in state.
4. **Microscopic Centre (MC) –** There is 31 Microscopic Centres out of which 20 are designated Microscopic Centres.
5. **Manpower –** State TB Cell, 05 DTCs and 05 TU (District+ Singtam) are staffed with contractual, regular and MR employees as under:-

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category of Staff** | **Sanctioned** | **In place** | | **Total in place and Trained** |
|  |  | **State Govt. staff/staff from other programmes** | **Contractual under RNTCP** |  |
| **State TB Cell** |  |  |  |  |
| **STO** | **01** | **01** | **-** | **01** |
| **Deputy STO** | **01** | **01** | **-** | **01** |
| **MO state TB cell** | **01** | **00** | **01** | **01** |
| **APO/Epidemiologist** | **01** | **00** | **00** | **00** |
| **TB – HIV coordinator\*** | **01** | **00** | **00** | **00** |
| **DR – TB coordinator** | **01** | **00** | **01** | **01** |
| **Medical Officer for Medical Collage (SMIMS)\*** | **01** | **00** | **00** | **00** |
| **State PPM (public private mix coordinator** | **01** | **00** | **01** | **00** |
| **Technical Officer (Procurement & logistics)\*** | **01** | **00** | **00** | **00** |
| **Counselor for DR TB Centre** | **01** | **00** | **01** | **00** |
| **IEC Officer** | **01** | **00** | **01** | **01** |
| **Accounts Officer** | **01** | **00** | **01** | **01** |
| **Data Analyst (State)** | **01** | **00** | **01** | **00** |
| **Data Entry Operator** | **01** | **00** | **01** | **01** |
| **Secretarial Assistant** | **01** | **00** | **01** | **01** |
| **Driver for State TB cell (HQ) office** | **02** | **01 (MR)** | **01** | **00** |
| **STDC Director** | **00** | **00** | **-** | **00** |
| **IRL Micobiologist** | **02** | **01** | **01** | **02** |
| **Microbiologist (IRL) - EQA** | **01** | **00** | **00** | **00** |
| **IRL Sr. LTS** | **01** | **00** | **01** | **01** |
| **DOTS Plus site MO\*** | **01** | **00** | **00** | **00** |
| **DOTS Plus site Statistical Assistant** | **01** | **00** | **01** | **01** |
| **State Drug Store** |  |  |  |  |
| **SDS Pharmacist** | **01** | **00** | **01** | **00** |
| **Store Assistant** | **01** | **00** | **01** | **00** |
| **UDC** | **01** | **01** | **-** | **-** |
| **Statistical Assistant** | **01** | **01** | **-** | **-** |
| **Peon** | **02** | **02** | **-** | **-** |

**District Level**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category of Staff** | **Sanctioned** | **In place** | | **Total in place and Trained** |
|  |  | **State Govt. staff/staff from other programmes** | **Contractual under RNTCP** |  |
| **District Level Staff** |  |  |  |  |
| **District TB Officer** | **05** | **05** | **00** | **04** |
| **MO – TC of the TB Unit** | **05** | **03** | **00** | **03** |
| **District Programme Coordinator** | **04** | **00** | **04** | **00** |
| **District PPM (public private mix) coordinator** | **04** | **00** | **04** | **00** |
| **District Accountant** | **04** | **00** | **04** | **00** |
| **DOTS plus and TB- HIV Supervisors** | **04** | **00** | **04** | **04** |
| **Senior Treatment Supervisor (STS)** | **05** | **00** | **04** | **04** |
| **Senior Tuberculosis Laboratory Supervisor (STLS)** | **05** | **00** | **05** | **05** |
| **Laboratory Technician\*** | **14** | **06** | **04** | **06** |
| **TB Health Visitor** | **02** | **00** | **02** | **02** |
| **Data Entry Operators** | **05** | **00** | **03** | **03** |
| **Statistical Assistant** | **04** | **03** | **-** | **-** |
| **TO** | **04** | **04** | **-** | **-** |
| **Technician Officer** | **01** | **01** | **-** | **-** |

**APO resigned recently.**

1. **Budgetary Support and Expenditure:**

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

**Fund received and expenditure during 2011 – 2015.**

1. **State Plan fund**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Budget** | **2011-2012** | **2012-13** | **2013-14** | **2014-15** | **2015-16** |
| **Estimated** | **46.84** | **49.50** | **46.12** | **47.88** | **95.47** |
| **Expenditure** | **46.80** | **49.16** | **45.98** | **47.88** | **-** |

1. **World Bank fund through CTD – 2013 – 14.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Budget** | **2011-2012** | **2012-13** | **2013-14** | **2014-15** | **2015-16** |
| **Proposed** |  | **240.09,000** | **375,78,000** | **567,57,000** | **5,28,69,00** |
| **Received fund from CTD** | **82,53,000** | **95,73,000** | **176,59,00** | **1,64,46,00** | **NIL** |
| **State Grant/State share** | **NIL** | **NIL** | **20,00,000** | **15,00,000** | **NIL** |
| **Loan from NHM** | **10,00,000** | **20,00,000** | **10,00,000** | **23,00,000** | **NIL** |
| **Bank Interest** | **1,11,130** | **104,586** | **1,53,806** | **1,40,043** | **NIL** |
| **Expenditure** | **98,33,030** | **1,17,82,289** | **1,94,76,108** | **2,18,50,767** | **NIL** |
| **Balance** | **1,44,660** | **89,457** | **13,01,673** | **240,415** | **NIL** |

**3. Physical Target and Achievement during 2010 – 14.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.No** | **Indicators** | **Target** | **2010** | **2011** | **2012** | **2013** | **2014** |
| **1** | **Total TB patients registered for treatment** |  | **1646** | **1642** | **1832** | **1637** | **1631** |
| **2** | **New Smear Positive case Detection** | **75 per lakh population** | **78.3**  **(104.4%)** | **81**  **(107%)** | **64**  **(86%)** | **85**  **(114%)** | **96**  **128%)** |
| **3** | **Total case Detection** | **203 per lakh population** | **271**  **(133.6%)** | **299**  **(147%)** | **205**  **(101%)** | **265**  **(131%)** | **264**  **(130%)** |
| **4.** | **Cure Rate** | **.85%** | **82%** | **84%** | **84%** | **79%** | **78%** |

**Management of MDR TB by the State**

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

1. Intermediated Reference Laboratory (IRL) has been established and all the equipments have been installed and shall be functioning soon. The Gene XPer 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 478 MDR – TB patients registered in central registry under State plan and 468 under PMDT. Similarly there are a total number of 38 MDR patients under state and 20 patients under PMDT simultaneously.
6. Strategy for 2014 – 2015:

* 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 (IEC) activities at village level, community level.
* Plans for Elimination of TB with three broad components viz 1. TB Central Registry 2. Community Participatory Education Programme and 3. Migrant Labourer Monitoring Programme. The elimination level is placed at less than 1 case per 10,000 populations by 2017.
* To establish additional DOTS plus site at Namchi District Hospital and a new DTC/TB ward in upcoming new super specialist hospital in Sichey, Gangtok.
* Adoption of LPA (Line Prove Assay), a molecular diagnostic test, which can provide the DST results within 1 day which aids in rapid diagnosis of MDR TB.

1. Budget proposed for 2015 – 16.

The proposed budget for the year 2015 – 16 is Rs 5.25 crores under SHS – RNTCP.

**2.SIKKIM AIDS CONTROL PROGRAMME**

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

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| **PHASE IV AIDS CONTROL PROGRAMME: 2012 – 2017** The Cabinet Committee on Economic Affairs has approved a gross budgetary support of Rs. 8632.77 crore for implementation of the National AIDS Control Programme Phase-IV by the Department of AIDS Control, Ministry of Health and Family Welfare.   NACP IV will integrate with other national programmes and align with overall 12th Five Year Plan goals of inclusive growth and development. Having initiated the process of reversal in several high prevalent areas with continued emphasis on prevention, the next phase of NACP will focus on accelerating the reversal process and ensure integration of the programme response.  The main objective of NACP IV is to:   i. Reduce new infections by 50 percent (2007 Baseline of NACP III).  ii. Provide comprehensive care and support to all persons living with HIV/AIDS and treatment services for all those who require it.   This will be achieved through the following strategies:-  i. Intensifying and consolidating prevention services with a focus on (a) high-risk groups and vulnerable population and (b) general population.  ii. Expanding Information, Education and Communication (IEC) services for (a) general population and (b) High-Risk Groups (HRGS) with a focus on behaviour change and demand generation.  iii. Increasing access and promoting comprehensive Care, Support and Treatment (CST)  iv. Building capacities at National, State, District and facility levels  v. Strengthening Strategic Information Management Systems.  **(A) Year wise detection of HIV Cases as of 04/06/2015**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Year** | **Male** | **Female** | **Surveillance** | | **Total** | | **Male** | **Female** | | 1995 | 2 | 0 | 0 | 0 | 2 | | 1996 | 0 | 0 | 0 | 0 | 0 | | 1997 | 1 | 0 | 0 | 0 | 1 | | 1998 | 3 | 1 | 0 | 0 | 4 | | 1999 | 5 | 0 | 0 | 0 | 5 | | 2000 | 1 | 0 | 0 | 0 | 1 | | 2001 | 2 | 0 | 0 | 4 | 6 | | 2002 | 3 | 1 | 0 | 1 | 5 | | 2003 | 3 | 1 | 0 | 1 | 5 | | 2004 | 5 | 0 | 0 | 0 | 5 | | 2005 | 9 | 2 | 2 | 1 | 14 | | 2006 | 9 | 4 | 1 | 1 | 15 | | 2007 | 12 | 7 | 0 | 0 | 19 | | 2008 | 26 | 15 | 2 | 1 | 44 | | 2009 | 16 | 13 | 4 | 6 | 39 | | 2010 | 24 | 11 | 0 | 0 | 35 | | 2011 | 19 | 15 | 0 | 0 | 34 | | 2012 | 22 | 23 | 0 | 0 | 45 | | 2013 | 10 | 8 | 0 | 0 | 18 | | 2014 | 17 | 15 | 0 | 0 | 32 | | 2015 | 12 | 6 |  |  | 18 | | Total | 201 | 122 | 9 | 15 | 347 |   **(B) Age wise breakup of HIV Cases.**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Sl.No.** | **AGE** | **MALE** | **FEMALE** | **TOTAL** | | 1. | Below 10 | 7 | 8 | **15** | | 2. | 11-19 | 3 | 3 | **6** | | 3. | 20-29 | 65 | 70 | **135** | | 4. | 30-39 | 80 | 40 | **120** | | 5. | 40-49 | 36 | 12 | **48** | | 6. | 50-59 | 15 | 2 | **17** | | 7. | 60 Above | 4 | 2 | **6** | | **Total** |  | **210** | **137** | **347** |   **(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 | | 171 | 122 | 21 | 1 | 3 | 3 | 6 | 8 | 7 | 5 | | **293** | | **22** | | **6** | | **14** | | **12** | | | **347** | | | | | | | | | |   **(D) District Wise HIV Distribution**   |  |  |  |  | | --- | --- | --- | --- | | **District** | **Male** | **Female** | **Total** | | **East** | **122** | **89** | **211** | | **West** | **14** | **10** | **24** | | **North** | **3** | **1** | **4** | | **South** | **27** | **17** | **44** | | **Others** | **44** | **20** | **64** | | **Total** | **210** | **137** | **347** |   **(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** | **14** | **16** | **30** | | **ART** | **65** | **52** | **117** | | **TRANSFERRED OUT** | **45** | **21** | **66** | | **LOST TO FOLLOW UP** | **7** | **7** | **14** | | **DEAD** | **46** | **27** | **73** | | **TOTAL** | **177** | **123** | **300** |  * *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** | **7** | **5** | **12** | | **2.** | **11-19** | **3** | **0** | **3** | | **3.** | **20-29** | **47** | **52** | **99** | | **4.** | **30-39** | **73** | **48** | **121** | | **5.** | **40-49** | **33** | **13** | **46** | | **6.** | **50-59** | **10** | **3** | **13** | | **7.** | **>60** | **4** | **2** | **6** | | **Total** |  | **177** | **123** | **300** |   **(I) TRANSFERRED IN AIDS CASES**   |  |  |  | | --- | --- | --- | | **MALE** | **FEMALE** | **TOTAL** | | **11** | **8** | **19** |   **(J) TOTAL AIDS CASES**   |  |  |  | | --- | --- | --- | | **MALE** | **FEMALE** | **TOTAL** | | **47** | **28** | **75** |   **PROGRAMMES/ACTIVITIES OF SIKKIM STATE AIDS CONTROL SOCIETY**  **1). Blood Safety**  In Sikkim there are three Blood Banks are as follows:  a). STNM Hospital, Gangtok  b). Central Referral Hospital(not supported by NACO)  c). District Hospital Namchi.  Gayzing district hospital has one blood storage centre. All Blood Banks are regularly inspected by experts for strict compliance of quality assurance. Every blood unit is tested for HIV, Hepatitis B, C, Syphilis and malaria Till date there is no transfusion related HIV infection reported from Sikkim.  ***PHYSICAL TARGETS & ACHIEVEMENTS 14-15***    **2). Sexually Transmitted Diseases (STD)**  In Sikkim we have 6 STD Clinics located in each of the Govt. District Hospitals, STNM Hospital Gangtok and one at Sikkim Manipal Institute of Medical Sciences. Services of trained doctors and counsellors are available in these clinics.  These clinics cater to the need of general population, antenatal mothers and High Risk groups as well. The STI/RTI services to the HRGs (FSW & IDUs) and Bridge population (migrants) are being delivered through TI programmes. STI/RTI service delivery is one of the vital component of NACP-IV which is being implemented in collaboration with RCH programme of NRHM. Counsellors has been placed in all the 6 Designated STD Clinics. The infrastructure has been provided by the concerned institutions/hospitals. The STI/RTI drugs and consumables are supplied through SSACS.  ***PHYSICAL TARGETS & ACHIEVEMENTS 14-15***    **3). ICTC (Integrated Counselling & Testing Centres)**  Sikkim has 13 ICTCs(including 1 mobile): two each at District Hospital, CRH and one at SACS Office, STNM Hospital Complex, Gangtok and one at Jorethang PHC. Each centre has one counsellor and one laboratory technician. Centres function from morning till afternoon and each centre receives on average of 10 clients a day. Many HIV cases were picked up at these centres.  Mobile ICTC-  One mobile ICTC consisting pair of a counsellor and lab. Technician covers the areas not covered by the ICTCs. The mobile ICTC goes to the State Jail, SAP, SSB, ITBP, Police Training Centre, Yangang, distant PHCs, etc  PPTCT (Prevention of Parent to Child Transmission)-  These centres are located in all 4 District Hospitals plus CRH and STNM Hospital. Our effort is to counsel and test all Ante-natal (pregnant) mothers. They are examined by Gynaecologist for Reproductive Tract Infections. If found are given free medicines for the same. They are routinely tested for HIV after counselling.  ***PHYSICAL TARGETS & ACHIEVEMENTS 14-15***    **4. TIs (Targeted Interventions)**  There are 7 TIs Programmes funded by Sikkim SACS active in the state. Two NGOs among Injecting Drug Users (IDUs). There are over 1250 IDUs in Sikkim located at Gangtok, Singtam, Rongpo and Jorethang (4 sites). And 3 NGOs running TI programmes for Commercial Sex Workers in the state (there are over 750 CSWs operating in Sikkim). The Drop-in-Centres for CSWs are located at Gangtok,Ranipool, Singtam, Jorethang,Gyalshing and Namchi.  The services provided to HRG Population through TI are treatment of STI/RTI, distribution of condoms, needles and syringes management of abscess and minor illness, and counselling to change the high risk behaviour and referral to the ICTC Centre and designated STI Clinics  ***PHYSICAL TARGETS & ACHIEVEMENTS 14-15***    **5.ART Centre**  Anti Retroviral treatment centre is located in the ground floor of SACS Office, STNM Hospital, Gangtok started in October, 2005. Here patients coming / referred from different places are registered and followed up with clinical assessment and CD4 counting. When they are entering danger level of AIDS symptoms based upon clinical and CD4 they are put on ART, which is given free of cost.  At present ARV drugs are being supplied directly by NACO. It is known and is expected that 3–6% of patients on ART eventually develop resistance to these drugs. In such events we may be compelled to do local purchase as per drug susceptibility patterns.  ***PHYSICAL TARGETS & ACHIEVEMENTS 13-14***   |  |  |  |  | | --- | --- | --- | --- | | Details | | Target | Achievement | | PLHIV registered at ART Centre | | 320 | 260 | | PLHIV alive and on ART | | 110 | 94 | | OIs episode treated | | 130 | 27 | | No of CD4  tested | Pre-ART | 99 | 74 | | On ART | 145 | 154 |   **6. IEC & Mainstreaming:-**  Information Education & Communication is an important component of Sikkim SACS. This is carried out through different modes of media –   * Electronic Media – AIR, FM and local cables * Print media – dallies, weeklies, special magazines, etc,. * Hoardings * Pamphlets, hand outs and booklets * Health melas and other festivals/melas * Special events: World AIDS Day, International Women’s Day, International Day against Drug abuse & Illicit Trafficking, National Youth Day, National Voluntary Blood Donation Day and World Blood Donors Day. * Sponsorship: Rock shows, Cultural shows, street plays, rallies, sports, special inaugurations, etc,.     ***ACHIEVEMENTS 14-15***        **7). Montoring and Evaluation:**  Reports on all these activities are to be forwarded every month on- line(SIMS) from all reporting units to SSACS office where it is analyzed, compiled and forwarded to NACO, New Delhi who keeps, compiles and compares among the states in the country. |

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

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

***VISION, MISSION & OBJECTIVES***

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

**MISSION**

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

**OBJECTIVES**

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

**Specific Objectives**

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

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

Population of Sikkim as per Census 2011 is 6,10,577 and estimated residential population having Voter ID card which has to be covered under CATCH Programme is around 5,50,000. Under the CATCH Programme 5,52,767 population is covered in the first and second round alongwith data entry of 4,61,001 and 1,30,723 Health Cards have distributed till date.

Demographic distribution shows that 25% of our population is in the age group of 0-14 yrs, 68% in the age group of 15-59 yrs and 7% above 60 yrs**.** When community wise analysis is done among the population who participated in the camp, majority were Hindu by religion (57%) followed by Buddhist (32%) then Christian (10%). Among the community 14% of the population belongs to Rai, Chettri (12%), Bhutia (11%), Limbu (9%) and Lepcha & Bahun (8%).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**VIA TEST STATUS IN SIKKIM**

Sikkim is the only state in India where VIA is done at the community level. At the beginning of the program there was reluctance to do the test but gradually when the awareness on the importance of the test was understood, females started coming for the test. Out of female screened during the first and second round of VIA test, 55 were found to be VIA positive. Out of the positive one wasdiagnosed as having carcinoma cervix during follow up at higher centre. Still VIA positive cases are being followed up in the higher centre.

**PROGRESS SO FAR**

Till now 1,30,723 Health Card has been issued. 750 camps have been organized during the financial year 2014-15. Community diagnosis of the first round of CATCH is being discussed during the training on community process with VHSNC members to make them aware of the health issue of their area, to take action and to motivate the people having health problems for follow up to the higher centre. This way the VHSNC members can take the ownership to make their village healthy.

**WAY FORWARD**

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

**4.NON COMMUNICABLE DISEASES.**

1. **NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF CANCER, DIABETES MELLITUS CARDIOVASCULAR DISEASE AND STROKE FOR THE STATE OF SIKKIM**

**(2014-2015)**

**Introduction**

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

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

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

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

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

**NPCDCS Achievements during FY 2014-15**

|  |  |  |
| --- | --- | --- |
| **Sl. No** | **Activities** | **Achievement During FY 2014-15** |
| 1. | **No. of Outreach Camps Organised** | **70** |
| 2. | **No of Persons screened for Blood Sugar and Blood Pressure** | **10615** |
| 3. | **No of persons suspected with** |  |
| 3a. | **Diabetes** | **674** |
| 3b. | **Hypertension** | **3058** |
| 4. | **No. of Persons referred to higher facilities** | **809** |

**NCD Clinic Data for FY 2014-15**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No** | **Activities** |  | **Patients diagnosed with** | **No of Patients put on Treatment** | **No of Patients Referred to Tertiary Care/TCCC** |
| **1.** | **No. of patients attended NCD Clinics** | **12026** |  |  |  |
| **2.** | **No of In-referrals** | **195** |  |  |  |
| **3.** | **Diabetes** |  | **1791** | **1643** | **32** |
| **4.** | **Hypertension** |  | **3907** | **3240** | **37** |
| **5.** | **CVDs\*** |  | **158** | **132** | **12** |
| **6.** | **Common Cancers** |  | **4** |  | **3** |
| **7.** | **No of Patients treated at CCU** | **20** |  |  |  |
| **8.** | **No of Persons counselled for Health Promotion and Prevention of NCDs** | **4987** |  |  |  |
| **9.** | **No. of Patients attended for Physiotherapy** | **3049** |  |  |  |

1. **AYUSH**

Department of AYUSH, Ministry of Health and Family Welfare, Government of India has launched **National AYUSH Mission (NAM**) during 12th Plan for implementing through States/UTs..

**Vision:**

* To provide cost effective and equitable AYUSH health care throughout the country by improving access to the services.
* To revitalize and strengthen the AYUSH systems making them as prominent medical streams in addressing the health care of the society.
* To improve educational institutions capable of imparting quality AYUSH education.
* To promote the adoption of Quality standards of AYUSH drugs and making available the sustained supply of AYUSH raw-materials.

**Objectives:**

* To provide cost effective AYUSH Services, with a universal access through upgrading AYUSH Hospitals and Dispensaries, co-location of AYUSH facilities at Primary Health Centers (PHCs), Community Health Centers (CHCs) and District Hospitals (DHs).
* To strengthen institutional capacity at the state level through upgrading AYUSH educational institutions, State Govt. ASU &H Pharmacies, Drug Testing Laboratories and ASU&H enforcement mechanism.
* Support cultivation of medicinal plants by adopting Good Agricultural Practices (GAPs) so as to provide sustained supply of quality raw-materials and support certification mechanism for quality standards, Good Agricultural/Collection/Storage Practices.
* Support setting up of clusters through convergence of cultivation, warehousing, value addition and marketing and development of infrastructure for entrepreneurs.

4. **Components of the Mission**:

4.1 **Mandatory Components**

a. AYUSH Services

b.AYUSH Educational Institutions

c. Quality Control of ASU& H Drugs

d. Medicinal Plants

The details are provided as sparate guidelines for individual components of Mission.

**4.2 Flexible Components:-**

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

1. AYUSH Wellness Centeres including Yoga & Naturopathy\*
2. Tele- medicine
3. Sports Medicine through AYUSH
4. Innovations in AYUSH including Public Private Partnership
5. Interest subsidy component for Private AYUSH educational Institutions
6. Reimbursement of Testing charges
7. IEC activities
8. Research & Development in areas related to Medicinal Plants
9. Voluntary certification scheme: Project based.
10. Market Promotion, Market intelligence & buy back interventions
11. Crop Insurance for Medicinal Plants
12. \*The Yoga Wellness Centres are eligible for Rs.0.6 Lakhs as one time assistance for initial furnishing and recurring assistance of Rs.5.4 Lakhs p.a. for Manpower, maintenance etc.& Naturopathy hospitals 20-30 beds are eligible for Rs.15 Lakhs (Rs.12 Lakhs as recurring assistance p.a. including manpower and Rs. 3 Lakhs for non-recurring one-time assistance for tretmentequipments). However, the stipulation that not more than 5% of the envelope is spent on any of the componentsmay not be applicable in this component.

4.2.2 The financial assistance from Government of India shall be supplementary in the form of contractual engagements, infrastrure development, Capacity Building and supply of medicines to be provided from Department of AYUSH. This will ensure better implementation of the programme through effective co-ordination and monitoring. States shall ensure to make available all the regualr manpower posts filled in the existing facilities. The procurement of mecicines will be made by the State/UTs as per the existing guidelines of the scheme.

**Implementation in the State:**

In the year 2014 -2015, as per the guidelines of National AYUSH Mission, official process initiated for formation and registration of Sikkim State AYUSH Society

**Budget -2014-15**

|  |  |  |
| --- | --- | --- |
| **Sl.no** | **Head** | **Amount in lakhs** |
| 1 | Non Recurring : |  |
| 1.1 | Co -location of AYUSH unit at PHCs for infrastructure Construction/Up gradation /Renovation | 30.00 |
| 1.2 | FURNITURE & EQUIPMENT | 9.00 |
| 2 | Recurring Grants: |  |
| 2.1 | Procurement of AYUSH Drugs | 16.00 |
| 2.2 | Miscellaneous Grants to DHS @Rs.50000\*5 | 2.50 |
| 2.3 | Salary under 10 bedded AYUSH Hospital | 26.66 |
| 2.4 | Public Health Out Reach Activity | 15.00 |
| 2.5 | Behavior Change in Communication | 7.50 |
| 2.6 | School Health Programme | 10.80 |
| 2.7 | Programme Management Unit (ADMINISTRATIVE COST) | 4.89 |
|  | AMOUNT RELEASED | **110.12** |
|  | State Share @10% of Fund Approved | **12.23** |
|  | **FUND APPROVED** | **122.35** |

Under NHM flexipool AYUSHa total of 13 medical officers are posted in District Hospitals and PHCs

***AYUSH MEDICAL OFFICERS:-***

|  |  |  |
| --- | --- | --- |
| ***Sl. No.*** | ***SYSTEMS*** | ***No. of Medical Officer*** |
| *1* | *AYURVEDA* | *3* |
| *2* | *HOMOEOPATHY* | *9* |
| *3* | *AMCHI* | *1* |
|  | ***TOTAL*** | ***13*** |

|  |  |  |
| --- | --- | --- |
| ***SL.NO.*** | ***FACILITY*** | ***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* |
| *4* | *DISTRICT HOSPITAL, MANGAN, NORTH SIKKIM* | *HOMOEOPATHY* |
| *5* | *JORTHANG CHC, SOUTH SIKKIM.* | *HOMOEOPATHY* |
| *6* | *RHENOCK CHC, EAST SIKKIM* | *HOMOEOPATHY* |
| *7* | *STNM HOSPITAL, GANGTOK* | *AYURVEDA AND AMCHI* |
| *8* | *RONGLI PHC, EAST SIKKIM* | *HOMOEOPATHY* |
| *9* | *SORENG PHC, WEST SIKKIM* | *HOMOEOPATHY-* |
| *10* | *CHUNGTHANG PHC, NORTH SIKKIM* | *HOMOEOPATHY* |

1. **ACHIEVEMENT**
2. AYUSH services availed by total of 33,729 people at different health facilities.
3. AYUSH programme participation in State flagship programme CATCH for Healthy Sikkim.
4. Setting up of AYUSH Hospital in Kazi Road Gangtok (Rented House till the completion of AYUSH Hospital in Sichey).
5. AYUSH Annual Action Plan 2014-15 proposed and approved by GOI and the fund is released to the state treasury by GOI..
6. **Drawback:**
7. No separate administrative unit of AYUSH.
8. No separate manpower for the programme.
9. Delay in completion of 10 bedded AYUSH Hospital in Sichey.
10. Poor contribution of State towards AYUSH.
11. **NATIONAL PROGRAMME FOR THE HEALTH CARE OF THE ELDERLY IN SIKKIM FOR FY 2014-15**

**Introduction**

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

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

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

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

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

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

**Activities under NPHCE at various levels**

**Sub-Centers**

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

**Primary Health Centers**

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

A weekly geriatric clinic is arranged at PHC level by trained medical officer Conducts health assessment of the elderly persons relating to vision, joints, hearing, chest, BP etc.

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

**Community Health Centers**

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

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

**District hospitals**

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

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

**Achievements during FY 2014-15:**

|  |  |  |
| --- | --- | --- |
| **Sl. No.** | **Care Services provided** | **Achievements during FY 2014-15** |
| **I** | Elderly persons attended OPD | 55,376 |
| **Ii** | Cases admitted in wards | 534 |
| **Iii** | Persons given rehabilitation services | 1,569 |
| **Iv** | Lab. tests performed on elderly | 1,784 |
| **V** | Elderly persons provided home based care | 985 |
| **Vi** | Elderly provided supportive appliances. | 370 |
| **Vii** | Cases referred | 625 |
| **Viii** | Cases died in hospital | 14 |

1. **MENTAL HEALTH PROGRAMME SIKKIM**

WHO estimates that at any given time 10% of global population suffers from some forms of mental illness and one in four persons will be affected atleast once in a life time. Both incidence and severity of mental illness are on the rise. Mental illness is a key predictor for an increase in suicide and suicide attempts that affect a cross section of society particularly the youth and distressed. Untreated mental illness results in stigma, marginalization and discrimination often worsening once quality of life. This leads to a substantial loss of social and human capital, adversely impacting a large number of individuals and families. As per the most recent available data of the National Crime Records Bureau 2014, the Suicide rate for Sikkim stands at 38.4 per one lakh population (ANNEXURE I). Special focus has beengiven to suicide prevention under DMHP.

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

The main objectives of DMHP is to provide community mental health services and integration of mental health with general health services through decentralization of treatment from specialized mental hospital based care to Primary health care services.

Under District Mental Health Programmeduring the financial year 2014-15 many activitieswere carried outat all four districts and as well as at state level.

* In its efforts towards addressing the high suicide rates in the state, under District Mental Health Programme , Department of Health Care, Human Services & Family Welfare, through Psychiatry Department of STNM Hospital, has re-launched the Suicide Prevention helpline as a full time 24X7 Crisis Centre cum Hotline, with the support of a NGO called DRISHYA FOUNDATION.

The centre not only attends to phone calls but also caters to clients who may feel the need to visit the centre physically for help and counseling. The centre also has the provision to reach out to clients through the NGO’s volunteer base with home visits.

* Research has shown that Mental Illness is one of the major causes of suicide and amongst Mental Illness depression is the most important cause. The Psychiatry Department with the support of the authorities of STNM Hospital and Health Department has taken the initiative to extend a special clinic for clients undergoing depression at the main OPD Block of STNM Hospital every Tuesday and Thursday between 1pm and 4 pm. The idea of running a Depression Specialty Clinic from the main OPD block is a conscious effort not only at extending services but also to mitigate stigma that is attached to Mental illness.
* Considering that substance abuse has also become a major concern in our state and that it is also a major risk factor leading to suicides, the Department of Health has earmarked 7(seven) (four male and three female) beds dedicated to alcohol/substance abuse patients in the Psychiatric Department of STNM Hospital.
* A three day modular training of all medical officers of PHCs for early diagnosis and treatment of patients of mental health had been completed.
* 237 teachers from different schools across on Sikkim were trained on mental health and they have been identified as nodal teacher for school mental health programme.
* A one day modular training for all Health Workers of the Primary Health Sub Centres was conducted.
* Till date 666 ASHAs have been oriented on Mental Health.
* General physician and doctors from general health system have been sensitized on mental health for timely referral of patient to Psychiatrists.
* At grass root level awareness on Mental illness including drug abuse, alcoholism, suicide prevention were carried during VHSND day as well as through outreach camps.
* Advocacy with Police Personnel, Panchayats, local leaders and Journalist were also done on suicide prevention.
* A sensitization workshop was organized for the Legal services in collaboration with the Sikkim State Legal Services Authority.
* A two day collaborative workshop on Suicide Prevention was conducted at the Sikkim University.
* Suicide Prevention day and World Mental Health Day were observed throughout the state at Gangtok and all the four districts.
* This year on International Day against drug abuse and Illicit trafficking as awareness generation and fight against drug abused many programmes were conducted at Gangtok as well as all the districts event to the periphery level. Activities were conducted at every level starting from the village to the PHC to the District and Gangtok along with the help and involvement of all stake holders and line Departments and participation form students, NGOs, Schools, Rehabilitation Centres, business community etc..
* On Mental Health Skit play, drama and Radio spot on depression and other mental illness were aired in FM and AIR targeting the school students during the class X and XII result declaration.
* Besides these activities, the NCD Division under aegis of Health Department, is in the process of setting up a state level De- Addiction Centre at Chuwa Tar Singtam, for strengthening the Mental Health Services in the state.

**ANNEXURE I**

1. **NATIONAL TOBACCO CONTROL PROGRAMME**

**2014 – 2015.**

Every 6.5 seconds someone dies from tobacco use, says World Health Organization. Every Year Tobacco kills 5.4 million people in the world which may go up to 10 million by 2025. More than 80% of these deaths occur in the developing countries. Tobacco smoke is major cause of illness disability and premature death globally. It kills more people than AIDS, Alcohol, other addictions’ and accidents annually. In India alone 8 – 10 lakhs people die due to tobacco related diseases which can be prevented. (Almost 30% of cancers in India are related to tobacco use). Prevalence to Tobacco use in Sikkim was 18.7% in female and 61.8% in male (National family Health Survey II).

Department of HC, HS & FW, Government of Sikkim is implementing COTPA – 2003 since 2008. The State Tobacco Control Cell is located in Annexure Building, HC, HS & FW Department convoy ground Tadong. Similarly two district tobacco cells have been established in Government District Hospital Singtam and Namchi. State Tobacco Control Cell is headed by Additional Director cum SHO and supported by DD(S), AD (S) and AE (S). The DTC cells are headed by District Nodal Officers – West District of Sikkim has been officially included under NTCP during 2014 – 15. However IEC activities were also extended in the North District.

**Goals and Objectives:-**

The goal of Sikkim tobacco control programme is “Tobacco Free Sikkim”.

**The objectives of tobacco control programme are as under:-**

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

**Following activities were carried out during the financial year 2014 – 15.**

1. Monitoring/Raids in various public places to ensure smoke free status of the state.
2. Sensitization/Awareness programmes for hotel managers, Assistant managers to Gangtok.
3. Installation of hoarding size 10x12 ft depicting the message “Welcome to smoke Free Sikkim, Smoking in public places in banned and invites penalties” at Rangpo Check – post.
4. Printing of booklet “National tobacco control programme – a guide for teachers”
5. Training of drivers at Namchi, Jorethang and 6th Mile Tadong.
6. Training of Stakeholders at Singtam.

|  |  |  |  |
| --- | --- | --- | --- |
| **PHYSICAL AND FINANCIAL REPORT UNDER TOBACCO CONTROL PROGRAMME FOR THE YEAR 2014 -15.** | | | |
| **State Level** | | | |
| **Sl.No:** | **Activities** | **Approved Budget** | **Expenditure** |
| 1. | Training | 67,000 | 32,775/- |
| 2 | Printing of Booklets and preparations | 2,00,000.00 | 1,29,150/- |
| 3 | Installation of Hoardings | 50,000.00 | 49,088/- |
| 4 | Monitoring/Raids | 25,000.00 | 5,200/- |
|  | Total | 3,42,000.00 | 2,16,213.00 |
| East District | | | |
| Sl.No: | Activities | Approved Budget | Expenditure |
| 1 | Training | 70,000/- | 62,000/- |
| 2 | Monitoring | 10,000/- | 20,000/- |
| 3 | Salary | 32,000/- | - |
|  | **Total** | **1,12,000/-** | **82,000/-** |
| **South District** | | | |
| **Sl.No:** | **Activities** | **Approved Budget** | **Expenditure** |
| 1 | Training | 70,000/- | 20,550/- |
| 2 | Monitoring | 10,000/- | 22,500/- |
| 3 | Salary | 32,000/- | 95,475/- |
| 4 | Miscellaneous (Printing of Challan/Receipt) |  | 7,040/- |
|  | **Total** | **1,12,000/-** | **1,45,565/-** |
| **West District** | | | |
| **Sl.No:** | **Activities** | **Approved Budget** | **Expenditure** |
| 1 | Training | 26,000/- | - |
| 2 | Monitoring | 10,000/- | - |
| 3 | Salary | 24,000/- | - |
| 4 | Computer Set, 1 and chair | 50,000/- | 47,350/- |
|  | **Total** | **1,10,000/-** | **47,350/-** |

1. **QUALITY ASSURANCE PROGRAMME 2014 – 15.**

The Quality Assurance Programme is being implemented in the State since No. 2014 as per the operational guidelines for Quality Assurance in public Health facilities 2013. Quality Assurance is a cyclical process which needs to be continuously monitored against defined standards and measurable elements laid down in the guidelines. Measurement and compliance to 70 standards will be mandatory for a district level facility to get National level certification including the certification for RMNCH+A services under Quality Assurance Programme. Regular assessment of public health facilities by their own staff and state level assessors, action planning for traversing the observed gaps is the only way in having a viable Quality Assurance Programme.

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

Organizational Framework: Following Committee/units have been constituted for effective implementation of the programme.

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

The Quality Assurance cell is located at Annexure Building, HC, HS & FW Department and headed by Additional Director cum SHO and supported by officers and staff of Sanitation Cell. State facilitator (Public Health) provides technical support and coordinates with the Regional resource Center – NE and NHSRC, New Delhi in conducting various activities under the programme.

**. Activities conducted during 2014 – 15**

1. A state level workshop on Quality Assurance Programme was held on 4. 12.14 to sensitize all the members.
2. Two days National level convention on Quality Assurance was attended by State Nodal Officer Quality Assurance/ADHS, DMS, DH Namchi and State 3rd and 4th facilitator at New Delhi held on November 2014.
3. DMS, DH Namchi and GNM/In charge Emergency District Hospital Singtam attended external Assessors training at New Delhi on 9 – 13th December 2015.
4. Two days Internal Assessors Training on National Quality Assurance standards was organized on 23rd and 24th March 2015. The aim of this training is to acquaint the trainees with standards measurable elements, departmental checklists and scoring system and how to use them. Now, the quality team at each facility would conduct internal assessment on quarterly basis and periodic assessment of the health facilities would be conducted by District Quality Assurance Unit and State Quality Assurance Unit. After Health facilities have made a significant improvement, and have been consistently getting higher score on assessment the facilities would be assessed by the National body.
5. Baseline assessment of District Hospital Namchi has been conducted by the RRC team w.e.f. 18th 20th Nov. 2014. As per the report blood bank has highest score i: e 68.5% and auxiliary services the lowest – 35.57%.
6. Procurement of furniture, laptops and overhead projector.
7. Printing and distribution of RMNCH+A flow charts and BMW management and infection control charts for delivery points.

|  |  |  |  |
| --- | --- | --- | --- |
| **PHYSICAL AND FINANCIAL ACHIEVEMENT DURING 2014 – 15.** | | | |
| **Sl.No.** | **Activity** | **Budget approved** | **Expenditure** |
| **1** | **Office Establishment** | **3.76** | **3,75,392.00** |
| **2** | **Printing** | **4.3** | **3,21,820.00** |
| **3** | **Training** | **6.5** | **4.45,129.00** |

1. **Birth & Deaths Cell (Civil Registration):**

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

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

**Organizational setup:**

**At the State Head Quarter:**

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

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

(c) Registrar (Deputy Director), Statistical Services

(d) Other Statistical & clerical staffs

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

. Field Assiatant-1 at STNM Hospital.

**DISTRICT LEVEL**

**District Registrar**

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

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

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

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

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

**Information System**

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

**Trainings**

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

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

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

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

**Correction and cancellation**

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

**Offences, Penalties, Prosecutions**

There were no offences, penalties or prosecution this year.

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

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

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

**Maintenance of Records**

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

**Computerization of Records**

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

**IEC Activities:**

IEC could not be conducted due to the financial shortage.

**Achievement during the year - 2013**

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

**LIVE BIRTHS REGISTERED DURING THE YEAR 2013**

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

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

(Expected BIRTH-10577) Table -1

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

Table -2

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

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

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

Table -3

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

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

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

Table -4

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

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

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

percentages of method of delivery (out of 100).

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

Table -5

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

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

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

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

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

Table – 6

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

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

Table -7

TOTAL **DEATHS REGISTERED- 2013**

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

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

Percentage as per Sample Registration System.

Table –8

**DISTRICT WISE DEATHS REGISTERED AND MCCD COVERED**

**WITHIN 21 DAYS - 2013**

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

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

one days.

Table -9

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

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

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

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

death is3320

Table -10

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

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

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

have occurred after institutional medical attention.

Table -11

**REGISTERED DEATHS BY AGE GROUP 2013**

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

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

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

Table-12

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

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

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

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

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

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

**2013-2014**

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

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

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

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

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

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

Physical target proposed.

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

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

**DETAILS OF THE PROGRAMME AND ACHIEVEMENT 2014 – 2015.**

1. Sanitation Cell has inspected approximately 400 Hotels and eating Establishments and recommended for issue of FSSAI License and Registration for the year 2014- 2015.
2. Sanitation Cell has inspected Cinema Hall. Video Parlor, saloons, etc located around, Gangtok in the year 2014.
3. Sanitation Cell has also inspected the slaughter house at Rangpo, Majhitar and reported to Animal Husbandry Deptt. For rectification of sanitation and hygienic condition.
4. The Cell is also involved for Implementation of Clinical Establishment Act, 2010 & Rules 2012 in the State of Sikkim and also monitor BMW Status in the private Clinics Lab etc. for (Registration & Regulation) of Clinical Establishment Act & Rules.
5. Sanitation Cell is also involved for Implementation of Cigarette, tobacco Control programme in the State Sikkim
6. Sanitation Cell is also involved in Swachh Sikkim Swastha Sikkim of Swacha Bharat Abhiyan in the year 2014 -2015.
7. Annual report of BMW collected from all the health institution and submitted to SPCB.

Bio – Medical Waste (Management & Handling) Rules, 1998 & amended rules 2011 which was implemented in the State of Sikkim in the year 2000. Since then the programme is managed by the Sanitation Cell. In this programme all the hospitals are equipped with the basic required machineries. After the implementation of the programme all the hospitals had adopted the safe disposal of the hospital waste in accordance with rules of BMW. The Sanitation Cell has imparted orientation training for health personnel working in the different health institutions. The to cum Orientation Training Programme on Bio- Medical Waste Management has been imparted to the Medical Officers, In charge of all the PHC Level and also to Medical Officers working in District Hospitals in the year 2014-2015.

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

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

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

**MANPOWER**

The cell has very limited manpower. The cell is being managed by Deputy Director (S) stationed at Headquarter, and 3 (three) Assistant Director (Sanitation) has been posted in the other District Hospital Singtam, District Hospitals Gyalshing and District Hospital Mangan 1 (one) Sanitary Inspector was appointed and posted at District Hospital Namchi.

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

**PHYSICSL TARGET 2015-16**

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

**FINANCIAL TARGET PROPOSED FOR 2015-16**

|  |  |
| --- | --- |
| 1. SALARY OF 3 (THREE) nos. Sanitary Inspector. | 30,000 X 3 =90,000/- Per month.  90,000 X 12 = RS 10,80,000/- Per Year. |
| 1. Fund required for authorization fees for BMW Management For 5 hospitals and 26 nos. of PHCs for submission to SPCB | Rs 33,000/- per month.  10,00 X 12 = Rs.1,20,000/- Per Year. |
| 1. SALARY OF Data Entry Operator/LDC | Rs. 10,000 per month.  10,00 X 12 = Rs. 1,20,000/- Per Year |
| 1. Required of consumables items like color coded bucket, Bio-Degradable plastic bag and some equipments like shredder, needle destroyer, etc. for distribution to all the Heath Institutions. | Rs. 5 Lacs. |
| 1. Overall cleanliness and orientation training on BMW | Rs. 5 Lacs. |
| 1. HSD for Incinerator | Rs. 20 Lacs. |
| 1. AMC for 5 Nos. incinerator microwave, shredder already installed in the different places in the State hospital | Rs. 5 Lacs. |

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

1. **SIKKIM STATE BLOOD TRANSFUSION COUNCIL FOR THE YEAR 2014-2015.**
2. Brief details of the Scheme with Organizational details.

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

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

As on record professional Blood donors have been totally eliminated in the State. The Council has been making concerted efforts, in collaboration with the clinicians, NGOs, and other agencies to achieve, 90 percent voluntary blood donation as fixed by NACO. The target of percentage of voluntary blood donation during the year 2014 – 15 of the council for Sikkim State was 90% out of which 66.6% is achieved in the Government blood banks in the year 2014 – 15.

1. **ORGANIZATIONAL SET- UP.**

The Council has a Governing body with the followings members:-

|  |  |  |
| --- | --- | --- |
| Sl.No: | Name Address and Occupation of the Member | Designation in the Council. |
| 1. | Director General – Cum – Secretary, HC, HS, and Family Welfare Department, Government of Sikkim. | President |
| 2. | Principal Director, HC, HS & FW Department | Member |
| 3 | Licensing Authority, Drug Control | Member |
| 4 | Addl. Secretary/Addl. Director, Finance Revenue & Expenditure Department | Member |
| 5 | Sr. Blood Bank Officer STNM Hospital Gangtok | Member |
| 6 | Sr. Blood Bank Officer General Hospital Namchi | Member |
| 7 | In – Charge Blood Bank, CRH, Tadong | Member |
| 8 | Medical Superintendent S.M.I.M.S Tadong | Member |
| 9 | Project Director Sikkim State AIDS Control society (SSACS) | Director Member Secretary |
| 10 | One representative, Indian Red Cross Society, Sikkim Branch | Member |
| 11 | State Liaison Officer, National Service Scheme (NSS), Sikkim Branch | Member |
| 12 | President, United Christian Welfare Society. | Member |
| 13 | Medical Superintendent, STNM Hospital | Member. |

1. **MANPWER POSITION.**

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

|  |  |  |
| --- | --- | --- |
| Sl. No: | Staff Position | Number |
| 1 | Director | 01 |
| 2 | Deputy Director (Technical/Medical) | 01 |
| 3 | Office Assistant | 01 |
| 4 | Accountant | 01 |
| 5 | Peon | 01 |

In Position (\* Post Ex – Officio)

(Post on contract scale/consolidated salary).

1. **ACCOUNTS AND AUDIT:**

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

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

1. Budgetary Support and Expenditure:

As per the directive of Hon’ble Supreme Court of India, the expenditure for running of the council is met out of the Grant – In – Aid provided by the Government of India and State Government on 50.50 sharing basis.

1. Physical and financial target vis – a vis achievement during the year 2014 – 15 commensurate with the proposed strategy for the 2015 – 16.

The physical and financial target achieved by the council during the year under have been in consistence with the annual Action Plan for the year, Brief details of the achievement are given below.

* Strict monitoring of implementation of National Blood Policy by all the Blood bank functioning in the state and all the other concerned.
* Achieving 66. 9% Voluntary Blood donation in the state of Sikkim, where as the target fixed was 90% for the year 2014- 2015.
* 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 Programme for Doctors with emphasis on Blood Safety, rational use of Blood Components in collaboration with SSACS.
* Orientation/training of doctors and all other concerned hospital staff i:e Sisters and Technician in collaboration with State control society on blood safety outside state.
* Assessing the need for blood and blood components as per the requirement of blood banks in the state.
* Holding blood donation camps from time to time in different parts of the state.
* Celebration of nation Voluntary blood donation day and world blood donor’s day by all the blood banks.
* Utilization of in fractures of the department of HC, HS & FW department and state AIDS control society, wherever necessary for achieving the above objectives. This includes advice to establish blood component preparation unit in the state.
* Counseling service provide to Central Blood Bank STNM Hospital Gangtok through SSACS.

**ANNUAL ACTION PLAN 2015 – 16.**

1. Observation of National Voluntary Blood Donation Day and world blood donors day by all the blood bank in the state, as per the guidelines for current financial year 2015 – 16 by NAC)/NBTC.
2. Achieving the target to 100% voluntary blood donation target fixed by the NACO in each blood bank of the state on the basis of their blood collection and supply in the year 2014-15.
3. 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.
4. I.E.C Campaign/Blood Donors Motivation camps to augment voluntary blood donation movement, extensive use of electronic and print media like use of banners, booklets, pamphlets advertisement on voluntary blood donation in local news papers, periodicals, city cables, AIR, FM, Hoardings, Zingles sponsored programmes, video spots and play etc.
5. Finalization of data base and updating the directory of voluntary blood donation in each blood bank in the state. Also to computerize the directory in collaboration with information and technology department.
6. Strict monitoring of implementation of “National blood policy” by all the blood banks functioning in the state and all other concerned. Supervisory visits to these blood banks to check the adherence to rules.
7. Holding of CME programme for doctors/paramedical and other users of blood with emphasis on blood safety, rational use of blood component in collaboration with SSACS.
8. Orientation training like C.M.E/seminars/workshop and conference of Doctors/Technicians/Sisters of Blood Bank drug inspectors etc, on blood safety to all the blood banks in the state.
9. Provision of counseling services to all the blood banks in the state.
10. Utilization of infrastructure of department of HC, HS & FW Department to upgrade the transfusion services in the state.
11. Motivation of eligible target group i:e youth for voluntary blood donation in school and colleges through N.S.S N.G.Os like Red Cross Society Sikkim Branch, Nehru Yuva Kendra RRCs and others (F.B.Os) and social organization (C.B.Os). Also through the uniformed organization like S.A.P and I.T.B.P etc.

**SIKKIM STATE BLOOD TRANSFUSSION COUNCIL (SBTC) STNM HOSPITAL GANGTOK**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Action Plan (AAP 2015 – 16) | | | | (Rs in Lakhs) |
| Sl.  No. | Activities | Total Budget for 2015-16 | NACO | State |
| 1 | Salary | 6.57 | 4.08 | 2.49 |
| 2 | Operational Expenses | 0.91 | 0.45 | 0.46 |
| 3 | Observation of NVBDD & WBDD 2015 | 1.6 | 0.8 | 0.8 |
| 4 | Promotion of Voluntary blood donation 2015 – 16 | 3.4 | 1.7 | 1.7 |
| 5 | Development of IEC | 3 | 0.2 | 2.8 |
|  | Total | 15.48 | 7.23 | 8.25 |

**ANNEXURE I (RS IN LAKHS)**

|  |  |  |  |
| --- | --- | --- | --- |
| Statement of Salary for the financial year 2015 – 16. | | | |
| Sl.No. | Salary |  | Total |
| 1 | Office Assistant | 20500x12 | 2,46,000.00 |
| 2 | Accountant | 23947x12 | 2,87,370.00 |
| 3 | Peon | 10300x12 | 1,23,600.00 |
|  | Total |  | 6,56,970.00 |

**ANNEXURE II (RS IN LAKHS)**

|  |  |  |
| --- | --- | --- |
| Operational Expenses | |  |
| Sl.No. | Particulars | Amount |
| 1 | Stationary | 25,000.00 |
| 2 | Honorarium for Safai Karmachari @ Rs.1500/-for 2 | 36,000.00 |
| 3 | Telephone expenses | 10,000.00 |
| 4 | AMC | 20,000.00 |
|  | Total | 91,000.00 |

**ANNEXURE III (RS IN LAKHS)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Programme (NVBDD, WBDD) | | | | |
| Sl.No. | Activities | NACO | State |  |
| 1. | Observation of NVBDD 2015 | 0.4 | 0.4 | 0.8 |
| 2 | Observation of WBDD 2015 | 04 | 04 | 08 |
|  | Total | 0.8 | 0.8 | 1.6 |

**ANNEXURE IV (RS IN LAKHS)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Programme (Promotion of Augmentation of Voluntary Blood Donation Camps | | | | |
| Sl.No. | Programme | NACO | State | Total |
| 1 | VBD Camps | 0.85 | 0.85 | 1.7 |
| 2 | Donor Refreshment | 0.85 | 0.85 | 3.4 |

**ANNEXURE V (RS IN LAKHS)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl.No. | Activities | NACO | State | Total |
| 1 | Printing of leaflets, Hoarding in all the Districts, Printing of Poster, Banner Sticker, Pamphlets leaflets etc. | 0.2 | 2.8 | 3 |
| 2 | Advertisement for promotion of VBD Motivation Camps through Local TV, FM, Local Newspaper, Workshop, Seminars, through radio. |
| 3 | CME, Orientation Training, Seminars, Conference, TA/DA |

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

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

**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 one Div. Engineer three Assistant Engineer (Mech), Junior Engineer (Mech), and other staff. Beside automobile, cell also takes up repair of equipments of hospitals and PHCs.

The Department of HC, HS & FW Department owns a fleet of 2011vehicle comprising Ambulances, Programme vehicles and officer vehicles. The Mechanical Engineering has been able to repair & maintain all the vehicles on roadworthy condition.

The Mechanical Engineering cell also looks after the repair & maintenance of the Hospital Equipments besides maintaining the huge fleet vehicles. The following works of the hospital equipments were successfully completed.

|  |  |  |  |
| --- | --- | --- | --- |
| Sl.No. | Particulars/name of work | Work progress | Source of fund |
| 1 | Dismantling and Re-erection of damaged 30m long Incinerator Chimney attached to district Hospital Namchi | Complete | NHM |
| 2 | Minor and major repair of incinerator machine attached to different Hospitals | Complete | NHM |
| 3 | Reinstallation of GPS System on Ambulances |  | NHM |
| 4 | Repair and servicing of 5KVA diesel generators attached to different PHC’s | Complete | NHM |
| 5 | Repair and servicing of 160 KVA diesel generators attached to District hospital Singtam | Complete | NHM |
| 6 | Repair of Radiant warmer at District hospital Singtam, Namchi, Mangan and PHC’s | Complete | NHM |
| 7 | Repair of Autoclave machine at different PHC’s | Complete | NHM |
| 8 | Providing Dual heater/Cooler AC at PP ward STNM hospital, Gangtok | Complete | NHM |
| 9 | Repair of Hospital furniture | Complete | State head |
| 10 | Repair of AC at Main OT and Blood bank at STNM Hospital | Complete | NHM |
| 11 | Repair of AC at Labour room at STNM Hospital | Complete | NHM |
| 12 | Repair of BP Aps & needle destroyers STNM | Complete | NHM |

**The Mechanical Engineering Cell also coordinated the Inventory mapping of Hospital Equipments of all PHCs & Hospital of the State of Sikkim.**

**11. NURSING TRAINING CENTRE 2014 – 2015.**

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 kept for Internship so that the students can develop desired competencies.

**Number of GNM Students undergoing training at present**

20 numbers of students are in 3rd year GNM

19 numbers of students are in 2nd year GNM (one student discontinued)

20 numbers of students are in 1st year GNM

19 numbers of students are in 2nd year GNM

Total 78 numbers of GNM students are under training at present.

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.

The admission of ANM had to be with held for the year 2014 due to the problem in accommodation and physical facilities because hostel accommodation is must for both ANM and GNM students during their training period. Therefore, the next batch of ANM will be commencing from September 2015 as per WBNC direction.

**Activities of the Students.**

The Students get their clinical experiences in various wards and departments of hospital in addition 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 Infection Diseases (Tuberculosis).

The third year GNM students are taken to old age home, kalimpong and any Industry within the state as an educational visit.

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

Besides these, all the students are taken in rotation every year to Rural Health Training Centre, 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.

The GNM interns (4th year) are posted in the clinical areas as a full – fledged staff and takes the 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 of the Staff Nurses regarding Kangaroo Mother Care.
2. Knowledge of the Staff Nurses regarding Universal precaution.
3. Knowledge of the Staff Nurses regarding Legal Responsibilities.
4. Patients’ perception on sleep distracters in the 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 the teaching faculty:

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

Staffing Pattern of the GNM Training School.

1. Principal Nursing Officer - 1
2. Senior sister Tutor - 7
3. Junior sister Tutor - 2
4. Hostel Warden - 1
5. LDC/Typist - 2
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 - (MR basis)
12. Safai Karmachari - 2 (1 on regular & 1 on MR basis)

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

In the year 2003 - 20 Students

In the year 2004 - 16 Students

In the year 2005 - 14 Students

In the year 2006 - 19 Students

In the year 2008 - 10 Students

In the year 2009 - 16 Students

In the year 2010 - 19 Students

In the year 2011 - 20 Students

In the year 2012 - 20 Students

In the year 2013 - 19 Students

In the year 2015 - 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 - 19 Students

2009 - 19 Students

2010 - 19 Student

2011 - 20 Students

2012 - 20 Students

2013 - 18 Students

2014 - 18 Students.

The number of passed out students less than 20 is because of less number of admission to the course. Total number of GNM students passed out till date is 193 numbers. These passed out candidates are working in different places within and outside the state viz STNM Hospital SMIMS, Tadong, Escorts Heart Institute, New Delhi, Apollo Hospital, New Delhi, AMRI, CMRI, B.M.Birla Heart Institute, Kolkata and some of them are working under NRHM in District Hospitals and PHCs.

Till date the School has imparted training for 226 ANMs and 171 MPHW (F) and most of them are employed in State Government and Semi – Government Institution like, SMIMS and some of them are working under NRHM.

**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 1 to 1.5 km away from the main training center so that the students can follow – up the cases who have come across during their survey/home visits. The present RHTC at soreng is too far from the main training centre to follow up the cases.

**Re – Strengthening of the Infrastructure.**

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

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

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

The Stipend of the students is enhanced to Rs 1500 since January 2015 for both ANM and GNM and is under process.

The Additional warden needs to be posted for smooth functioning of the hostel as we have only one full – time warden at present. The School bus is not in working condition which is causing a lot of problem for the School as the students need to be taken for Community posting outside the capital. A new school bus is required immediately. One Vehicle required for Principal Nursing Officer. Furthermore, Supplying of computer for students and granting of money for computer teacher as advised by West Bengal Nursing Council, Kolkata.

1. **STATE HEALTH INFORMATION EDU. & COMMUNICATION BUREAU**

**DETAILS EXPENDITURE INCURRED DURING 2014 – 2015 UNDER IEC (NHM), TOTAL FUND RECEIVED 1ST RS 35.08 AND SUPPLEMENTARY 12.72 TOTAL RS. 47.80.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.No:** | **Activities** | **Physical** | **Financial** |
| 1 | Procurement of LCD Projector | 1 | 79,337.00 |
| 2 | Strengthening of IEC/BCC 4 Districts, HQ (IEC) | 5 | 71,479.00 |
| 3 | Orientation training to Health Personnel (Nurse, MPHW, ASHA) | 4 | 1,16,000.00 |
| 4 | Payment to M/S Tashi Printer, for unspent bill for Calendar printed in 2013-14 |  | 3,07,155.00 |
| 5 | Workshop on Anaemia conducted at Chintan Bhawan to ASHA, VHSNC, AWW, Nodal Teachers, Schools, Health Officials of PHC, PHSC, Districts, CHCs | 1 | 4,32,239.00 |
| 6 | Mr. S.K. Rai DD (IEC), to conduct tour in districts. |  | 10,694.00 |
| 7 | Observation of Intensified Diarrhoeal Control Fortnight, July 2014 (Printing of posters, banners, Leaflets, Advertisement in Electronics media, Print media etc). | 5 | 7,02,125.00 |
| 8 | Observation 0 New Born Week in 4 Districts, Headquarter & PHCs. | 5 | 1,71,100.00 |
| 9 | M/S Delhi Stores, for printing of screening & Referral Card for 6-18years | 1,30,000nos | 3,95,200.00 RBSK |
| 10 | M/S Delhi Stores, for printing of screening & Referral Card 40,000 nos 0-6 years | 40,000 nos | 3,25,280.00 RBSK |
| 11 | M/S Dzongri Prinnting Press, payment for printing of Family Planning Manual Guidelines books & IUCD Card | 8 | 1,78,478.00 |
| 12 | Observation of Breastfeeding Week in HQ (IEC), 4 Districts PHCs & PHSCs. | 177 | 3,58,000.00 |
| 13 | Advertisement on Anaemia Live phone to different print & electronic media | 7 | 1,44,547.00 |
| 14 | M/S SIMFED Tibet Road, payment against printing of Protocol Posters/Safe Motherhood booklet. | 2 | 2,24,704.00 |
| 15 | M/S Delhi stores, printing of 0-6 years card 22,000 nos. At 800 nos RBSK Register 500 pages | 20,000 nos  8000 nos | 3,94,740.00 |
| 16 | M/S Delhi Stores, payment for printing of MCP Card. | 9500 nos | 3,06,375.00 |
| 17 | Workshop to parents/teachers on adolescence care. HQ, DHS, PHC/CHC | 21 | 1,55,000.00 |
| 18 | Workshop to adolescence on prevention of teen pregnancy | 4 | 40,000.00 |
| 19 | Targeting naturally ocering gathering of people at mela, Hospital, collage, fast etc. | 10 | 5,000.00 |
| 20 | Sensitization to Religious Leaders/CBO/Traditional healers on prevention of different kind of disease | 4 | 60,000.00 |
| 21 | Talk Media on different health issues, Street play local Youth | 4 | 40,000.00 |
|  |  | Total Rs. | 45,17,453.00 |

**EXPENDITURE FOR THE FINANCIAL YEAR 2014 – 2015 UNDER THE FOLLOWING HEAD OF I.E.C BUREAU, TADONG, HC, HS, & F.W.DEPTT. (N.P).**

|  |  |  |
| --- | --- | --- |
| MAJOR HEAD | BUDGET PROVISION | EXPENDITURE FOR THE YEAR |
| 2210-06-06-112-72.44.72.44.01 Salaries | 66,57,000/- | 66,56,000/- |
| 2210-06-06-112-72.44-72.44.13 OE | 3,31,000/- | 3,31,000/- |
| 2210-06-06-112-72.44.72.44.11 TE | 61,000/- | 60,000/- |
| 2210-06-06-112-72.44-72.44.21 Supply & materials | 20,000/- | 19,500/- |
| 2210-06-06-112-72.44.72.44.51 M/V | 82,000/- | 81,900/- |
| 2210-06-06-112-72.44-72.44.52 Machinery & Equipments | 50,000/- | 50,000/- |

**EXPENDITURE FOR THE FINANCIAL YEAR 2014 – 2015 UNDER THE FOLLOWING HEAD OF I.E.C BUREAU, TADONG, HC, HS, & F.W.DEPTT. (PLAN).**

|  |  |  |
| --- | --- | --- |
| MAJOR HEAD | BUDGET PROVISION | EXPENDITURE FOR THE YEAR |
| 2210-06-06-112-72.44.72.44.01 Salaries | 18,60,000/- | 18,60,000/- |

1. **ENGINEERING CELL (CIVIL & ELECTRICAL)**

The Civil and Electrical Engineering Cell under the Department of Health Care, Human Services and Family welfare Department looks, after the construction and maintenance of health infrastructures in the State. The cell is headed by a Superintending Engineer, two executive engineer (civil – 6 and 2 electrical) the details status of Health Centres as on 31st March 2015 is as under.

**Civil & Electrical Engineering Setup.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl.No.** | **Designation** | **Sanction post** | **Posting** | **Requirement** | **Remarks** |
| 1 | S.E. (Civil) | 1 | 1 | - | Ok |
| 2 | D.E. (Civil) | 2 | - | 2 | Shortage |
| 3 | D.E. (Electrical) | 1 | 2 | 1 | Excess |
| 4 | A.E. (Civil) | 4 | 3 | 1 | Shortage |
| 5 | A.E. (Electrical) | 2 | - | 2 | Shortage |
| 6 | J.E. (Civil /Regular) | 8 | 3 | 5 | Shortage |
| 7 | J.E.(Electrical/Regular) | 4 | - | 4 | Shortage |
| 8 | J.E.(Electrical /Adhoc) | - | 2 | - | - |

Note: Require two D.E. (Civil), D.E. Electrical Excess to be transferred, one A.E. (Civil) , Two A.E. Electrical, Five J.E. Civil and four J.E. Electrical to run this setup smoothly.

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl.No: | Particulars | East | West | North | South | Total |
| 1 | State Hospital | 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 | 44 | 36 | 15 | 39 | 134 |
| 6 | PHSC under Rented Building | 3 | 4 | 1 | - | 8 |
| 7 | PHSC under Rented free Building | 1 | 1 | 3 | - | 5 |
|  | Total | 48 | 41 | 19 | 39 | 147 |
|  |  |  |  |  |  |  |
| 8 | PHSC under construction | 3 | 3 | 4 | 1 | 11 |
| 9 | PHSC to be constructed | 4 | 3 | - | - | 7 |
|  | Total | 7 | 6 | 4 | 1 | 18 |
|  | **STATUS OF PHC AS ON 31.03.2015** | | | | | |
|  | PHC UNDER CONSTRUCTION | | | | | |
| Sl.No. | Name of Centre | Remarks | | | | |
| 1 | Passingdong | Under Construction (PMRF) | | | | |

**STATUS OF PHSC AS ON 30.03.2015**

|  |  |  |  |
| --- | --- | --- | --- |
| PHSC UNDER CONSTRUCTION | | | |
| Sl.No. | Name of Centre | Remarks | |
| 1 | Legship PHSC | Completed (NRHM) | |
| 2 | Kamling | Completed (NRHM) | |
| 3 | Gangyap (West) | Under construction (NRHM) land finalized and work started. | |
| 4 | Lingthem (North) | New Construction under Progress (TSP) | |
| 5 | Lachen (North) | Re- construction under progress (PMRF) | |
| 6 | Lachung (North) | Re- construction under progress (PMRF) | |
| 7 | Kewzing (South) | Re-construction completed (PMRF) | |
| 8 | Shipgyer (North) | Re-construction under progress (PMRF) | |
| PHSC to be Constructed | | | |
| 1 | Mazitar | No land | |
| 2 | Lamaten | No land | |
| 3 | Syari | No land | |
| 4 | Ranipool | To be started as Urban Health Centre | |
| 5 | Chunpung | No land | |
| 6 | Daramdin | No land | |
| Budget Provision during 2014 – 2015 (Plan) is as under: | | | |
| Particulars | | Budget Provision | Remarks |
| Major works as STNM (Plan) | | 16.55 | Fully utilized |
| Supply of Materials (Institutional) Non Plan | | 42.00 | Do |
| Supply of Materials (residential) Non Plan | | 40.00 | Do |
| Maintenance & Repair (Head Office Plan) | | 3.00 | Do |
| Total | | 101.55 | Do |

**The details of work executed during 2014 – 2015 are as under:-**

|  |  |
| --- | --- |
| Sl.No: | Name of the Project/Works |
|  | STATE PLAN |
| 1 | Construction of Dialysis unit at STNM Hospital, Completed and closed. |
| A | PMRF (on going for 14 – 15) |
| 1 | Re- Construction of Class III Double Unit Quarter at Legship, West Sikkim, completed and closed. |
| 2 | Re-Construction of Class III – four Unit Quarter at Soreng West Sikkim, completed to be closed. |
| 3 | Re- Construction of Class IV Four Unit Quarter at Soreng West Sikkim, completed to be closed |
| 4 | Re- Construction of PHSC at Reshi, West Sikkim, completed and closed |
| 5 | Re- Construction of PHSC at Kewzing, South Sikkim, under completion. |
| 6 | Re- Construction of Pachak PHSC, East Sikkim completed and closed |
| 7 | Re- construction of Padamchey PHSC, East Sikkim, completed and closed |
| 8 | Re- construction of Tumin PHSC & Class III Unit Quarter in East Sikkim, completed and closed |
| 9 | Re- Construction of Sumin PHSC in East Sikkim, completed and closed |
| 10 | Re- Construction of Class III Double Unit Quarter at Lingdok in East Sikkim under progress |
| 11 | Re- Construction of Garage – cum- Seminal Hall at Sang East Sikkim, under completion |
| 12 | Re- Construction of Approach Road at Sang PHC, East Sikkim completed and closed |
| 13 | Demolishing & Strengthening of Ladhakey Building at STNM, East Sikkim completed and closed |
| 14 | Re- Construction of 2 Nos. of Class I Quarter at respective damaged structure site for district hospital Singtam at Chisopaney, East Sikkim completed and closed. |
| 15 | Re- Construction of 2 nos of Class II Quarter at respective damaged structure site for District Hospital Singtam, Chisopaney, East Sikkim completed and closed |
| 16 | Re- Construction of 2 nos of Class III Quarter at respective damaged structure site for District Hospital Singtam at Chisopaney in East Sikkim completed and closed |
| 17 | Re- Construction of 2 nos of Class IV Quarater at respective damaged structure site for District Hospital Singtam at Chisopaney, East Sikkim completed and closed |
| 18 | Re- Construction of approach Road to respective quarter for District Hospital Singtam at Chisopaney, East Sikkim completed and closed |
| 19 | Re- Construction of Water Suply System at Chuwatar in Singtam East Sikkim completed and closed |
| 20 | Re- Construction of PHSC & Class III – Double Unit Quarter at Lachen, North Sikkim under progress |
| 21 | Re- Construction of PHSC & Class III Double Unit Quarter at Lachung, North Sikkim under progress |
| 22 | Re- Construction of Garage cum Seminar Hall at Tsungthang, North Sikkim under progress |
| 23 | Construction of Class II unit Quarter at Tshungthang, North Sikkim |
| 24 | Re- Construction of Shipgyer PHSC with Class III Double Unit Quarter, North Sikkim under progress |
| 25 | Re- Construction of PHC at Passindong, North Sikkim under progress |
| 26 | Re – Construction of Sakyong – Pentok PHSC & Class III Double Unit Quarter, North under progress |
| 27 | Re- Construction of Class III Double Unit Quarter at Phondong, North Sikkim completed to be closed |

**MSDP (on going since 2011 -12 till 2014 – 15)**

|  |  |
| --- | --- |
| 1 | Construction of Building for Primary Health Sub Centre at Lingthem, North Sikkim works recently started is under progress |
|  | NEC (on going since 2013 – 14 2014 – 2015 |
| 1 | Construction of T.B. Hospital at Mangam, North Sikkim under Progress |
| 2 | Construction of T. B Hospital at Geyzing, West Sikkim works to be commenced. |

**NRHM (on going since 2013 – 14- 2014 – 15)**

|  |  |
| --- | --- |
| 1 | Vertical Extension of Class II quarter at Hee – Gyathang, North Sikkim progress |
| 2 | Vertical Extension of Class II quarter at Passingdong, North Sikkim under progress |
| 3 | Vertical Extension of Class II Quarter at Sombaria West Sikkim completed and closed |
| 4 | Construction of Class II Six Unit Quarter at Mangan, North Sikkim, under progress |
| 5 | Construction of Class II Six Unit Quarter at Singtam, East Sikkim under progress |
| 6 | Construction of Class II Six Unit Quarter at Geyzing West Sikkim under progress |
| 7 | Construction of ANM Training School cum Hostel at Singtam East Sikkim, works stop because agency demand for rate revision base on 2012 – S.O.R |
| 8 | Construction of ANM Training School cum Hotel at Geyzing West Sikkim under progress but agency demand for rate revision base on 2012 S.O.R. |

**WORK DONE WITHOUT SANCTION.**

|  |  |
| --- | --- |
| 1 | Extension of Emergency Unit at S.T.N.M Hospital work completed and inaugurated but not yet sanctioned. |
| 2 | Construction of space for ultra sound machine at Mangan, Singtam and Namchi District Hospital, works done but to be sanctioned. |

1. **CENTRAL HEALTH STORES ORGANISATION.**

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

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

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

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

**EXISTING MAN POWER**

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

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

**BUDGETARY SUPPORT AND EXPENDITURE:**

1. A sum of Rs. 1000.00 lakhs was allotted during the year 2014 – 15 under Non – Plan (Supply & Materials) for the purchase of medicines, dressing items, X – Ray films/chemicals, surgical glass, reagents, etc. and the same was utilized during the year.
2. Under plan (Supplies & Materials) a sum of Rs. 80.00 lakhs was provided and was utilized by procuring instruments/equipments & consumable items for Dialysis unit of the STNM Hospital.
3. 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, Group D employees and patient linens.
4. Under Plan (Repair of Equipments & Furniture) a sum of Rs. 30.00 lakhs was provided in the Supplementary grant which fully utilized.
5. Under Plan (AMC for Hospital Equipments) a sum of Rs. 30.00 lakhs was provided which has been fully utilized.

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

The budget allocation for the year 2015 – 16 has not been finalized purchase of medicine, dressing items, X – ray films/chemicals, surgical gloves, reagents, instruments/equipments, uniform, patient linen, etc along with AMC and repairs of equipment will be made as per the fund allocation.

1. **DRUGS AND COSMETICS CELL**

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, Cosmetics & Blood Banks.
* To conducts routine inspection of the retail/wholesale/manufacturing units regarding the sell and manufacturing records as per the Act.
* To issue different types of certificates to manufacturing units pertaining to manufacturing export and tender process.
* To collect the samples from CHSO, Sale Premises as well as the Manufacturing units to ensure the quality of the drugs sold or manufactured. Those samples of the drugs are being sent to the approved drugs testing laboratory for the analysis.

**STAFF PATTERN:**

1. Drugs Controller Dr. I.L. Sharma
2. Joint Drugs Controller cum Licensing Authority Dr. T.K. Rai (on training)
3. Sr. Drugs Inspector – cum – LA Mr. L.M. Targain
4. Sr. Drugs Inspector Mr. S.S. Pradhan
5. Computer Assistant Mr. Jeewan Rai
6. LDC Mrs. Karma Doma Bhutia
7. Officer Helper Mr. Hari Chandra Mangar

**NUMBER OF LICENSES ISSUED 2014 – 2015**

1. Retail : 14
2. Wholesale : 09
3. Retail/Wholesale : 03
4. Loan License : 04
5. Manufacturing : 03

**02. Budgetary support and Expenditure** Rs. 24, 35,000/-Rupees (Twenty Four Lakhs Thirty Five thousand) only.

**03. (a) Physical:** Target of Sample collection has been achieved

**(b) Financial:** Total collection of Revenue for the year of 2014 – 2015 is Rs. 13, 26,100/- Rupees (Thirteen Lakhs Twenty six thousand and one hundred) only.

**04. Targets:** Appointment of (2) Two Drug Inspectors.

1. **FOOD SAFETY & STANDARDS ACT CELL.**

The FSSA Cell enforces the Food Safety & Standards Act 2006, in the State the FSSA Cell is headed by the Secretary cum D.G. who is the Commissioner of Food Safety for the State followed by one Additional Director and two designated Officer. The annual budget allocation is done by the Accounts Cell. The annual revenue collection was Rupees, 57, 53/ Lakhs.

**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 specialty hospitals, the scheme has been named National Illness Assistance Fund (NIAF) renamed as RAN ( Rastriya Arogya Nidhi ) on 2002.

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

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

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

During 2000 the 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 745 patients has been benefited.

During financial year 2014-15 total number of patient referred is 105 and fund involvement is Rs. 30, 88,051.00

1. **HEALTH BUDGET AND EXPENDITURE UNDER FAMILY WELFARE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | | | **(Rs in Lakhs)** |  |
| S.NO. | HEAD OF ACCOUNT | Budget Provision | Revised Estimate | Expenditure |  |
|  |
| **1** | **DIR & ADM** |  |  |  |  |
| (a) | Head Office. | 168.08 | 168.08 | 168.05 |  |
| (b) | East District | 136.48 | 136.48 | 97.43 |  |
| (c ) | West District | 102.03 | 102.03 | 81.34 |  |
| (d) | North District | 103.16 | 74.68 | 74.66 |  |
| (e) | South District | 94.87 | 94.87 | 94.86 |  |
|  | **Total** | **604.62** | **576.14** | **516.34** |  |
| **2** | **Lum Provision** | **0.00** | **0.00** | **0.00** |  |
| **3** | **Training** | **43.10** | **43.10** | **43.06** |  |
| **4** | **Rural F W Services** |  |  |  |  |
| (a) | East District | 353.65 | 353.65 | 309.66 |  |
| (b) | West District | 272.71 | 272.71 | 264.73 |  |
| (c ) | North District | 137.44 | 108.28 | 108.28 |  |
| (d) | South District | 217.65 | 217.65 | 217.64 |  |
|  | **Total** | **981.45** | **952.29** | **900.31** |  |
| **5** | **Urban F W Services** |  |  |  |  |
| (a) | **STNM** | **84.83** | **84.83** | **69.44** |  |
| **6** | **Other Services and Supplies** | **0.00** | **0.00** | **0.00** |  |
|  | **Total** | **1714.00** | **1656.36** | **1529.15** |  |
|  |  |  |  |  |  |
|  | **EXPENDITURE UNDER 100% CSS (2210) FOR THE YEAR 2014-15** | | | **(Rs in Lakhs)** |  |
| S.NO. | HEAD OF ACCOUNT | Budget Provision | Revised Estimate | Expenditure |  |
|  |
| **1** | **Hospital Waste Management** | **0.00** | **0.00** | **0.00** |  |
| **2** | **SIAFF** | **50.00** | **50.00** | **25.00** |  |
| **3** | **ISM (Amji Clinic)** | **0.00** | **0.00** | **0.00** |  |
| **4** | **DONS** | **0.00** | **0.00** | **0.00** |  |
| **5** | **NVBDCP** | **0.00** | **0.00** | **0.00** |  |
| **6** | **NPCB** | **0.00** | **0.00** | **0.00** |  |
| **7** | **NLCP** | **0.00** | **0.00** | **0.00** |  |
| **8** | **NIDDCP** | **44.74** | **44.74** | **34.45** |  |
| **9** | **NCCP** | **0.00** | **0.00** | **0.00** |  |
| **10** | **Major Works (100% CSS) AYUSH** | **85.35** | **85.35** | **73.26** |  |
| **11** | **NMHP** | **0.00** | **0.00** | **0.00** |  |
| **12** | **Drug De-addiction Programme (Procurement of medicine,linen etc)** | **0.00** | **0.00** | **0.00** |  |
|  | **Total** | **180.09** | **180.09** | **132.71** |  |
|  | **EXPENDITURE UNDER NEC FOR THE YEAR 2014-15** | | | **(Rs in Lakhs)** |  |
| S.NO. | HEAD OF ACCOUNT | Budget Provision | Revised Estimate | Expenditure |  |
|  |
| **1** | **CHSO** | **0.00** | **0.00** | **0.00** |  |
| **2** | **Trauma Centre** | **0.01** | **0.00** | **0.00** |  |
| **3** | **Telemedicine** | **0.01** | **0.00** | **0.00** |  |
| **4** | **X-Ray Block/Kitchen/Seminar Hall** | **0.00** | **0.00** | **0.00** |  |
| **5** | **Const. of T.B hospitals at Mangan & Gayzing** | **132.00** | **0.00** | **0.00** |  |
| **6** | **Strengthening of Radiology Deptt. at Mangan, Singtam & Namchi CHC** | **400.53** | **0.00** | **0.00** |  |
|  | **Proc. Of Dental Chair,Equipments & Dental Lab. Facilities at STNM hospital, District hospitals &PHC under NEC.** | **297.46** | **0.00** | **0.00** |  |
|  | **Total** | **830.01** | **0.00** | **0.00** |  |

**PART – III**

* + - 1. **STNM HOSPITAL (ACTIVITIES & ACHIEVEMENTS)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SLNO: | NAME OF DEPTT. | No. of in patients discharged | | No of Deaths | |
|  | | MALE | FEMALE | MALE | FEMALE |
| 1 | MALE MEDICAL WARD | 732 | - | 49 | - |
| 2 | FEMALE MEDICAL WARD | - | 817 | - | 46 |
| 3 | MALE SURGICAL WARD | 676 | 38 | 6 | - |
| 4 | FEMALE SURGICAL WARD | 56 | 572 | - | 3 |
| 5 | ORTHOPEDIC WARD | 429 | 195 | 5 | 1 |
| 6 | BURNS WARD | 14 | 17 | 1 | 5 |
| 7 | CARDIOLOGY DEPTT | 187 | 173 | 10 | 17 |
| 8 | PEDIATRIC WARD | 797 | 596 | 11 | 4 |
| 9 | EMERGENCY WARD | 1124 | 1091 | 171 | 99 |
| 10 | CASUALTY WARD/R.R WARD) | 278 | 301 | 19 | 22 |
| 11 | NEW PRIVATE WARD | 414 | 379 | 17 | 9 |
| 12 | PP UNIT | - | 3451 | - | 3 |
| 13 | PSYCHIATRIC WARD | 277 | 175 | 2 | - |
| 14 | NICU | 483 | 356 | 19 | 20 |
| 15 | ONCOLOGY | 100 | 141 | 3 | 8 |
|  | TOTAL | 5567 | 8302 | 314 | 237 |

**II NEW REGISTRATION (OUT PATIENT)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SL.NO: | NAME OF DEPTT. | MALE | FEMALE | TOTAL |
| A | GENERAL OPD | 40099 | 42740 | 82839 |
| B | GYNAE/PAED | 16403 | 27482 | 43885 |
| C | EMERGENCY | 20669 | 16022 | 36691 |
|  | TOTAL | 77171 | 86244 | 163415 |

**STATEMENT SHOWING THE IN – PATIENTS DISCHARGED AND DEATHS DURING THE YEAR: 2014.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SL.NO: | PARTICULARS | MALE | FEMALE | TOTAL |
| A | DISCHARGED | 5567 | 8302 | 13869 |
| B | DEATHS | 314 | 237 | 551 |

**III. RADIOLOGICAL INVESTIGATIONS.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SL.NO: | NAME OF DEPTT. | MALE | FEMALE | TOTAL |
| 1 | ULTRASOUND |  |  |  |
| A | IN – PATIENT | 2095 | 2546 | 4641 |
| B | OUT – PATIENT | 705 | 1116 | 1821 |
|  | TOTAL | 2800 | 3662 | 6462 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| SL.NO: | NAME OF DEPTT. | MALE | | FEMALE | | TOTAL | |
| 2. | X – RAY | 10-2 pm | 2-10am | 10 -2pm | 2-10am | 10-2pm | 2-10am |
| A | IN – PATIENT | 3625 | 2630 | 2849 | 1881 | 6484 | 4511 |
| B | OUT-PATIENT | 6214 | - | 5301 | - | 11515 | - |
|  | TOTAL | 9849 | 2630 | 8150 | 1881 | 17999 | 4511 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SL.NO: | NAME OF DEPTT. | MALE | FEMALE | TOTAL |
| 3 | C.T. SCAN |  |  |  |
| A | IN – PATIENT | 1009 | 780 | 1789 |
| B | OUT – PATIENT | 478 | 517 | 995 |
|  | TOTAL | 1487 | 1297 | 2784 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SL.NO: | NAME OF DEPTT. | MALE | FEMALE | TOTAL |
| 4 | ENDOSCOPY |  |  |  |
| A | IN – PATIENT | 198 | 88 | 286 |
| B | OUT – PATIENT | 25 | 26 | 51 |
|  | TOTAL | 223 | 114 | 337 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SL.NO: | NAME OF DEPTT. | MALE | FEMALE | TOTAL |
| 5 | COLONOSCOPY |  |  |  |
| A | IN – PATIENT | 13 | 5 | 18 |
| B | OUT- PATIENT | 9 | 9 | 18 |
|  | TOTAL | 22 | 14 | 36 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SL.NO | NAME OF DEPTT. | MALE | FEMALE | TOTAL |
| 6 | ECG |  |  |  |
| A | IN – PATIENT | 3136 | 3077 | 6213 |
| B | OUT – PATIENT | 637 | 573 | 1210 |
|  | TOTAL | 3773 | 3650 | 7423 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SL.NO | NAME OF DEPTT. | MALE | FEMALE | TOTAL |
| 7 | T.M.T |  |  |  |
| A | IN – PATIENT | - | - | - |
| B | OUT – PATIENT | 39 | 24 | 63 |
|  | TOTAL | 39 | 24 | 63 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SL.NO | NAME OF DEPTT. | MALE | FEMALE | TOTAL |
| 8 | ECO |  |  |  |
| A | IN – PATIENT | 221 | 231 | 452 |
| B | OUT – PATIENT | 403 | 480 | 883 |
|  | TOTAL | 624 | 711 | 1335 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SL.NO | NAME OF DEPTT. | MALE | FEMALE | TOTAL |
| 9 | THERAPEUTIC |  |  |  |
| A | IN – PATIENT | 23 | 2 | 25 |
| B | OUT –PATIENT | - | - | - |
|  | TOTAL | 23 | 2 | 25 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SL.NO | NAME OF DEPTT. | MALE | FEMALE | TOTAL |
| 10 | HOLTER MONITOR |  |  |  |
| A | IN – PATIENT | 5 | 6 | 11 |
| B | OUT PATIENT | 8 | 7 | 15 |
|  | TOTAL | 13 | 13 | 26 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SL.NO | NAME OF DEPTT. | MALE | FEMALE | TOTAL |
| 11 | M.R.I |  |  |  |
| A | IN – PATIENT | 262 | 222 | 484 |
| B | OUT PATIENT | 179 | 179 | 355 |
|  | TOTAL | 441 | 398 | 839 |

**IV. OPERATION CONDUCTED**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SL.NO | OPERATION | | MALE | FEMALE | TOTAL |
| A | SURGICAL | MAJOR | 128 | 242 | 370 |
|  |  | MINOR | 1209 | 1262 | 2471 |
| TOTAL | 1337 | 1504 | 2841 |
| B | ENT | MAJOR | 38 | 34 | 72 |
|  |  | MINOR | 383 | 283 | 666 |
| TOTAL | 421 | 317 | 738 |
| C | EYE | MAJOR | 114 | 127 | 241 |
|  |  | MINOR | 133 | 222 | 355 |
| TOTAL | 247 | 349 | 596 |
| D | GYNAE | MAJOR | - | 1009 | 1009 |
|  |  | MINOR | - | 211 | 211 |
| TOTAL | - | 1220 | 1220 |
| E | ORTHO | MAJOR | 158 | 65 | 223 |
|  |  | MINOR | 739 | 778 | 1517 |
| OTHERS | 3289 | 1711 | 5000 |
| TOTAL | 4186 | 2554 | 6740 |
| GRAND TOTAL | 6191 | 5944 | 12135 |

**STATEMENT SHOWING THE PATIENTS REFERRED OUTSIDE SIKKIM DURING THE YEAR 2014.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SL.NO | PARTICULARS | MALE | FEMALE | TOTAL |
| A | EMPLOYEES | 422 | 393 | 815 |
| B | PUBLIC | 407 | 296 | 703 |
|  | TOTAL | 829 | 689 | 1518 |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SL.NO | PARTICULARS | MALE | FEMALE | TOTAL |
| 1 | DOG BITE | 733 | 467 | 1200 |
| A | SNAKE BITE | 22 | 12 | 34 |

**STATEMENT SHOWING THE LAB INVESTIGATION DONE AT (PATHOLOGY DEPTT.) OF S.T.N.M HOSPITAL DURING THE YEAR 2014.**

|  |  |  |
| --- | --- | --- |
| **SL.NO.** | **PARTICULARS** | **TOTAL** |
| 1 | BIOCHEMISTRY | 176766 |
| 2 | FNAC | 2385 |
| 3 | HAEMOTOLOGY | 274033 |
| 4 | HORMONE | 4093 |
| 5 | URINE | 55778 |
| 6 | STOOL EXAMINATION | 2389 |
| 7 | HISTOPATHOLOGY | 743 |
| 8 | ELECTROLYTE | 6860 |
|  | GRAND TOTAL | 523047 |

**STATEMENT SHOWING THE LAB INVESTIGATION DONE AT (MICROBIOLOGY DEPTT.) OF STNM HOSPITAL DURING THE YEAR 2014.**

|  |  |  |
| --- | --- | --- |
| **SL.NO:** | **PARTICULARS** | **TOTAL** |
| 1 | BACTERIOLOGY : Culture & Sensitivity | 2730 |
| 2 | FUNGAL | 52 |
| 3 | SEROLOGICAL TEST | 15388 |
| 4 | MICROSCOPY | 3891 |
|  | GRAND TOTAL | 22061 |

**STATEMENT SHOWING REPORTS ON AUTOPSY CONDUCTED AT STNM HOSPITAL DURING THE YEAR 2014.**

|  |  |  |  |
| --- | --- | --- | --- |
| **SL.NO:** | **MALE** | **FEMALE** | **TOTAL** |
| 1 | 96 | 40 | 136 |

**STATEMENT SHOWING THE PATIENTS TREATED IN VARIOUS CLINICS DURING THE YEAR 2014.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.No:** | **CLINICS** | **MALE** | **FEMALE** | **TOTAL** |
| **1** | **ENT** | **11034** | **10911** | **21945** |
| **2** | **ORTHOPAEDICS** | **10317** | **10520** | **20837** |
| **3** | **MEDICAL** | **19608** | **29389** | **48997** |
| **4** | **SURGICAL** | **8732** | **8167** | **16899** |
| **5** | **SKIN** | **10687** | **13066** | **23753** |
| **6** | **GYNAE** | **-** | **6033** | **6033** |
| **7** | **ANC NEW** | **-** | **616** | **616** |
| **8** | **ANC OLD** | **-** | **9923** | **9923** |
| **9** | **PSYCHIATRICS** | **2403** | **2294** | **4697** |
| **10** | **PAEDIATRICS** | **13790** | **12445** | **26235** |
| **11** | **EYE** | **8433** | **11440** | **19873** |
| **12** | **CARDIOLOGY** | **937** | **1289** | **2226** |
| **13** | **DENTAL** | **10396** | **14029** | **24425** |
| **14** | **AMJI** | **2427** | **4564** | **6991** |
| **15** | **TB CLINIC** | **2405** | **2054** | **4439** |

1. **EAST DISTRICT (ACTIVITIES AND ACHIEVEMENTS)**

**DEMOGRAPHIC PROFILE OF EAST DISTRICT**

Sikkim is the smallest Himalayan state of India. It is divided into four districts for administrative purposes. East district is one of the thickly populated district of Sikkim. Gangtok the capital of Sikkim is in the east district. Further it is divided into urban and rural areas. Rural areas are under the control of DistrictHospital Singtam for delivery of Health Care Services. STNM hospital is the state referral hospital which is located at Gangtok. East district occupies an area of 964 sq. km with a total population of 281293as per the census 2011. District collector is the administrative head and is the chairman of district health society and national health programmes.

**TABLE-I**

|  |  |  |
| --- | --- | --- |
| **Description** | **2011 CENSUS** | **2001 CENSUS** |
|  |  |  |
|  |  |  |
| **Actual Population** | 283,583 | 245,040 |
| **Male** | 151,432 | 132,917 |
| **Female** | 132,151 | 112,123 |
| **Population Growth** | 15.73% | 37.31% |
| **Area Sq. Km** | 954 | 954 |
| **Density/km2** | 297 | 257 |
| **Proportion to Sikkim Population** | 46.45% | 45.31% |
| **Sex Ratio (Per 1000)** | 873 | 844 |
| **Child Sex Ratio (0-6 Age)** | 960 | 950 |
| **Average Literacy** | 83.85 | 74.67 |
| **Male Literacy** | 88.47 | 81.20 |
| **Female Literacy** | 78.50 | 66.80 |
| **Total Child Population (0-6 Age)** | 27,984 | 31,410 |
| **Male Population (0-6 Age)** | 14,277 | 16,105 |
| **Female Population (0-6 Age)** | 13,707 | 15,305 |
| **Literates** | 214,329 | 159,521 |
| **Male Literates** | 121,345 | 94,850 |
| **Female Literates** | 92,984 | 64,671 |
| **Child Proportion (0-6 Age)** | 9.87% | 12.82% |
| **Boys Proportion (0-6 Age)** | 9.43% | 12.12% |
| **Girls Proportion (0-6 Age)** | 10.37% | 13.65% |

**Public Health Infrastructure in the district**

|  |  |  |  |
| --- | --- | --- | --- |
| **Health Facility** | **Number** | | **Remarks** |
| **Government Buildings** | **Rented** |  |
| DistrictHospital | 1 |  | SingtamDistrictHospital |
| MedicalCollege/ Hospital | 1 |  | SMMC /CRH |
| AYUSH /AYUR CLINIC | 1 |  | Singtam |
| UFWC | 1 |  | STNM |
| BPHC | 7 |  |  |
| Subcentre | 48 | 4 |  |
| HealthCenter at Sherethang | 1 |  |  |
| NHPCHospital | 1 |  | Balutar, Singtam |

**MANPOWER STATUS UNDER EAST DISTRICT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MANPOWER DETAILS UNDER EAST DISTRICT 2014-2015** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|
| **FACILITY** | **SPECIALISTS** | | **MO** | | **DENTAL** | | **AYUSH** | | **CHO/LHV** | | **GNM** | | **ANM/MPHWF** | | **MPHW M** | | **LAB TECH** | | **XRAY TECH** | | **PHARMACIST** | | **BPMU** | | **MWA** | | **FWA** | |
| R | C | R | C | R | C | R | C | R | C | R | C | R | C | R | C | R | C | R | C | R | C | R | C | R | C | R | C |
| **SANG PHC** | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 20 | 3 | 17 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 7 | 0 | 6 | 2 (mr) |
| **MACHONG PHC** | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 2 | 9 | 2 | 6 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 0 | 4 | 2 |
| **SAMDONG PHC** | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 3 | 3 | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 1 | 1 | 1 |
| **RHENOCK PHC** | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 1 | 2 | 0 | 0 | 2 | 6 | 3 | 3 | 0 | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 2 | 3 | 0 | 4 | 0 |
| **RANGPO PHC** | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 2 | 14 | 3 | 10 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 2 | 4 | 3 | 2 | 2 |
| **PAKYONG PHC** | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 2 | 0 | 0 | 4 | 21 | 3 | 8 | 0 | 2 | 0 | 0 | 1 | 0 | 1 | 0 | 2 | 3 | 1 | 9 | 2 |
| **RONGLI PHC** | 0 | 0 | 1 | 1 | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 2 | 6 | 6 | 9 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 2 | 5 | 0 | 4 | 1 |
| **DHS** | 10 | 1 | 5 | 7 | 1 | 2 | 0 | 3 | 1 | 2 | 12 | 13 | 23 | 1 | 7 | 1 | 3 | 9 | 1 | 2 | 0 | 1 | 0 | 4 | 6 | 5 | 4 | 1 |
| **TOTAL** | 11 | 1 | 8 | 13 | 3 | 4 | 1 | 4 | 11 | 2 | 12 | 29 | 102 | 21 | 62 | 1 | 13 | 11 | 3 | 3 | 0 | 3 | 0 | 17 | 31 | 10 | 34 | 9 |

**NHM ACTIVITIES**

Programme Management Unit (PMU):

Under NHM, District Programme Management unit at District level and Block Programme Management unit at PHC level were established and operationalized by appointing qualified management graduates personnel to provide support on planning, implementing, monitoring and accounts keeping of the NHM activities.

Financial Management System (FMS):

The District Accounts Manager appointed at the District level, and the Block Programme Manager / Accounts Manager at the Block level maintain the proper financial records. Computerized financial management and monitoring is being introduced. Internal and external audit features apart from the monthly and quarterly financial report.

For the accurate and timely submission of the Financial Management Report (FMR) the mission has designed a web portal for monthly reporting.

Untied Fund:

Untied fund are being provided to PHC and PHSC for emergencies purchases (Life saving drugs, consumables, etc) further untied funds can also be used for minor modification of health centers , emergency transport etc

In the year 2014-15

48 PHSC were provided with untied fund @ Rs 10,000

6 PHCs @ Rs25,000 .

Annual Maintenance Grant

Annual Maintenance Grant were provided to 48 PHSCs @ Rs 10,000

6 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 6 PHC s were provided with corpus grant of Rs 1,00,000 , 1 CHC @ 4,00,000 and District RKS was provided with Rs10,00,000.

24X7 PHCs:

Under East 7 PHCs have been providing 24X7 health care services. In order to make it effective and functional Medical Officers along with other medical and administrative staffs has been appointed at different PHCs and PHSCs.

**Ambulance for Health Centers:**

State Health Society, has provided Ambulance in all the PHCs and district Hospital. These ambulances are fitted with all the basic health kits. This Ambulance is used to refer the patient free of cost to the Higher Health Centers round the clock.

Village Health and Nutrition Day (VHND):

Aganwadi centers located at different villages are to conduct VHNDs. In the financial year 2014-15, VHNDs were carried out at different aganwadi centers under different PHCs and District.

Health Management Information System (HMIS):

HMIS reporting comprises of Online web portal reporting and prepration of HMIS hard copy report and submit it to higher level facility.

Under East District all 48 Sub centers prepares monthly HMIS reports and submits it to concerned PHC for compilation. 7 PHCs compile the monthly report and submits it to District. DEO of each PHC uploads the web portal HMIS report every month.

DDM , DDA& DEO stationed at the district & PHC uploads the monthly HMIS report for the District and further compiles the Hard copy HMIS report and submits it to state officials.

**MOTHER AND CHILD TRACKING SYSTEM (MCTS)**

All 48 PHSCs, 7 PHCs and District are provided with MCTS registers for mother and children. MCTS web portal reports are being uploaded by DEOs stationed at the PHC and DDA at District.

**IEC/BCC**

The district has fully established IEC/BCC cell at District level and health educator are posted at PHC for implementation of the programme. All the programmes under IEC/ BCC cell are carried out in coordination with NGOs ,panchayats, teachers, ASHAs , along with formal and informal leaders

**ASHAs**

ACCREDITED SOCIAL HEALTH ACTIVIST (ASHA)

There are in total 199 villages under east district , 199 ASHAs have been selected in order to serve these villages all ASHAs under east district are trained upto 6th and 7th module Round IV .Ashas have been receiving Rs 3000 per month as Honorarium from State Government.

|  |  |  |
| --- | --- | --- |
| **Sl.No** | **Activity** | **Goal for District** |
| **01** | Number of ASHA monthly meeting per month | 8 |
| **02** | Number of VHSNC MEETING PER MONTH | 199 |
| **03** | Number of fully trained ASHAs for every 1000 population | 199 |
| **04** | Number of clients benefited under JananiSurakshyaYojana (JSY) | 1082 |
| **05** | Number of VHSC constituted and untied grants provided to them | 199 |
| **06** | Number ASHAs trained under 6th& 7TH module (Round I TO IV) | 199 |

**Mobile Medical Unit:**

The services like Ante Natal Care, general health checkup with basic investigation and diagnostic facilities, immunization pre treatment& referral facilities and health education are available through MMU facilities.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Month** | **April** | **May** | **June** | **July** | **August** | **September** | **October** | **November** | **December** | **January** | **February** | **March** | **Total** |
| **No of Camps held** | **0** | **0** | **0** | **5** | **16** | **0** | **0** | **0** | **0** | **10** | **17** | **20** | **68** |
| **No of Patient Treated** | **0** | **0** | **0** | **360** | **1176** | **0** | **0** | **0** | **0** | **520** | **623** | **899** | **3578** |
| **No of ANC** | **0** | **0** | **0** | **4** | **13** | **0** | **0** | **0** | **0** | **0** | **12** | **35** | **64** |
| **No of PNC** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **No of X-Ray** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **No of USG** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **No of ECG** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **No of Patient examined for Hemoglobin** | **0** | **0** | **0** | **0** | **25** | **0** | **0** | **0** | **0** | **68** | **91** | **120** | **304** |

**Details of MMU activity for the year 2014-15**

**RMNCH+A HEALTH INDICATOR REPORT UNDER EAST DISTRICT (SOURCE: HMIS)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **SubDistrict** | | | | | | | | |
| **EAST RURAL** | **`Machong** | **Pakyong** | **Rangpo** | **Rhenock** | **Rongli** | **SINGTAM District Hos** | **Samdong** | **Sang** |
|  | |  |  |  |  |  |  |  |  |  |
| **Total number of pregnant women Registered for ANC** | **TOTAL** | **2489** | **132** | **422** | **421** | **224** | **204** | **291** | **321** | **474** |
| **Of which Number registered within first trimester (within 12 weeks)** | **TOTAL** | **1970** | **114** | **324** | **328** | **179** | **159** | **239** | **248** | **379** |
| **Number of Pregnant women registered under JSY** | **TOTAL** | **1607** | **108** | **271** | **259** | **161** | **112** | **147** | **222** | **327** |
| **Number of pregnant women received 3 ANC check ups during pregnancy** | **TOTAL** | **2179** | **95** | **385** | **396** | **188** | **173** | **205** | **266** | **471** |
| **Number of pregnant women given TT1 during current pregnancy** | **TOTAL** | **2090** | **115** | **366** | **364** | **192** | **169** | **221** | **256** | **407** |
| **Number of pregnant women given TT2 or Booster during current pregnancy** | **TOTAL** | **2304** | **124** | **402** | **396** | **200** | **181** | **267** | **281** | **453** |
| **Total number of pregnant women given 100 IFA tablets** | **TOTAL** | **2177** | **102** | **303** | **402** | **211** | **211** | **278** | **262** | **408** |
| **Number of new cases of Hypertension (BP>140/90) detected in Pregnant women at the institution** | **TOTAL** | **180** | **4** | **5** | **3** | **2** | **1** | **146** | **9** | **10** |
| **Number of Eclampsia cases managed during delivery** | **TOTAL** | **16** | **0** | **0** | **0** | **0** | **0** | **16** | **0** | **0** |
| **Number of Pregnant women with anaemia i.e. Hb level<11 (tested cases)** | **TOTAL** | **818** | **77** | **145** | **100** | **60** | **35** | **90** | **103** | **208** |
| **Number of Pregnant women having severe anaemia (Hb<7) treated at institution** | **TOTAL** | **9** |  |  |  | **2** |  | **7** |  |  |
| **Number of pregnancy test kits used at SC level** | **TOTAL** | **1297** | **57** | **272** | **228** | **107** | **116** |  | **236** | **281** |
| **Number of deliveries conducted at Home and attended by trained SBA(i.e. Doctor or Nurse or ANM)** | **TOTAL** | **27** | **2** | **4** | **5** | **0** | **1** | **0** | **6** | **9** |
| **Number of deliveries conducted at Home and attended by non trained SBA (i.e. trained TBA or Relatives etc.)** | **TOTAL** | **24** | **3** | **4** | **0** | **2** | **0** | **11** | **0** | **4** |
| **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)** | **TOTAL** | **51** | **5** | **8** | **5** | **2** | **1** | **11** | **6** | **13** |
| **Number of newborns visited within 24 hours of delivery for deliveries conducted at home** | **TOTAL** | **37** | **3** | **7** | **5** | **2** | **1** | **1** | **6** | **12** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of mothers paid JSY incentive for deliveries conducted at home** | **TOTAL** | **0** | **0** | **0** | **0** | **0** | **0** |  | **0** | **0** |
| **Deliveries conducted at Public Institutions (Including C-Sections)** | **TOTAL** | **930** | **18** | **119** | **75** | **95** | **83** | **444** | **42** | **54** |
| **Out of 2.2, Number discharged under 48 hours of delivery** | **TOTAL** | **261** | **15** | **15** | **14** | **2** | **13** | **167** | **12** | **23** |
| **Number of mothers paid JSY Incentive for deliveries conducted at Public Institutions** | **TOTAL** | **522** | **44** | **30** | **314** | **76** | **0** | **0** | **24** | **34** |
| **Number of ASHAs paid JSY Incentive for deliveries conducted at Public Institutions** | **TOTAL** | **506** | **44** | **7** | **250** | **112** | **51** | **0** | **1** | **41** |
| **Number of Caesarean (C-Section) deliveries performed at SDHs (Sub-divisional Hospital) or DHs (District Hospital)** | **TOTAL** | **12** |  |  |  |  |  | **12** |  |  |
| **Total Number of Caesarean (C-Section) deliveries performed at Public facilities i.e. PHC, CHC, SDH, DH and other State owned public institutions (sum of items from 3.1.1 to 3.1.4)** | **TOTAL** | **12** | **0** | **0** | **0** | **0** | **0** | **12** | **0** | **0** |
| **Number of male live births** | **TOTAL** | **515** | **14** | **61** | **36** | **44** | **51** | **245** | **30** | **34** |
| **Number of female live births** | **TOTAL** | **453** | **10** | **65** | **43** | **52** | **30** | **202** | **18** | **33** |
| **Total number of male and female live births (4.1.1.a and 4.1.1.b)** | **TOTAL** | **968** | **24** | **126** | **79** | **96** | **81** | **447** | **48** | **67** |
| **Number of still births** | **TOTAL** | **20** | **2** | **1** | **1** | **1** | **3** | **11** | **0** | **1** |
| **Number of Abortions (spontaneous or induced)** | **TOTAL** | **121** | **2** | **15** | **3** | **12** | **5** | **56** | **16** | **12** |
| **Number of Newborns weighed at birth** | **TOTAL** | **964** | **26** | **126** | **79** | **95** | **81** | **441** | **48** | **68** |
| **Number of Newborns having weight less than 2.5 kg** | **TOTAL** | **54** | **0** | **9** | **2** | **4** | **0** | **30** | **2** | **7** |
| **Number of Newborns breast fed within 1 hour of birth** | **TOTAL** | **936** | **22** | **126** | **79** | **94** | **81** | **426** | **46** | **62** |
| **Number of cases of pregnant women with Obstetric Complications and attended at PHCs** | **TOTAL** | **63** | **0** | **63** | **0** |  | **0** |  | **0** | **0** |
| **Number of cases of pregnant women with Obstetric Complications and attended at CHCs** | **TOTAL** | **6** |  |  |  | **6** |  |  |  |  |
| **Number of cases of pregnant women with Obstetric Complications and attended at SDHs or DHs** | **TOTAL** | **10** |  |  |  |  |  | **10** |  |  |
| **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)** | **TOTAL** | **79** | **0** | **63** | **0** | **6** | **0** | **10** | **0** | **0** |
| **Number of cases of complicated pregnancies treated with IV antibiotics** | **TOTAL** | **12** | **0** | **0** | **0** | **0** | **0** | **12** | **0** | **0** |
| **Number of cases of complicated pregnancies treated with IV Antihypertensive/Magsulph injection** | **TOTAL** | **2** | **0** | **0** | **0** | **0** | **0** | **2** | **0** | **0** |
| **Number of cases of complicated pregnancies treated with IV Oxytocis** | **TOTAL** | **30** | **0** | **0** | **0** | **19** | **0** | **11** | **0** | **0** |
| **Number of cases of complicated pregnancies treated with Blood Transfusion** | **TOTAL** | **27** |  |  |  | **0** |  | **27** |  |  |
| **Women getting post partum check-up within 48 hours after delivery** | **TOTAL** | **1149** | **28** | **169** | **80** | **95** | **84** | **441** | **95** | **157** |
| **Women getting a post partumcheck up between 48 hours and 14 days after delivery** | **TOTAL** | **1666** | **73** | **347** | **251** | **132** | **155** | **46** | **247** | **415** |
| **PNC maternal complications attended** | **TOTAL** | **16** | **0** | **0** | **0** | **1** | **0** | **15** | **0** | **0** |
| **Number of MTPs conducted at Public Institutions up to 12 weeks of pregnancy** | **TOTAL** | **8** | **0** | **0** | **0** | **0** | **0** | **8** | **0** | **0** |
| **Total number of MTPs conducted at Public Institutions (sum of items 7.1.1 and 7.1.2)** | **TOTAL** | **8** | **0** | **0** | **0** | **0** | **0** | **8** | **0** | **0** |
| **Number of new cases of RTI/STI in males for which treatment was initiated** | **TOTAL** | **95** | **0** | **0** | **27** | **0** | **0** | **68** | **0** | **0** |
| **Number of new cases of RTI/STI in females for which treatment was initiated** | **TOTAL** | **522** | **25** | **69** | **77** | **68** | **1** | **264** | **0** | **18** |
| **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)** | **TOTAL** | **617** | **25** | **69** | **104** | **68** | **1** | **332** | **0** | **18** |
| **Number of Laparoscopic sterilizations conducted at SDHs or DHs** | **TOTAL** | **34** |  |  |  |  |  | **34** |  |  |
| **Total Number of Laparoscopic sterilizations conducted at Public facilities i.e. PHC, CHC, SDH, DH and other State owned public institutions (sum of items from 9.2.1.a to 9.2.1.d)** | **TOTAL** | **34** | **0** | **0** | **0** | **0** | **0** | **34** | **0** | **0** |
| **Number of Mini-lap sterilizations conducted at SDHs or DHs** | **TOTAL** | **1** |  |  |  |  |  | **1** |  |  |
| **Number of Mini-lap sterilizations conducted at other State owned public institutions** | **TOTAL** | **0** |  |  |  |  |  |  |  |  |
| **Total Number of Mini-lap sterilizations conducted at Public facilities i.e. PHC, CHC, SDH, DH and other State owned public institutions (sum of items from 9.3.1.a to 9.3.1.d)** | **TOTAL** | **1** | **0** | **0** | **0** | **0** | **0** | **1** | **0** | **0** |
| **Number of Mini-lap sterilizations conducted at Private facilities** | **TOTAL** | **0** |  |  |  |  |  |  |  |  |
| **Number of Post-Partum sterilizations conducted at PHCs** | **TOTAL** | **0** | **0** | **0** | **0** |  | **0** |  | **0** | **0** |
| **Number of Post-Partum sterilizations conducted at CHCs** | **TOTAL** | **0** |  |  |  | **0** |  |  |  |  |
| **Number of Post-Partum sterilizations conducted at SDHs or DHs** | **TOTAL** | **1** |  |  |  |  |  | **1** |  |  |
| **Number of Post-Partum sterilizations conducted at other State owned public institutions** | **TOTAL** | **0** |  |  |  |  |  |  |  |  |
| **Total Number of Post-Partum sterilizations conducted at Public facilities i.e. PHC, CHC, SDH, DH and other State owned public institutions (sum of items from 9.4.1.a to 9.4.1.d)** | **TOTAL** | **1** | **0** | **0** | **0** | **0** | **0** | **1** | **0** | **0** |
| **Number of Post-Partum sterilizations conducted at Private facilities** | **TOTAL** | **0** |  |  |  |  |  |  |  |  |
| **Number of IUCD Insertions conducted at SCs** | **TOTAL** | **244** | **16** | **49** | **35** | **20** | **11** |  | **38** | **75** |
| **Number of IUCD Insertions conducted at PHCs** | **TOTAL** | **103** | **14** | **28** | **23** |  | **9** |  | **21** | **8** |
| **Number of IUCD Insertions conducted at CHCs** | **TOTAL** | **24** |  |  |  | **24** |  |  |  |  |
| **Number of IUCD Insertions conducted at SDHs or DHs** | **TOTAL** | **51** |  |  |  |  |  | **51** |  |  |
| **Number of IUCD Insertions conducted at other State owned public institutions** | **TOTAL** | **0** |  |  |  |  |  |  |  |  |
| **Total Number of IUCD 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)** | **TOTAL** | **422** | **30** | **77** | **58** | **44** | **20** | **51** | **59** | **83** |
| **Out of above total, Post Partum (within 48 hours of delivery) IUCD insertions** | **TOTAL** | **52** | **0** | **0** | **0** | **9** | **0** | **29** | **14** | **0** |
| **Number of IUCD Insertions conducted at Private facilities** | **TOTAL** | **0** |  |  |  |  |  |  |  |  |
| **Number of IUCD removals** | **TOTAL** | **97** | **5** | **22** | **3** | **11** | **7** | **20** | **11** | **18** |
| **Number of Oral Pills cycles distributed** | **TOTAL** | **15626** | **794** | **3223** | **2310** | **689** | **1169** | **164** | **3078** | **4199** |
| **Number of Condom pieces distributed** | **TOTAL** | **35008** | **1282** | **5838** | **4498** | **2287** | **2604** | **3850** | **4953** | **9696** |
| **Number of Centchroman (weekly) pills given** | **TOTAL** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **Number of Emergency Contraceptive Pills distributed** | **TOTAL** | **75** | **0** | **0** | **0** | **8** | **67** | **0** | **0** | **0** |
| **Number of Institutions having NSV trained doctors** | **TOTAL** | **13** | **12** |  | **1** |  |  |  |  |  |
| **Number of Infants (0 to 11 months old)received BCG immunisation** | **TOTAL** | **982** | **24** | **129** | **92** | **92** | **94** | **442** | **48** | **61** |
| **Number of Infants (0 to 11 months old) received DPT1 immunisation** | **TOTAL** | **2174** | **110** | **383** | **356** | **173** | **168** | **334** | **267** | **383** |
| **Number of Infants (0 to 11 months old) received DPT2 immunisation** | **TOTAL** | **2122** | **112** | **365** | **370** | **188** | **161** | **255** | **264** | **407** |
| **Number of Infants (0 to 11 months old) received DPT3 immunisation** | **TOTAL** | **2171** | **118** | **369** | **392** | **193** | **162** | **261** | **265** | **411** |
| **Number of Infants (0 to 11 months old) received OPV 0 (Birth Dose)** | **TOTAL** | **967** | **21** | **125** | **91** | **95** | **92** | **440** | **48** | **55** |
| **Number of Infants (0 to 11 months old) received OPV1 (First Dose)** | **TOTAL** | **2057** | **111** | **365** | **356** | **173** | **168** | **234** | **267** | **383** |
| **Number of Infants (0 to 11 months old) received OPV2 (Second Dose)** | **TOTAL** | **2120** | **110** | **365** | **370** | **188** | **161** | **255** | **264** | **407** |
| **Number of Infants (0 to 11 months old) received OPV3 (Third Dose)** | **TOTAL** | **2170** | **118** | **369** | **392** | **193** | **162** | **261** | **265** | **410** |
| **Number of Infants (upto 48 hrs of age) received Hepatitis-B0 immunisation** | **TOTAL** | **823** | **12** | **96** | **64** | **95** | **74** | **417** | **31** | **34** |
| **Number of Infants (0 to 11 months old) received Hepatitis-B1 immunisation** | **TOTAL** | **2057** | **110** | **365** | **356** | **173** | **168** | **234** | **267** | **384** |
| **Number of Infants (0 to 11 months old) received Hepatitis-B2 immunisation** | **TOTAL** | **2122** | **112** | **365** | **370** | **188** | **161** | **255** | **264** | **407** |
| **Number of Infants (0 to 11 months old) received Hepatitis-B3 immunisation** | **TOTAL** | **2173** | **118** | **371** | **392** | **193** | **162** | **261** | **265** | **411** |
| **Number of Infants (0 to 11 months old) received Measles immunisation (First Dose)** | **TOTAL** | **2197** | **120** | **355** | **407** | **194** | **194** | **238** | **296** | **393** |
| **Number of Infants (more than 16 months old) received Measles immunisation (Second Dose)** | **TOTAL** | **2** | **1** | **0** | **0** | **0** | **1** | **0** | **0** | **0** |
| **Total number of male children (9 to 11 months old) fully immunised (BCG+DPT123/Pentavalent123+OPV123+Measles) during the month** | **TOTAL** | **1088** | **65** | **164** | **196** | **99** | **91** | **124** | **157** | **192** |
| **Total number of female children (9 to 11 months old) fully immunised (BCG+DPT123/Pentavalent123+OPV123+Measles) during the month** | **TOTAL** | **1084** | **54** | **191** | **195** | **95** | **99** | **113** | **138** | **199** |
| **Total number of children (9 to 11 months old) fully immunised (BCG+DPT123/Pentavalent123+OPV123+Measles) during the month (sum of items 10.1.13.a and 10.1.13.b)** | **TOTAL** | **2172** | **119** | **355** | **391** | **194** | **190** | **237** | **295** | **391** |
| **Number of Infants (more than 16 months old) received DPT Booster dose** | **TOTAL** | **2214** | **116** | **403** | **362** | **209** | **183** | **234** | **291** | **416** |
| **Number of Infants (more than 16 months old) received OPV Booster dose** | **TOTAL** | **2216** | **118** | **403** | **362** | **209** | **183** | **234** | **291** | **416** |
| **Number of Infants (more than 16 months old) received Measles, Mumps, Rubella (MMR) Vaccination** | **TOTAL** | **2157** | **96** | **392** | **348** | **214** | **173** | **239** | **300** | **395** |
| **Total number of male children (12 to 23 months old) fully immunised (BCG+DPT123/Pentavalent123+OPV123+Measles) during the month** | **TOTAL** | **13** | **0** | **0** | **2** | **0** | **2** | **0** | **3** | **6** |
| **Total number of female children (12 to 23 months old) fully immunised (BCG+DPT123/Pentavalent123+OPV123+Measles) during the month** | **TOTAL** | **26** | **0** | **0** | **7** | **0** | **2** | **0** | **0** | **17** |
| **Total number of children (12 to 23 months old) fully immunised (BCG+DPT123+OPV123/Pentavalent123+Measles) during the month (sum of items 10.3.1.a and 10.3.1.b)** | **TOTAL** | **39** | **0** | **0** | **9** | **0** | **4** | **0** | **3** | **23** |
| **Number of children (more than 5 years old) given DT5** | **TOTAL** | **2338** | **140** | **359** | **389** | **235** | **188** | **150** | **272** | **605** |
| **Number of children (more than 10 years old) given TT10** | **TOTAL** | **2963** | **192** | **523** | **526** | **284** | **238** | **182** | **319** | **699** |
| **Number of children (more than 16 years old) given TT16** | **TOTAL** | **2616** | **244** | **623** | **472** | **171** | **132** | **187** | **310** | **477** |
| **Number of cases of Abscess reported following immunisation [Adverse Event Following Immunisation (AEFI)]** | **TOTAL** | **4** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **4** |
| **Number of cases of Death reported following immunisation [Adverse Event Following Immunisation (AEFI)]** | **TOTAL** | **4** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **4** |
| **Number of cases of other complications reported following immunisation [Adverse Event Following Immunisation (AEFI)]** | **TOTAL** | **5** | **0** | **0** | **1** | **0** | **0** | **0** | **0** | **4** |
| **Number of Immunisation sessions planned to be held during the month** | **TOTAL** | **3163** | **192** | **561** | **504** | **300** | **389** | **245** | **444** | **528** |
| **Number of Immunisation sessions held during the month** | **TOTAL** | **3150** | **192** | **561** | **504** | **288** | **389** | **244** | **444** | **528** |
| **Number of Immunisation sessions held during the month where ASHAs were present** | **TOTAL** | **2727** | **192** | **420** | **504** | **154** | **377** | **143** | **409** | **528** |
| **Number of children (more than 16 months old) received Japanese Encephalitis (JE) vaccination** | **TOTAL** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **Number of children (9 months to 5 years old) administered 1st dose of Vitamin A (Dose-1)** | **TOTAL** | **2196** | **118** | **355** | **405** | **194** | **194** | **238** | **296** | **396** |
| **Number of children (9 months to 5 years old) were administered 5th dose of Vitamin A (Dose-5)** | **TOTAL** | **1251** | **205** | **209** | **164** | **132** | **74** | **110** | **87** | **270** |
| **Number of children (9 months to 5 years old) administered 9th dose of Vitamin A (Dose-9)** | **TOTAL** | **1702** | **185** | **275** | **122** | **248** | **151** | **154** | **193** | **374** |
| **Number of cases of Measles reported in children below 5 years of age** | **TOTAL** | **9** | **0** | **0** | **1** | **0** | **0** | **7** | **1** | **0** |
| **Number of cases of Diarrhoea and Dehydration reported in children below 5 years of age** | **TOTAL** | **2880** | **220** | **243** | **354** | **302** | **203** | **511** | **507** | **540** |
| **Number of children below 5 years of age admitted with Respiratory Infections** | **TOTAL** | **386** | **30** | **5** | **81** | **2** | **241** | **26** | **0** | **1** |
| **Number of Patients operated for cataract** | **TOTAL** | **80** | **0** | **0** | **0** | **0** | **0** | **80** | **0** | **0** |
| **Number of Intraocular Lens(IOL) implantations** | **TOTAL** | **74** | **0** | **0** | **0** | **0** | **0** | **74** | **0** | **0** |
| **Number of School children detected with Refractive errors** | **TOTAL** | **30** | **0** | **0** | **0** | **0** | **0** | **30** | **0** | **0** |
| **Number of children provided free glasses** | **TOTAL** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **Number of CHC or SDH or DH functioning as First Referral units (FRUs)** | **TOTAL** | **18** |  |  |  | **12** |  | **6** |  |  |
| **Number of PHCs functioning 24X7 with atleast 3 Staff Nurses** | **TOTAL** | **60** | **12** | **12** | **12** |  | **12** |  | **12** |  |
| **Number of Anganwadi centres reported to have conducted VHNDs** | **TOTAL** | **2853** | **192** | **444** | **504** | **207** | **456** | **146** | **432** | **472** |
| **Number of facilities having a RogiKalyanSamiti (RKS)** | **TOTAL** | **24** |  |  |  | **12** |  | **12** |  |  |
| **Number of RKS meetings held during the month** | **TOTAL** | **13** | **0** | **2** | **0** | **0** | **4** | **5** | **0** | **2** |
| **Number of facilities having Ambulance services (Assured Referral Services)** | **TOTAL** | **96** | **12** | **12** | **12** | **12** | **12** | **12** | **12** | **12** |
| **Total Number of times the Ambulance was used for transporting patients during the month** | **TOTAL** | **1100** | **29** | **341** | **67** | **53** | **140** | **359** | **84** | **27** |
| **Number of Institutions having Operational Sick New Born and Child Care Units (SNCU)** | **TOTAL** | **3** |  |  |  | **3** |  |  |  |  |
| **Number of functional Laproscopes in CHC/SDH/DH** | **TOTAL** | **0** |  |  |  | **0** |  | **0** |  |  |
| **Number of male patients admitted (Inpatients) during the month** | **1. Children** | **555** | **5** | **100** | **27** | **30** | **11** | **362** | **16** | **4** |
| **2. Adults** | **1761** | **43** | **347** | **123** | **176** | **89** | **917** | **32** | **34** |
| **Number of female patients (Inpatients) admitted during the month** | **1. Children** | **631** | **24** | **109** | **43** | **44** | **18** | **364** | **17** | **12** |
| **2. Adults** | **2838** | **57** | **633** | **206** | **319** | **220** | **1273** | **67** | **63** |
| **Total number of patients admitted (Inpatients) during the month (sum of items 14.10.1.a and 14.10.1.b)** | **1. Children** | **1186** | **29** | **209** | **70** | **74** | **29** | **726** | **33** | **16** |
| **2. Adults** | **4599** | **100** | **980** | **329** | **495** | **309** | **2190** | **99** | **97** |
| **Number of death cases of Inpatient males** | **TOTAL** | **12** | **1** | **1** | **3** | **3** | **1** | **3** | **0** | **0** |
| **Number of death cases of Inpatient females** | **TOTAL** | **11** | **0** | **4** | **2** | **2** | **0** | **2** | **0** | **1** |
| **Number of cases of death of Inpatients (sum of items 14.10.2.a and 14.10.2.b)** | **TOTAL** | **23** | **1** | **5** | **5** | **5** | **1** | **5** | **0** | **1** |
| **In-Patient Head Count at midnight** | **TOTAL** | **12675** | **143** | **1311** | **326** | **1384** | **609** | **8400** | **216** | **286** |
| **OPD attendance (All)** | **TOTAL** | **234820** | **18435** | **40178** | **31677** | **28089** | **15364** | **52827** | **22309** | **25941** |
| **Number of major operations carried out using general or spinal anaesthesia** | **TOTAL** | **3** | **0** | **0** | **0** | **0** | **0** | **3** | **0** | **0** |
| **Number of minor operations carried out without anaesthesia or using local anaesthesia** | **TOTAL** | **896** | **1** | **0** | **180** | **0** | **0** | **715** | **0** | **0** |
| **Number of patients given AYUSH treatment** | **TOTAL** | **4408** | **0** | **0** | **0** | **880** | **814** | **2714** | **0** | **0** |
| **Number of patients on whom Dental Procedure was conducted** | **TOTAL** | **13355** | **0** | **3010** | **2367** | **1519** | **1347** | **5112** | **0** | **0** |
| **Number of Adolescents counselled** | **TOTAL** | **3913** | **60** | **481** | **257** | **215** | **1308** | **1400** | **185** | **7** |
| **Number of Haemoglobin (Hb) tests conducted** | **TOTAL** | **5805** | **530** | **1158** | **453** | **374** | **344** | **2107** | **255** | **584** |
| **Out of the total number of Hb tests conducted, number of cases having Hb less than 7gm/dl** | **TOTAL** | **94** | **0** | **9** | **0** | **2** | **2** | **70** | **1** | **10** |
| **Number of HIV tests conducted on males** | **1. Number tested** | **1729** | **2** | **52** | **318** | **5** | **29** | **1268** |  | **55** |
| **2. Number Positive** | **2** | **0** | **0** | **0** | **0** | **0** | **2** |  | **0** |
| **Number of HIV tests conducted on Female-Non ANC (i.e. non pregnant females)** | **1. Number tested** | **758** | **8** | **5** | **151** | **6** | **19** | **565** |  | **4** |
| **2. Number Positive** | **2** | **0** | **0** | **0** | **0** | **0** | **2** |  | **0** |
| **Number of HIV tests conducted on Female with ANC (i.e. pregnant females)** | **1. Number tested** | **2101** | **39** | **323** | **321** | **199** | **165** | **997** |  | **57** |
| **2. Number Positive** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |  | **0** |
| **Total number of HIV tests conducted (sum of items 15.1.2.a to 15.1.2.c)** | **1. Number tested** | **4588** | **49** | **380** | **790** | **210** | **213** | **2830** |  | **116** |
| **2. Number Positive** | **4** | **0** | **0** | **0** | **0** | **0** | **4** |  | **0** |
| **Number of Widal tests conducted** | **Number tested** | **24** | **2** | **6** | **0** | **1** | **15** | **0** |  | **0** |
| **Number of VDRL tests conducted on males** | **Number tested** | **1025** | **0** | **47** | **318** | **0** | **11** | **603** |  | **46** |
| **Number of VDRL tests conducted on Female-Non ANC (i.e. non pregnant females)** | **Number tested** | **492** | **8** | **0** | **151** | **0** | **13** | **320** |  | **0** |
| **Number of VDRL tests conducted on Female with ANC (i.e. pregnant females)** | **Number tested** | **1903** | **43** | **323** | **268** | **231** | **165** | **820** |  | **53** |
| **Total number of VDRL tests conducted (sum of items 15.3.a to 15.3.c)** | **Number tested** | **3420** | **51** | **370** | **737** | **231** | **189** | **1743** |  | **99** |
| **Number of blood smears examined for Malaria** | **TOTAL** | **4725** | **27** | **205** | **540** | **84** | **80** | **3775** |  | **14** |
| **Out of blood smears examined for malaria, number of blood smears tested positive for Plasmodium Vivax** | **TOTAL** | **5** | **0** | **0** | **1** | **0** | **1** | **3** |  | **0** |
| **Out of blood smears examined for malaria, number of blood smears tested positive for Plasmodium Falciparum** | **TOTAL** | **1** | **0** | **0** | **0** | **0** | **0** | **1** |  | **0** |
| **Number of cases of Infant deaths within 24 hrs of birth** | **TOTAL** | **3** |  |  |  |  |  | **3** |  |  |
| **Number of cases of Infant deaths 24 hours to 4 weeks of birth with the probable cause being LBW** | **1. Up to 1 Weeks of Birth** | **1** |  |  |  |  |  | **1** |  |  |
| **2. Between 1 week & 4 weeks of birth** | **0** |  |  |  |  |  |  |  |  |
| **3. Total** | **1** |  |  |  |  |  | **1** |  |  |
| **Number of cases of Infant or Child deaths between 1 month to 5 years of age with the probable cause being Pneumonia** | **1. Between 1 month and 11 months** | **1** |  |  |  |  |  |  | **1** |  |
| **2. Between 1 year & 5 years** | **0** |  |  |  |  |  |  |  |  |
| **3. Total** | **1** |  |  |  |  |  |  | **1** |  |
| **2. 15-55 yrs.** | **1** |  | **1** |  |  |  |  |  |  |
| **3. Above 55 yrs.** | **0** |  |  |  |  |  |  |  |  |
| **4. Total** | **1** |  | **1** |  |  |  |  |  |  |
| **Number of cases of Adolescent or Adult deaths (age 6 years & above) with the probable cause being Respiratory diseases including infections** | **1. 6-14 yrs** | **0** |  |  |  |  |  |  |  |  |
| **2. 15-55 yrs.** | **4** |  |  | **1** |  |  |  | **3** |  |
| **3. Above 55 yrs.** | **10** | **3** |  | **4** |  | **2** |  | **1** |  |
| **4. Total** | **14** | **3** |  | **5** |  | **2** |  | **4** |  |
| **Number of cases of Adolescent or Adult deaths (age 6 years & above) with the probable cause being other Fever related** | **1. 6-14 yrs** | **0** |  |  |  |  |  |  |  |  |
| **2. 15-55 yrs.** | **1** |  |  |  |  |  |  | **1** |  |
| **3. Above 55 yrs.** | **2** |  |  | **1** |  |  |  | **1** |  |
| **4. Total** | **3** |  |  | **1** |  |  |  | **2** |  |
| **Number of cases of Adolescent or Adult deaths (age 6 years & above) with the probable cause being Heart disease or related to Hypertension** | **1. 6-14 yrs** | **0** |  |  |  |  |  |  |  |  |
| **2. 15-55 yrs.** | **5** |  |  | **3** |  | **1** |  | **1** |  |
| **3. Above 55 yrs.** | **11** |  | **2** | **1** | **5** | **3** |  |  |  |
| **4. Total** | **16** |  | **2** | **4** | **5** | **4** |  | **1** |  |
| **Number of cases of Adolescent or Adult deaths (age 6 years & above) with the probable cause being Neurological disease including strokes** | **1. 6-14 yrs** | **0** |  |  |  |  |  |  |  |  |
| **2. 15-55 yrs.** | **0** |  |  |  |  |  |  |  |  |
| **3. Above 55 yrs.** | **2** | **2** |  |  |  |  |  |  |  |
| **4. Total** | **2** | **2** |  |  |  |  |  |  |  |
| **Number of cases of Maternal deaths (age 15-49 years) with the probable cause being Severe hypertesnion or fits** | **1. 6-14 yrs** | **0** |  |  |  |  |  |  |  |  |
| **2. 15-49 yrs** | **1** |  |  |  |  | **1** |  |  |  |
| **3. Above 49 yrs.** | **0** |  |  |  |  |  |  |  |  |
| **4. Total** | **1** |  |  |  |  | **1** |  |  |  |
| **Number of cases of Adolescent or Adult deaths (age 6 years & above) with the probable cause being Trauma or Accidents or Burn cases** | **1. 6-14 yrs** | **0** |  |  |  |  |  |  |  |  |
| **2. 15-55 yrs.** | **11** |  |  | **1** | **2** | **2** |  | **6** |  |
| **3. Above 55 yrs.** | **1** |  |  |  |  |  |  | **1** |  |
| **4. Total** | **12** |  |  | **1** | **2** | **2** |  | **7** |  |
| **Number of cases of Adolescent or Adult deaths (age 6 years & above) with the probable cause being suicide** | **1. 6-14 yrs** | **0** |  |  |  |  |  |  |  |  |
| **2. 15-55 yrs.** | **9** |  |  |  | **2** | **4** |  | **3** |  |
| **3. Above 55 yrs.** | **0** |  |  |  |  |  |  |  |  |
| **4. Total** | **9** |  |  |  | **2** | **4** |  | **3** |  |
| **Number of cases of Adolescent or Adult deaths (age 6 years & above) with the probable cause being Known Acute disease** | **1. 6-14 yrs** | **0** |  |  |  |  |  |  |  |  |
| **2. 15-55 yrs.** | **2** |  |  |  | **2** |  |  |  |  |
| **3. Above 55 yrs.** | **3** | **1** |  |  | **1** | **1** |  |  |  |
| **4. Total** | **5** | **1** |  |  | **3** | **1** |  |  |  |
| **Number of cases of Adolescent or Adult deaths (age 6 years & above) with the probable cause being Known Chronic disease** | **1. 6-14 yrs** | **0** |  |  |  |  |  |  |  |  |
| **Number of cases of Adolescent or Adult deaths (age 6 years & above) where the cause was not known** | **1. 6-14 yrs** | **1** |  |  |  |  | **1** |  |  |  |
| **2. 15-55 yrs.** | **9** | **3** |  |  |  | **1** |  | **5** |  |
| **3. Above 55 yrs.** | **34** | **19** |  | **1** | **1** | **3** |  | **10** |  |
| **4. Total** | **44** | **22** |  | **1** | **1** | **5** |  | **15** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **JANANI SHISHU SURAKSHA KARYAKARAM (JSSK)** | | | | | |
| **NAME OF DISTRICT: EAST DISTRICT** | | | | | |
| **REPORTING MONTH: APRIL 2014 - MARCH 2015.** | | | | | |
|  |  |  |  |  |  |
| **CASHLESS SERVICES** | | | | | |
| **Sl. no.** | **Provision for Cashless deliveries for all pregnant women and sick newborns at all Govt.health facilities** | Sub-centre | | PHC | District |
| **1** | **No. of Govt. health facilities in the District** | 48 | | 7 | 1 |
| **2a.** | **No. of facilities where deliveries take place”(Delivery points”)** | 48 | | 7 | 1 |
| **2** | **No. of facilities where free entitlements displayed** | 48 | | 7 | 1 |
| **3** | **No. of facilities where free diet is available to PW** | 0 | | 7 | 1 |
| **4** | **No. of facilities where lab is functional for basic tests for PW** | 48 | | 7 | 1 |
| **4a.** | **No. of facilities with stock outs of lab reagents/equipment not working** | 0 | | 7 | 1 |
| **5** | **No. of facilities with stock outs of essential drugs/supplies** | 48 | | 7 | 1 |
| **6** | **No. of facilities with user charges for PW/Sick newborns for:** |  | |  |  |
|  | **I.   OPD** | 0 | | 0 | 0 |
|  | **II.  Admission/delivery/C-section** | 0 | | 0 | 0 |
|  | **III. Lab tests/diagnostics** | 0 | | 0 | 0 |
|  | **IV. Blood** | 0 | | 0 | 0 |
| **7** | **Total no. of deliveries conducted at the health facility** | 94 | | 347 | 447 |
| **8** | **Total no. of sick neonates treated within 1 YEAR at the health facility** |  | | 16 | 87 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SERVICE DELIVERY** | | | | | |
| **SNO.** | **JSSK service Delivery** | Free Drugs and Consumables | Free Diet | Free Diagnostics | Free blood |
| **1** | **Total no. of P.W who availed the free entitlements in the reporting month** | 881 | 344 | 349 |  |
| **2** | **Total no. of sick neonates who availed the free entitlements in the reporting month** | 151 |  | 34 |  |
| **REFERRAL TRANSPORT (RT)** | | | | | |
| **Sno.** | **Referral transport services** | State vehicles | EMRI/EMTS | PPP | Other |
| **1** | **Total no. of ambulance/referral vehicles in the Dist/Block** |  |  |  |  |
| **2** | **Whether fitted with GPS(specify)** |  |  |  |  |
| **3** | **No.of PW who used RT services for:** |  |  |  |  |
|  | **i. Home to health institution** | 213 |  | 79 | 175 |
|  | **ii. Transfer to higher level facility for complications** | 331 |  | 81 | 34 |
|  | **iii. Drop back home** | 240 |  | 65 | 171 |
| **4** | **No.of sick newborns who used RT services for:** |  |  |  |  |
|  | **i. Home to health institution** | 6 |  |  | 10 |
|  | **ii. Transfer to higher level facility for complications** | 35 |  | 3 | 2 |
|  | **iii. Drop back home** | 15 |  | 1 | 10 |

**RBSK Details**

RBSK REACH 2014 – 2015

* Target No of Beneficiaries = 31627 ( Male = 15954, female = 15673)
* No of beneficiaries screened = 27077( Male = 13641, Female =13436)
* Found positive for selected health = 8015 ( Male = 3947, Female = 4068)
* Children Referred = 1016 (Male = 515, Female = 501)
* No of AWC visited = 730
* No of Schools visited = 215

Details on Target groups of children Screened under RBSK ( 2014-2015)

* Delivery Point : 842 ( Male= 446, Female = 396)
* ASHA HBNC : 895 ( Male = 452, Female =443)
* 6 Weeks to 6 Years : 6005 (Male = 2993, Female = 3012)
* 6 Years to 18 Years : 19335 ( Male = 9750, Female = 9585)

Quarter wise RBSK Details (April 2014 – March 2015)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Indicators** | **1st Quarter** | **2nd Quarter** | **3rd Quarter** | **4th Quarter** |
| **No of Schools visited** | 50 | 92 | 68 | 5 |
| **No of AWC Visited** | 74 | 174 | 234 | 248 |
| **Target no of Beneficiaries** | 5997 | 12244 | 10022 | 3364 |
| **No of Beneficiaries Screened** | 4983 | 10581 | 8703 | 2810 |
| **No of Beneficiaries found positive** | 1085 | 4423 | 1875 | 632 |
| **No of Beneficiaries Referred** | 339 | 535 | 78 | 64 |

**Quarter wise details 0f children identified with health condition**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Health condition found Positive** | **1st Quarter** | **2nd Quarter** | **3rd Quarter** | **4th Quarter** | **Total** |
| **Cleft palate** | 3 | 1 | 0 | 7 | 11 |
| **Down Syndrome** | 1 | 0 | 0 | 0 | 1 |
| **Club Foot** | 1 | 1 | 0 | 3 | 5 |
| **Congenital Cataract** | 5 | 0 | 0 | 0 | 5 |
| **Mild Anaemia** | 3 | 208 | 9 | 0 | 220 |
| **Vitamin A Deficiency (Bitot Spot)** | 0 | 2 | 1 | 0 | 3 |
| **Vitamin D Deficiency (Rickets)** | 0 | 1 | 1 | 2 | 4 |
| **SAM** | 3 | 0 | 0 | 0 | 3 |
| **Goitre** | 2 | 0 | 1 | 0 | 3 |
| **Skin Condition** | 95 | 396 | 332 | 46 | 869 |
| **Otitis Media** | 9 | 33 | 4 | 21 | 67 |
| **Rheumatic Heart Disease** | 1 | 0 | 0 | 0 | 1 |
| **Reactive Airway Disease** | 1 | 15 | 6 | 1 | 23 |
| **Dental Condition** | 494 | 1417 | 894 | 201 | 3006 |
| **Convulsive Disorder** | 1 | 0 | 2 | 0 | 3 |
| **Vision Impairment** | 33 | 125 | 80 | 17 | 255 |
| **Hearing Impairment** | 4 | 23 | 20 | 4 | 51 |
| **Neuro Motor Impairment** | 1 | 0 | 0 | 2 | 3 |
| **Motor Delay** | 0 | 1 | 0 | 5 | 6 |
| **Cognitive Delay** | 1 | 0 | 0 | 1 | 2 |
| **Language Delay** | 2 | 4 | 0 | 3 | 9 |
| **Behaviour Disorder** | 0 | 9 | 8 | 4 | 21 |
| **Learning Disorder** | 0 | 2 | 0 | 0 | 2 |
| **Others** | 417 | 2133 | 425 | 315 | 3290 |
| **Growing up Concern** | 0 | 2 | 0 | 0 | 2 |
| **Delay in Menstruation Cycle** | 0 | 10 | 6 | 0 | 16 |
| **Experience any pain or Burning sensation while urinating** | 0 | 22 | 24 | 0 | 46 |
| **Discharge/ Foul smelling discharge from the genitor urinary area** | 0 | 8 | 25 | 0 | 33 |
| **Pain during Menstruation** | 8 | 10 | 37 | 0 | 55 |

**BIRTH AND DEATH CELL**

Birth and Death registration under district hospital Singtam for the year

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **Birth registration** | | **Death registration** | |
|  | **Current** | **delayed** | **current** | **Delayed** |
| **2011-12** | 457 | 120 | 117 | 23 |
| **2012-2013** | 508 | 184 | 119 | 35 |
| **2013-2014** | 472 | 246 | 120 | 46 |
| **2014-2015** | 429 | 143 | 100 | 24 |

NO. OF U/D CASES - BASED ON AUTOPSIES CONDUCTED AT DISTRICT HOSPITAL SINGTAM IN 2014-2015

|  |  |  |
| --- | --- | --- |
| Sr. No. | Type of U/D | Number |
| 1. | Suicide | 54 |
| 2. | Homicide | 06 |
| 3. | RTA/MVA | 21 |
| 4. | Accidental Drowning | 08 |
| 5. | Drug Overdose | 06 |
| 6. | Hit by falling Boulder | 08 |
| 7. | Hit by falling Tree | 05 |
| 8. | Electrocution | 07 |
| 9. | Accidental fall | 04 |
| Total | | 119 |

**CATCH ANNUAL PERFORMANCE 2014-2015 Report Of 2nd ROUND CATCH CAMP (Issue of Health Card) for the year 2014-15 of East District under District Hospital Singtam and PHCs.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl.No** | **Name of PHC/ Hospital** | **No. Of Camps** | | **Total Health Card Issued** | **Total Lab Test Done**  **RBS** | **Total VIA Done** |
| **inst** | **Out reach Camp** |
| **1** | **DHS** | 25 | 8 | 13056 | 15158 | 631 |
| **2** | **Sang** | 5 | 2 | 1800 | 4015 | 193 |
| **3** | **Samdong** | 5 | 3 | 3476 | 1544 | 181 |
| **4** | **Rongli** | 5 | 6 | 3746 | 3002 | 112 |
| **5** | **Rhenock** | 5 | 16 | 6036 | 1612 | 158 |
| **6** | **Pakyong** | 5 | 2 | 1960 | 993 | 74 |
| **7** | **Machong** | 5 | 2 | 2435 | 1279 | 98 |
| **8** | **Rangpo** | 5 | 11 | 4012 | 829 | 526 |
|  | **Total** | 60 | 50 | 36521 | 28432 | 1973 |

**National Programme on Prevention &n Control of Cancer, Diabetes, CVDs & Stroke (NPCDCS)**

**Reporting Performa for NCD Clinic at District Hospital**

**State\_\_\_\_\_\_\_\_\_sikkim\_\_\_\_\_\_\_\_\_\_\_\_District\_\_\_east\_\_District Hospital\_\_\_singtam**

**Month: april 2014 to march 2015\_Year: 2014-15**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Indicator** | | **During the Reporting Month** | | | | | | **Cumulative since April during current year** | | | | | |
| **Male** | | **Female** | | **Total** | | **Male** | | **Female** | | **Total** | |
| **New** | **Old** | **New** | **Old** | **New** | **Old** | **New** | **Old** | **New** | **Old** | **New** | **Old** |
| **No. of persons attended NCD Clinic** | | 89 | 92 | 80 | 96 | 169 | 188 | 1343 | 1248 | 1264 | 1569 | 2607 | 2817 |
| **No. of persons referred from CHC/PHC** | | 2 | 1 | 4 | - | 6 | 1 | 36 | 31 | 38 | 28 | 74 | 59 |
| **TOTAL** | | 91 | 93 | 84 | 96 | 175 | 189 | 1379 | 1288 | 1302 | 1597 | 2681 | 2885 |
| **New patients diagnosed with** | **Diabetes** | 20 | 33 | 19 | 49 | 39 | 82 | 1240 | 1170 | 1155 | 1503 | 2395 | 2675 |
| **Hypertension** | 49 | 61 | 69 | 86 | 118 | 147 | 447 | 611 | 450 | 794 | 897 | 1405 |
| **CVDs\*** | 1 | 3 | 2 | 1 | 3 | 4 | 41 | 43 | 21 | 18 | 62 | 61 |
| **Cancer** | 1 | 1 | - | - | 1 | 1 | 5 | 1 | 3 | 2 | 8 | 2 |
| **No. of persons put on Treatment (whatever is possible) including follow up** | **Diabetes** | 20 | 33 | 19 | 49 | 39 | 82 | 1240 | 1170 | 1155 | 1503 | 2395 | 2675 |
| **Hypertension** | 49 | 61 | 69 | 86 | 118 | 147 | 447 | 611 | 450 | 794 | 897 | 1405 |
| **CVDs\*** | 1 | 3 | 2 | 1 | 3 | 4 | 41 | 43 | 21 | 18 | 62 | 61 |
| **Cancer** | 1 | 1 | - | - | 1 | 1 | 5 | 1 | 3 | 2 | 8 | 2 |
| **No. of person referred to Tertiary hospital/TCCC** | **Diabetes** | 2 | - | 2 | - | 4 | - | 9 | - | 3 | - | 12 | - |
| **Hypertension** | 1 | - | 1 | - | 2 | - | 2 | - | 2 | - | 4 | - |
| **CVD\*** | 1 | - | 2 | - | 3 | - | 2 | - | 6 | - | 8 | - |
| **Cancer** | 1 | - | - | - | 1 | - | 2 | - | - | -- | 2 | - |
| **No. of Patients treated at CCU** | **CVDs\*** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Stroke** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Patients attended Day Care facility for Cancer care (Number of Chemotherapy sessions)** | |  |  |  |  |  |  |  |  |  |  |  |  |
| **No. of persons counselled for health promotion & prevention of NCDs** | | 80 | 75 | 76 | 90 | 156 | 165 | 917 | 831 | 1281 | 1205 | 2198 | 2036 |
| **No. of patients attended for physiotherapy** | | 11 | 56 | 14 | 59 | 25 | 115 | 704 | 826 | 1035 | 1015 | 1739 | 1841 |

|  |
| --- |
| **Form 5A** |
| **National Programme on Prevention &n Control of Cancer, Diabetes, CVDs & Stroke (NPCDCS)** |
| **Reporting Performa for District NCD Cell** |
| **State: Sikkim District: East District Hospital: Singtam**  **Month:March Year 2014-15** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Indicator** | | **During the Reporting Month** | | | | | | **Cumulative since April during current year** | | | | | |
| **Male** | | **Female** | | **Total** | | **Male** | | **Female** | | **Total** | |
| **New** | **Old** | **New** | **Old** | **New** | **Old** | **New** | **Old** | **New** | **Old** | **New** | **Old** |
| **No. of persons attended NCD Clinics** | | 117 | 155 | 152 | 315 | 269 | 470 | 1999 | 2335 | 1895 | 2894 | 3894 | 5229 |
| **No. of persons reported in-referral** | | 4 | 4 | 4 | 3 | 8 | 7 | 69 | 35 | 58 | 40 | 127 | 75 |
| **TOTAL** | | 121 | 159 | 156 | 318 | 277 | 477 | 2068 | 2370 | 1953 | 2934 | 4021 | 5304 |
| **New patients diagnosed/ Suspected withCVDs& Stroke (as confirmatory diagnosis may not be possible), with follow up.** | **Diabetes** | 24 | 56 | 26 | 69 | 50 | 125 | 271 | 582 | 233 | 814 | 504 | 1396 |
| **Hypertension** | 72 | 159 | 96 | 220 | 171 | 370 | 596 | 1181 | 748 | 1463 | 1344 | 2644 |
| **CVDs** | 1 | 3 | 2 | 1 | 3 | 4 | 41 | 43 | 21 | 18 | 62 | 61 |
|  | **Cancers** | 1 | 1 | - | - | 1 | 1 | 5 | 1 | 3 | 2 | 8 | 2 |
| **No. of persons put on Treatment (whatever is possible) including follow up** | **Diabetes** | 24 | 56 | 26 | 69 | 50 | 125 | 271 | 582 | 233 | 814 | 504 | 1396 |
| **Hypertension** | 72 | 159 | 96 | 220 | 171 | 370 | 596 | 1181 | 748 | 1463 | 1344 | 2644 |
| **CVDs** | 1 | 3 | 2 | 1 | 3 | 4 | 41 | 43 | 21 | 18 | 62 | 61 |
| **No.of person referred to Tertiary hospital/TCCC** | **Diabetes** | 3 | 1 | 4 | 1 | 7 | 2 | 4 | 1 | 4 | 1 | 8 | 2 |
| **Hypertension** | 5 | 2 | 3 | 5 | 8 | 7 | 6 | 2 | 5 | 5 | 1 1 | 7 |
| **CVDs** | 1 | 2 | - | 3 | 1 | 5 | 2 | 2 | 4 | 3 | 5 | 5 |
| **Cancer** | 1 | - | - | 1 | - | 2 | - | - | - | - | 2 | - |
| **No. of Patients treated at CCU** | **CVDs** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Stroke** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Patients attended Day Care facility for Cancer care (Number of Chemotherapy sessions)** | |  |  |  |  |  |  |  |  |  |  |  |  |
| **No. of persons counselled for health promotion & prevention of NCDs** | | 80 | 75 | 76 | 90 | 156 | 165 | 917 | 831 | 1281 | 1205 | 2198 | 2036 |
| **No. of patients attended for physiotherapy** | | 11 | 56 | 14 | 59 | 25 | 115 | 704 | 826 | 1035 | 1015 | 1739 | 1841 |

|  |
| --- |
| **National Programme on Prevention & Control of Cancer, Diabetes, CVDs & Stroke (NPCDCS)** |
| **Reporting Performa for District NCD Cell** |
| **District\_\_\_\_\_\_\_\_east\_\_\_\_ State\_\_sikkim\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Month\_\_\_\_april 2014 to march 2015** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Indicator** | **During the month** | | | **Cumulative since April during current year** | | |
|  | **Male** | **Female** | **Total** | **Male** | **Female** | **Total** |
| **No. of screening camps organized during the month** | **900** | **993** | **1893** | **8498** | **10037** | **18535** |
| **No. of people screened for Blood Sugar & Blood Pressure** | **557** | **644** | **1201** | **3695** | **4496** | **18191** |
| **No. of persons suspected with** |  |  |  |  |  |  |
| **Diabetes** | **17** | **23** | **40** | **200** | **237** | **437** |
| **Hypertension** | **86** | **99** | **185** | **946** | **1013** | **1959** |
| **Cancers** |  |  |  |  |  |  |
| **No. of persons referred from Sub-Centres to CHCs** | **6** | **5** | **11** | **8** | **6** | **14** |

National Programme on Health Care for Elderly

DISTRICT HOSPITAL

**March 2015**

**SIKKIM**

**SINGTAM DISTRICT HOSPITAL AND PHC’S**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Component | Items/Indicator | Total number of Geriatric clinic held | Distributed | | Remarks |
| Infrastructure development | Geriatric clinic |  |  | | ONCE A WEEK GERIATIC CLINIC IS HELD IN EACH PHC AND 6 DAYS A WEEK IN DHS |
| Equipment | Item | Available | functional | |  |
| Nebuliser | 15 | 11 | |  |
| Glucometer | 02 | 02 | |  |
| ECG machine | EXISTING | 1 | | Only in DHS |
| Defibrillator | NIL | NIL | |  |
| Multi channal monitor | NIL | NIL | |  |
| Non-invasive ventilator | NIL | NIL | |  |
| Lumbar traction | NIL | NIL | |  |
| Shoulder wheel | 01 | 01 | | Only in DHS |
| Exercise bicycle | 01 | 01 | | Only in DHS |
| Short-wave diathermy | 01 | 01 | | Only in DHS |
| Infra red lamp | 01 | 01 | | Only in DHS |
| Pulley | NIL | NIL | |  |
| Ultrasound therapy | 01 | 01 | |  |
| Gait training apparatus | NIL | NIL | |  |
| Cervical traction intermittent | 01 | 01 | |  |
| Pelvic traction | NIL | NIL | |  |
| Transelctric nerve stimulator TENS | 01 | 01 | |  |
| Adjustable walker | NIL | NIL | |  |
|  | Walking sticks | 224 | 145 | |  |
| Calipers | NIL | NIL | |  |
| Ordinary walker | NIL | NIL | |  |
| Additional staff | Post | Sanctioned | Appointed | |  |
| Consultant Medicine | NIL | NIL | |  |
| Nurses | 6 | 4 ( 2 resigned ) | |  |
| Physiotherapist | 1 | 1 | |  |
| Hospital and sanitary attendents | 4 | 4 | | 2 sanitary attendant  2 hospital attendant |
|  | category | Target | Achievement | |  |
| Training | Doctors |  |  | |  |
|  | | | | | |
|  | Nurses &other paramedics/ ANM/MHW | NIL | NI; | |  |
|  | | | | |
| Physiotherapists/ |  |  |  | |
|  | - | - |  | |
| INDICATOR | | During the month | Cumulative during the year from April 2014 till march 2015 | |
| Services provided | OPD cases in geriatric clinics |  | 2011 | 17,880 | |
|  | In patient admitted in geriatric clinic |  | 23 | 275 | |
| No of home visits made |  | 51 | 1036 | |
|
| Cases referred to CHC/district hospital |  | 11 | 154 | |
| Cases referred to medical collages/reg. gearatriccentres |  | NIL | NIL | |
| Geriatric camps organized at CHC/PHCs |  |  |  | |

**ACTIVITIES EAST DISTRICT 2014-2015**

**CATARACT CAMP WITH IOL IMPLANTATION**

District health society, East organized 3 days Cataract camp with IOL implantation 19th to 21st march 2015. patients were operated successfully without any complication. Dr B.P Dhakal Senior Consultant along with a team from STNM and DrMayel P Lepcha (Opthalmologist) from District hospital Singtam along with other staffs made the camp successful.

Further Squint Camp was also organized in collaboration with NetraSewaPrathistan on 3rd December 2014.

**Swatcha Bharat Aviyan**

Cleaniness drive at DH Singtam by staffs of District Hospital was organized at 18/10/14.

Blood Storage Unit.

Blood storage unit was inaugurated on 14/11/14. Where students of ATTC &ITI voluntarily donated blood as well.

Maternity Section / Geriatric Ward/ FRU-OT

Inauguration function of Maternity Section, Geriatric Ward and FRU OT was held successfully on 12/2/15. Where Honble Minister Health, DG cum Secretary, MD NHM along with CMO , DRCHO and other staffs of District attended the program.

**MEETINGS CONDUCTED UNDER EAST DISTRICT.**

1. **MATERNAL DEATH REVIEW MEETING**

MDR meeting was organized at Facility level as well as it was organized with District Magistrate and Maternal death cases was discussed in detail.

PCPNDT review meeting was also organized under the Chairmanship of DC east on

1. **DISTRICT HEALTH MISSION/DISTRICT HEALTH SOCIETY/RKS GOVERNING BODY MEETING**

Under the chairmanship of ZillaAdakshayaand DC East, Meeting of Health Mission and Health Society was held at DH Singtam on 28/10/14.

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.

District Asha mentoring group meeting is being held regularly to discuss ASHA issues and further District AshaGrevianceReadressal committee is also constituted and its meeting is also conducted regularly.

**OTHER NATIONAL PROGRAMS UNDER EAST DISTRICT**

**2014-2015**

IDSP Brief Report

Integrated Disease Surveillance Programme (IDSP) is a decentralized, State based Surveillance Program in the country. It is intended to detect early warning signals of impending outbreaks and help initiate an effective response in a timely manner. Major components of the project are

(1) Integrating and decentralization of surveillance activities;

(2) Strengthening of public health laboratories

(3) Human Resource Development – Training of State Surveillance Officers, District Surveillance Officers, Rapid Response Team, other medical and paramedical staff; and

(4) Use of Information Technology for collection, collation, compilation, analysis and dissemination of data.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ACUTE DIARRHOEAL DISEASE (INCLUDING ACUTE GASTROENTERITIS)** | | | | | | | | | | | |  |
| **Name of PHC/CHC** | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEPT | OCT | NOV | DEC |
| **RANGPO** | 36 | 54 | 50 | 58 | 142 | 59 | 66 | 41 | 24 | 31 | 65 | 21 |
| **RONGLI** | 43 | 40 | 53 | 76 | 100 | 107 | 127 | 98 | 19 | 18 | 17 | 7 |
| **SANG** | 10 | 11 | 24 | 18 | 27 | 14 | 51 | 16 | 12 | 8 | 12 | 4 |
| **PAKYONG** | 23 | 22 | 35 | 37 | 42 | 36 | 42 | 23 | 14 | 53 | 21 | 23 |
| **SAMDONG** | 34 | 30 | 25 | 25 | 33 | 36 | 37 | 23 | 22 | 11 | 5 | 7 |
| **RHENOCK** | 28 | 38 | 40 | 59 | 65 | 68 | 74 | 70 | 32 | 31 | 47 | 22 |
| **MACHONG** | 20 | 18 | 13 | 24 | 37 | 24 | 41 | 15 | 17 | 10 | 14 | 8 |
| **DHS** | 381 | 310 | 358 | 350 | 455 | 410 | 645 | 365 | 378 | 416 | 285 | 147 |
| **BACILLARY DYSENTERY** | | | | | | | | |  |  |  |  |
| **Name of PHC/CHC** | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEPT | OCT | NOV | DEC |
| **RANGPO** | 0 | 3 | 4 | 9 | 11 | 3 | 12 | 15 | 10 | 3 | 2 | 2 |
| **RONGLI** | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 |
| **SANG** | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| **PAKYONG** | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **SAMDONG** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **RHENOCK** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 |
| **MACHONG** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **DHS** | 3 | 4 | 5 | 6 | 7 | 6 | 3 | 3 | 4 | 3 | 3 | 0 |
| **VIRAL HEPATITIS** | | | | | | | |  |  |  |  |  |
| **Name of PHC/CHC** | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEPT | OCT | NOV | DEC |
| **RANGPO** | 1 | 0 | 0 | 0 | 1 | 0 | 1 | 2 | 0 | 0 | 0 | 0 |
| **RONGLI** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **SANG** | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| **PAKYONG** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **SAMDONG** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **RHENOCK** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **MACHONG** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **DHS** | 1 | 3 | 10 | 4 | 10 | 4 | 6 | 3 | 10 | 1 | 3 | 0 |
| **MALARIA** | | | | | | | | |  |  |  |  |
| **Name of PHC/CHC** | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEPT | OCT | NOV | DEC |
| **RANGPO** | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| **RONGLI** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **SANG** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **PAKYONG** | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **SAMDONG** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **RHENOCK** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **MACHONG** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **DHS** | 0 | 0 | 0 | 1 | 2 | 1 | 0 | 0 | 0 | 2 | 0 | 0 |
| **MEASLES** | | | | | | | |  |  |  |  |  |
| **Name of PHC/CHC** | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEPT | OCT | NOV | DEC |
| **RANGPO** | 0 | 2 | 2 | 3 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| **RONGLI** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **SANG** | 1 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| **PAKYONG** | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **SAMDONG** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **RHENOCK** | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 0 |
| **MACHONG** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **DHS** | 0 | 3 | 3 | 4 | 2 | 5 | 2 | 1 | 1 | 1 | 1 | 0 |
| **CHICKEN POX** | | | | | | | |  |  |  |  |  |
| **Name of PHC/CHC** | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEPT | OCT | NOV | DEC |
| **RANGPO** | 1 | 0 | 3 | 6 | 13 | 10 | 3 | 3 | 1 | 3 | 0 | 0 |
| **RONGLI** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **SANG** | 0 | 0 | 3 | 4 | 5 | 3 | 4 | 0 | 0 | 0 | 0 | 0 |
| **PAKYONG** | 0 | 0 | 0 | 3 | 11 | 20 | 5 | 1 | 0 | 1 | 0 | 0 |
| **SAMDONG** | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **RHENOCK** | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 5 | 0 | 0 | 5 | 2 |
| **MACHONG** | 0 | 0 | 0 | 21 | 26 | 8 | 3 | 0 | 2 | 0 | 0 | 0 |
| **DHS** | 4 | 3 | 7 | 11 | 17 | 8 | 2 | 1 | 2 | 6 | 2 | 0 |

**ANNUAL REPORT OF RNTCP UNDER SINGTAM TU OF THE YEAR 2014 – 2015**.

TABLE SHOWING TUBERCULOSIS CASES DATA OF REGISTERED PATIENT UNDER SINGTAM TU ON –APRIL 2014 TO MARCH 2015.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category of patient** | **NEW** | **RETREATMENT** | **OUTCOME**  **OF CORRESPONDING LAST YEAR** | **PERCENTAGE COVERED/AVERAGE PERFORMANCE** |
| **NSP** | 105 |  | 85/107 | 79.4 |
| **NSN** | 22 | 27/29 | 93 |
| **NEP** | 68 | 58/59 | 98.3 |
| **OTH** | 00 | 00 | 00 |
| **RELAPSE** |  | 29 | 17/26 | 65.4 |
| **FAILURE** | 09 | 1/4 | 25 |
| **TAD** | 08 | 2/3 | 66.6 |

**NOTE: CASES DETAILS WHOSE OUTCOME NOT CAME TO RECOMMENDED STRENGTH ARE:**

**FAILURE—04**

**DEFAULTED-06**

**DIED-06**

**SWITCH TO CAT IV-23, (13% from NSP) AND (21% from retreatment)**

**TRAININGS UNDER EAST DISTRICT**

**2014-2015**

**TRAININGS CONDUCTED UNDER EAST DISTRICT FOR THE YEAR 2014-2015**

1. **NSSK TRAINING**

1 Batch of NSSK Training was successfully organized at DH Singtam where 16 health workers were trained. Resource person for the training were CMO, OB&G,DRCHO.

1. **Training on Comprehenshive Abortion**

DrtsewangDonka Bhutia and DrNimaLhamu Sherpa were trained on Comprehenshive Abortion at DH Singtam. Further OB&G of DH Singtam and DRCHO facilitated the training.

1. **PC-PNDT AWARENESS**

Three batches of PC-PNDT training was successfully organized at District Hospital Singtam. In first Batch MOs and LHVs were trained and in next two batches general public including PRIs, NGO,SHC,Teachers, CBOs, local associations were provided with the awareness.

1. **PPIUCD TRAINING:**

PP- IUCD training was organized at District Hospital Singtam for two medical officers. Training was imparted on mannequin and practical was conducted at MCH clinic . Resource person for the training was Gynecologist and training duration was for 5 days.

1. **SBA TRAINING:**

In the year2 Batches of SBA(SKILLED BIRTH ATTENDANT) Training was organized under east District and 4 Nursing staffs were trained.

1. **CONTRACEPTIVE UPDATE SEMINAR:**

1 batch of contraceptive update seminar to health workers from PHSC and PHC s was organized at District Hospital Singtam in the year .

Resource persons for the seminar were: CMO, Gynecologist,DRCHO/E.

1. **RKS TRAINING**

All 8 RKS committees members were re-oriented on RKS . Resource persons for the training were MD NHM, SF, Training Consultant State.

1. **VHSNC TRAINING**

Total 1990 VHSNC members were provided with training on community process by MD NHM, SF-1,SF-II,Training Consultant, CMO/E,DRCHO/E.

Training was successfully conducted at all PHCs and after the training community process has been strengthened.

1. **GLAUCOMA SENSITIZATION and SCREENING**

Glaucoma sensitization was organized at Rhenock PHC, Pakyong PHC and DH Singtam. Where the resource persons were DrMayel P Lepcha ,Opthalmologist and PMOAs.

1. **NBVDCP AWARENESS**

Three batches of Awareness on NBVDCP was held successfully at DH Singtam. ASHAs were sensitized in the first batch and in next two batches general public including PRIs, NGO,SHC,Teachers, CBOs, local associations were provided with the awareness.

**FINANCIAL STATUS UNDER EAST DISTRICT 2014-2015**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| FINANCIAL STATUS UNDER EAST DISTRICT 2014-2015 | | | | |
| BUDGET HEAD | OPENING BALANCE AS ON 1-4-14 | RECEIPT DURING THE YEAR | EXPENDITURE DURING THE YEAR | CLOSING AS ON 31-3-15 |
| RMNCH+A | 1939640 | 27703327 | 29252532 | 390435 |
| MFP | 2312578 | 14391083 | 15520140 | 1183521 |
| RI | 279909 | 1111120 | 1376735 | 14294 |
| IDSP | 57286 | 868000 | 871650 | 53636 |

1. **WEST DISTRICT (ACTIVITIES AND ACHIEVEMENTS)**

West district is one of the four administrative districts of the state Sikkim. Geographically the district covers 1161 sq.km. The district head quarter is Gyalshing. West District is the second largest district of Sikkim in terms of its population. As per 2011 Census the population size of the district is 1,36,299. The population as per the survey conducted during Community Need Assessment in the month of February 2013-14 is 1, 42,714.

Climatologically, during monsoon the heavy rain fall is a common feature of West District. It causes lot of problems by triggering off multiple landslides. Road blockage and destruction are common consequences of such landslides. Due to this kind of disaster this part of the state sometimes remains cut off from other part of the state including state capital for almost 1-2 weeks.

West Sikkim is one of the backward district having difficult, hard to reach and inaccessible areas and with more PHC and PHSCs than other district. Of the 7 PHCs, Sombaria PHC is the farthest with 73 kms from Gyalshing and Tashiding PHC which is the nearest is 32 kms from District Hospital.

**West District**

|  |  |  |
| --- | --- | --- |
| **Sl.no** | **Particulars** |  |
| **1** | **No. of PHCs** | **7** |
| **2** | **No. of PHSCs** | **41** |
| **3** | **No. of ICDS centers** | **288** |
| **4** | **No. of GPUs** | **55** |
| **5** | **No. of Wards** | **317** |
| **6** | **No. of ASHA Selected** | **205** |
| **7** | **No. of VHSNC Committed formed** | **205** |
| **8** | **No. of Schools** | **Govt.: 227 & Pvt. : 120** |
| **9** | **No. Households (as per IPPI 2012)** | **26,602** |
| **10** | **Total Population (census 2011)** | **136,299 (70,225 male & 66,074 female)** |
| **11** | **Sex Ratio per 1000 male (census 2011)** | **941** |
| **12** | **Child Sex Ratio 0-6 yrs. (census)** | **950** |
| **13** | **% Decadal growth Rate** | **10.59%** |

**GOALS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Source** | **IMR** | **MMR** | **TFR** |
| **SRS-2011** | 26 | NA | 1.9 |
| **NHSRC-2012-13** | 26 | 6 nos. | 2.0 |
| **Projection** | | | |
| **2014-15** | 20 | <4 nos. | Maintained at replacement level |
| **2015-16** | 16 | <3 nos. |
| **2016-17** | 09 | <2 nos. |

**Formation of committees:** 1. District Health Mission

2. District Health Society

3. Rogi Kalyan Samiti at District and PHCs

4. Village Health Sanitation & Nutrition Committee

**DHM** (District Health Mission) and **DHS** (District Health Societies) have been formed and Hon’ble Zilla Adhayksha and District Collector are designated Chairman respectively.

**RKS/HMS** (Rogi Kalyan Samitis/Hospital Management Society) has also been formed in all the health centres including Hospital Monitoring committee at District Hospital Gyalshing. The BDO (Block Development Officers) are the Chairman of RKS for the respective Primary Health Centres.

**Grievance Redressal Mechanism of RKS:** Under the Grievance redressal mechanism of RKS, the suggestion/complaint box is placed in District Hospital & 7 PHC. During the meeting of RKS committee, the committee members will check the suggestion/complain box and accordingly, they discuss in the meeting.

**Monitoring committee of RKS:** Monitoring committee of RKS District Hospital Gyalshing, visite at least twice in a year and submits the report on inspection (visit Hospital wards & collect patient feedback) of hospital to DMS. After the submission of inspection report, the meeting of executive body is called and accordingly rectification is done, and reports have been submitting the District Collector & Chairperson, Zilla Adhakshya/West. Some of the important issues which were raised on executive body meeting were discussed during the meeting with RKS/HMS Governing Body.

Monitoring of RKS Fund/Accounts has been done regularly be statutory audit & AG audit and report has been distributed to respective member of Governing Body of RKS

**VHSNC** (Village Health Sanitation & Nutrition Committee) are formed under every ASHA village whose main responsibility is to make a health plan of their respective villages and are shouldered with the responsibility to supervise and monitor every health activities at the village level.

***District level monitoring committee was formed by Dr. Thinlay Wongyal, CMO/West, consisting of CMO, District RCH Officer, District Tuberculosis Officer, District Medical Superintendent/District Leprosy Officer, District Nodal Officer for IDSP/RBSK/CATCH, and District Programme Manager for monitoring and evaluation of the activities being undertaken in*** ***West District. This committee meets once in a month to review the performance and help in supportive supervision of the underperforming health centres.***

***Each member is allotted a PHC for supportive supervision. He/She attends the monthly meeting at PHC with the staffs and ASHAs and has to submit a report during the monthly meeting at District Hospital Gyalshing.***

*Monthly Review Meeting with District Officials & Programme Management Unit (District & Block) on 4thof every month and with Medical Officer/Block level Officers on 6th of every month at Conference Hall, District Hospital Gyalshing.*

**SUPERVISORS FOR PHC & PHSCs**

To monitor the Primary Health Centers (PHC) and Primary Health Sub-Center (PHSC), especially the underperforming Health Centers, supervisory level officers like Medical Officers, DHEO/HEs, LHVs and BPAMs etc. have been allotted PHCs and PHSCs for supportive supervision and on every 6th of the month the reports are presented and discussed in detail about the problems and solving them.

**RESPONSIBILITY OF NODAL OFFICERS:**

To make the programme/schemes more efficient the different programmes are looked after by different nodal officers who are selected by the head office in consultation with Chief Medical Officer. Chief Medical Officer overall supervises the entire programme.

**Nodal Officers for the programmes / schemes are as follows:**

Dr. Thinlay Wongyal, CMO/West Mental Health/NTCP/NPCB

Dr. Tseten Namgyal, DRCHO/West RCH programme

Dr. Anusha Lama, DMS/West NLEP/MMU

Dr. Bikash Pradhan, DTO/West RNTCP

Dr. Ashok Sherp,a DNO/West IDSP

Dr. Gyamcho Bhutia, DNO/West CATCH

Mr. Digam Gurung, DPM/West ASHA

**PERFORMANCE FOR THE YEAR 2014-15**

|  |  |
| --- | --- |
| Population as per C.N.A. (2014) | 142064 |
| Birth Rate | 15/1000 |
| Eligible couple | 22264 |
| IMR | 22 /1000 l.b |
| MMR (in Number) | 00 |
| **RMNCH+A** | |
| **Particulars** | **Achievement** |
| Total ANC Registered | 2118 |
| % 1st trimester registration to total ANC registration (within 12 Weeks) | 84% (1781) |
| % Pregnant women received 4 ANC to total ANC registration | 90% (1899) |
| % Pregnant women given 100 IFA to total ANC registration | 93% (1975) |
| Total Delivery | 1439 |
| % Institutional Delivery to Total Delivery | 98%(1414) |
| % Home Delivery to Total Delivery | 2% (25) |
| % SBA attended home deliveries to total reported home deliveries | 52% (13) |
| % Women discharged in less than 48 hours after inst. Delivery | 2% (34) |
| % Newborns weighing less than 2.5 kg to newborns weighed at birth | 4% (51) |
| % Newborn visited within 24 hours of home delivery to total reported home deliveries | 80% (20) |
| JSY Beneficiaries (Inst. Delivery) |  |
| JSY Beneficiaries (Home Delivery) |  |
| BCG | 85 % (1228) |
| Full Immunization | 100% (1838) |
| IUCD Acceptor | 75% (462) |
| PPIUCD Acceptor | 25% (154) |
| OCP Users | 29%(2251) |
| Condom Users | 97% (9762) |

**Manpower:** Human Resource at 41 Sub-Center of West District:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of PHC** | **Name of PHSC** | **ANM** | | | **MPHW (M)** | | |
| **In Position** | | **Vaccant** | **In Position** | | **Vaccant** |
| **Regular** | **Contractual** | **Regular** | **Contractual** |
| PHSC under Distrit Hospital | Rimbik | 0 | 1 | 1 | 0 | 0 | 1 |
| Nambu | 0 | 1 | 1 | 1 | 0 | 0 |
| Darap | 1 | 1 | 0 | 1 | 0 | 0 |
| Pelling | 1 | 0 | 1 | 0 | 0 | 1 |
| Lingchom | 1 | 0 | 1 | 2 | 0 | 0 |
| Legship | 1 | 1 | 0 | 1 | 0 | 0 |
| Sakyong | 0 | 1 | 1 | 1 | 0 | 0 |
| N.Chumbong | 1 | 1 | 0 | 1 | 0 | 0 |
| Tashiding PHC | Gangyap | 1 | 1 | 0 | 1 | 0 | 0 |
| Kongri | 1 | 1 | 0 | 0 | 0 | 1 |
| Karjee | 0 | 0 | 2 | 1 | 0 | 0 |
| Yuksam PHC | Thingling | 1 | 0 | 1 | 1 | 0 | 0 |
| Melli-Aching | 0 | 1 | 1 | 1 | 0 | 0 |
| Gerethang | 1 | 1 | 0 | 1 | 0 | 0 |
| Dentam PHC | Bangten | 1 | 1 | 0 | 1 | 0 | 0 |
| Karmatar | 0 | 0 | 2 | 0 | 0 | 1 |
| Khandu | 1 | 0 | 1 | 1 | 0 | 0 |
| Uttray | 1 | 1 | 0 | 1 | 0 | 0 |
| Hee-Yangthang | 1 | 1 | 0 | 1 | 0 | 0 |
| Rinchenpong PHC | Deythang | 0 | 1 | 1 | 1 | 0 | 0 |
| Boom-Reshi | 1 | 0 | 1 | 0 | 0 | 1 |
| Samdong | 1 | 0 | 1 | 1 | 0 | 0 |
| Bermiok | 1 | 0 | 1 | 1 | 0 | 0 |
| Yangsum | 1 | 0 | 1 | 0 | 0 | 1 |
| Hathidunga | 1 | 0 | 1 | 1 | 0 | 0 |
| Mangalbaria PHC | Reshi | 1 | 0 | 1 | 1 | 0 | 0 |
| Khanersherbong | 0 | 1 | 1 | 1 | 0 | 0 |
| Kamling | 1 | 0 | 1 | 1 | 0 | 0 |
| Soreng PHC | Chakung | 2 | 0 | 0 | 1 | 0 | 0 |
| Chumbong | 1 | 1 | 0 | 1 | 0 | 0 |
| Singling | 2 | 0 | 0 | 1 | 0 | 0 |
| Tharpu | 2 | 0 | 0 | 1 | 0 | 0 |
| Dodak | 1 | 1 | 0 | 1 | 0 | 0 |
| Buriakhop | 2 | 0 | 0 | 0 | 0 | 1 |
| Zoom | 2 | 0 | 0 | 0 | 0 | 1 |
| N.Bazar | 1 | 0 | 1 | 1 | 0 | 0 |
| Pakki gown | 1 | 0 | 1 | 1 | 0 | 0 |
| Sombaria PHC | Ribdi | 0 | 1 | 1 | 1 | 0 | 0 |
| Daramdin | 2 | 0 | 0 | 1 | 0 | 0 |
| Okhrey | 0 | 1 | 1 | 1 | 0 | 0 |
| Tickpur | 1 | 0 | 1 | 1 | 0 | 0 |
| **Total** | | **37** | **19** | **26** | **34** | **0** | **8** |

* Out of 41 PHSC in West District, 17 PHSCs have 2 ANMs, 22 PHSCs are with only 1 ANM, 2 PHSCs are without ANM (Karjee & Karmatar) and 8 PHSCs without MPHW (male).

**Human Resource at 7 PHC of West District:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.no** | **Designation** | **G. Total** | | |
| **In Position** | | |
| **Regular** | **Contractual** | **MR** |
| **1** | MO | 1 | 6 | 0 |
| **2** | Dental Surgeon | 1 | 3 | 0 |
| **3** | AYUSH Doctor | 0 | 1 | 0 |
| **4** | CHO | 2 | 0 | 0 |
| **5** | LHV | 4 | 0 | 0 |
| **6** | HE (IEC) | 0 | 0 | 0 |
| **7** | GNM | 0 | 8 | 0 |
| **8** | MPHW (male) | 4 | 0 | 0 |
| **9** | ANM | 28 | 4 | 0 |
| **10** | Pharmacist | 0 | 2 | 0 |
| **11** | Lab. Tech. | 6 | 4 | 0 |
| **12** | X-Ray Tech. | 1 | 2 | 0 |
| **13** | Dental Assistant | 1 | 2 | 0 |
| **14** | Ophthalmic Assistant | 0 | 1 | 0 |
| **15** | LDC/Jr. Acc./Storekeeper | 2 | 5 | 0 |
| **16** | Ward Attendant (male) | 8 | 0 | 1 |
| **17** | Ward Attendant (female) | 11 | 0 | 2 |
| **18** | Driver | 10 | 1 | 1 |
| **19** | Cook | 4 | 0 | 1 |
| **20** | Sweeper | 12 | 0 | 0 |
| **21** | Dhobi | 7 | 0 | 0 |
| **22** | Peon | 3 | 0 | 0 |
| **23** | Statistical inspector | 1 | 0 | 0 |
| **24** | NMS | 1 | 0 | 0 |
| **25** | PMW | 1 | 0 | 0 |

\*Out of 7 PHC, all PHC has only one Medical Officer,

\*One each Dental Surgeon has been posted at Dentam, Soreng & Sombaria PHC

\*Out of 7 PHC, only Soreng PHC has AYUSH doctor.

**Human Resource at District Hospital Gyalshing:**

|  |  |  |
| --- | --- | --- |
| **Sl.no** | **Designation** | **In Position** |
| 1 | CMO | 1 |
| 2 | DRCHO | 1 |
| 3 | DMS | 1 |
| 4 | DTO | 1 |
| **Total** | | **4** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **District Hospital Man Power–Medical** | | | | | |
| **Sl.no** | **Specialty** | **IPSH norms (Revised 2012)** | **In Position** | | |
| **Regular** | **Contractual** | **MR** |
| 1 | Medicine | 2 | 1 | 0 | 0 |
| 2 | Surgery | 2 | 0 | 0 | 0 |
| 3 | Obstetric & Gynae | 2 | 2 | 0 | 0 |
| 4 | Paediatrics | 2 | 1 | 0 | 0 |
| 5 | Anaesthesia | 2 | 1 | 0 | 0 |
| 6 | Opthalmology | 1 | 0 | 0 | 0 |
| 7 | Orthopaedics | 1 | 0 | 0 | 0 |
| 8 | Radiology | 1 | 0 | 0 | 0 |
| 9 | Pathology | 1 | 1 | 0 | 0 |
| 10 | ENT | 1 | 1 | 0 | 0 |
| 11 | Dental | 1 | 0 | 2 | 0 |
| 12 | MO | 11 | 1 | 4 | 0 |
| 13 | Dermatology\* | 1 | 0 | 0 | 0 |
| 14 | Psychiatry | 1 | 0 | 1 | 0 |
| 15 | Microbiology\* | 1 | 0 | 1 | 0 |
| 16 | Forensic Specialist\* | 1 | 0 | 0 | 0 |
| 17 | AYUSH Doctor | 1 | 0 | 2 | 0 |
| **Total** | | **50** | **8** | **10** | **0** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **District Hospital Man Power – Nurses and Para-Medical** | | | | | |
| **Sl.no** | **Designation** | **IPSH norms (Revised 2012)** | **In Position** | | |
| **Regular** | **Contractual** | **MR** |
| 1 | Staff Nurse | 45 | 10 | 9 | 0 |
| 2 | Lab Tech | 6 | 3 | 2 | 0 |
| 3 | Pharmacist | 4 | 0 | 1 | 0 |
| 4 | Pharmacist (AUYSH) | 1 | 1 | 0 | 0 |
| 5 | Storekeeper | 1 | 0 | 0 | 0 |
| 6 | ECG Tech/Eco | 1 | 1 | 1 | 0 |
| 7 | Optha. Asstt. | 1 | 1 | 1 | 0 |
| 8 | Dietician | 1 | 0 | 0 | 0 |
| 9 | Physiotherapist | 1 | 1 | 0 | 0 |
| 10 | O.T. technician | 4 | 2 | 1 | 0 |
| 11 | Counsellor | 1 | 0 | 1 | 0 |
| 12 | Dental Technician | 1 | 2 | 0 | 0 |
| 13 | X-Ray Tech. | 3 | 2 | 1 | 0 |
| **Total** | | **70** | **23** | **17** | **0** |

**Other manpower at District Hospital Gyalshing:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.no** | **Designation** | **In Position** | | |
| **Regular** | **Contractual** | **MR** |
| **1** | Asstt. Dir. (Sanitation) | 1 | 0 | 0 |
| **2** | MPHW (male) | 1 | 0 | 0 |
| **3** | ANM | 5 | 1 | 0 |
| **4** | Registration clerk | 1 | 0 | 0 |
| **5** | Electrician | 1 | 0 | 0 |
| **6** | Incinerator operator | 0 | 1 | 0 |
| **7** | Ward Attendant (male) | 4 | 0 | 4 |
| **8** | Ward Attendant (female) | 4 | 6 | 0 |
| **9** | Driver | 3 | 4 | 3 |
| **10** | Cook | 3 | 0 | 0 |
| **11** | Sweeper | 8 | 0 | 1 |
| **12** | Dhobi | 3 | 0 | 0 |
| **13** | Peon | 4 | 0 | 0 |
| **Total** | | **38** | **12** | **8** |

**BRIEF DETAILS OF THE PROGRAMME WITH ORGANIZATIONAL DETAILS AND BUDGETARY SUPPORT AND EXPENDITURE:**

**Maternal Health:**

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

VHND are being organized and conducted in the ICDS centers where RMNCH+A services are provided and reports are submitted on regular basis during the monthly review meeting of ASHA at PHC & District Hospital. During VHND programme MPHWs/ANMs /AWWs are designated as resource persons. Beneficiaries like ANC mothers, Nursing mothers, infants up to 5 years and ECs of the villages attends the VHND programme. Services on immunization, ANC, PNC, New born care, Distribution of Nutrition, distribution of Contraception and IEC on nutrition, communicable and non-communicable diseases are provided. VHNSC members also take active part during VHND programme. During the financial year 2014-15, 2675 VHND programme was conducted in West District.

* **Jannani Suraksha Yojna (JSY):**

Under Janani Suraksha Yojana scheme, cash assistance is being provided to the mothers of all Indian BPL group for enabling them to deliver in health institutions. Cash assistance is also being provided to SC/ST mothers. ASHAs are also eligible for Cash incentive of Rs. 600/beneficiary, if they can ensure the mother for Institutional delivery.

* + Cash Assistance to Mother (inst. delivery) @ Rs, 700/- per case
  + Cash Assistance to Mother (home delivery) @ Rs. 500/- per case
  + ASHA incentive @ Rs. 600/- per case (inst. Delivery only)

From the month of January 2013, the JSY incentive is being paid in the accounts of beneficiaries as per the DBT programme. Since nationalized bank doesn’t exist in every town at PHC level, the beneficiaries are facing difficulty in opening bank account, as such the Mission Director, NHM has been requested to request the Ministry of Health to allow the state government to follow the old method of paying the cash assistance at least to the beneficiaries belonging to difficult and inaccessible areas.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Physical** | | | **Financial** | | |
| **JSY Beneficiaries** | | **ASHA** | **JSY Beneficiaries** | | **ASHA** |
| **2014-15** | **Home Delivery** | **Inst. Delivery** | **Home Delivery** | **Inst. Delivery** |
| 3 | 648 | 584 | Rs.1,500/- | Rs.4,53,600/- | Rs.350,400/- |

* **Drugs & Consumables for Normal Deliveries, Caesarean Deliveries and Referral Transport:**

*Janani Sishu Suraksha Karyakaram (JSSK):*It stipulates out of all expenses related to delivery in a public institution and the schemes have been borne entirely by the government and no user charges would be imposed. Under this initiative ,a pregnant women is entitled to free transport from home to the Government health facility ,between facilities, in case she is referred on account of complications, and also drop back home after 48 hours of delivery. It also include free drugs and consumables, free diagnostic, free blood when required and free diet for the duration of a woman’s in the facility. Similarly this scheme is also entitled for the sick children up to one year accessing public health institutions for healthcare .They also get free treatment, free transport both ways and between facilities in case of referral. So, all beneficiaries have been benefited by this scheme under west District.

**Child Health:**

* Incentive to ASHA on Child Health (HBNC):

1675 beneficiaries have been provided facility under HBNC programme during the year 2014-15.

**Family Planning:**

* **Permanent Method:** In the financial year 2014-15, the birth rate of west District has been recorded as 15/1000 population as per HMIS and CNA report. As per Census 2011 report the birth rate of Sikkim is recorded as 17.6/1000 population .The Total Fertility Rate as per DLHS –III is 1.8. Since the birth rate is low and TFR is less than 2, the emphasis is mainly given on temporary method of family Planning.
* **Spacing Method:** To improve the quality of IUCD insertion the ANMs have been given hands on training for 05 days by the gynaecologists and total 10 ANMs were trained on IUCD insertion

**Adolescent Reproductive and Sexual Health (ARSH):**

* **School Health Programme:**

Out of total 227 Schools under west district 160 Schools have been covered last year for school health programme. Students were provided with free health Check up including Dental and Eye, free medicines were distributed. Immunisation & awareness on personal hygiene & nutrition were also undertaken.

**PC-PNDT & Sex Ratio:**

In west district, there are no cases of sex determination and no female foeticide have been reported. Continuous IEC programme on PCPNDT Act are being carried out at the Community level and during VHND days. Sex ratio of west district as per census 2011 is 941 per 1000 and the child sex ratio is 950 girls per 1000 boys. Quarterly Review Meeting of Members in presence of DC is being conducted to review all the activities under PCPNDT. The Quarterly reporting is being submitted to the State.

**Training:**

* **Awareness & Sensitization on PC- PNDT & Sex Ratio:**

One day sensitization training on PC-PNDT Act of Health Workers, ASHAs, Panchayats & NGOs was organized and conducted on 07th February 2015, 20th march 2015 & 21st February 2015 at District Hospital for Health Workers , at Soreng & District Hospital for Panchayats, NGos & ASHAs. Total 30 Health Workers & 60 participants from Panchayats, NGOs & ASHAs were sensitized on PCPNDT Act. DRCHO & Two Gynecologist were the main resource persons who gave PPP & explained the concept of PCPNDT ACT, it use & Punishment for misuse of PCPNDT Act. They also explain about the SEX ratio and its impact & importance.

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| Sl.  No | Name of Activities | Training dates | Participants | Resource Persons | Total batch | Training duration | Total trained  In 14 – 15. | Total trained till date |
| 1 | PCPNDT of HWs | 07/02/2015 | ANMs/ MPHWs | Gynecologist,CMO,DRCHO | 01 | 01 | 30 | 30 |
| 2 | PCPNDT of Panchayats/NGOs/ASHAs | 20/03/2015 | Panchayats/NGOs/ASHAs  At Soreng & Gyalshing | Gynecologist,CMO,DRCHO | 02 | 01 | 60 | 60 |
| 21/03/2015 |

* **Training of ANM/GNM:**

A total of 48 ANMs including GNMs in 24 batches SBA training have been trained at District Hospital Gyalshing till the year 2014 -2015. 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 for conducting normal deliveries & maintenance of Partograph by gynaecologists and they were given sufficient time to practice for the skill development. Every individual were posted in labour room to conduct minimum ten deliveries. Paediatrician has also given hands on training on New Born care practices. Those who have completed SBA training are conducting institutional delivery at their respective health PHCs and PHSCs.

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| Sl.  No | Name of Activities | Training dates | Participants | Resource Persons | Total batch | Training duration | Total trained  In 14 – 15. | Total trained till date |
| 1 | SBA of ANMs | 03/11/2015  to 23/03/2015 | Delivery point ANMs | Gynecologist,/Pediatrician/ CMO, DRCHO | 01 | 21 days | 02 | 41 |
| 2 | SBA training of Staff Nurse | 05/01/2015 to 25/01/2015 | Delivery point Staff Nurses | Gynecologist,/Pediatrician/ CMO, DRCHO | 01 | 21 days | 02 | 07 |

* **IMNCI Training of ANM:**

MNCI training of ANM: Total 61 ANMs including GNMs have been provided Eight days training on IMNCI at District hospital Gyalshing under West District till the March 2015. CMO, Paediatrician, Gynaecologists & DRCHO were the Resource persons for the entire training period.

The Participants were provided with Modular class teaching, Video show on neonatal & childhood illness & its classification & management. Demonstration & Role play were conducted. One day home visit was organised for the participants at the Community level .On the last day of the training programme, Participants were assessed for the knowledge & skill acquired during the Eight days training programme.

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| **Sl.**  **No.** | **Name of Activities** | **Training dates** | **Participants** | **Resource Persons** | **Total batch** | **Training duration** | **Total trained**  **In 14 – 15.** | **Total trained till date** |
| **1** | **IMNCI training of ANMs/MPHWs** | **20/03/2015 to 27/03/2015** | **Delivery points ANMs/MPHWs** | **Pediatrician DRCHO / Gynecologist** | **01** | **08 days** | **16** | **68** |

* **NSSK Training of SN & ANMs:**

NSSK for MPHWs & ANM: Total 50 MPHWs & ANMs have been provided Two days training on NSSK at District Hospital Gyalshing till the year March 2015. Main Objective of this training is to make service providers more skills & to update their knowledge in intra natal care, newborn care & newborn resuscitation. Pre-test & Post test of the participants was conducted. Daily Video shows on preparedness for delivery, hand washing, baby wrapping technique was shown to all participants to make them more understanding & Skill about the Programme. Daily class exercise & demonstration on preparedness for delivery & New born care was also conducted. Role Play & visit to NBCC for the participants was also kept in two days training programme.

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| Sl.  No. | Name of Activities | Training dates | Participants | Resource Persons | Total batch | Training duration | Total trained  In 14 -15. | Total trained till date |
| 1 | NSSK Training of ANMs/MPHWs | 30/03/2015  to  31/03/2015 | Delivery points ANMs/MPHWs | Pediatrician DRCHO / Gynecologist | 01 | 02 days | 24 | 50 |

* **Training of SN/ANMS/LHVS in IUD Insertion:**

Total 36 ANMs have been trained on Interval IUCD & 09 Staff Nurses were trained on PPIUCD by two Gynaecologist at District Hospital Gyalshing till the financial year 2014 – 2015. IUCD training is basically of five days hand skill training with modular reading on Postpartum IUCD/ interval IUCD insertion with “No Touch Technique” under the strict guidance of Gynecologists. Dummy was provided for demonstration for the insertion of IUCD to make them more Skilled and familiar to the subject before inserting to the beneficiaries. Training concluded with Post –test evaluation. All the trained ANMs & SNs of delivery points are providing IUCD services at their health centres. **Total 616 IUCD** has been inserted in the financial year 2014 -2015.

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| **Sl.**  **No.** | **Name of Activities** | **Training dates** | **Participants** | **Resource Persons** | **Total batch** | **Training duration** | **Total trained**  **In 14 – 15.** | **Total trained till date** |
| **1** | **Interval IUCD Training of ANMs/MPHWs** | 01/12/2015 to 05/12/2015 | Delivery points ANMs/MPHWs | DRCHO / Gynaecologists | 01 | 05 days | 05 | 26 |
| **2** | **Interval IUCD Training of Staff Nurses** | 03/02/2015  to 07/02/2015 | Delivery point Staff Nurses | DRCHO / Gynaecologists | 01 | 05 days | 05 | 10 |
| **3** | **PPIUCD training of Staff Nurses** | 28/01/2015  to 30/01/2015 | Delivery point Staff Nurses | DRCHO / Gynaecologists | 01 | 03 days | 05 | 10 |

* **Contraceptive update Seminar of SNs/ANMs/MPHWs:**

One day Seminar on Contraceptive Update for SN/ANMs/MPHWs/LHVs was organized at District Hospital Gyalshing on 23rd  January 2015. Total 35 Participants were registered. Resource persons from District Hospital Gyalshing e.i. both the Gynaecologist & DRCHO took the session & gave PPP on different Family Planning Methods. Topic covered & discussed for the one day session were mainly - Objectives of Seminar on contraceptive update, contraceptive use scenario in Sikkim, unmet need for family planning, components of contraceptive services, STI/RTI and contraception, use of contraception in adolescents, oral contraception and use of emergency contraceptive pills, oral contraception use and side effects, eligibility criteria for use of oral pills, inject able contraceptive advantages and disadvantages, intrauterine contraceptive devices, medical eligibility criteria for IUCDs and management of its side effects, postpartum IUCDs uses and follow up, demonstration of IUCD insertion, Permanent sterilization its eligibility criteria, Counselling for PPIUCD & Interval IUCD for EC & ANC Mothers. Reporting & Monitoring system. Pre-test & Post test.

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| **Sl.**  **No** | **Name of Activities** | **Training dates** | **Participants** | **Resource Persons** | **Total batch** | **Training duration** | **Total trained**  **In 2014 – 2015.** | **Total trained till date** |
| **1** | Contraceptive update Seminar | 23/01/2015 | LHVs/ANMs/ MPHWs/HEs | CMO/ DRCHO/ Gynaecologists | 01 | 01 day | 30 | 111 Health Workers. |
| 10 MOs |

**WIFS**

One day orientation training on WIFS of ANMs & MPHWs in Five batches was conducted in west – district in the financial year 2014-2015. One batch at District Hospital & Four batches was conducted at block PHCs. Training was mainly imparted by Pediatrician, Gynecologist, DRCHO & Block MOs. Objectives of training was mainly to sensitize on implementation of WIFS programme, 100% consumption of WIFS tablet by Students & timely reporting from Schools.

Session Topic covered were mainly on – 1.WIFS guidelines, 2. Implications of iron deficiency Anaemia, 3.Objective of WIFS guidelines, 4.Target groups, 5. Strategy for reducing Anaemia, 6.Strategy for Implementation of WIFS, through School Based Platform, 7.Implementation of WIFS through School, 8. Procurement and supply of IFA and Albendazole, 9.Monitoring, 10.Strategy for Implementation of WIFS: ICDS Platform, 11.Implementation of WIFS through ICDS Platforms, 12.ANM & AWW roles and responsibilities, 13.Timelines for submission of monitoring formats (in school), 14.Timelines for submission of monitoring formats (out of school).

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| **Sl.**  **No** | **Name of Activities** | **Training dates** | **Participants** | **Resource Persons** | **Total batch** | **Training duration** | **Total trained**  **In 2014 – 2015.** | **Total trained till date** |
| **1** | **WIFS Training of HWs at District.** | **23/01/2015** | **LHVs/ANMs/ MPHWs/HEs** | **CMO/ DRCHO/ Gynaecologists** | **01** | **01 day** | **30** | **330** |
| **2.** | **WIFS training at Block PHCs** | **March 2015** | **ANMs/HWs**  **AWWs/ASHAs** | **DRCHO/MO & Supervisors** | **04** | **01 day** | **120** |

* **RBSK TRAINING :**

Training ofMOs & Supervisory level Officials in one Batch in a unit of 40 participants & training of Health workers/AWWs in five batches in a unit of 30 participants was conducted in west – district in the financial year 2014 - 2015. MO & Supervisors training was held at District & Health Workers & AWWs training was conducted by Block MOs at their respective PHCs. Topics covered & discussed in the training schedule were mainly: 1.Introduction of RBSK Guidelines, 2.Target Group, 3.Magnitude of Birth Defects, Deficiencies, Diseases, 4.Developmental Delays and Disabilities in Children, 5. Health Conditions Identified for Screening, 6.Implementation Mechanism,7.Training and Institutional Collaboration, 8.Reporting and Monitoring . Video show on four **Ds** was also included in the session training programme.

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| **Sl**  **No** | **Name of Activities** | **Training dates** | **Participants** | **Resource Persons** | **Total batch** | **Training duration** | **Total trained**  **In 2014 – 2015.** | **Total trained till date** |
| 1 | RBSK Training of MOs/HWs/ Supervisors | 28/02/2015 | MOs/HWs/  Supervisors | CMO/ DRCHO/ Paediatricians | 01 | 01 day | 41 | 286-LHVs Health Workers/ANMs |
| 10 MOs. |
| 2 | RBSK Training of ANMs/HWs/AWWs | Feb & March 2015 | ANMs/HWs/  AWWs | DRCHO/MO & Supervisors | 05 | 01 day |  |

* **Child Death Review Training:**

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| **Sl**  **No** | **Name of Activities** | **Training dates** | **Participants** | **Resource Persons** | **Total batch** | **Training duration** | **Total trained**  **In**  **2014– 2015.** | **Total trained till date** |
| 1 | CDR Training of MOs/POs/  Supervisors/HWs | 19/03/2015 | MOs /POs /  Supervisors  / HWs | CMO/ DRCHO/ Paediatricians | 01 | 01 day | 48 | 201- LHVs/AWWs ANMs/HWs/ASHAs |
| 12 MO |
| 2 | CDR Training of HWs/ASHAs/AWWs | Feb & March 2015 | HWs/ASHAs/  AWWs | /DRCHO MOIC & Supervisors | 07 | 01 day | 166 | 06 PO |

One day Child Death Review training of MOs, Supervisor level Officials & CDR Committee in one batch was conducted at District Hospital gyalshing on 19/03/2015. Thereafter same training was conducted at seven block PHC one batch each by Medical Officers of PHC. Total CDR training one batch at district & seven batches at 07 PHC were conducted. Topics covered & discussed were mainly: **1.What is Child Death Review, 2.Purpose of CDR guidelines ,3. Definitions, 4. Key steps in Child Death Review, 5. Guidelines for Community Based Child Death Review, 6. Guidelines for Facility Based Child Death Review, 7. FBCDR Committee, 8. District Child Death Review Committee, 9. District Magistrate review meetings of CDR, 10. CDR data analysis and its use in improved planning and instituting corrective measures, 11. Notification Card by ASHA, 12. First Brief Investigation Report, 13. Verbal Autopsy Form: Neonatal & Post neonatal Deaths, 14. Facility Based Neonatal & post Neonatal Death Review Form, 15. Block and District Level Line Listing, 16. District Level & facility level Reporting Form for Detailed Investigation.**

**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.

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| **District Programme Management Supporting Unit** | | | |
| **Sl.no** | **Designation** | **In Position** | |
| **Sanction** | **In position** |
| 1 | DPM | 1 | 1 |
| 2 | DAM | 1 | 1 |
| 3 | DDA | 1 | 1 |
| 4 | Logistic Manager | 1 | 0 |
| 5 | Computer Asst. | 1 | 1 |
| 6 | School Health Coordinator | 1 | 1 |
| 7 | ARSH Counsellor | 1 | 1 |
| **Total** | | **7** | **6** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Block Programme Management Supporting Unit** | | | |
| **Sl.no** | **Designation** | **In Position** | |
| **Sanction** | **In position** |
| 1 | BPAM | 7 | 6 |
| 2 | DEO | 7 | 6 |

**NATIONAL RURAL HEALTH MISSION (NRHM Additionalties)**

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

A total of 205 ASHAs have been selected for 205 macro-villages and have been trained in various subjects which are incorporated in 6th & 7th module (4th rounds) of training was completed. Certificates and drug kits were distributed. The training module specially focus on basic essential care of mother and child i.e. how to recognize and identify the high risk, emergency referral, non-emergency referral and normal cases during antenatal and post natal period for the appropriate referral services to the appropriate health facility and to manage at their setting. On top of that the training provided with the good communication skill to create awareness on health seeking behaviour among the needy communities of rural below poverty line and inaccessible or underserved people for the healthy living practice. The ultimate goal of the training is to reduce the current maternal and infant mortality rate.

**Details of Training are as follows:**

1st Batch: 23rd to 25th Feb. 2015 : 30 ASHAs

2nd Batch: 26th to 28th Feb. 2015 : 30 ASHAs

3rd Batch: 2nd to 4th March 2015 : 30 ASHAs

4th Batch: 9th to 11th March 2015 : 30 ASHAs

5th Batch: 12th to 14th March 2015 : 30 ASHAs

6th Batch: 16th to 18th March 2015 : 30 ASHAs and

7th Batch: 19th to 21st March 2015 : 25 ASHAs

**Total: 205 ASHAs**

All the ASHAs have started functioning and are submitting monthly reports also. Besides, they also maintain records on JSY, conduct outreach programme, organised VHSNC meetings, attend VHNDs, motivates the clients for lap ligation and non-scalpel vasectomy.

ASHAs are also provided with drug kits to manage mild illness at village level.

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| **Sl no** | **Name of Health Centers** | **No. of AHSAs (selected)** | | |
| **2007-08** | **2008-09** | **Total** |
| 1 | District Hospital Gyalshing | 18 | 21 | 39 |
| 2 | Tashiding PHC | 13 | 1 | 14 |
| 3 | Yuksam PHC | 14 | 1 | 15 |
| 4 | Dentam PHC | 19 | 7 | 26 |
| 5 | Rinchenpong PHC | 15 | 17 | 32 |
| 6 | Mangalbaria PHC | 7 | 11 | 18 |
| 7 | Soreng PHC | 19 | 18 | 37 |
| 8 | Sombaria PHC | 15 | 9 | 24 |
| **Total** | | **120** | **85** | **205** |

**ASHA Divas (monthly meeting):**

* + 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.

**21 ASHA Facilitiator:**

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 | Supervision costs by ASHA facilitators Continued Activity | Rs.250/visit x10 days/month x 9months |
| 2 | Monthly Review meeting of ASHA facilitators with BCM at block level-cost of travel and meeting expenses. New Activity | Rs.125 monthly for 21 facilitators x 9 months |
| 3 | Incentive for Home Based Newborn Care programme. continued activity | 250/case |
| 4 | Incentive for follow up of LBW babies | 250/case |
| 5 | Incentive for child death report | 100/case |
| 6 | ASHA PPIUCD incentive for accompanying the client for PPIUCD insertion | 150/case |
| 7 | Incentive for support to Peer Educator | Selection of 4 peer educator per ASHA @200 and quarterly meeting per ASHA @ 100. |
| 8 | Incentive for mobilizing adolescents for AHD | Rs 200/ASHA/AHD for one quarter |
| 9 | VHSNC | Rs 150/ VHSNC |
| 10 | Incentive for attending monthly meeting at PHC ( ASHA Diwas) | Rs 150/meeting |
| 11 | Monthly VHND | Rs.100 as TA & Rs.50 as organising |
| 12 | JSY | Rs.600/- |
| 13 | Children mobilization | Rs.150/- per month |
| 14 | Full immunization/complete immunisation | Rs.100 + Rs. 50 per child |

**ASHA DRUG KITS:** 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.

**ASHA HBNC Kits:**

1. Baby weighing Scale,
2. Digital Thermometer
3. Torch Light &
4. Flip Book

**Untied Fund:**

**Untied Fund of 7 PHC, 41 PHC & 205 VHSNC:**

The funds has been used for payment to labour for minor water supply connection, curtains for duty rooms/OPD/wards, bleaching powder, repair of kitchen window to avoid leakage of water, purchase of bamboo for cleaning of hospital building from outside, replacing of damaged taps in delivery room/wards/toilets, wall clock, common seal of society and committee etc.

205 nos. of Village Health, Sanitation & Nutrition Committee are formed in the 205 villages of West District with ASHAs as the Member Secretary. The bank accounts are opened. The Panchayats and the community are aware of the organisation of the VHSNCs as they have been given orientation on the same. The bank account will be operated jointly by the member secretary and the president of VHSNC.

* + 7 PHC @ Rs.16,250/- per annum
  + 41 PHSC @ Rs.6,400/- per annum &
  + 205 VHSNC @ Rs.7,200/- per annum

**Annual Maintenance Grant (AMG):**

**AMG of 7 PHC, AMG of 37 PHSC** (4 PHSC are running under rented buildings):

The funds has been used for water connection in mortuary, waste bins for wards/OPD/office/emergency, Citizen’s charters, improvement of waste pit & mesh wire cover for incinerator room, wheel barrow, repair of water connection in health centers, complaints and suggestions box, case sheets with cover, paintings of inner walls of wards, water filter in wards/emergency/OPD/office, Notice and key boards in indoor duty room, replacement of broken window glass, Homeopathy and Adolescent clinic board, notice and white board and emergency lights or inverter for wards etc.

* + 7 PHC @ Rs.32,500/- per annum &
  + 37 PHSC @ Rs.6,400/- per annum

**Hospital Strengthening: Sub-center Rent:**

Out of 41 PHSC, 3 PHSC are running at rented house, namely- Gangyap PHSC, Kamling PHSC and Daramdin PHSC.

**Corpus Grant to RKS/HMS:**

**Corpus Grant to District RKS/HMS & 7 PHCs:** Corpus fund provided to Gyalshing District hospital & 7 PHC was utilized mainly in those areas to ensure the continuous water supply & power supply, in maintaining hygiene and at times for purchase of medicines & essential medical equipments. In totality, to ensure convenience & quality service to the patient during their stay / visit to the health centre.

Detail of work undertaken -

1. Construction of drinking water facility
2. Construction & Facelift of registration counter.
3. Purchase of medical disinfectant.
4. Minor repair of main OT (wall & toilet),X ray room & gynae OPD
5. Printing of important hospital register, case sheet etc.
6. Purchase of medical equipments.
7. Minor repair of water connections and electrical works.
8. Purchase of medicines.
9. Purchase of heater for PNC, labour room. & Paediatric.
   * DH Gyalshing @ Rs.9,00,000/- per annum &
   * 7 PHC @ Rs.65,000/- per annum

**District Health Action Plan:**

Preparation of District Health Action Plan for the year 2015-16: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 BLOCK LEVEL OFFICERS:**

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 2015-16 was then developed on the basis of the inputs from facility survey, group discussion and BHAPs.

**TRAINING OF VILLAGE HEALTH NUTRITION & SANITATION COMMITTEE ON COMMUNITY MONITORING PROCESS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Venue** | **Officials from District:** | **Officials from PHC** |
| **28th May 2014** | **Community Hall, Gyalshing** | * Dr. Thinlay Wongyal, CMO/W * Dr. T. N. Bhutia, DRCHO/W * Dr. Bikash Pradhan, DNO/CATCH * Mr. R. B. Pega, DHEO/Soreng * Ms. Bindhya Subedi, HE * Mr. Digam Gurung, DPM * Mr. Bikram C. Rai, DAM * Mr. Lunes Lepcha, DDM * Mr. Prajit Gautam, Logistic Manager | NA |
| **29th May 2014** | **Panchayat Bhawan, Gerethang** | * Concern MO I/cs, * LHVs * HEOs * BPAMs, * DEOs |
| **30th May 2014** | **Yatri Newas, Tashiding** |
| **11th June 2014** | **BAC, Dentam** |
| **12th June 2014** | **BAC, Rinchenpong** |
| **21st July 2014** | **Mangalbaria School** |
| **22nd July 2014** | **Soreng SSS** |
| **23rd July 2014** | **Sombaria SSS** |

One day orientation workshop on Community Monitoring Process for Village Health Sanitation & Nutrition Committee (VHSNC) members under West District was held at 7 PHC and District on May to July 2014.

The programme was chaired by Dr. P.M. Pradhan, MD/NHM. Resource person from the State Health Society viz. Dr. M. Lepcha (JD/NHM), Dr. Anita Bhutia (Dy. Dir/HNM), Dr. N. Subba (SPM/Sikkim), Mr. N. N. Sharma (State Facilitator), Dr. Rojana Tamang (State Epidemiologist) and from District Dr. Thinlay Wongyal (CMO/W), Dr. T. N. Bhutia (DRCHO/W), Dr. Bikash Pradhan (DNO CATCH) and Mr. Digam Gurung (DPM/W). And Gram Vikash Adhikari was the Guest of honour of the programme.

The programme started with a theme/welcome song by ASHA, the State Facilitator gave a details about Role and Responsibility of VHSNC within a village, MO I/c of respective PHC gave the details presentation on RMNCH+A performance of the 2013-14. Detail presentation was discussed with committee in the presence of State/District delegates. Open house discussions with committee in presence of resource persons presented their action plan for next coming year.

Dr. Pradhan highlighted on community ownership for making healthier society. The committee members were asked to remain vigilant and active to make Sikkim State Healthy. It’s a responsibility of every individual to make a disease free society. Dr. Pradhan stressed on Non-Communicable disease like hypertension, diabetes, cervical cancer of women, cancer which is major cause of death. Also focused on Maternal and Infant Mortality rate. Panchayat and committee were asked to make their Village Alcohol and Smoke free village.

Committee also placed their grievances regarding health issues of their respective area. Total 205 VHSNC committee members were present on the programme.

**Mainstreaming of AYUSH:**

In the year 2008, September, AYUSH Clinic was set up at District Hospital Gyalshing. With the full support of the authorities and public, the Homoeopathic clinic gained momentum gradually in Gyalshing.

The AYUSH clinic in the District is to provide health care facility to the common people through safe, simple and cost effective treatment. And also create awareness regarding the role of natural medicine and understanding its holistic approach. Regular counseling sessions with the patients regarding diet and life style, also attending meetings with the ASHA and teaching them the benefits of natural medicine.

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 | 2 | 2 MO posted at DH and 1 at Soreng PHC |
| 2 | Paramedics | 1 | District Hospital |

**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.

**World Population Day:**

World population day was observed at District training centre /PHSC and PHCs on 11th to 24th July fortnight, during this fortnight we delivered health talks on different family planning methods as per their choics.

**Breast feeding week:**

Breast feeding week was observed at ICDS centre/ PHSC/PHCS and District hospital under west, theme of the year is “a breastfeeding winning goal for life”, during this programme resource person delivered health talk on exclusive breastfeeding till six month, immunization, family planning etc.

**World Vasectomy Week:**

During the week the programme was focused on the male participants with aim of providing information on male sterilization, interactive session was also held during the programme. A short interaction session was held during the programme with the participants, as well as a mini quiz competition based on methods of family planning and its advantages was also conducted. At last the participants shared their views that the programme was fruitful, knowledgeable and beneficial to them

**Celebration of New born week:**

Celebration of new born week was observed at PHCs and DHG under west Distrcict, Theme of the year is “Neonatal-Perinatal health care at community interfaces “during the programme resourse person delivered health talk on early registration of ANC within 12 weeks.

**One day training for traditional leaders**

One day orientation programme on traditional/religious leaders was organised at District Hospital Gyalshing on 31/1/2015 under the guidance of Dr.T.Wongyal CMO/W, all the religious leader was invited for the orientation programme from west district, the resource person gave a talk on different topics of health, with an objectives to make west district set an example to reduce maternal as well as infant mortality rate. The resource person said that they are the first person with whom the sick persons contacted. So health representative advice them to send the sick person to hospital after performing their puja. Further health representative said that if any traditional leaders see the ANC mother then they send them to hospital and further said that transportation cost two and fro facilities are provided to the ANC mother by Government of India Under Jannini Sisu Suraksha Yojna(JSSK) schemes that will be paid to the driver . An interactive session was held among the participants and programme ended with vote of thanks delivered by Ms.Bindya Subedi HE/DHG

**Adolescent’s awareness during parent’s day**

Adolescents awareness programme was conducted at Toyang, Tikjeck and Linchom ICDS centre on 11/11/2014 to 25/12/2014, during the programme health worker highlighted the importance of adolescents age as well as early marriages.

**Workshop on Teen Pregnancy**

Workshop on teen pregnancy was conducted at Linchom Sr. Sec School on 16th February 2015 under the guidance of DRCHO/W, was attended by Dr.Satish Rasaily,Dr.Nitali Borah and teams and during the programme recourse person made them understand that during this periods all the changes has been occurred in the age group i.e. 10 to 19 years. Interaction was also held among the participants.

**International Women’s Day**

on this occasion at least 91 women’s was screened on CA Cervix and breast cancer by Gynaecologist and team, during this auspicious day Resource persons highlighted the important roles taken by the society , resource person also urged with the women’s to play an active role in the various activities. Women’s are the main weapons of our society so we should respect the women who play different role in different stages and women is a mother, a sister, a wife and a daughter and every relation is wonderful and makes the society most beautiful, further said that women have a big role to play in the development of the state. It is said that women is like mother marry who care the world like a mother and cares everyone. An interactive session was also held among the participants.

**Orientation of health worker**

One day orientation of health worker was conducted at Distrcit conference hall on 29th March 2015 under the guidance of Chief Medical Officer West. During the programme CMO/W highlighted role and responsibilities of Health worker, further he said that first level of contact of community with the formal health care delivery system of the State.

**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 | 2 |

* **MMU (Mobile Medical Unit):**

A total of 114 camps were conducted in the year 2014-15. Total population covered is 8307. 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.

|  |  |
| --- | --- |
| **Particulars** | **Achievement** |
| **No of Camps held** | 114 |
| **No of Patient Treated** | 8307 |
| **No of ANC** | 256 |
| **No of PNC** | 25 |
| **No of X-Ray** | 305 |
| **No of USG** | 0 |
| **No of ECG** | 0 |
| **No of Patient examined for Hemoglobin** | 704 |
| **No of Patient examined for Malaria parasite** | 19 |
| **No of Patient examined for Urine Test** | 208 |

**IMMUNISATION:**

**Routine Immunisation Strengthening Programme (Review meeting, Mobility Support, Outreach services etc.)**

* **Supervision & Monitoring**

Supervision & Monitoring of Immunisation sessions are being conducted by CMO/DRCHO at District and by MO I/Cs at their respective PHCs and PHSCs.

* **Quarterly Review Meeting at District/PHC level**

Quarterly review meeting is conducted at district level with MOI/c of respective PHCs to discuss quarterly performance and any difficulties faced by field staffs during the planning and implementation of programme.

* **Mobilization of Children by ASHA / Link Workers**

All the Children are mobilized to the Immunization 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 Immunization programme is being conducted in all the Sub-centres, PHCs & DH every year.

**Immunization Training:**

Two days district level Orientation training on Immunization of One batch ANMs, Multi Purpose Health Workers (Male), LHVs, was conducted on 12th & 13th March 2015 in a unit of 26 participants for two days. The training programme was conducted by District Resource Persons namely, Pediatrician, Gynecologist, CMO & DRCHO. Topics covered & discussed during the training were mainly -1.Common Diseases Prevented by Vaccination, 2. National Immunization Schedule, 3.Managing the Cold Chain and the Vaccine Carrier,4.Ensuring Safe Injections, 5.Planning and Conducting Immunization, 6.Adverse Events Following Immunization (AEFIs), 7.Records, Reports and Use of Data for Action , 8.Increasing Immunization Coverage, 9.Surveillance of Vaccine Preventable Diseases, 10.Do’s and Don’ts during Immunization Sessions,11. Supervision Checklist for Immunization Session site, 12.Responsibilities of the AWW and ASHA in Immunization. Participants were asked to visit MCH immunisation clinic & class role play of participants was also conducted. On last day post test was conducted.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl**  **No** | **Name of Activities** | **Training dates** | **Participants** | **Resource Persons** | **Total batch** | **Training duration** | **Total trained**  **In 2014 – 15.** | **Total trained till date** |
| 1 | Immunisation Training of HWs & ANMs/LHVs | 12/03/2015  &  13/03/2015 | HWs/ANMs  /LHVs | CMO/ DRCHO/ Paediatricians | 01 | 02 day | 26 | 111 |

**Full Immunization Incentive to ASHAs:**

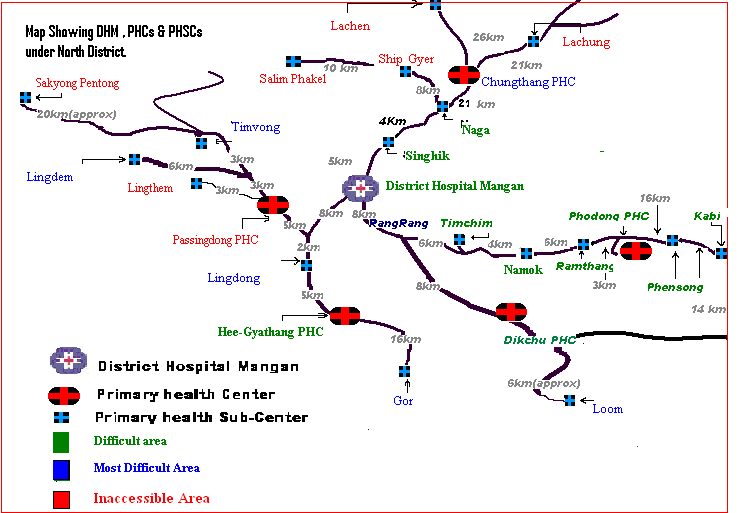
ASHAs from villages have been provided with incentive of Rs. 150/- per beneficiary for ensuring complete Immunisation till the age of 24 months.

**BUDGET: 2014-15**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Budget Head** | **Opening Balance** | **Fund Received** | **Expenditure** | **Balance** |
| **NHM Additionalties** | 47,53,130 | 113,98,007 | 125,77,692 | 35,73,445 |
| **RCH flexi-pool** | 13,76,649 | 292,68,500 | 289,87,784 | 16,57,365 |
| **Routine Immunization** | 11,094 | 12,00,000 | 13,73,839 | -1,62,745 |
| **IPPI** | 0 | 5,18,690 | 0 | 5,18,690 |
| **NPCB** | 7,34,056 | 8,44,000 | 8,46,132 | 7,31,924 |
| **RNTCP** | 25,792 | 15,19,000 | 15,19,367 | 25,425 |
| **NLEP** | 1,46,404 | 3,46,240 | 3,17,552 | 1,75,092 |
| **IDSP** | 26,225 | 8,68,000 | 8,84,890 | 9,335 |
| **NVBDCP** | 1,97,373 | 50,000 | 91,600 | 1,55,773 |
| **NPCDCS** | 0 | 1,00,000 | 0 | 1,00,000 |
| **NI-NCD** | 0 | 1,10,000 | 47,350 | 62,695 |
| **NMHP** | 0 | 30,00,000 | 18,53,094 | 11,46,906 |

**NORTH DISTRICT (ACTIVITIES AND ACHIEVEMENT).**

MAP OF NORTH DISTRICT SHOWING LOCATION OF HEALTH INSTITUTIONS

****

**Human Resource at Mangan District Hospital**

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff** | **Sanctioned (IPHS)** | **In-Position** | |
| **R** | **C** |
| Chief Medical Officer | 1 | 1 | 0 |
| Medical Superintendent | 1 | 1 | 0 |
| Blood Bank Officer | 1 | 0 | 0 |
| Medical Specialist | 2 | 0 | 0 |
| Surgery Specialists | 2 | 0 | 0 |
| O & G specialist | 2 | 1 | 0 |
| Dermatologist/Dendrologist | 1 | 0 | 0 |
| Pediatrician | 2 | 0 | 1 |
| Anesthetist | 2 | 0 | 0 |
| Ophthalmologist | 1 | 0 | 0 |
| Orthopaedician | 1 | 0 | 0 |
| Radiologist | 2 | 0 | 0 |
| Casualty Doctor/General Duty doctor | 9 | 0 | 5 |
| Dental Surgeon | 3 | 2 | 1 |
| Forensic Specialist | 1 | 0 | 0 |
| ENT Surgeon | 1 | 0 | 0 |
| AYUSH Physician(Homeopathy) | 1 | 0 | 1 |
| Pathologist & Microbiologist | 2 | 1 | 0 |

**Para Medical Staffs at District Hospital Mangan as on 31st March 2015**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.No** | **Personnel** | **IPHS Norm** | **In-Position** | |
| **R** | **C** |
| 1 | Staff Nurse | 50 | 6 | 9 |
| 2 | Attendant | - | 4 | 0 |
| 3 | Ophthalmic Assistant/Refractionist | 1 | 1 | 1 |
| 4 | Laboratory Technician | 5 | 4 | 0 |
| 5 | Radiographer | 3 | 3 | 0 |
| 6 | Pharmacist | 5 | 0 | 1 |
| 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 2015**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Personnel** | **IPHS Norm** | **In-Position** | |
| **R** | **C** |
| 1 | Medical Officers | 2/PHC | 0 | 5 |
| 2 | Lab. Technicians | 1/PHC | 3 | 2 |
| 3 | Staff Nurse | 3/PHC | 0 | 7 |
| 4 | Pharmacist | 1/PHC | 0 | 2 |
| 5 | LHV | 1/PHC | 2 | 0 |
| 6 | Health Educator | 1/PHC | 2 | 0 |
| 7 | ANMs/MPHW (F) | 3/PHC | 8 | 0 |

**Human Resources in the PMU & MMU (NRHM)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **Staffs** | **Required** | **In position** |
|  | **District Programme Management Unit (DPMU)** | | |
| **1** | **District Programme Manager** | 1 | 1 |
| **2** | **District Accounts Manager** | 1 | 1 |
| **3** | **District Data Manager** | 1 | 1 |
| **4** | **Logistic Manager** | 1 | 1 |
| **5** | **District Data Assistant** | 1 | 1 |
|  | **Block Programme Management Unit (BPMU)** | | |
| **1** | **Block Programme Manager** | 5 | 5 |
| **2** | **Data Entry Operator** | 5 | 4 |
|  | **Mobile Medical Unit (MMU)** | | |
| **1** | **Medical Officer** | 2 | 0 |
| **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** | **2014-2015**  **Target** | **2014-2015**  **Achievement** |
| **Total ANC Registration** | 638 | 671(106%) |
| **Full ANC (3 ANC,TT,100 IFA tbs. given)** | 638 | 593(93%) |
| **Total Delivery** | 580 | 250(43%) |
| **Institutional Delivery** | 560 | 242(43.2%) |
| **Home Delivery** | 20 | 8(40%) |
| **JSY Beneficiaries (Inst. Delivery)** |  | 218 |
| **JSY Beneficiaries (Home delivery)** |  | 2 |
| **No. of JSY incentive for ASHA(Inst. Delivery)** |  | 205 |
| **Maternal Death** |  | 0 |
| **Immunization** |  | |
| **BCG** | 580 | 250(43%) |
| **DPT-I** | 580 | 524(90.3%) |
| **DPT-II** | 580 | 560(97%) |
| **DPT-III** | 580 | 537(93%) |
| **OPV-0** | 580 | 237(41%) |
| **OPV-I** | 580 | 525(91%) |
| **OPV-II** | 580 | 559(96.3%) |
| **OPV-III** | 580 | 542(93.44%) |
| **MMR** | 580 | 515(89%) |
| **HEPATITIS I** | 580 | 524(90.3%) |
| **HEPATITIS II** | 580 | 556(96%) |
| **HEPATITIS III** | 580 | 544(94%) |
| **Measles** | 580 | 541(93%) |
| **Full immunization** | 580 | 488(84%) |
| **DPT 5 Yrs** | 1037 | 551(53%) |
| **TT - 10 Yrs** | 1057 | 718(68%) |
| **TT- 16 Yrs** | 918 | 769(84%) |
| **FAMILY PLANNING** | | |
| **Male Sterilization** |  | 0 |
| **Female sterilization** |  | 0 |
| **IUCD acceptor** |  | 40 |
| **OCP users – cycle** |  | 7183 |
| **CC users – cycle** |  | 9230 |

**Major Services at District Hospital, Mangan**

|  |  |
| --- | --- |
| **Services** | **2014-2015** |
| OPD | 53486 |
| IPD | 1279 |
| Dental Cases treated | 2570 |
| Total X-Ray | 1906 |

****

****

**LAB Services 2014 – 2015**

|  |  |  |
| --- | --- | --- |
| **Sl.No** | **Service** | **2014-2015**  **Achievement** |
| 1 | Hb% estimation | 3731 |
| 2 | VDRL test | 372 |
| 3 | Urine RE | 502 |
| 4 | Blood slides examined for MP | 110 |
| 5 | Sputum Samples examined | 415 |
| 6 | Sputum found +ve | 46 |

**REFERRAL SERVICES 2014 – 2015**

|  |  |  |
| --- | --- | --- |
| **Sl.No** | **Service** | **2014-2015**  **Achievement** |
| 1 | High Risk Pregnant women referred | 156 |
| 2 | High risk children referred | 18 |
| 3 | Others referred | 123 |

**Health Camps and Programmes, North District**

|  |  |  |
| --- | --- | --- |
| **Camps** | **2014-2015**  **Target** | **2014-2015**  **Achievement** |
| MMU Camps | 95 | 95 |
| VHND | 1008 | 1008 |

**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 2014 – 2015 was evaluated by RKS Committee in District Hospital and four PHCs. one day training programme for all the RKS members of North Sikkim was organized on 24th April 2015.

**Programme Management Unit**

A District Programme Management Unit at District level and Block Programme Unit at block level is in place as proposed under NHM. The DPMU comprises of a Programme Manager, Accounts Manager,Data Manager & Data Entry Operator at District level and the PMU at block level consist of Block Programme Manager and Data Entry Operator to prepare accounts and assist in programme management.

**ASHA**

The selection of Accredited Social Health Activists (84 in number) has been completed in the district. All the ASHA were trained upto 8th module (Round 4) during the year 2014-2015. During the year 2014-15, 5 days residential Refresher training for all 84 ASHA was organized.

**ASHA incentives during the year 2014-2015**

|  |  |  |
| --- | --- | --- |
| **Incentives based activity** | **Amount per activity** | **No. of ASHA paid** |
| JSY incentives | 350/ case | 205 |
| Mobilizing child for immunization | 150/ month /ASHA | 43550 |

**MNGO scheme MNGO and FNGOs under North District**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.No** | **Name of NGOs** | **Key Activities** | **Operational Area** |
| 01 | MLAS (MNGO) | RCH-II  Community Development | North District |
| 02 | Toong-Naga Development Welfare Association (FNGO) | RCH II | Toong, Naga, Safo, Shipgyer, Chungthang |
| 03 | Sikkim Youth Welfare Association (FNGO) | RCH II | Mangshila, Tingchim, Namok |
| 04 | RBRK Phidang (FNGO) | RCH II | Gor, Phidang, Loom, Hee-Gyathang |

**JANANI SURAKSHA YOJNA (JSY)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Year** | **Home Delivery** | **Institutional Delivery** | **Total** |
| 1 | 2006 -2007 | 134 | 105 | 239 |
| 2 | 2007 – 2008 | 51 | 136 | 187 |
| 3 | 2008 – 2009 | 53 | 243 | 296 |
| 4 | 2009 – 2010 | 57 | 230 | 287 |
| 5 | 2010-2011 | 33 | 211 | 244 |
| 6 | 2011-2012 | 39 | 293 | 332 |
| 7 | 2012-2013 | 16 | 256 | 272 |
| 8 | 2013-2014 | 02 | 235 | 237 |
| 9 | 2014-2015 | 08 | 242 | 250 |



**VHSNC:**

There are 84 VHSNC till date and all are functional. There is a functional joint account for all VHSC. Training and reformation for all the VHSNC members has been completed during this year.

**MOBILE MEDICAL UNIT**

Mobile Medical Unit was flagged off by Honorable chief minister of Sikkim on 14th of December 2008 at Mangan North Sikkim. The following figure envisages the achievements of MMU under North District for the year 2014-2015.

**OPD**

|  |  |  |  |
| --- | --- | --- | --- |
| **YEAR** | **CAMP** | **PATIENT TREATED** | **ANC** |
| 2014-2015 | 95 | 3769 | 208 |

**LAB**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| YEAR | URINE RE | VDRL | Hb% | RBS | ABORh | URINE HCG |
| 2014-2015 | 114 | 181 | 1194 | 641 | 136 | 37 |

**NATIONAL DISEASE CONTROL PROGRAMMES**

**1. INTEGRATED DISEASE SURVEILLANCE PROJECT (IDSP)**

Integrated Diseases Surveillance is intended to detect early warning signal of impending outbreak and help to initiate an effective response in time. IDSP is also expected to provide data to monitor programme of ongoing disease control programme and help in allocating health resources more optimally.

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

Amongst all communicable diseases, Tuberculosis is the leading killer in the world. The disease and its associated illness affect the human being in its most productive age group causing immense socio economic loss. It is also a leading cause of death among women and contributes to intense stigma resulting in social discrimination. Women some times, are the worst sufferers.

**Dedicated Human resources for RNTCP in North District**

|  |  |  |
| --- | --- | --- |
| **Human Resources** | **Regular** | **Contractual** |
| DTO | 1 | 0 |
| MO-TC | 0 | 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 | 44 |

**Performance under RNTCP-North District**

|  |  |
| --- | --- |
| **Services** | **2014-2015** |
| No. of new smear positive cases put on treatment | 43 |
| No. of new smear negative cases put on treatment | 23 |
| No. of extra pulmonary cases put on treatment | 39 |
| No. of failure cases put on treatment | 9 |
| No. of TAD cases put on treatment | 1 |
| No. of other cases put on treatment | 23 |
| No. of relapse cases on treatment | 5 |
| MDR TB patients under treatment | 14 |
| Total No. of patient put on treatment | 14 |
| Annual case detection Rate | 69.8% |
| Cure Rate for case detected | 69.3% |

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 2014- 2015** |
| 1 | Screening Camp | 00 |
| 2 | Cataract Camp | 00 |
| 3 | Number of patient operated | 00 |
| 4 | No. of school children detected with refractive errors | 231 |

**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 2014-15**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **No. of patient/new cases detected** | **No. of cases others patients/old MB** | **No. of cases others patients/old PB** |
| **2014-2015** | **01(MB)** | **0** | **0** |

|  |  |  |
| --- | --- | --- |
| **S. No.** | **Services** | **Achievement 2014- 2015** |
| **1** | **School Quiz** | **02** |
| **2** | **Hoarding repair & printing** | **NIL** |
| **3** | **IEC Programme/anti lep.day observation** | **04(IEC)**  **01(ANTILEPROSY DAY)** |
| **4** | **I P C meeting** | **NIL** |
| **5** | **RCS Screening Camp at Phensong PHSC** | **01** |
| **6** | **Wall painting** | **02** |
| **7** | **Skin Screening Camp at District Hospital Mangan** | **01** |
| **8** | **I E C MATERIALS** | **NIL** |
| **9** | **LEPROSY BOOKLETS** | **NIL** |

**NATIONAL IODINE DEFICIENCY DISORDERS CONTROL PROGRAM**

Iodine is an essential micronutrient. It is required at 100-150 micrograms daily for normal human growth and development. The Iodine deficiency disorder is caused due to lack of nutritional iodine in the food.

Presently Iodine Deficiency Disorders is a public health problem in the district. National Iodine Deficiency Disorders Control Programme is implemented in the state. NIDDCP is implemented from the state for which programme officers are deputed. The test report conducted at every village is submitted to DRCHO at District on weekly basis. Mass awareness programme was conducted by IEC cell north district during the financial year 2014-15 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 2014 – 2015

There are no reported cases of **Japanese Encephalitis** and **Chikungunya** till date.

**IEC/BCC ACTIVITY**

**OBJECTIVES:-**

1. To create awareness about health & diseases
2. To bring change in health related behaviors.

Traditionally, IEC in the health sector has concentrated on the provision of information through the use of visuals, such as posters or with the help of mass media.

Such earlier approach had a heavy emphasis on providing general health messages creations.

The main shift in the new approach is BCC i.e. behavioral change communication where all communications strategy skill for bringing about change in health behavior and attitude has been applies like segmentation of target audience, two ways & interpersonal communication, verbal skill, non verbal skill, writing skill, feedback of the message etc.

**IEC /BCC ACTIVITIES**

Under NRHM, nomination of ASHAs in the field level and also formation of village health & sanitation committee duly including important member like Panchyats, ANMs, AWW, member of NGOs, ASHAs in this committee.

**IEC/BCC Programme conducted during 2014-2015**

|  |  |
| --- | --- |
| **Types of Programme** | **No. of Programme** |
| Adolescent health programme | 06 |
| Celebration of world population Day | 2 |
| Group Discussion among VHSNC | 03 |
| School quiz on prevention of malaria/Dengue | 08 |
| World Breast Feeding Week | 01 |
| Group Discussion among VHSNC member | 06 |
| Celebration of New Born care week | 06 |
| Sensitization Programme on VHSNC | 06 |
| Celebration of Safe Motherhood | 01 |
| Awareness of communicable disease/ Dengue | 04 |
| Sanitization programme on various health issues | 9 |
| International Day Against Drug Abuse And Illicit Trafficking | 01 |
| Folk Media | 1 |
| Global IDD Observation | 15 |
| Sensitization on Vector Borne Disease/Dengue and Malaria | 7 |
| Counseling Camp to Newlywed Couple | 1 |
| Motivation Camp to Newlywed Couple | 1 |

**Capacity Building and Training under North District**

|  |  |  |  |
| --- | --- | --- | --- |
| **Types of Training** | **Training Achievement**  **2014-2015** | **Duration of**  **training** | **Place of Training** |
| Skill Birth Attendant | 2GNM  2ANM | 21 days | STNM |
| WIFS - Training of School Nodal Teachers | 2 Batch | 1 Day | District Hospital |
| WIFS - Health Workers | 2 Batch | 1 Day | District Hospital |
| NIPPI – Health Workers | 2 Batch | 1 Day | District Hospital |
| IUCD | 5GNM  5ANM | 5 Days | District Hospital |
| PP IUCD –Health Workers | 1 Batch | 3 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 |

**PROPOSAL UNDER NRHM (DISTRICT HEALTH ACTION PLAN) FOR NORTH DISTRICT 2015-2016**

**DISTRICT HOSPITAL MANGAN**

1. Functionalization 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. Quarter for GNM - 12 units i.e. 3 storied building.
6. Delivery waiting home for district hospital Mangan, Chungthang and Phodong phc.
7. Shaded parking place for ambulances and MMU vehicle.
8. Advanced life support ambulance for district hospital Mangan.
9. Compact suv mmu vehcile for the hilly terrain of north district.
10. computerized registration system for opd and ipd
11. Ultra sound machine for district hospital Mangan.

**ASHA**

Ward wise ASHA , Mobile recharge voucher, Drug kit, Drug kit bag and Apron is proposed for the financial year 2015-2016

**MANPOWER**

The major issue of concern in North Sikkim.

**NHM BUDGET DETAILS FOR**

**THE FINANCIAL YEAR 2014-2015**

|  |  |  |
| --- | --- | --- |
| **BUDGET HEAD** | **FUND RECEIVED** | **EXPENDITURE** |
| **NRHM** | **88,88,629** | **81,19,195** |
| **RCH** | **2,21,05,000** | **1,76,78,931** |
| **ISP** | **13,15,800** | **10,62,951** |

**NORTH DISTRICT MENTAL HEALTH**

**DISTRICT HOSPITAL**

**MANGAN, NORTH SIKKIM.**

***PROGRAMMES DONE TILL DATE* 2014-2015**

1. Sensitization programme for MO’s,ASHA’s and Health officials of North District on Suicide and drug addiction was held on 20th Aug 2014 at ZillaBhawan. Resource person – DrC.L.Pradhan

1. World Suicide Prevention day was observed by all the Health Institutions of North District on 10th Oct 2014 encompassing the theme Suicide prevention: one world connected. One day programme on the above theme was conducted at conference hall of District Hospital,Mangan for all the MO I/C’s,Health officials,paramedics and hospital staff. Resource person – DNO(N)
2. World Mental health Day was observed at Mangan Senior Secondary School with the theme “Living with Schizophrenia” on 16th Oct 2014. Resource persons: CMO(N) & DNO(N)
3. One day Training on Mental Health care was held at conference hall of District Hospital Mangan for ASHA’S (84 No) in two batches.
4. One day Training on Mental Health care was held at conference hall of District Hospital Mangan for Front Line Health Officials’, ANM/GNM’s of entire North District and staff of District Mental Health in two batches.
5. Community mental health programmes was held at Singhik Secondary School, North Sikkim Academy and Mangan Secondary School as Targeted interventions for Schools.
6. PHC’s have been asked to do ten programmes on community mental health during their VHND day.
7. One day training on Mental health care for Medical Officers, CDPO’s and Health official was held at conference hall, DHM on 9th March 2015
8. One day awareness camp on Mental Health Care was held at the conference hall of District Administrative centre for the all the officials of DAC on 20th March 2015. ADC (N) Mr Rabinder graced the occasion as chief guest while the resource persons were Dr C .L Pradhan , Senior Psychiatrist STNM and DNO(N) Dr T T Kaleon.

**FUND STATUS:**

**Total fund received (7/08/2014) - 30, 00,000.**

**Utilization till March 2015-30, 00,000**

**FUTURE PLANS (MENTAL HEALTH) FOR 2015-2016**

1. Targeted Intervention & sensitization on Mental Health to

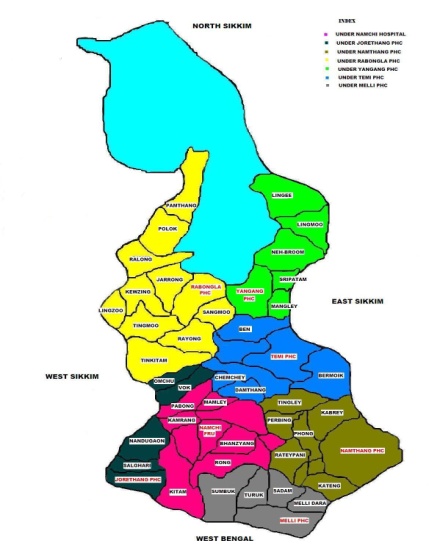
* Schools (84 No)(Identification of Nodal teachers)
* VHNS committees
* Geriatric Mental Health
* Suicide Prevention
* Stress Management
* Substance Abuse Prevention

1. Mental health camp quarterly along with VHND
2. I.E. C : Awareness Classes: To create

* awareness among general public,
* Govt. Servants, Media Persons,
* Local Self Govt. Representatives

1. Life Skills-based Approach for Drug Education in Schools
2. Life Skills education for children and adolescent in schools

**3.SOUTH DISTRICT (ACTIVITIES AND ACHIEVEMENTS)**

****

**DISTRICT PROFILE**

|  |  |
| --- | --- |
| **INDICATORS** | **DISTRICT** |
| **POPULATION** | **1,46,742 (Cencus 2011)** |
| **SCHEDULE CASTE** | **6262 (4.3 % of State)** |
| **SCHEDULE TRIBE** | **20433 (15.6% of State)** |
| **BIRTH RATE** | **17.6 (SRS)** |
| **MALE POPULATION** | **76,663** |
| **FEMALE POPULATION** | **70,709** |
| **SEX RATIO** | **922:1000 Male.** |
| **LITERACY RATE** | **82.07%** |
| **POPULATION BELOW POVERTY LINE** | **5743 (26 % in the District)** |

**No. of Health Related Institutions**

**South District**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Health Institution | PHSCs | ASHA | VHNSC | Schools Government. | Villages |
| **District Hospital, Namchi** | **6** | **25** | **25** | **40** | **51** |
| **Yangang PHC** | **4** | **16** | **16** | **38** | **13** |
| **Namthang PHC** | **5** | **22** | **22** | **34** | **44** |
| **Jorethang PHC** | **5** | **20** | **20** | **25** | **35** |
| **Ravongla PHC** | **9** | **30** | **30** | **39** | **52** |
| **Melli PHC** | **4** | **19** | **19** | **22** | **23** |
| **Temi PHC** | **4** | **10** | **10** | **29** | **30** |
| **Bermiok PHC** | **2** | **11** | **11** | **08** | **29** |
| **Total** | **39** | **153** | **153** | **235** | **277** |

**PHCs UNDER NAMCHI DISTRICT HOSPITAL**

**AND**

**DISTANCE FROM DISTRICT HOSPITAL, SOUTH**

|  |  |  |
| --- | --- | --- |
| **SL.**  **NO.** | **HEALTH INSTITUTION** | **DISTANCE IN KM FROM DISTRICT HOSPITAL** |
| 1 | YANGANG PHC | 51 |
| 2 | NAMTHANG PHC | 25 |
| 3 | JORETHANG PHC | 20 |
| 4 | RAVONGLA PHC | 30 |
| 5 | MELLI PHC | 35 |
| 6 | TEMI PHC | 30 |
| 7 | BERMIOK PHC | 32 |

**MANPOWER :**

|  |  |
| --- | --- |
| **CATEGORY** | **NUMBER** |
| **GYANAECOLOGIST** | **2** |
| **ANAESTHETIST** | **2** |
| **PAEDIATRICIAN** | **1** |
| **GENERAL SURGEON** | **2** |
| **ORTHOPAEDETIAN** | **1** |
| **MEDICAL SPECIALIST** | **1** |
| **ENT SPECIALIST** | **1** |
| **OPTHALMOLOGIST** | **1** |
| **RADIOLOGIST** | **1** |
| **DENTAL SPECIALIST** | **1** |
| **MEDICAL OFFICERS** | **17** |
| **MO AYUSH** | **3** |
| **PHYSIOTHERAPIST** | **3** |
| **STAFF NURSE** | **35** |
| **ANM** | **122** |
| **LHV** | **05** |
| **MPHW MALE** |  |
| **LHV** | **5** |
| **LAB TECHNICIAN** | **18** |

**INTRODUCTION :**

The District caters a population of 1, 44,053 (Health Survey 2014) and constitutes 24 % of the total population of the State. 97% of the population resides in the rural areas. The sex ratio is 955/1000 male and among 0-6 years 948/1000 male. The density of population is 196/ sq km, the second highest in the state. The literacy rate is 82.7 %.

Quality Health Care and Family Welfare Services are provided to the population through a net work of 1 District Hospital, 1 C.H.C. (Jorethang), 7 Public Health Centers and 39 Sub Health Centers in the District.

Health services are made accessible at the community level throughout reach programmes,VHND, Mobile Medical Unit, CATCH and Special Health Programmes organized periodically.

The District Hospital is 100 bedded hospital and acts as FRU (First Referral Unit ). Due to the increasing number of patient admission the numbers of beds are increasing yearly.

**PERFORMANCE – 2014-2015 (DISTRICT HOSPITAL health services)**

|  |  |
| --- | --- |
| SL. No | Major Services |
| **2014** |
| 1. | Patient attendance in the OPD | 99413 |
| 2. | Indoor Patient Admitted (IPD) | 8763 |
| 7. | Pathological Test Done | 1,0560 |
| 8. | X-RAY | 4326 |
| 9. | ECG | 1518 |
| 10. | Ultra-Sonography | 7478 |
| 11. | Blood Transfusion | 977 unit |
| 12. | Annual Bed Occupancy Rate | 100+ |

**ACHIEVEMENT UNDER REPRODUCTIVE CHILD HEALTH FOR THE FINANCIAL YEAR**

**2014-2015 OF SOUTH DISTRICT**

|  |  |  |
| --- | --- | --- |
| SNO | INDICATOR | ACHIEVEMENT IN % |
| 1. | ANC REGISTRATION | 94 |
| 2. | ANC REGISTRATION 1ST TRIMESTER | 79 |
| 3. | PREGNANT WOMEN GIVEN TT | 77 |
| 4. | ANC CHECKUPS COMPLETED | 81 |
| 5. | INSTITUTIONAL DELIVERY | 96 |
| 6. | HOME DELIVERY | 4 |
| 7. | C.SECTION DELIVERY | 26 |
| 8. | HOME DELIVERY- SBA | 22 |
| 9. | HOME DELIVERY NON SBA | 77 |
| 10. | BCG IMMUNIZATION | 88 |
| 11. | FULL IMMUNIZATION/MEASLES | 99 |
| 12. | HEPATITIS 3 | 100 |
| 13. | MMR VACCINE | 1911 number |
| 14. | IUD | 157 |
| 15. | ORAL PILLS CYCLE DISTRIBUTED | 24353 |
| 16. | CONDOM PIECES DISTRIBUTED | 73092 |
| 17. | OPD | 238597 |
| 18. | IPD | 11752 |

**ACTIVITIES UNDER NATIONAL RURAL HEALTH MISSION .**

**DISTRICT HEALTH MISSION –** It is an apex body at the District level and takes all decisions concerning to issues under National Health Mission and also monitors the programmes in the District . Hon’ble Zilla Adhyaksha is the chairman of the District Health Mission. The Meeting of District Health Mission was held on 30th January 2014 to review the performance and activities of 2013 under the chairmanship of Hon’ble Zilla Adhyaksha.

**DISTRICT HEALTH SOCIETY –** The District Health Society is headed by District Magistrate as Chairperson and other heads of department and NGOs as the members. The meeting of the District Health Society was held twice in the reported year to discuss various issues and took important decisions.

**DISTRICT HOSPITAL MANAGEMENT SOCIETY/ROGI KALYAN SAMITI :** The Hospital Management Society/Rogi Kalyan Samiti is a registered society under Society Registration Act . This is a group of trustees for management and development of hospital and other health centers. The Rogi Kalyan Samiti at District and other seven centers are provided with flexible funds to meet up the urgent need for the benefit of the patients. In all the seven blocks the RKS is headed by the respective Block Development Officers. The Governing Body of the Society hold meeting at Dist Hospital, Conference Hall every quarter of each financial year when they review the performance and unanimously decide to improve the services of Hospital and PHCs.

**Current Status of Rogi Kalyan Samiti in the District**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Hospital*** | ***No of HMS/***  ***RKS formed*** | ***No of Members*** | ***Corpus grant (Rs)*** | ***No of meeting Held during 2014-2015*** |
| *District Hospital, Namchi* | 1 | 14 | 900,000/pa | 4 |
| *7 PHC* | 1 | 10 x 7= 70 | 10,75,000/pa/PHC | 28 |

**Allocation and Pattern of Utilization 2014-2015 UNTIEDFUND:**

|  |  |  |  |
| --- | --- | --- | --- |
| Health Institution/ Grant in Aid | PHC | PHSC | VHSC |
| Untied Fund |  |  |  |
| % of utilization in 2014-15 | 100% | 100% | 100% |
| Annual Maintenance Grant |  |  |  |
| % of utilization in 2014-15 | 100% | 100% |

|  |  |  |  |
| --- | --- | --- | --- |
| SCHEMES | CRITERIA | BENEFITS | PERFORMANCE 2014-15 |
| JANANI SURAKSHA YOJANA | +19 YRS UPTO 2ND CHILD SC/ST (BPL) OTHERS FULL ANC | Rs 700/Mother for Inst delivery and Rs 600/ASHA. | 622 Mothers  553 ASHAs |
| MUKHYA MANTRI SUTKERI SAYOUG AVAM SISHU SURAKSHA YOJANA (MMSSASSY) (STATE GOVT INITIATIVE IMPLEMENTED FROM SEPT 2011) | + 19 YRS BPL AS PER DESME LIST SIKKIM SUBJECT/COI HOLDER INSTITUTIONAL DELIVERY 1ST CHILD & 2ND GIRL CHILD ONLY. | 80 MOTHERS @ RS 3000  CHILDREN 67 | MOTHER – RS 2,40,000 DISBURSED .  CHILDREN- RS 4,28000 |

**SCHEMES : RCH 2014**

**JANANI SISHU SURAKSHA KARYAKAM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SL.**  **NO.** | **JSSK SERVICE DELIVERY** | **FREE DRUGS** | **FREE DIET** | **FREE DISGNOSTIC** | **FREE BLOOD** |
| 1. | Pregnant Women who availed Free Entitlements | Rs 9,29,185 | Rs 11250 | - | - |
| 2. | Sick Neonates who availed Free Entitlements | Rs 76,141 | - | - | - |

**JANANI SISHU SURAKSHA KARYAKAM-II**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SNO | JSSK SERVICE DELIVERY | 7 PHC | 39 PHSC | DIST HOSPITAL | PVT INSTITUTION | TOTAL |
| 1. | Deliveries conducted at Health Facility | 346 | 66 | 1080 | - | 1492 |
| 2. | Sick Neonates treated within 30 days at Health Facility | 13 | 02 | 326 | 0 | 341 |

**ASHA STATUS – 2014.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SNo** | **Name of Blocks** | **Total No of ASHA** | **Drop out** | **Replaced** | **ASHA functioning** |
| 1. | District | 25 | 01 (Panchayat Elected) | 01 through Gram Sabha | 25 |
| 2. | Ravong | 30 | Nil | - | 30 |
| 3. | Jorethang | 20 | 02(Panchayat Elected) | 02 through Gram Sabha | 20 |
| 4. | Melli | 19 | Nil | - | 19 |
| 5. | Temi | 10 | Nil | - | 10 |
| 6. | Bermiok | 07 | Added 3 ASHAs from Tinglely and 1 from Mangley. | - | 11 |
| 7. | Yangang | 17 | Nil | 1 added to Bermiok | 16 |
| 8. | Namthang | 25 | less 3 who are now under Bermiok & 2elected Panchayat | 2 replaced through Gram Sabha | 22 |
|  | TOTAL : | 153 | 05 elected Panchayat | 5 replaced | 153 |

**ASHA INCENTIVES 2014-15**

|  |  |  |  |
| --- | --- | --- | --- |
| **SNO** | **Activity** | **Amount per activity (Rs)** | **Amount Paid** |
| 1. | JSYincentives for escorting Pregnant Women during Institutional delivery | 600/ASHA/Care Rs 350 | Rs 3,31,800 |
| 2. | Mobilising children for Routine Immunisation | 1501 | Rs 2,58,000 |
| 3. | Escorting Cataract patient for operation | 175 | - |
| 4. | Motivating for Male/Female Sterilisation | 150 | - |
| 5. | Motivation IUCD Acceptors | 50.00 | Rs 6,830 |
| 6. | Incentives for organizing VHND | 150 | Rs 2,70,900 |
| 7. | Incentive for attending monthly meeting | 150 | Rs 2,57,850 |
| **8.** | Incentive for HBNC Services | 250 | Rs 5,13,000 |

**Services of MMU during the Camps- APRIL 2014 – MARCH 2015**

|  |  |
| --- | --- |
|  | **TOTAL PATIENTS TREATED** |
| No of Camps held | 104 |
| No of Patient Treated | 6343 |
| No of ANC | 542 |
| No of PNC | 1 |
| No of patient examined for Hemoglobin | 673 |
| No of X-Ray | 171 |
| No of patient referred to higher facility | 48 |
|  |  |
| Blood Grouping | 478 |
|  |  |
| No of children immunized | 45 |
|  |  |
| No of Patient for Urine Test | 348 |

**TOTAL NUMBER OF IEC/BCC PROGRAMMES CONDUCTED FOR THE YEAR 2014 -2015**

|  |  |  |
| --- | --- | --- |
| SNO | TYPE OF PROGRAMME | TOTAL NUMBER |
| 1. | World Population Day | 8 |
| 2. | World Breast Feeding Week | 8 |
| 3. | Safe Motherhood Day | 8 |
| 4. | New Born Week | 47 |
| 5. | Awareness on Adolescent Health | 8 |
| 6. | World Vasectomy Day | 8 |
| 7. | Skit Play by NGOs | 1 |
| 8. | Training to Nurses on BCC | 1 |
| 9. | Orientation Training to Traditional Healers on Health | 1 |
| 10. | Advocacy to Adolescents on Pregnancy | 1 |
|  | **TOTAL** | 91 |

**TRAINING AND CAPACITY BUILDING 2014** :is one of the integral parts of the district activity which is conducted in the district training centre. This year the district conducted the following trainings to various categories of health personnel as under:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SNo** | **Trainings** | **Category of Personal** | **Training load Batch Size** | **Month** | **Cumulative** | |
| Maternal Health. | | | | | | |
| 1. | SBA | SN | 2 | 1batch on Feb  1batchon Sept’14 & 1batch on Feb 2015 | | 1 |
| 2. | SBA | ANM/LHV | 2 |  | | 2 |
|  | | | | | | |
| 3. | PCPNDT | HW/ASHAs | 198 4 | March’15 | | - |
| **Immunization** | |  |  |  | |  |
| 4 | Dist.level Orientation training including Hep B, Measles, JE for 2 days ANM,MPHAssistant (Male/Female),Nurse Midwives, BEEs,other Staff (as per RCH norms Nurse Midwivesetc) | ANMs/MPHWs/.LHVs | 20 | 1 batch on Jan 2015 | | 1 |
| Family Planning | |  |  |  | |  |
| 5 | IUD Insertion | SN | 3 | Oct 2014 | | 1 |
|  |  |  |  | 1 Batch | |  |
| 6 | IUD Insertion | ANM/LHV | 8 | Oct 2014 1 Batch | | 1 |
| 7 | PPIUCD Insertion | SN/ANM | 5 & 5 | Feb 2015 1 Batch & March 2015 1 Batch | | 2 |
| 8 | WIFS Refresher Training | AWW | 57 | Jan 2015 | | 1 |
| 9 | RBSK Refresher TrngSH/RBSK | ANM | 15 | Feb 2015 | | 1 |
| 10 | Others | ASHA | 21 | Feb 2015 | | 1 |
| 11 | Reorientation of MCTS | HWs | 116 | March 2015 in 4 Batches | | 4 |
| 12 | Orientation Training on Mental Health | Panchayats& officials of RMDD | 97 | March 2015 | | 1 |
| 13. | Orientation Training on Mental Health | Principal, HM of officials of HRDD | 73 | “ | | 1 |
| 14 | Orientation Training on Mental Health | Police Officers | 39 | “ | | 1 |
| 15 | Orientation Training on Mental Health | Teachers | 69 | “ | | 1 |
| 16 | Capacity Building Training on Communication Skills | Nurses | 25 | Sept 2014 | | 1 |

**REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME (RNTCP):2014**

The 30 bedded Tuberculosis Hospital with District Tuberculosis center is functional in a separate building. It is headed by District Tuberculosis Officer.

CURRENT STATUS 2014.

|  |  |
| --- | --- |
| Annualised Case Detection Rate | 216 (106%) |
| Annualised new smear positive case detection rate | 83 (110%) |
| Cure rate in new smear diagnosis among suspect where examined | 89% |
| MDR suspects where sputum was sent for CDST | 104 |
| MDR Diagnosed | 28 |
| Put on CAT-IV | 28 |
| XDR | 02 nos. |

**NATIONAL LEPROSY ERADICATION PROGRAMME (NLEP) :**

Report on Leprosy Performance -2014

The district has already achieved its primary goal for elimination Leprosy. Currently, the prevalence rate of Leprosy in the district is 0.06 %. This wing in the district has undertaken various activities in this year to contain the problem.

Report on Leprosy Performance 2014-2015

CURRENT STATUS

|  |  |  |  |
| --- | --- | --- | --- |
| **Cases** | **MB -Male Female** | **PB- Male Female** | **TOTAL** |
| **Old Case** | **3-0** | **0-2** | **05** |
| **New Case** | **0-1** | **0-0** | **01** |
| **RFT** | **3-0** | **0-2** | **05** |
| **Bal** | **0-1** | **0-0** | **01** |
| **ANCDR- 65%** |  |  |  |
| **PR. 0.06%** |  |  |  |

**NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS (NPCB) :**

The Eye Department of Namchi District Hospital is headed by Dr Twinkey Bhutia, Opthalmologist.

Regular cataract operations was started along with other eye Surgeries. Total number of 82 Cataract Surgeries and 27 number of other eye surgeries and 285 minor surgeries were performed.

**VISION CENTER VISIT- 3rd Week of Every Month. 2014**

|  |  |
| --- | --- |
| **PLACE** | **NO OF PATIENTS CHECKED** |
| Namthang | 178 |
| Jorethang | 105 |
| Mellil | 94 |
| Ravong | 351 |
| Temi | 147 |
| **TOTAL** | **875** |

**EYE CAMPS CONDUCTED - 2014**

|  |  |  |
| --- | --- | --- |
| Date | Place | Total Patient Checked |
| 20/7/14 | Jorethang | 96 |
| 13/9/14 | Tingley | 160 |
| 11/10/14 | Namphing | 148 |
| 22/11/14 | Jorethang Mega Camp | 513 |
| 29/11/14 | Bermiok | 85 |
| 3/3/15 | Jorethang | 96 |
| 5/3/15 | Ravangla | 50 |
| 10/3/15 | Mangley | 76 |
|  | **TOTAL** | **1224** |

**GLAUCOMA WEEK :**

World Glaucoma Week was observed at Namchi District Hospital, Kitam and Sumbuk BACfrom 8th to 14th March 2015. Around 307 patients were examined for different eye problems like refractive error, conjunctivitis, cataract etc.

**NATIONAL IODINE DEFICIENCY DISORDERS CONTROL PROGRAMME (NIDDCP):**

The NIDDCP in the district has made a remarkable progress since 1991. th 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 **13145** salt samples were tested in the district.

The Global Iodine Deficiency Disorder Prevention Days were observed in 41 different ICDS of the district in the month of October – November, 2013. The programme consisted of awareness generation, open quiz to the community 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.

**REPORT OF IDSP - 2014**

|  |  |  |
| --- | --- | --- |
| **Types of Reports** | |  |
|  | | 2014 |
|  |
| Only Fever | | 7976 |
| Fever with Rash | | 23 |
| Fever with cough <3 weeks | | 5275 |
| Diarrhoea with some dehydration | | 152 |
| Diarrhoea with no dehydration | | 2401 |
| Diarrhoea with blood in stool | | 06 |
| Snake Bite | | 26 |
| Dog Bite | | 772 |
| Enteric Fever | | - |
| Pneumonia | | 327 |
| Viral Hepatitis | | 07 |
| Measles | | 84 |
| Bacillary Dysentry | | 72 |
| Chicken Pox | | 186 |
| Acute Respiratory Infection | | 109 |
| Acute Diarrhoeal Diseases | | 3524 |
| Motor Vehicle Accident Cases | | 210 |
| Diabetes | | 233 |
| Meningitis | | 00 |
| Scrub Typhus | | 02 |
| Kalazar | | 02 |
| Tuberculosis +ve cases | | 132 |
| Malaria + cases | | 08 |

**District Non-Communicable Diseases (NCD) Cell,**

**South District**

The District NCD Cell was established during FY 2011-12 at District Hospital Namchi with the mandate to implement the following national programmes:

1. National Programme for Prevention & Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS) as the lead programme.
2. National Programme for Health Care of the Elderly (NPHCE).

At present the District NCD Cell is implementing the following programmes in South District.

1. National Programme for Prevention & Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS)
2. National Programme for the Health Care of the Elderly (NPHCE)
3. National Tobacco Control Programme (NTCP)
4. National Mental Health Programme (NMHP)
5. Rastriya Bal Swasthya Karyakram (RBSK)
6. Chief Minister's Comprehensive, Annual & Total Check-up for Healthy Sikkim (CATCH SIKKIM)

The District NCD Cell is headed by the District Nodal Officer and is assisted by Finance-cum-Logistic Officer & a Data Entry Operator.

**NPCDCS:**

63% of deaths globally, 55 % in S. E. Asia and 53 % of total deaths in India are due to NCDs of which CVD, Diabetes, Cancer & COPD causes 90% of deaths attributed to NCDs. The Prevalence of Diabetes is 7.32%, Hypertension 6.62% & COPD 3.49% nationally and majority of these are preventable. NCDs have emerged as the major cause of morbidity & mortality today and is set to increase exponentially.

The objectives of NPCDCS is to prevent and control common NCDs through behavior and lifestyle changes, to provide early diagnosis and management of common NCDs, to build capacity at various levels of health care facilities for prevention, diagnosis and treatment of common NCDs, to develop trained human resource within Public Health set up, to establish and develop capacity for palliative & rehabilitative care ultimately.

The strategies to be adopted, as proposed under NPCDCS, are Promotion of healthy lifestyle through behaviour change, Opportunistic screening of persons above 30 yrs, Comprehensive

examination, diagnosis and management of cancer, diabetes, cardiovascular diseases and stroke, Development of trained manpower, Strengthening of tertiary level health facilities, and Programme management at centre, state and district level.

The programme provides screening facilities for blood sugar and blood pressure through the Health Sub-Centres and treatment facilities at the District Hospital with facility for Cardiac care unit. The facility for cancer screening, though included in the programme, will be started soon. At present the following facilities are available with manpower as approved.

1. District NCD Cell: To implement the programme
2. District NCD Clinic: To provide preventive, promotive & curative services along with physiotherapy services.
3. Cardiac Care Unit.

The NCD Clinic at the CHC is yet to be made operational.

The following contractual staffs are appointed for providing the services:

1. Medical specialist: 01
2. Physiotherapist: 01
3. Staff Nurse: 02
4. Counselor: 01
5. DEO: 01

Performance for year 2014-15:

1. Screening at PHSC:
2. Total screened: 1229
3. Total with high RBS: 51
4. Total with high Blood Pressure: 168
5. At PHC /CHC/NCD Clinic:
6. Total attended: 11352
7. Total with Diabetes: 844
8. Total with Hypertension: 1563
9. Total with CVDs: 71
10. Total Counseled: 1360
11. Total provided Physiotherapy: 1696
12. Awareness programmes: 03

**NPHCE:**

The programme is an articulation of the International and national commitments of the Government as envisaged under:

* UN Convention on the Rights of Persons with Disabilities (UNCRPD)
* National Policy on Older Persons (NPOP), 1999.
* Section 20 of “The Maintenance and Welfare of Parents and Senior Citizens Act, 2007” dealing with provisions for medical care.

The facilities proposed to be provided are Provision for Geriatric Clinic at District, Separate registration & No waiting, 10 Bedded Geriatric ward at District, Provisions for drugs, Physiotherapy facility at District, Supportive devices & calipers at PHC & PHSCs, Provisions for home visits for home based care to home bound/bed ridden elderly persons.

The district presently provides integrated Geriatric Clinic in NCD clinic, 10 bedded Geriatric ward and physiotherapy facilities at the District Hospital and Rehabilitative services at CHC.

The programme has following contractual staffs at present:

1. Physiotherapist: 01
2. Asst. Physiotherapist (Jorethang CHC): 01
3. Staff Nurses: 06
4. Sanitary Attendant: 02

**Performance for 2014-15:**

1. Total attended OPD (PHC/CHC/District): 20,059
2. Total admitted (Geriatric ward): 245
3. Total provided Physiotherapy services: 1696.
4. Total provided supportive appliances: 220

**NTCP:**

NTCP was started in South District in FY 2010-11 for implementing the COTPA 2003 and to create awareness on harmful effects of Tobacco. Tobacco Cessation Centre is proposed to be started during FY 2015-16 at Namchi.

Activities undertaken in 2014-15:

1. Training of Drivers
2. Limited enforcement & monitoring

**NMHP:**

The NMHP was started under NRHM during FY 2012-13 at Namchi and subsequently brought under NCD Cell during FY 2014-15. Main Objective is to provide Community Mental Health Services and integration of mental health with General health services through decentralization of treatment from Specialized Mental Hospital based care to primary health care services with added components of Life skills education & counselling in schools, College counselling services, Work place stress management and Suicide prevention services should be provided.

The programme envisages provision of Psychiatry Clinic at District Hospital with Counseling services, Provisions of essential medicines, Training of Medical Officers and subsequent management of common psychiatric illnesses at PHC level, Crisis Help line/Suicide Helpline, awareness to reduce stigma & promote De-segregation, Awareness on mental health, Stress management, Life skill promotion etc.

At present the Psychiatry department is operational at District with support provided under NMHP. The counseling services are proposed to be started during FY 2015-16 subject to appointment of Psychologist.

**The following contractual staffs support the programme:**

1. Social Worker
2. Programme Assistant-cum-Case Registry Assistant
3. Record Keeper

**The activities undertaken during 2014-15 are:**

* World suicide Prevention Day observed at Community Hall Namchi.
* World Mental Health Day observed at District Hospital Namchi in association with District Legal services Authority at Namchi Hospital.
* Training of ASHA on Mental Health.
* Training of Nurses/Health Workers on Mental Health.
* Orientation Training of AWWs on Mental Health.
* Co-ordination meeting on Mental Health at Kitam PHSC (as participation in Sansad Adarsh Gram Yojana).
* Orientation training on Mental Health to Panchayats & others at Community Hall Namchi (as Participation during National drinking water & Sanitation week observation).
* Training of Head of Educational Institutes (Principals & HMs & AEOs).
* Training of Police Officers & Officials at Namchi.
* Training of Nodal Teachers at Namchi.
* Community Mental Health Awareness Camps (38 Nos).
* School Mental Health Camps (40 Nos).

**RBSK:**

RBSK is a new programme for providing comprehensive screening with Promotive & curative services to all children 0-6 years and students 6-18 years studying in government or government aided schools for 4Ds (30 identified conditions due to Defects at Birth, Deficiencies, Diseases, or Developmental delay). It envisages provisions of dedicated Mobile health teams (MHT) for screening, District Early Intervention Centre (DEIC) as referral facility with free Treatment at Identified Levels (as per guidelines).

However in the absences of dedicated MHT, the services are being rendered in all schools & ICDS centres by the PHCs to the extent possible. One MHT has been provided to Namchi towards end of FY 2014-15 and five more teams have been proposed during FY 2015-16.

**CATCH-SIKKIM:**

It is the flagship programme of state government launched in August 2010. The first round of CATCH programme began in FY 2011-12 and was completed during FY 2013-14 covering the entire eligible population.

During FY 2014-15, the second round of CATCH was started which included issuing Bar-Coded Health Cards. The total performance for FY 2014-15 is:

|  |  |  |  |
| --- | --- | --- | --- |
| Sl. No. | Complex | No. Of Camps | Health Cards Distributed |
| 1 | Namchi | 43 | 9975 |
| 2 | Jorethang | 39 | 9707 |
| 3 | Tokel Bermiok | 19 | 3060 |
| 4 | Yangang | 24 | 4889 |
| 5 | Melli | 24 | 3224 |
| 6 | Rabongla | 29 | 5365 |
| 7 | Temi | 14 | 3681 |
| 8 | Namthang | 37 | 4500 |
|  | Total | 229 | 44,401 |

**Services for HIV/AIDS**

The facilities for counseling, screening and management of HIV/AIDS are implemented through the following:

1. **ICTC**: The Integrated Counselling & Testing Centre provides facilities for counseling, IEC and testing for HIV to the general public at Namchi District Hospital. ICTC service is provided through a dedicated team of Counselor and Lab. Technician.
2. **PPTCT**: The PPTCT (Prevention of Parent to Child Transmission) Centre provides facilities for counseling, IEC and testing for HIV to the Ante-Natal mothers and their spouses at Namchi District Hospital. PPTCT service is provided through a dedicated team of Counselor and Lab. Technician.
3. **STD Clinic**: The STD Clinic provides integrated services for Reproductive Tract Infections & Sexually Transmitted Infections with referral linkage to ICTC. The service is provided through a dedicated team of Counselor.
4. **Link ART Centre**: The LAC at Namchi Hospital is the only LAC in the state started during end of FY 2013-14. The LAC provides follow-up treatment to Persons with HIV/AIDS transferred from ART Centre Gangtok. The facility is operational in the ICTC with the services being provided by ICTC Counselor under supervision of LAC In charge.

Performance during 2014-15:

1. ICTC:
2. Total Counseled & Tested: 1805 (M:722, F: 1083)
3. PPTCT:
4. Total Counseled: 1715 (ANC: 1416, Female Non-ANC: 80, Husbands: 219)
5. Total tested: 1416
6. STD Clinic:
7. Total attended clinic: 195 (M: 08, F: 187)
8. LAC:
9. Total clients registered & followed up: 10