

SIKKIM

STATE REPORT

Sikkim

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SIKKIM

Summary of Approvals

Financial Management under NRHM (Rs. in crore)					
Years	Allocation	Release	Expenditure	% Release against Allocation	% Expenditure against Release
2005-06	7.92	9.47	4.30	119.61	45.36
2006-07	14.51	24.45	7.45	168.49	30.48
2007-08	17.96	42.08	20.74	234.28	49.29
2008-09	23.32	20.05	27.21	85.99	135.69
2009-10	22.44			0.00	
Total	86.15	96.05	59.70	111.49	62.15

S. No.	Timeline Activities	Achievement	%
1	ASHA	Selection	636
		Training	552
2	VHSC	637	141
3	24X7 PHCs	24	100
4	Mobile Medical Unit	4	100
5	Rogi Kalyan Samiti	32	100

Budget Allocations (2005-09) (Amount in Crores)			
	Allocation	Releases	Expenditure
RCH Flexipool			
2005-06	2.89	1.00	0.72
2006-07	2.38	2.18	1.61
2007-08	3.46	3.31	3.67
2008-09	4.19	4.73	3.53
2009-10	5.29		
Total (A)	18.21	11.22	9.53
NRHM Flexipool			
2005-06		3.09	0.00
2006-07	5.77	18.22	1.14
2007-08	6.62	23.67	3.03
2008-09	4.68	3.57	14.10
2009-10	5.24		
Total (B)	22.31	48.55	18.27
National Disease Control Programme			
2005-06	0.99	1.35	1.03
2006-07	2.55	1.53	1.39
2007-08	2.07	1.73	0.88
2008-09	2.37	3.23	1.18
2009-10	2.84	0.00	0.00
Total (C)	10.83	7.83	4.48
Grand Total (A + B + C)	51.35	67.6	32.28

Record of Proceedings (2005-2009) for Mission Flexible Pool

Approval for Infrastructure Facilities (Rs. in Crore)						
S. No	Health Facilities	2005-06	2006-07	2007-08	2008-09	2009-10
1	Sub C	0.15		0.00	0.00	0.00
2	PHC			4.51	2.58	1.84
3	CHC	1.80	0.30	2.10	0.00	0.55
4	DH			0.00	0.00	4.38
5	Eqpmt			0.00	0.00	0.06
6	Transp			0.00		0.52
7	Others		28.64	13.65	4.20	0.55
	Total	1.95	28.94	20.26	6.78	7.90

Approval for Human Resource Support (Rs. in Crore)						
S. No	Personnel	2005-06	2006-07	2007-08	2008-09	2009-10
1	Doctors			0.00	0.00	1.40
2	Specialists			0.00	0.00	0.00
3	Staff Nurses			0.00	0.00	0.78
4	ANM			0.00	0.00	0.80
5	Others			0.00	0.00	1.69
	Total	0.00	0.00	0.00	0.00	4.66

RoP Approvals for Various Years in Rs. Lakh							
S.No	Initiative	2005-06	2006-07	2007-08	2008-09	2009-10	Remarks
		Released	Approved	Approved	Approved	Approved	
ASHAs							
1	ASHA		2.7	18.21	28.1755	63.7	
	TOTAL		2.7	18.21	28.1755	63.7	
Untied Funds, Annual Maintenance Grants and RKS funds related matters							
2	Rogi Kalyan Samiti-DH		20			20	
3	Rogi Kalyan Samiti-PHC		24			24	
4	Untied Fund for CHC			2	2	2	
5	Untied Fund for PHC/APHC		6	6	6	6	
6	Untied Fund for SC	15	14.7	14.7	14.7	14.7	
7	Untied Fund for VHSC		45.2	45.2	45.2	63.7	

8	Untied Fund and Annual Maintenance Grant						
9	Untied funds and annual maintenance funds at SC/PHC/CHC			83.9			
10	Untied Fund and Maintenance Grant for CHC				6		
11	Untied Fund and Maintenance Grant for PHC				18		
12	Annual Maintenance Grant						
13	Annual Maintenance Grant - CHC			4	4	4	
14	Annual Maintenance Grant -PHC		12	12	12	12	
15	Annual Maintenance Grant- SC				14.5	12.7	
	TOTAL	15	121.9	167.8	122.4	159.1	
Infrastructure related matters							
16	Emergency & Referral Services			72	60	52	
17	Mobile Medical Units		272		48.48	93.24	
	TOTAL		272	72	108.48	145.24	

Status of Infrastructure 2005-2010

Health Facilities	As per RHS 2008	New Construction	Upgradation / Renovation
Number of Sub Centre	147	7	90
Number of PHC	24	0	18
Number of CHC	4	0	4
Number of DH	4	0	1
	As per State Data Sheet, NRHM		

Status of NRHM as on 15.05.2009

1	ASHA	Selection Training	636
			552
2	VHSC		637
3	Joint A/C @ Sub Centre and VHSC		637
4	24X7 Facility		28

5	FRU		1
6	Contractual Manpower	Doctors & Specialist	32
		AYUSH Doctors	3
		Staff Nurse	53
		Paramedics	12
		ANM	48
7	JSY Beneficiaries (in Lakhs)		0.07

National Disease Control Programme

NLEP

The state has already achieved the goal of elimination of leprosy. The state is advised to carry out in depth situational analysis in districts/blocks reporting large number of new cases and take suitable actions.

IDSP

Sikkim is a phase-III state under IDSP. All districts are reporting weekly Surveillance data and outbreak reports but data need to be entered in IDSP portal.

NBCP

The performance of Cataract Surgery needs to be further improved in NE States in view of large cataract backlog. Eye care infrastructure need to be strengthened. Shortage of eye surgeons, PMOAs etc. All the NE States are required to furnish utilization certificates in respect of funds released to them under NPCB timely for release of next installment.

NVBDCP

In the year 2008, there were 4 cases of Kala-azar and one death was reported. Other Vector Borne Diseases such as Filariasis, JE, Dengue and Chikungunya are not endemic in the state.

RNTCP

Overall state level performance is satisfactory. Sputum conversion rate and cure rate needs improvement. The State needs to improve the quality of diagnosis and to ensure that NSN patients are followed up.

Demographic, Socio-economic and Health profile

HEALTH INDICATORS OF SIKKIM

The Total Fertility Rate of the State is NA. The Infant Mortality Rate is 34 and Maternal Mortality Ratio is NA (SRS 2004 - 06). The Sex Ratio in the State is 875 (as compared to 933 for the country). Comparative figures of major health and demographic indicators are as follows:

Table I: Demographic, Socio-economic and Health profile of Sikkim State as compared to India figures

S. No.	Item	Sikkim	India
1	Total population (Census 2001) (in million)	0.54	1028.61
2	Decadal Growth (Census 2001) (%)	33.06	21.54
3	Crude Birth Rate (SRS 2007)	18.1	23.1
4	Crude Death Rate (SRS 2007)	5.3	7.4
5	Total Fertility Rate (SRS 2007)	NA	2.7
6	Infant Mortality Rate (SRS 2007)	34	55
7	Maternal Mortality Ratio (SRS 2004 - 2006)	NA	254
8	Sex Ratio (Census 2001)	875	933
9	Population below Poverty line (%)	36.55	26.10
10	Schedule Caste population (in million)	0.027	166.64
11	Schedule Tribe population (in million)	0.11	84.33
12	Female Literacy Rate (Census 2001) (%)	60.4	53.7

Table II: Health Infrastructure of Sikkim

Item	Required	In Position	Shortfall
Sub-centre	109	147	-
Primary Health Centre	17	24	-
Community Health Centre	4	4	0
Multipurpose Worker (Female)/ANM	171	267	-
Health Worker (Male)/MPW(M)	147	147	0
Health Assistants(Female)/LHV	24	18	6
Health Assistants(Male)	24	8	16
Doctor at PHCs	24	42	-
Surgeons	4	1	3
Obstetricians & Gynaecologists	4	2	2
Physicians	4	2	2
Paediatricians	4	2	2
Total specialists at CHCs	16	7	9
Radiographers	4	9	-
Pharmacist	28	24	4
Laboratory Technicians	28	32	-
Nurse Midwife	52	90	-

(Source: RHS Bulletin, March 2008, M/O Health & F.W., GOI)

The other Health Institution in the State are detailed as under:

Health Institution	Number
Medical College	1
District Hospitals	4
Referral Hospitals	
City Family Welfare Centre	
Rural Dispensaries	
Ayurvedic Hospitals	1
Ayurvedic Dispensaries	1
Unani Hospitals	-
Unani Dispensaries	-
Homeopathic Hospitals	-
Homeopathic Dispensary	1

Note on Progress of NRHM in Sikkim (June 2009)

Sikkim has implemented the activities of National Rural Health Mission efficiently and effectively for attaining the goals and objectives of National Population Policy and Millennium Development Goals. NRHM has transformed public health service delivery in the State. The decentralization, responsiveness to local needs, paradigm shift in health system management and availability of untied funds has improved the facilities and their credibility among members of the public. The performance of JSY, community mobilization by ASHAs, proper referral transport, increased number of deliveries, OPDs and bed occupancy have significantly improved and a larger portion of societies are getting benefit under Mission. Brief information on progress vis-a-vi issues have been highlighted which are as follows:

Institutional Framework of NRHM

Meeting of State & District Health Mission have been held regularly. Meeting of State Health Mission held two times and of District Health Mission held 17 times. Merger of societies is completed in 4 districts. 637 VHSCs constituted & 637 Joint Accounts operationalised. Rोगी Kalyan Samities are operational at 4 DH, 4CHCs & 24 PHCs. All districts have started developing their own IDHAP.

Infrastructure Improvements

State has 1 PHC strengthened with three Staff Nurses each for 24x7. And, 3 CHC are functioning on 24X7 basis & facility survey completed in 4 (including others health institution also). 1 District Hospital is functioning as FRU. All districts have functional Mobile Medical Unit (MMU)

Human Resources

A total of 636 ASHAs have been selected & 552 have been trained upto 4th Module. And, 553 ASHAs have been provided with drug kits. A total of 147 Sub-centres are functional with an ANM and 58 SCs have been strengthened with 2nd ANM. State has appointed 3 Contractual AYUSH Doctors in the health facilities. As far as manpower augmentation is concerned, 32 Doctors, 66 SN, 58 ANMs recruited on contractual basis to provide quality services.

Services

Institutional deliveries unchanged from 0.06 lakhs (06-07) to 0.06 lakhs (07-08) and increased to 0.07 lakhs during the year 2008-09. In the State JSY beneficiaries increased from 0.02 lakhs (06-07) to 0.03 lakhs (07-08). The numbers of JSY beneficiaries was 0.03 lakh during the year 08-09. Female sterilizations unchanged from 0.01 lakh (06-07) to 0.01 lakh (07-08) and male sterilisation has increased from 457 (06-07) to 1837 (07-08). During year 2008-09, 600 female & 545 male sterilization done so far. No district is implementing IMNCL. 10194 VHND held since the launch of NRHM.

General

Overall improvement in health system since NRHM

Achievements Made

- VHNDs being conducted as effective forums for increasing community ownership and convergence
- People across the State have access to health services in PHCs functioning on 24*7 basis under NRHM.
- Functional Programme Management Units at all levels
- Access to primary healthcare through Mobile Medical Units (MMU)
- State and District IDSP Unit functional

Areas for Further Improvement

- Strengthen structures for decision making and programme planning, implementation and supportive monitoring at all levels.
- All health facilities must achieve IPHS norm.
- Mainstreaming AYUSH

Infrastructure

- Need to rationalise and fast track upgradation of public health Infrastructure being funded under NRHM & Finance Commission grants.
- Need to optimise utilisation of existing infrastructure through HR rationalisation and better supervision to ensure accountability.

Human Resources

- Strengthen the available human resource; and fill the HR gap for quality services to the people

Service Delivery

- Increase in general utilization of OPD and indoor services, institutional delivery, and immunization need to be improved.

An Analysis of Financial Monitoring Report for the FY 2008-09

A. RCH Flexible Pool

Component-wise expenditure & utilisation under RCH against approved PIP

Rs. In Lakhs

Activities	SPIP	Expenditure	% Utilization against PIP
Maternal Health	105.64	104.35	98.78
Child Health	11.80	4.63	39.24
Family Planning Services	22.60	21.99	97.30
Adolescent Reproductive and Sexual Health/ Arsh	2.48	0.60	24.19
Urban RCH	14.60	0	0
Tribal RCH	15.00	0.83	5.53
Innovations/PPP/ NGO	90.66	4.81	5.31
Infrastructure & Human Resources	118.35	79.13	66.86
Institutional Strengthening	37.65	8.65	22.97
Training	28.34	22.35	78.86
BCC / IEC	71.31	57.41	80.50
Procurement	24.28	12.89	53.09
Programme Management	60.15	32.09	53.35
Total	602.86	349.73	58.01

Based on table above and record available in FMG, observations are as under:-

General Observations

1. A sum of Rs.349.73 crore, i.e. 58% of the approved PIP of Rs.602.86 crore has been utilized under RCH-II as compared to national level expenditure of 71%.
2. There is an increase of 41% in expenditure as compared to 2007-08.
3. Since the launch of RCH-II, Rs. 19.38 crores, i.e. 36% has been utilized by the state against the release of Rs. 53.32 crores during the period 2005-06 to 2008-09.
4. Remarkable expenditure of 97% has been noticed on Family Planning, 80% on BCC/IEC, 79% on Training has been noticed.
5. More than 98% expenditure during 08-09 under MH i.e. for JSY and others is also appreciable.

Areas of Concern

1. Expenditure on Tribal RCH and PPP/NGO is less than 10% of the proposed and approved PIP. State is advised to review the facts and situation for low expenditure under these heads.
2. No expenditure / activity has been carried out under Urban RCH for which a provision of Rs.14.60 Lacs was kept.
3. State is also advised to improve Institutional Strengthening where reported expenditure is 23% of the approved PIP.
4. FMR was not sent on prescribed format.
5. All smaller activities under major heads should be merged instead of sending stretched report.
6. All the formulas should be correctly checked before finalizing the same.

B. Mission Flexible Pool:-

Componet-wise expenditure under NRHM against approved PIP

Rs. In Lakhs

Activites	SPIP	Expenditure	% Utilisation against PIP
ASHA	28.18	12.26	43.51
Untied Funds	67.90	76.60	117.23
Hospital Strengthening	15.36	2583.03	16816.60
Annual Maintenance Grants	30.50	29.95	98.20
New Constructions/ Renovation and Setting up	0	0	0
Corpus Grants to HMS/RKS	0	0	0
Action Plans (District, Block, Village)	8.00	18.51	231.38
IEC-BCC NRHM	100.56	23.00	22.87
Mobile Medical Units	0	149.84	0
Referral Transport	68.64	0	0
Panchayati Raj Initiative	1.81	0.73	40.33
School Health Programme	0	0	0
Additional Contractual Staff (Selection, Training, Remuneration)	191.10	59.90	31.34
PPP/ NGOs	0	0	0
Maintenance of Ayush	16.56	77.41	467.45
Training	40.45	0	0
New Initiatives/ Strategic Interventions (As per State health policy)	11.51	31.55	274.11
State level Health Resources Center(SHSRC)	0	1.04	0
NRHM Management Costs/ Contingencies	50.03	40.86	81.67
Other Expenditures (Power Backup, Convergence etc)	0	188.96	0
Procurement	397.22	141.96	36.66
31Support Services	0	0.07	0
Programme Implementation & Monitoring	0	0.04	0
Total	1017.82	3438.71	

Based on table above and record available in FMG, observations are as under:-

General Observations

1. As compared to 2007-08, there is increase of more than 10 times of the expenditure reported during 2007-08 (3.28 Crore) during 2008-09 amounting to Rs. 34.38 Crore.
2. Since the start of the programme, Rs.48.54 Crores were released to the state, the utilization is Rs.38.80 Crores (80%) and Rs.9.74 Crores (20%) remains unutilized.

Areas of Concern

1. There are few activities for which either there is no provision in the PIP but expenditure has been reported or there is a provision in PIP but there is expenditure , like Mobole Medical Units (Exps. Rs.1.49 Cr.), Training (PIP Rs..40 Cr.) and Other Expenditure (Rs.1.89 Cr.). Accordingly, you are advised to plan the activities in a proper way.
2. Expenditure on Hospital Strengthening has jumped to a great extent which has been mainly due to due to provision in the previous year, as noticed from our records. You are requested to provide the details on this activity.
3. There is nothing mentioned under Corpus Grant to HMS/RKS, it appears you have not properly bifurcated these expenses.

BRIEFING NOTE ON RCH II: SIKKIM

A. Background/ current status

1. RCH II Goals

Sikkim's data on MMR is not available. Sikkim's IMR at 34 (SRS 2007) has increased from 33 (SRS 2003). TFR at 2.0 (NFHS-3 2005-06) is marginally better than the national target for 2012 (refer Annex 1).

2. RCH II Outcomes

Sikkim's progress during the four year period between DLHS 2 (2002-04) to DLHS 3 (2007-08) is mixed (refer Annex 1):

- Mothers having full ANC's increased from 22.9% to 27.5%.
- Institutional deliveries have decreased from 57.8% to 49.8%.
- Full immunisation in children 12-23 months have sharply increased from 52.7% to 77.8%.
- Children with diarrhoea receiving ORS has increased from 47.8% to 49.0%.
- Unmet need for family planning decreased from 18.2% to 16.1%. Further, use of modern contraceptives has increased from 55.3% to 61.1%.

3. Expenditure

Audited expenditure has increased from Rs. 0.72 crores in 05-06 to Rs. 1.61 crores in 06-07 and Rs. 2.47 crores in 07-08; reported expenditure in 08-09 has increased to Rs. 3.50 crores i.e. 58% of allocation (Rs. 6.02crores). JSY accounted for 10.86% of the reported expenditure in 08-09.

B. Key achievements

1. Maternal Health, including JSY

- Number of JSY beneficiaries in the state increased from 0.011 lakhs in 05-06 to 0.017 lakhs in 07-08 and decreased to 0.016 lakhs in 07-08. A total of 0.031 lakh beneficiaries have availed of the services in 08-09.
- As per NRHM MIS report, state has operationalised 1 FRU against the national target of 6.
- Mobile Medical Units (MMUs) are visiting the remote areas within the District jurisdiction on pre- announced date to provide medical services.

2. Child Health

- State has mentioned in the plan for 2009-10 that all the PHCs will have New Born Care Unit and 2 District Hospital will have Intensive Neonatal Care Unit in current year.
- IMNCI training would be initiated in current year.

C. Key issues

1. Maternal Health

- The maternal health indicator on percentage of Institutional delivery has shown a decline from 57.8% (DLHS-2) to 40.9% (DLHS 3). Similarly, the percentage of delivery conducted by skilled health personnel has also declined by 5% points in the same period [from 61% (DLHS-2) to 56% (DLHS-3)]. State needs to identify reasons.
- 1st trimester ANC has not progressed and remained static [(49.8% (DLHS-2) and 49.2 % (DLHS-3)].
- The national target set for Sikkim is to operationalise 6 FRU and 12 numbers of 24*7 PHCs respectively. Pace of operationalisation of facilities needs to be accelerated.

- There is no feed-back on the number of MBBS doctors trained in LSAS and posted in the designated FRU. State is lagging behind in maternal health training: only 2 MOs have been trained in EmOC against the target of 6 in the last three years.
- As per the report available at the Maternal health Division, 10 Staff Nurses, LHVs and ANMs have been trained in the state against the state target (training load of 160).
- MTP services are not provided in any of the 24 PHCs in the four districts (Facility Survey, 2007: State PIP, 2008-09). There has been nil progress on training of staff on safe abortion services.
- As per the NFHS-3 survey the anaemia prevalent in pregnant women is quite high at 53.1%.

2. Child Health

- There has been an increase in the IMR of the state from 33 (SRS 2003) to 34 (SRS 2007)
- Care seeking for children with diarrhoea and ARI has dropped sharply (by 20.2% points and 27.3% points respectively)

A. Progress on Key Indicators

1. RCH II Goals

INDICATOR	SIKKIM		INDIA	
	Trend (year & source)		Current status	RCH II/ NRHM (2012) goal
Maternal Mortality Ratio (MMR)	NA	NA	254 (SRS 04-06)	<100
Infant Mortality Rate (IMR)	33 (SRS 2003)	34 (SRS 2007)	55 (SRS 2007)	<30
Total Fertility Rate (TFR)	2.8 (NFHS2 1998-99)	2.0 (NFHS3 2005-06)	2.7 (SRS 2007)	2.1

2. RCH II Outcomes

S. No.	RCH OUTCOME INDICATOR	SIKKIM		INDIA*	
		DLHS-2 (2002-04)	DLHS-3 (2007-08)	DLHS-2 (2002-04)	DLHS-3 (2007-08)
1.	Mothers who received 3 or more antenatal care checkups (%)	66.7	73.2	50.4	51.0
2.	Mothers who had full antenatal check-up (%)	22.9	27.5	16.5	19.1
3.	Institutional deliveries (%)	57.8	49.8	40.9	47.0
4.	Children 12-23 months age fully immunised (%)	52.7	77.8	45.9	54.1
5.	Children age 6-35 months exclusively breastfed for at least 6 months (%)	8.0	13.9	22.7	24.9
6.	Children with diarrhoea in the last 2 weeks who received ORS (%)	47.8	49.0	30.3	33.7
7.	Use of any modern contraceptive method (%)	55.3	61.1	45.2	47.3
8.	Total unmet need for family planning - both spacing methods and terminal methods (%)	18.2	16.1	21.4	21.5

* - Provisional results for DLHS-3

B. Trends in Financial Expenditure

(Rs. crores)

	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09
Release	1.00	2.18	3.31	4.73
Audited Expenditure	0.72	1.61	2.47	3.50*

* - Audited expenditure for 2008-09 is not yet available; reported expenditure is provided.

- Allocation for 2008-09: Rs. 6.02 crores.

C. Progress on Key Strategies

1. Demand side interventions

S. No.	Indicators	Achievement (no. of beneficiaries)			
		2005-06	2006-07	2007-08	2008-09
1	Janani Suraksha Yojana	1,128	1,719	1,616	3,161
2	Total Sterilisation	1,518	1,471	1,735	na
3	IUD Insertions	1,460	1,437	1,689	na

(Source: M&E Division reports, and JSY reports from the states)

2. *Technical interventions*

S. No.	Indicators	Achievement upto March 2009
1.	No. of First Referral Units (FRUs) operationalised	1
2.	No. of PHCs operationalised to provide 24-hour services	24
3.	No. of private institutions accredited under JSY	0
4.	No. of districts implementing Integrated Management of Neonatal & Childhood Illness (IMNCI)	0
5.	No. of people trained in IMNCI	0
6.	No. of Village Health & Nutrition Days (VHNDs) held	10,194

(Source: NRHM MIS report, April 2009)

Immunization

Sikkim

Evaluated Immunization Coverage

Indicator \ Survey	NFHS 1 (1992-93)	NFHS 2 (1998-99)	NFHS 3 (2005-06)	CES (2005)	CES (2006)	DLHS 2 (2002-04)	DLHS3 (2007-08)
FI	NA	47.4	69.6	NA	81.5	52.7	77.8
BCG	NA	76.5	95.9	80.8	96.2	94.1	98.5
Measles	NA	58.9	83.1	63.4	85.6	83.1	92.5
DPT 3	NA	62.5	84.3	94.5	82.6	77.5	88.7

Progress

- The State is showing an improving trend in immunization coverage with FI at 77.8% as per DLHS-3.
- The state has completed 68.2% (409/600) of health workers training.
- The district level AEFI committees have been constituted in all the districts.

Issues

- The State needs to address the issue of the **dropout** from BCG- DPT3.
- The State should conduct situation analysis of Immunization status to identify the **state and district-specific strengths and weaknesses** for formulating strategic and operational plans.
- The **AEFI Surveillance** needs to be strengthened as only one case of Serious AEFI has been reported in 2008 which is much less than the expected rate.

Brief on Revised National TB Control Programme (RNTCP) in Sikkim

1. Infrastructure

Total districts - 4, TUs – 5, DMCs – 20
 Total population - 6.0 lakh

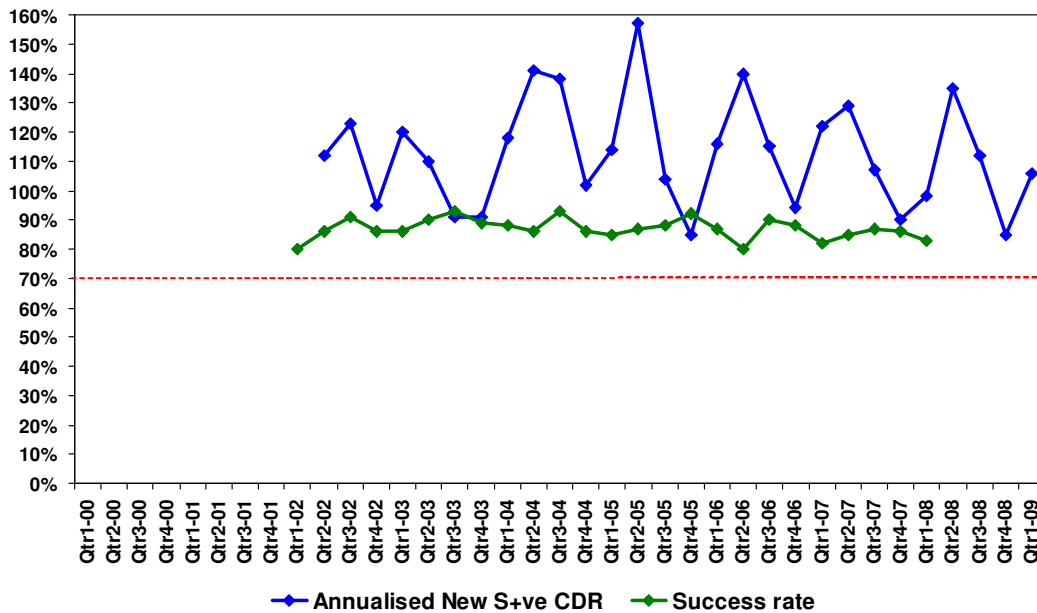
2. Status of Implementation

- All 4 districts started service delivery under RNTCP on 1st March 2002.

3. State level Performance (Based on the quarterly reports for 1st quarter 2009)

- Overall state level performance is satisfactory. Sputum conversion rate and cure rate needs improvement.
- The State needs to improve the quality of diagnosis and to ensure that NSN patients are followed up.

Annualized New Smear-Positive Case Detection Rate and Treatment Success Rate in DOTS Areas, Sikkim, 2000-2009*



- *Population projected from 2001 census
- *Estimated no. of NSP cases - 75/100,000 population per year (based on recent ARTI report)

4. **District-wise performance (Based on the quarterly reports for 1st quarter 2009)**

District	TB Suspects examined/ lakh population	Annualised total case detection rate(against >144/lac)	Annualised new sputum positive case detection rate (against >53/lac)	Sputum conversion rate in new sputum positive cases (against >90%)	Cure rate in new sputum positive cases (against >85%)
Gangtok (East Sikkim)	453	363	78 104%	90%	85%
Mangan (North Sikkim)	162	298	79 105%	100%	67%
Namchi (South Sikkim)	251	268	85 113%	96%	81%
Gyalshing (West Sikkim)	182	178	76 101%	95%	80%

5. **Funds Status as on 31st March 2009 (Rs. in lakh)**

C/F	Released	Other Income	Expenditure	Balance
15.55	67.00	0.39	66.98	15.96

6. **Drugs:** Drugs have been supplied to the state as per the requirement in the quarterly report.

7. **Issues**

- **Supervision and Monitoring**
– Supervisory field visits are sub-optimal in Sikkim. Supervisory visits as per programme guidelines must be made.
- **External Quality Assurance (EQA)** – IRL is functioning with a trained microbiologist and an untrained LT in General hospital Gangtok.

Fact Sheet on NVBDCP-Sikkim

Background Information

- The State has 4 districts with a population of 0.54. There are 4 CHCs, 24 PHCs, 147 Sub-centres and 452 villages. There are 267 Multipurpose Workers (Female)/ANM, 147 Health Worker (Male), 18 Health Assistants (Female)/LHV, 8 Health Assistant (Male) and 32 Laboratory Technician. In addition, the state has 31 functioning Fever Treatment Depots (FTDs) and 9 functioning Malaria Clinics.

Malaria

Epidemiological Situation

Year	Total slide examined	Total Malaria cases	Total Pf cases	Deaths
2006	7956	93	31	0
2007	6259	48	7	0
2008	6164	38	10	0
2009(Upto Mar.)	1169	6	4	0

Kala-azar

In the year 2008, 4 cases and one death were reported and in 2009, only 2 cases have been reported till March.

Other Vector Borne Diseases such as Filaria, JE, Dengue and Chikungunya are not endemic in the state.

Central Assistance

(Rs. in lakhs)

Year	Allocation			Release/Expenditure		
	Cash	Kind	Total	Cash	Kind	Total
2004-05	8.00	8.30	16.30	0.00	10.00	10.00
2005-06	8.00	16.27	24.27	20.95	4.21	25.16
2006-07	18.70	15.27	33.97	8.71	4.22	12.93
2007-08	16.00	4.61	20.61	4.00	0.98	4.98
2008-09	13.00	7.01	20.01	6.50	4.27	10.77
2009-10(BE)	105.00	41.6	146.6			

STATUS OF NATIONAL LEPROSY ERADICATION PROGRAMME IN SIKKIM

- **Epidemiological scenario-**
Sikkim is low endemic for leprosy and has already achieved the goal of elimination of leprosy (i.e. prevalence rate of less than 1 case /10000 population). There were 30 leprosy cases on record as on March 2009.
- **New case detection and treatment completion-**
During 2008-09, a total of 29 new leprosy cases were detected as compared to 27 new cases detected during the corresponding period of previous year. Out of 23 cases discharged during the year, 18 cases (78.3%) were released as cured after completing treatment.
- During 2008-09, NLEP action plan amounting to Rs.29.64 lakh has been approved for the State.

Issues -

1. Large numbers of new leprosy cases are being detected in the state every year which suggest active transmission of the disease in the community. The state is advised to carry out indepth situational analysis in districts/blocks reporting large number of new cases and take suitable actions like –
 - (i) Ensuring completion of treatment in each of the new cases detected.
 - (ii) Enhance awareness of the community to improve self reporting of suspected cases to health facility and
 - (iii) Carrying out family contact survey against all multibacillary and child cases.
2. The state has reported low treatment completion. It needs to be ensured by repeated follow up and absentee retrieval that every case completes treatment in time.

Integrated Disease Surveillance Project (IDSP) –Fact sheet as on 17 June 2009

The population of Sikkim is 0.54 million according to 2001 census and is scattered over 4 district and 452 villages. The State has the density of 76 persons per sq. km. As against decadal growth rate of 21.54% at the national level, the population of the State has grown by 33.06% over the period 1991-2001. The sex ratio of Sikkim at 875 females to 1000 males is lower than the national average of 933. Female literacy of the State rose to 61.46% from 46.76% in 1991.

Sikkim is a phase-III state under IDSP and has been inducted in the program during April 2006. Dr Yalli D Chankappa, from Directorate Health Services, Govt of Sikkim has been designated as the State Surveillance Officer (IDSP).

The component wise action points are as under

1. Manpower

Surveillance Officer and RRT team at state and district Headquarter designated.

The offer letter to the recommended candidates for the positions of state/district epidemiologists, microbiologists and state entomologists to be issued by state/district NRHM society.

2. IT & EDUSAT

EDUSAT(Total=5)

Satellite equipments have been delivered at all districts but installed only in SSU.

3. Laboratory Strengthening

One priority district laboratory identified by the state was surveyed and state was given sanction in February 2009 to procure required equipments for that laboratories. This procurement is under progress.

4. Data Reporting

Sikkim has 4 districts. All districts are reporting weekly Surveillance data and outbreak reports but data need to be entered in IDSP portal i.e. www.idsp.nic.in).

5.Outbreaks:

Year	Number	Type
2008	3	Acute Diarrhoeal Disease, Malaria, Scrub typhus
2009 (upto May)	0	

6. Training

Training of Medical Officers in batches is going on. Health Workers and District Lab Technicians are yet to be trained.

Core Trainers identified

7. Finance

Year	Release(in lakhs)	Expenditure(in lakhs)
2005-06	12.80	
2006-07	30.00	
2007-08	20.00	15.14
2008-09		31.22
Total	62.80	43.36

Balance Amount 16.44 lakhs

FMR received upto March 2009.

Audited Accounts and Utilization Certificate for the year 2007-08 received

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

STATUS OF IMPLEMENTATION of NPCB IN NORTH-EASTERN STATES

Performance of Cataract Surgery during X Plan

State	2005-06		2006-07		2007-08		2008-09	
	Tar.	Ach.	Tar.	Ach.	Tar.	Ach.	Tar.	Ach
Arunachal Pradesh	1000	993	1000	776	1000	1043	2000	1172
Assam	45000	47100	45000	23500	45000	48346	50000	47749
Manipur	1000	1014	2000	604	1000	1156	2000	1744
Meghalaya	2000	1372	2000	827	2000	1023	2000	2308
Mizoram	1000	1211	800	859	1000	2715	3000	2397
Nagaland	500	741	500	450	500	583	1500	1048
Sikkim	500	351	1000	241	500	571	800	690
Tripura	8000	4359	8000	5186	8000	6708	7000	8429
Total	59000	57141	60300	32443	59000	62145	68300	65537

Grant-in-aid released & Expenditure Incurred by District/State Blindness Control Societies in NE

States (X Plan)

(Rs. In lakhs)

States	2005-06		2006-07		2007-08	
	Released	Exp	Released	Exp	Released	Exp
Arunachal Pradesh	77.00	12.65	56.75	45.30	162.60	115.41
Assam	150.00	0.00	322.15	155.73	671.66	
Manipur	42.41	21.01	124.50	43.36	106.47	
Meghalaya	120.00	95.05	183.50	100.4	158.60	99.10
Mizoram	74.00	66.76	78.22	77.21	177.35	144.78
Nagaland	24.00	24.00	178.49	59.78	144.60	

Sikkim	0	0	67.00	26.47	133.35	
Tripura	175.50	28.86	184.63	20.90	24.35	
Total	662.91	248.33	1195.24	529.12	1578.98	

Major Issues:-

1. The performance of Cataract Surgery needs to be further improved in NE States in view of large cataract backlog.
2. Eye care infrastructure need to be strengthened.
3. Shortage of eye surgeons, PMOAs etc.
4. All the NE States are required to furnish utilization certificates in respect of funds released to them under NPCB timely for release of next installment.

NIDDCP**Sikkim**

Rs.in lakh

Activity	Amount proposed	Amount Approved	Remarks
Establishment of IDD Control Cell	6.45	7.00	There is no provisions for office expenses, honorarium to ASHA, training, reagents, equipment etc. under NIDDCP. The State Government may carry out the activities as per the fund allocation of GOI
Establishment of IDD Monitoring Lab	2.40	4.00	
Health Education and Publicity	3.55	26.50	
IDD Surveys	2.00	0.50	
Office expenses, honorarium to ASHA, training, reagents and equipment etc..	10.23		
Total	24.63	38.00	

Mapping of Record of Proceedings of the NPCC of NRHM for 2005-06 to 2009-10

The mapping charts the NRHM Mission Flexipool approvals contained in the RoP in following broad thematic chapters

1. ASHA (including selection, training, drug kits, mentoring, specific performance incentives and anything else associated with ASHA)
2. Infrastructure related matters (including construction, strengthening, renovation, new construction etc), equipments, transport (ambulances, EMRI, associated expenses) and others)
3. Human Resource related matters (including HR salary, contractual payments, incentives, etc)
4. Programme Management related matters (including PMUs, SHS/DHS, SHSRC, IDHAP, M&E, Mobility support to SHS etc)
5. Untied funds, AMG & RKS related matters
6. Training & Capacity Building related matters (including trainings, workshops, training institutions including their upgradation or new construction, courses, etc)
7. Innovations (including Procurement of medicines, School Health, Health Mela, Insurance, Accreditations, Monthly VHND etc)

NATIONAL RURAL HEALTH MISSION							
Sikkim							
Total MFP Approvals		1074.65		2329.52		1017.8163 1512.66	
RoP Approvals for Various Years in Rs. Lakh							
S.No	Initiative	2005-06	2006-07	2007-08	2008-09	2009-10	Remarks
		Released	Approved	Approved	Approved	Approved	
ASHAs							
1	ASHA		2.7	18.21	28.1755	63.7	
	TOTAL		2.7	18.21	28.1755	63.7	
Infrastructure related matters							
2	Civil work-renovation & repair of DDT Store					4.5	
3	Establishment of new facilities						
4	Upgradation of PHC to CHC			38	42.3		
5	Upgradation of SC to PHC			154		4.32	
6	Upgradation of STNM Hospital		2274.35	1173.35			
7	Upgradation of				155.97	15.03	

	Namchi DH to IPHS						
8	Upgradation of Namchi DH to IPHS					437.5	
9	Upgradation of DH to IPHS and PHCs to CHCs						
10	Upgradation of CHC to IPHS	180	30	174.39		55.02	
11	Upgradation of PHC to IPHS			333.17		105.69	
12	Upgradation of PHSC to IPHS			23.18	53.5791	39.48	
13	Augmentation/Renovation of PHC					78.6	
14	Establishment of ANM and GNM training school				6.5		
15	Emergency & Referral Services			72	60	52	
16	Mobile Medical Units		272		48.48	93.24	
17	Re-electrification of external water supply connection of PHCs,PHSCs & MCH Building and quarters		317.445				
	TOTAL	180	2893.795	1968.09	366.8291	885.38	
Human Resources related matters							
18	Specialist - Ophthalmologist					4.8	
19	Specialist at CHC			3.6			
20	Staff Nurse at CHC			7.68			
21	GDMO/MO/Lady MO					44.04	
22	CMEforMOs & other staff					4	
23	MO AYUSH				3.6	9	
24	Paramedics AYUSH				1.92	4.8	
25	MO-AYUSH at CHC		0.9				
26	Assistants/Paramedics-AYUSH at CHC		0.64	9.2			
27	Salary of BPM					28.8	
28	Salary of Staff Nurse existing					49.44	
29	Radiographer					0.96	
30	Recruitment of two Pharmacist/ MPHW (Male) by 4 th qtr of 2009-10					9.12	
31	Salary of X ray Tech					3.84	
32	Salary of Lab Tech					5.28	
33	ECG Technician					0.72	

34	Data Assistant					0.63	
35	GNM Additional					3.6	
36	Salary of existing four Paramedics					4.8	
37	Salary of Data Operator					20.16	
38	Salary of ANM			37.82	52.92	15.75	
39	Salary of three drivers per Districts					5.76	
40	Salary for Incinerator Operators (5 Incinerators Operators)					4.8	
41	Recruitment of Store Keepers					12.6	
42	Lady Mos-PHC				15.36	14.4	
43	Pharmacist-PHC				7.68	5.76	
44	Staff Nurse-PHC				19.2	44.16	
	TOTAL		1.54	58.3	100.68	297.22	
Programme Management related matters							
45	Strengthening of SPMU/DPMU cell		34.62				
46	Block programme management unit				49.0703		
47	District Health Action Plan (DHAP)	40			8	8	
48	BPMSU at PHCs			43.2			
49	Program Management						
50	Community Monitoring					1.47	
51	Monitoring & Evaluation		5	24			
52	Printing & Supply of Service Delivery Registers		8			2.32	
53	Office Stationeries					2.48	
54	Mobility Support			8.82		7.45	
55	Recurring cost of Doctors-AYUSH				7.2		
56	Recurring cost of Paramedics-AYUSH				3.84		
57	preparatuion of DPR & Feasibility report				6.5		
	TOTAL	40	47.62	76.02	74.61	21.72	
Untied Funds, Annual Maintenance Grants and RKS funds related matters							
58	Rogi Kalyan Samiti-DH		20			20	
59	Rogi Kalyan Samiti-PHC		24			24	
60	Untied Fund for CHC			2	2	2	
61	Untied Fund for PHC/APHC		6	6	6	6	

62	Untied Fund for SC	15	14.7	14.7	14.7	14.7	
63	Untied Fund for VHSC		45.2	45.2	45.2	63.7	
64	Untied Fund and Annual Maintainance Grant						
65	Untied funds and annual maintenance funds at SC/PHC/CHC			83.9			
66	Untied Fund and Maintainance Grant for CHC				6		
67	Untied Fund and Maintainance Grant for PHC				18		
68	Annual Maintenance Grant						
69	Annual Maintenance Grant - CHC			4	4	4	
70	Annual Maintenance Grant -PHC		12	12	12	12	
71	Annual Maintenance Grant- SC				14.5	12.7	
	TOTAL	15	121.9	167.8	122.4	159.1	
Training & Capacity Building related matters							
72	Training of M.O./ Paramedic/ANM/GN M					16.92	
73	Orientation of VHSC members				1.808		
74	Training under HMIS		2				
75	Capacity building of PRI				10		
76	Monthly Meetings/ Workshop					1.2	
77	DA (Fooding and lodging) for staffs on overnight halt					17.28	
78	Training at PHC for Sub-Centre Level Com. Mon. Com.					3.6	
79	Mobility for Training for Sub Centre level at PHCs					0.24	
80	Training of Group D staff					1	
81	Training to ASHAs & AWWs on B&D registration					7.66	
82	Training of Store Keepers &MPHW					3	
	TOTAL		2		11.808	50.9	

Innovations related matters							
83	Cost of CHC Kits for the cost of ASHA Kits		2.7				
84	Procurement of Generator 24kva in 24 PHC)with installation & shed					12	
85	Medicines, consumables, Lab regents/ X Ray films, Ultra sound jelly etc. @ 4000/camp x 12 camps /month x 12 = 576000/					11.52	
86	Procurement of Equipment						
87	Procurement of Drugs			125		60	
88	Intersectoral convergence		6				
89	Procurement of equipment: CHFirst Aid kit (under school health; Rs. 6.00 lakhs)					6	
90	Drugs & supplies for CH Procurement of I FA tablets (under school health; Rs. 25.48 lakhs)					25.48	
91	Procurement of equipment: MH Rs. 3.00 lakh for disposable delivery kits. Rs. 20.00 lakh for FRU equipments					23	
92	AYUSH Mainstreaming		1.54	9.2			
93	Birth and Death Cell				9.9098		
94	Health Melas				20	20	
95	Detail Plan for IMEP				103.96		
96	RCH/NRHM activities				1.6		
97	BCC/IEC					16.6	
98	Awards					0.58	
99	Literature, Awareness Generation Activities					1	
100	Convergence					2.8	
101	GPS tracking for Ambulances (INo)					19.37	
102	Drug supply for CHC/FRU	52					

103	Equipment & Furniture for all PHSC				0.6591		
104	Equipment for PHC				54.99		
105	Furniture for all PHC				48.5		
106	Procurement of equipment for OT for Gayzing at CHC				25.87		
107	Drugs for CHC/DH				40		
108	Emergency Medical Service				141.01		
	TOTAL	52	10.2	134.2	446.4989	198.35	

District wise Information on Sikkim under some RCH indicators

Districts	Mother received at least one TT injection	Institutional Deliveries	Full Vaccination	Contraceptive Use
India	73.5	47	69.6	54.1
Sikkim	94.2	49.8	92.5	71.1
East Sikkim	94.9	66.3	89	68.7
South Sikkim	94	47.5	92.8	65.8
west Sikkim	92.8	41.8	96.2	64
North Sikkim	98	47.3	94.4	68.1