

2.20 CATCH: Ensuring quality healthcare for all in Sikkim

The Comprehensive Annual and Total Health Check-up for Healthy Sikkim (CATCH) is a flagship programme, which was launched by the Government of Sikkim to provide basic healthcare services at the doorstep of the state's rural population and push up Sikkim above all other Indian states in terms of health indicators by 2015. The programme focusses on community-based comprehensive healthcare by conducting annual and periodic health check-ups free of cost for all the citizens of Sikkim and providing referrals as required. Since its launch in 2010, CATCH has benefited 5,52,767 people in the state, conducted 3,685 health camps, and distributed 1,30,723 health cards to citizens.

Rationale

The CATCH programme was developed in response to the issues challenging Sikkim's public health problem. Heart and blood-related diseases, alcohol consumption, accidents and suicides, respiratory ailments, cancer and tuberculosis had developed into major causes of death in the state. However, these diseases and ailments were often going undetected and untreated, as access to basic health services remained almost unattainable in rural areas. Though Sikkim boasts of a good primary health care system, the focus of health care prioritises reproductive, maternal, neonatal, child and adolescent health. Therefore, the CATCH was envisaged as a comprehensive primary health care programme with a view to address the major health problems. The absence of such a comprehensive approach meant that people were forced to travel out of the state.

Launched by the Government of Sikkim, CATCH seeks to address the acute need for health promotion and disease prevention in the state. This unique programme aims to provide the state's rural population with both preventive care (access to basic healthcare) and curative care (access to diagnostics, doctors and modern health services). It is an effort to make comprehensive and affordable healthcare accessible across the state.

Objectives

By creating access to routine check-ups, preventive and remedial measures and primary healthcare services, CATCH aims to shift focus from cure to prevention and make Sikkim the healthiest state in India. The programme's specific objectives are to track the health profile of all the people from the Gram Panchayat to the state level on yearly/periodical basis; address the key obstacles to promoting good health and prevention of risk factors for major public health problems and non-communicable diseases which are the main health problems in the state;

work towards a long-term policy change for positive health; bring down the cost of healthcare, especially for chronic diseases, in the long run; and undertake early diagnosis of diseases and risk factors.

Key Stakeholders

The key stakeholders for the programme are Health and Family Welfare Department, Village Health Sanitation and

Figure 1: Key stakeholders

Health and Family Welfare Department, Government of Sikkim supports the programme financially.

Village Health Sanitation and Nutrition Committee (VHSNC) are involved at village level, and NGOs, health teams, concerned units and departments, community organisations are involved at sub-centre level.

District Health Society manages the operation and administration work of health camps at various locations.

CATCH programme team comprising medical officers, doctors, nurses, lab technicians, pharmacists delivers the services.

District Hospitals and Primary Health Centres (PHCs), Rogi Kalyan Samiti and Gram Vikas Adhikari.

Rural health workers like Accredited Social Health Workers (ASHAs), Auxilliary Nurse Midwives (ANMs) and Anganwadi Workers (AWs) who provide ground-level medical assistance to beneficiaries.

Beneficiaries include pregnant women, sick infants, old people, and patients from BPL families and communities.

National Informatics centre (NIC), Sikkim designed CATCH software.

Nutrition Committees (VHSNCs), District Health Society (DHS), CATCH programme team, district hospitals and Primary Health Centres (PHCs), rural health workers, National Informatics Centre (NIC) and beneficiaries of the programme.

The Health and Family Welfare Department provides financial support to the programme and is the nodal implementing agency. VHNCs are involved in community mobilisation at the village level. NGOs, health teams, concerned units and departments and community-based organisations are involved in generating awareness on health issues at the sub-centre level.

The DHC, manages the operations and administrative work of health camps at various locations. The CATCH programme team, comprising medical officers, doctors, nurses, lab technicians and pharmacists, delivers the services. District hospitals and PHCs, the Rogi Kalyan Samiti and the Gram Vikas Adhikari are actively engaged in organisation of health camps. Rural health workers like Accredited Social Health Activists (ASHAs), Auxiliary Nurse Midwives (ANMs) and Anganwadi Workers (AWWs) provide ground-level medical assistance to the needy. Beneficiaries, including pregnant women, sick infants, old people and patients from below poverty line (BPL) households and under-served communities, benefit from the programme. NIC, Sikkim, has designed the CATCH software.

Implementation Strategy

In its bid to progressively introduce changes in healthcare delivery and given the continuing difficulties in access to health services, the health team conducted a pilot project in 20 wards before scaling up the programme across the State. At present, the AYUSH hospital, one state referral hospital, four district hospitals, 26 PHCs and 147 sub centers in the state are involved in the implementation



Image 1: Participation of community members

Source: National Rural Health Mission, Sikkim

of the programme.

The Government of Sikkim, working through the Health Department, is responsible for conducting a free health check-up for each citizen annually at the designated centres across the state. The programme engages people of all ages, including senior citizens and BPL households, who are not able to access basic healthcare services. The health check-up camp is set up by doctors, technicians and other staff from the health department at a nearby locality. VHC members and local NGOs assist in informing the villagers about the health camp. Health camps are set up in PHCs in remote villages as the elderly find it difficult to travel outside the village for treatment. After a physical check-up, patients suffering from more complex ailments are sent for free consultation to the concerned doctors, followed by laboratory investigation and other procedures as required. Patients are also counseled on how they can maintain a healthy lifestyle and prevent further problems.

CATCH uses proprietary software to create a universal database containing the medical history of the State's citizens. This database is updated after each annual health check-up, and the citizens included in it are graded as per their health status. Information is recorded in family folders, and individual case sheets and data entry into CATCH software is done to develop each individual's health card, which is a bar-coded smart card that provides the detailed health profile of the card holder. This real-time CATCH database provides an overview of the health situation in the state and helps the state Government in allocating resources to the sector. The available records indicate that the major causes of death in Sikkim are heart and blood vessel diseases, alcohol-related complications, respiratory diseases, cancer and tuberculosis.

Beneficiaries, who are now aware of the free service, are increasingly using the healthcare services provided to them under CATCH. This awareness was largely



Image 2: ASHAs engaged in training

Source: National Rural Health Mission, Sikkim

Figure 2: Illustration of the CATCH Programme Cycle



Source: National Rural Health Mission, Sikkim



Image 3: Health Card

generated by rural health workers, who are in direct contact with beneficiaries, and have educated villagers on the importance of CATCH and how it addresses the health needs of the deprived sections of the population, especially women and the elderly who may not be in a position to access health services. Several Information, Education and Communication (IEC) tools have also been used to familiarise beneficiaries and create awareness about the programme. The following ABCDEFG mnemonics was adopted by the programme planners to make people understand the relation between diseases and risk factors: A – no to alcohol, B – control blood pressure, C – no to cigarettes and tobacco, D – healthy diet, E – regular exercise, F- control fatness, G – control blood glucose.

Resources Utilised

The Government of Sikkim provides the funds required to implement CATCH programme.

Trainings are an important component of the CATCH programme. About 6,000 health workers and



Image 4: Blood pressure being measured

stakeholders, including Government officials, paramedics and nursing personnel, Panchayat members, members of NGOs and community-based organisations, ASHAs and AWWs have been trained to handle patients and deal with emergencies. Training has also been provided on how to record important information about a patient. Periodic reviews and monitoring are undertaken to scrutinise the events organised under CATCH.

The programme relies heavily on the proprietary software developed for it by NIC, Sikkim. The purpose of the software is to eliminate the need for manual recording of information. It allows fast and easy recording of details such as name and address of the beneficiaries and their health-related information and uploading of beneficiary photographs to generate individual health cards.

Impact

Improved health and access to healthcare: CATCH has improved the health status of people in Sikkim and provided them with better access to healthcare services. The number of patients who come to PHCs and health camps organised by CATCH has increased several times since the programme's inception. Regular conduct of the CATCH programme has resulted in an increase in health coverage, with preventive interventions focusing on pregnant women, children, elderly and adolescents and an increase in awareness about the important determinants of health such as nutrition and sanitation. The CATCH programme has been particularly beneficial to the people of remote and hilly regions in Sikkim, enabling timely delivery of services in remote villages where bad roads often discourage villagers from getting to a hospital. Since its launch in 2010, CATCH has benefited 5,52,767 people in the state; conducted 3685 health camps, and distributed 1,30,723 health

cards to citizens. By providing the underserved rural and urban communities with greater access to high-quality healthcare, CATCH has demonstrated its ability to create direct social impact in the form of better health and well-being and has enhanced the productivity of people as they don't fall ill as often as before.

Reduction in adverse health conditions and harmful practices: Effective implementation of CATCH has led to an increase in the number of detected cases of diseases such as anemia, hypertension, substance abuse, obesity, malnutrition etc. The second round of CATCH, in 2012, observed a decline in anemia by 6.8%, hypertension by 16.2%, mean diastolic BP by 3 mm Hg, reporting of suicidal tendencies from five people to none, tobacco use on a daily basis by 11.4% and alcohol use on a daily basis by 10.02%. Prior to the implementation of CATCH, three stroke cases were reported within three years in a sample population of 250. The implementation of CATCH took this number down to 0. A total of 12,32,466 laboratory tests have been done so far under the programme.

Based on the findings of CATCH Programme in North District line listing of all the major public health problems of each and every ward was done. The list of the people having chronic diseases such as hypertension, diabetes etc diagnosed during the camp has been circulated to the VHSNC members to motivate for further follow up and modification of life style.

Public awareness regarding health: The quality of service delivery in CATCH camps is high, and the number of services available has also increased. CATCH has been instrumental in increasing public health awareness through various health-related discussions and programmes. CATCH has been a great success among the rural population, especially the poor who cannot afford to spend on travelling to away from their locations for treatment.

Reduction in adverse health conditions and harmful practices

1. In one of the case study of Middle Sumin village of East District in second round of CATCH programme (2012), observed a decline in anemia by 6.8%, hypertension by 16.2% mean diastolic BP by 3mm Hg, reporting of suicidal tendencies from five to none, tobacco use on a daily basis dropped by 11.4% and alcohol used by 10.2%.
2. Prior to implementation of CATCH in Middle Sumin, 3 stroke cases were reported within three years in a sample population of 250. The implementation of CATCH brought this number down to 0. A total of 12,32,466 laboratory tests have been done so far under the programme.
3. Based on the findings of CATCH programme, the

Beneficiary experience

When CATCH organised a health camp at Middle Sumin, an 80-year-old lady, suffering from joint pain and congestion, visited the health camp for a routine check-up. Her condition improved dramatically after she began taking the medicines prescribed by the doctor at the health camp. She can now walk properly without suffering any joint pain or other discomfort.

CATCH has benefited many other elderly like this lady, who find it difficult to travel far for treatment. It has almost become an integral part of the lives of many citizens of the state. By providing the people greater access to high-quality healthcare, creating awareness about the importance of detecting problems at an early stage and preventing long-term illness through timely diagnosis and treatment, CATCH has improved people's health and well-being and revolutionised healthcare in Sikkim.



Source: National Rural Health Mission, Sikkim

alcohol related death in Hee-Gyathang village of North District which was found to be major public health problem. However, the buying and selling of alcohol product was prohibited once the local stakeholders decided to make the village alcohol free in the year 2013; Hee Gyathang village is now a model for the state.

Key Challenges

CATCH has faced several challenges. These include a culturally sensitive context, which is reflected in the hesitation of rural folk to discuss their medical conditions

with doctors because they are largely unfamiliar with formal healthcare services, and lack awareness about modern forms of medicine. They also have general preference for traditional and Ayurvedic treatment. Besides, if need be they have a deep-rooted preference for reaching out to urban facilities.

According to government norms, the focus is only on opportunistic screening in institutional setting. However, the CATCH programme attempts to achieve this through community based screening. This raises issues regarding hesitation on VIA test at the start of the programme, which of course, has been overcome over the years thanks to behavior change obtained through a good IEC component.

A key challenge lies in continuous follow up and uninterrupted supply of medicines to people diagnosed with non-communicable diseases. This is also important because the number of people diagnosed for different non-communicable diseases is quite high.

The shortage of doctors poses a challenge, especially since CATCH aims to have comprehensive approach for early detection and follow up and continuous care, including provision of uninterrupted supply of medicine, updating and maintenance of CATCH software, fund constraints and sustainability of the programme is a major challenge.

Other challenges faced by the CATCH programme include doctors' unwillingness to serve in remote villages, which is a persistent problem for CATCH; lack of robust primary healthcare facilities due to the absence of well-trained staff and necessary medical equipment and infrastructure, and inadequate appreciation of the importance of comprehensive healthcare by rural health workers and the community at large.

These problems are being dealt with through the use of IEC tools and by generating support for the objective of making Sikkim the healthiest state in India. Rural health workers are now more aware of

their roles and responsibilities and work actively to mobilise the community for participation in the CATCH programme.

Replicability and Sustainability

Where most Indian States fall short on providing efficient rural healthcare, the CATCH programme is sustainable in the long run because it is designed to tackle the shortcomings of traditional systems through innovation and adaptation. The strength of the programme lies in its ability to adopt an indigenous approach and combine it with effective convergence of government resources and adequate participation of the community, with focus on services like health camps, effective implementation of health programmes, provision of free medicine and health check-ups etc.

Various states like Gujarat and Himachal Pradesh have expressed interest in replicating the programme in their own specific contexts. Looking at the relevance of the programme, the Planning Commission has urged other states to follow this good practice of providing healthcare services. An effort can be made for inter-state learning and including components that are missing in other states' health programmes. The CATCH programme can go a long way in establishing a new health policy for the underprivileged in a country where quality and superior healthcare facilities are concentrated in the hands of select few.

Conclusion

The CATCH programme's comprehensive community healthcare model has introduced positive changes in Sikkim's healthcare system. The programme is not only creating informed citizens and community healthcare professionals and taking healthcare to the people's doorstep, but also driving the state closer to its goal of becoming the healthiest state in the country by 2015.

Fact Sheet

Theme	Health
Nodal Implementing Agency	Department of Health and Family Welfare, Government of Sikkim
Geographical Coverage	All districts of Sikkim State
Target Groups	Citizens of Sikkim
Years of Implementation	2010 - Present



Odisha's Department of Women and Child Development has involved Women Self-Help Groups in the Integrated Child Development Services supplementary nutrition programme to ensure 'universalisation with quality' by reaching a standard weekly menu and meeting the protein and calorie norms.