

EXECUTIVE SUMMARY

Recognizing the importance of Health in the process of economic and social development and improving the quality of life of our citizens, the Government of India has resolved to launch the National Rural Health Mission to carry out necessary architectural correction in the basic health care delivery system. The Mission adopts a synergistic approach by relating health to determinants of good health viz. segments of nutrition, sanitation, hygiene and safe drinking water. It also aims at mainstreaming the Indian system of medicine to facilitate health care. The Plan of Action includes increasing public expenditure on health, reducing regional imbalance in health infrastructure, pooling resources, integration of organization structures, optimization of health manpower, decentralization and district management of health programmes, community participation and ownership of assets, induction of management and financial personnel into district health system, and operationalizing community health centers into functional hospitals meeting Indian Public Health Standards in each of the Country.

The State Programme Implementation Plan (SPIP) is prepared for achieving the goals and objectives in conformity with the Local, State and National goals set forth by the Mission. The plan covers RCH II goals and objectives and all other relevant National Health Programmes goals with respect to the current situation prevailing in the State.

The Department of Health Care Human Services and Family Welfare (DHCHS&FW) of Government of Sikkim initiated participatory planning process by organising a series of orientation workshops and consultation at all level amongst the Rogi Kalyan Samiti Members, MNGO/FNGO and Health Service Providers. SPIP is the final outcome after the compilation of 4District Action Plan and DHAP is the final outcome of Block Action Plans and Sub-center action plan.

Goals of National Rural Health Mission

Reduction in Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR)

Universal access to public health services such as Women's health, child health, water, sanitation & hygiene, immunization, and Nutrition.

Prevention and control of communicable and non-communicable diseases, including locally endemic diseases.

Access to integrated comprehensive primary healthcare.

Population stabilization, gender and demographic balance.

Revitalize local health traditions and mainstream AYUSH.

Promotion of healthy life styles.

Goals of State

The defining goal would be to improve the health of the people of Sikkim and stresses upon the efforts to reduce the premature mortality at all stages of life cycle and reduction of non-fatal health outcomes as key components.

In the long term the State aims to provide quality health care to its people by establishing and developing a cost-effective and needs-based health system which will specially address the health issues and problems of women, children and other vulnerable groups, particularly the poor, in a participatory way

Objective of State Program Implementation Plan

To reduce the infant mortality rate from 33(SRS-2009) 30/1000 by 2011 and less than 30/1000 by 2012.

To reduce Maternal Mortality 100 by 2011 and less than 100 by 2012

To reduce the Total Fertility Rate to 1.7 by 2012

To increase Institutional Deliveries to 80% by 2012

To reduce the Mortality & Morbidity due to communicable diseases such as Tuberculosis, Malaria, Dengue, leprosy etc. as per objective set in NRHM document.

Strategy of State Program Implementation Plan

To provide quality Antenatal Care and Intranatal care by strengthening existing facilities.

Continue implementation of Janani Suraksha Yojana for mobilisation for institutional delivery.

To provide quality antenatal care to all pregnant women in difficult & Hard-to-Reach Area.

Strengthening of DH, CHC and PHC to provide facilities for diagnosis and treatment of RTI/STI.

Provision of Referral Services at Each Facility.

Capacity Building and Human Resources.

Behavior Change Communication.

Social mobilization by ASHA

Activities

Reproductive and Child Health-II:

District Hospital Mangan will be up graded to FRU with the posting of qualified Gynecologists, anesthesiologists and child specialists. The labour room, operation theatre and indoor facilities in these hospitals will also be augmented with matching infrastructure and equipment.

To operationalised 2 new PHC 24x7 with recruitment of 2nd MO and Staff Nurse.

Janani Suraksha Yojana shall be continued to the mothers who deliver in the hospitals and at home as per the GOI guidelines.

Training of Doctors on EmOC, LSAS, ARSH, F-IMNCI, and NSSK. Training of Staff Nurse and ANM on F-IMNCI (for SN), I-IMNCI, ARSH and NSSK.

Awareness programme organization on various health issue.

Continue organization of VHND at Angan Wadi Center.

NRHM

Untied fund to the Village Health & Sanitation Committee, Sub-Center, PHCs and CHCs will be provided. Annual Maintenance Grant for PHSCs, PHCs, CHCs and DH.

10 additional ANMs will be recruited for PHSCs.

8 more PHCs will be upgraded to IPHS.

Second phase activities to upgrade Namchi District Hospital to IPHS with the procurement of 2nd phase equipment.

Augment and continue services provided by the 4 MMUs.

Integrated BCC activities under NRHM

Training of VHSC members on VHSC for better planning and utilization of fund.

Support the introduction of rural based dental services.

Immunization

Strengthening the Monitoring and Supervision of Immunization by providing training to staffs.

Outreach Camp.

Mobilization of Children for immunization by ASHA

Alternate vaccine delivery systems to improve coverage and quality of immunization

Special Immunisation Weeks ten times a year to cover difficult to reach/ low coverage areas

National Disease Control Programme.

Training of various health staff on respective Disease Control Programme.

The state will continue to support and implement the RNTCP through its microscopic and District Tuberculosis centres.

A ILR will be commissioned.

The state has made provision for the supply of second line drug for MDRTB patients.

BACKGROUND

Sikkim is a small hilly state located in the eastern Himalayas. It became the twenty-second state of the Indian Union with effect from 28 April 1975 (executive of census operation, Sikkim, 1992). Sikkim is bordered by Tibet (China) in the north, Bhutan in the east, by Darjeeling district of west Bengal in the south and Nepal in the east. Sikkim forms part of Himalayan range having elevations ranging from 300 to 7000 metres above sea level. Sikkim falls within the high rainfall zone of the country. Sikkim has an area of 7,096 square kilometres, which accounts for only 0.22 percent of the total area of the country. The mean annual rainfall varies from 2000 mm to 4000 mm with intensity of rain varying from drizzling in the low altitude to the torrential rain at higher altitude. The temperature varies with altitudes and slopes and ranges from maximum of 22-23 degrees centigrade in July and August to a minimum average of 3-5 degrees centigrade in December and January. Gangtok is the capital of Sikkim.

The total population of Sikkim is 540, 851 as per the Census of India, 2001 and the population density of the state is 76 persons per sq km (Census 2001) compared to the national average of 324. The decadal growth rate of the state is 32.98% whereas the national average is 21.34%. The sex ratio in Sikkim has been shown to be unfavourable to females by consecutive census. The adult ratio was recorded as 875(2001 census), which has declined from 878(1991 census). But the 0-6 sex ratio at 986(2001 census) is one of the best in the country. Sikkim has a young structure of population with almost 60% of the state's populations being less than 24 years of age.

The literacy rate of Sikkim is 70% (Census 2001) with male literacy accounting to 76.7% and female literacy rate is 61.5%. The population of Sikkim resides mainly in the rural areas, which comprises about 89% of the total population. The main groups of people are Nepali, Bhutia, Lepcha and the Business community. The population of tribal was 20.6% and that of Schedule cast constitute 5%. But after 2001 census certain section of community (Limbu and Tamang) belonging to OBC category which constitute significant numbers have also been included in the Tribal category. In terms of religious beliefs, the population of Sikkim is predominantly Hindu (68%). Buddhists are quite a large community (27%) and Christians 3% of the total population

Despite the relatively high levels of per capita income, the proportion of population living below income poverty has gone up from 36% in 1987-88 to 41% in 1993-94.

Prevalence of income poverty in 1993-94 was 8% in urban area and 45 % of people in rural area lived below poverty line, which indicates that benefits of growth and Human development in Sikkim have not been equitably distributed. (Sikkim Human Development Report 2001).

District wise Background Information

Sl.no	Indicator	East	West	North	South
1	Area(sq.km)	954	1166	4226	750
2	Population	245,040	123,256	41,030	131,525
3	Rural	192,188	121,432	39,782	127,579
4	Urban	52,852	1,824	1,248	3,946
5	ST	45,321	23,829	21,772	20,483
6	SC	14,277	5,747	879	6,262
7	Density(sq.km)	257	106	10	175
8	Sex ratio	844	929	752	927
9	Literacy	75.57(159521)	59.31(60628)	69.11(23572)	68.12(74614)
a)	Male literacy	82.05(94850)	67.21(35854)	77.32(15461)	74.6(42895)
b)	Female literacy	67.74(64671)	50.75(24774)	57.65(8111)	61.02(31719)
10	Decadal growth rate	37.17	25.48	31.32	33.37

Administrative divisions:

The state is divided into four districts, namely North, East, South and West. These Districts are divided into nine subdivisions, with two sub-divisions each in three district and three subdivisions in East district: Mangan and Chungthang (North district), Namchi and

Ravongla (South district), Gyalshing and Soreng (West district) and Gangtok, Rongli and Pakyong (East district). East district is the most densely populated with a population density of 257 persons per sq km and North district is the least sparsely populated with a density of 10 persons per sq km. (Census 2001). There are 905 wards, 166 Gram Panchayat units and 100 Zilla Panchayats/Territorial Constituencies. In the North District there are 103 wards including 2 Dzumsas of Lachen & Lachung villages which are treated as Gram Panchayat and Zilla Panchayats.

Sl.no	Indicator	EAST	WEST	NORTH	SOUTH
1	No of ward	273	274	103	255
2	No of gram panchayat.	50	51	20	45
3	No of revenue block.	117	110	45	135

* Dzumsa: A traditional democratic institution of local governance in 2 tribal villages of Lachung and Lachen in the North district of Sikkim. In this system, the villages elect 2 persons to act as village headmen who are called Pipons. They run the administration of the entire village with consent or as per the resolution passed in the Dzumsa. Dzumsa is nothing but Gram Sabha. Pipons are assisted by Gyapon or office helper. Adhoc Committees are formed whenever required to settle disputes and other minor cases. The Pipons exercise the powers as what the Panchayat Presidents in the GPU exercises. The term of the office of the Pipons is for 1 year. Thus, this system is a unique, traditional, tribal and social organization compared to village level organizations from other states. This system of Governance has the recognition of the State Government vide the Sikkim (Amendment) Act 1995(Act no 10 of 1995 & 2001).

PROGRESS SO FAR

Sikkim has made substantial progress in health detriments over the past decades. The critical indicators of health, including IMR, MMR, Disease prevalence, morbidity as well as mortality rates have shown consistent decline over the last 15 years. These achievements

are the cumulative result of improved coverage and efficiency of public health delivery system together with several interlinked interventions and changes introduced by Government of Sikkim. The overall economic upturn as well as improvement in collateral determinants of health has helped the State to substantially ameliorate the sufferings associated with adverse health events and also achieve critical milestones like Total Fertility Rate (TFR) of 2.02, an Infant Mortality Rate (IMR) of 33 per thousand live births, elimination of Leprosy and reducing the burden of Tuberculosis and Iodine Deficiency in the State.

Over the past fifteen years the state has made substantial progress in the health sector reflected by improved changes in many Health Indicators which are as follows:

I Demographic Indicators:

- Birth rate per 1000 population declined by 24.6 in 1994 to 18.4 in 2009 (SRS)
- Total Fertility Rate declined by 26.55% i.e. 2.7 in 1998-99 (NFHS2) to 2.02 in 2005-06 (NFHS 3)

II Mortality Indicators:

- Crude Death Rate per 1000 population decreased by 23.2% i.e. 6.9 in 1994 to 5.2 in 2009(SRS).
- Infant Mortality Rate (IMR) per 1000 Live births declined by 26.1% i.e. 46 in 1994 to 33 in 2009 (SRS).
- Under five Mortality Rate declined by 44% i.e. from 71 in 1998-99 to 40 in 2005-06(NFHS 2 &3)
- Major causes of Deaths shifted from Communicable to Non Communicable Diseases as per 1989-90(Survey) and Medically Certified causes of Deaths 2006,07 & 08.

III Service Indicators

- Complete Immunization coverage increased by 84.4% i.e. 48% in 1998-99 to 70 in 2005-06 & 88.5%(2008 as per State report)
- Cure Rate of tuberculosis improved by more than 21.4% i.e. less than 70% in 1994 to more than 85% in 2008-09

- Institutional Delivery increased by 53% i.e. from, 32% in 1980-99 to 49% in 2005-06. The current figure is 75.1% (State Report) and therefore change has been by 135%.
- 3 or More ante Natal Check Ups improved by 55.6% i.e. from 45 in 1998-99 to 70 in 2005-06 (NFHS) the current coverage is 75.8% in 2008 and therefore change has been by 68.4% (State Report)
- Civil Registration of Birth improved by 310% from 72 in 1994-95 to 90 in 2008-09 (State Report)
- Civil Registration of Deaths improved by 1011% i.e. 7.85 in 1994 to 92 in 2008 (State Report)

IV Disease Prevalence

1. No confirmed cases of diphtheria, acute poliomyelitis, neonatal tetanus and whooping cough has been detected in the last 15 years.
2. During the last 15 years one of the most significant achievement of the department was to bring down the prevalence rate of goiter (Iodine Deficiency Disorder) from 54.03- to 14.17 (SRS)
3. The prevalence of cretinism which was 3.46% in 1989-90 has been completely rooted out. Sikkim has been declared as Cretin Free State.
4. Till date 24 States and UTs have achieved the goal of Leprosy Elimination and Sikkim is one of them. The prevalence of Leprosy in the State has declined from 1.10 per 10,000 populations in 1994-95 to 0.40 per 10,000 populations as of March 2008.

Summary Budget

Sl.No.	Main Heads	Components	Budget Amount (Rs in Lakh)
1	Maternal Health	FRU operationalised,JSY,VHND,RTI/STI, Maternal death audit.	127.3
2	Child Health	Civil work equipment, school health, infant death audit.	35.35
3	Family Planning	Camp, compensation	9.94
4	ARSH		0.65
5	Urban RCH		10.21
6	Tribal RCH		27.50
7	Human Resource under RCH including ARSH,Urban RCH		329.54
8	Manpower under NRHM SPMU		182.43
9	Manpower under NRHM DPMU		35.08
10	Manpower under NRHM BPMU		74.26
11	Addition Contractual Staff under NRHM at District Hospital		111.22
12	Addition Contractual Staff under NRHM at CHC		11.04
13	Addition Contractual Staff under NRHM at PHC		101.59

14	Addition Contractual Staff under NRHM at Sub-Center		90.49
15	Mainstreaming AYUSH manpower		32.65
16	Rural Dental Health		22.32
17	Strengthening Training Center		5.00
18	Maternal Health Training		19.38
19	Child Health Training		11.75
20	FP Training		4.5
21	ARSH Training		3.75
22	Prog. Mang. Training		23.45
23	Strengthening of SPMU		43.00
24	Strengthening of DPMU		16.80
25	Steangthening of BPMU		2.99
26	BCC/IEC		86.18
27	IMEP		8.5
28	Incentives to Doctors, GNMs, ANMs, Paramedical etc.		38.37

29	Appointment Of MPHWS		18.00
30	All approved activities as per ROP 2010-11 and Work In Progress (Committed Expenditure)		74.75
	SUBTOTAL OF PART A		1393.62
31	ASHA		65.45
	Untied Fund		85.80
32	AMG		28.40
33	Upgradation of DH/CHC/PHC to IPHS		7.12
34	Logistic Improvement		6.36
35	New Construction/Renovati on& Setting up		406.91
36	Corpus Grant to RKS		46.00
37	DHAP		10.00
39	Panchayati Raj institutions		12.45
40	MMU Total		129.05
41	Community Monitoring		16.42
42	Monitoring & Evaluation		60.27
43	Procurement		23.00

44	Research Study, Analysis		33.00
45	Rural Dental Services		14.40
46	Health mechanical Workshop		11.76
47	Innovation/PPP/NGO		42.00
48	Sub total		998.41
49	All activities approved in RoP 2009-10 and under process (Committed Expenditure)		678.53
	Sub-Total of Part B		1676.95
50	Immunization Part C		31.83
51	NVBDCP		20.76
52	RNTCP		154.64
53	NBCP		119.25
54	NLEP		62.41
55	NIDDCP		38.00
56	IDSP		116.15
57	NTCP		16.98
58	NMHP		20.70
59	NPPCD		17.43
	TOTAL (A+B+C+D)		3668.70