Response to COVID-19
Sikkim

No Mountain High Enough
Even the more remote and sparsely populated parts of the world have been affected by the COVID-19 pandemic, including the less populated regions of India. Sikkim is one of the mountainous Himalayan states in north-eastern India. The home of Kangchenjunga, the highest peak in India and the third highest on earth, it is unique in its biodiversity; of which 35% is covered by Kangchenjunga National Park. Also known as the Orchid State, the second smallest state in India has a population of around 6,60,000, out of which the urban population of the state constitutes around 25.2 percent. Sikkim has a relatively high literacy rate, of around 81.4 percent compared to around 73 percent of India.

While the state is geographically isolated, apart from key industries such as hydropower, agriculture, agro-processing and pharmaceuticals, (amongst others), Sikkim's economy revolves largely around tourism. Many of its residents depend on this service sector for their livelihood, with a peak season for tourism running from April till the end of June. All year round, the state welcomes both domestic and foreign tourists to destinations.

This year, when the WHO Director-General declared COVID-19 as a global pandemic1 in March, there was national-level alertness across all countries including India. While measures given by the Centre on particular public health strategies and movement of people within designated zones were flexible, Sikkim made these stringent to ensure the prevention of COVID-19 within the state. Their strategy worked in ensuring zero COVID-19 cases till 22nd May, 20202; the next day, a student who had returned from New Delhi to Sikkim was reported as the first case. As of 22nd July total confirmed cases numbered 438, out of which 112 have recovered, with not a single death reported yet3. As per the notification issued by Government of Sikkim on 20th July, a complete lockdown in the state was declared from 6 am on 21st July to 6 am on 3rd August in view of the relatively sudden surge in COVID-19 cases compared to earlier numbers in the state. Educational, training and coaching institutions will remain closed till 31st August4.

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COVID-19 Cases in Sikkim (March – July 2020)
The government of Sikkim took various timely decisions even before the declaration of a nationwide lockdown in India. Attention was focused on the need for community surveillance, responsible use of social media, medical training and preparedness of medical staff, as initial precautionary measures to combat COVID-19. Sikkim is among those states which have taken the strictest possible measures to prevent the spread of COVID-19. Despite having a high dependency on tourism, Sikkim decided to keep its doors closed for the tourists till October 2020. In addition to early actions undertaken, officials as well as residents attribute Sikkim’s geographical isolation as an important factor in its relative success against COVID-19.
Early preparedness for the crisis
On 24th January, 2020, the Director-General of Health held an online meeting and initial measures were put in place in coordination with different departments within the state to seek preventive measures and enhance preparedness for a possible outbreak in the near future. Importantly, while it was still tourist season in Sikkim, in March unofficial actions were taken to inform the panchayats to immediately request all domestic and foreign tourists to return to their home states and countries as the situation could get worse soon. Around the same time, tourism department, also came up with a related advisory, bolstering previous efforts.

The first of the measures directed by the health ministry was to establish community surveillance via the Integrated Disease Surveillance Programme (IDSP) network, through State and District Surveillance Units. There was an emphasis on ensuring inter-departmental coordination, while some significant decisions were taken up by the relevant departments. All decisions were taken and monitored at respective district levels (East, West, North and South), for better management and evaluation of services.

The chief minister decided on the immediate constitution of a State Level Task Force and District Level Task Force to tackle the situation. The State Task Force was set up on 19th March, and respective District Task Forces were also set up quickly. On 23rd March, District Collectors issued an order enforcing a one-week lockdown in Sikkim starting 25th March.

Community Awareness and Sensitization
Awareness and community sensitisation programmes were initiated in all districts across Sikkim. Before the nationwide lockdown, residents of Sikkim who returned were kept under home and facility quarantine. Involvement of NGOs/CSOs, industries and Individuals also assisted in the dissemination of information and providing services in the form of cash, food grains, relief materials, provision for PPE, production of reusable cloth masks, hospital/health center furnishings; as well as sanitization drives, home delivery services, the feeding of stray dogs and alcohol recovery support, among other activities.

Sikkim's strategies in their response largely focused on:
Screening, Surveillance and Disinfection

Vehicles, administrative buildings and public spaces were disinfected as advised by the WHO and Government of India, for the purpose of sanitization. While screening of vehicles and people entering Sikkim through the borders was being carried out, the Animal and Husbandry Department started examining livestock and meat entering through the state’s borders, checking them for their body temperatures. Also, phenyl and potassium permanganate were sprayed on vehicles and roads to disinfect the vehicles carrying the livestock. Village-level Community Surveillance along West Bengal and Nepal borders has also proved beneficial in monitoring the spread of suspected cases.

Health Infrastructure & Training of Trainers (ToT) for COVID-19

In anticipation of possible transmission of COVID-19 within the state, the Health Department set up health systems, services and interventions as instructed by the Union Health Ministry. In addition to this, during early February, different trainings were taken up and also imparted by health officials within the state. Training and demonstration of the donning of PPE was carried out amongst infectious disease management staff; Call centre executives were trained; training of Heads of Departments (HoD) and Medical Officers, frontline workers [Accredited Social Health Activists (ASHA)/ Auxiliary Nurse Midwives (ANM)/ Anganwadi workers (AWW)]; and counselors on Mental Health were conducted in a timely manner.

Misinformation and Misreporting

Misinformation and Misreporting were tackled by the Department of Information & Public Relations (IPR). This was important in preventing the spread of false information which was potentially dangerous or misleading. On 6th April, the COVID-19 Sikkim Centralized Information System was developed by the Department of Information and Technology to function as a single source of credible information on services related to COVID-19 mitigation and the dissemination of measures/activities undertaken by Sikkim Government. The portal also served as a medium to verify fake news and information, in addition to provisions for government news and press releases; health updates; helpline numbers; link to Chief Minister’s Disaster Relief Fund (CMDRF); and essential stores’ list, application for e-passes, registered NGOs/CSOs under citizens’ corner.

Economic Welfare Schemes

Provisions for immediate relief for the economically weaker sections of the Sikkimese population were arranged. This included food distribution for all needy families, over and above their Public Distribution System (PDS) entitlement, daily wagers, migrant, casual or construction site workers, hawkers and those stranded and in need of immediate help, whether in bazaars/ more populated areas or rural areas. Financial provisions were also made for employees engaged in works during the lockdown period. In addition, a decision was made for the provision of insurance for frontline workers. The government also advised the State Bank of Sikkim to allow a three-month moratorium on all loans (IPR). Additionally, the government provided financial help for stranded students outside the state during the nationwide lockdown7.

6. ‘Chief Minister’s Disaster Relief Fund (CMDRF)’, (July 2020), https://ipr.sikkim.gov.in/?cat=182
The Way Forward

Aforementioned key decisions taken up by Sikkim were able to control the epidemic to a large extent. The decision taken with regards to the regulation of transportation along with the mandate to use the Aarogya Setu Mobile App\(^8\) as a prerequisite for travel permits, insisting that every individual entering the state had to compulsorily download the same. This decision is mandated to be followed by the public for safety, comprehensive monitoring and further preparedness.

According to the report published by Sikkim State Disaster Management Authority (SSDMA)\(^7\), key decisions taken with regards to social and economic welfare of people, both residents and non-residents, ensured smooth implementation of the nationwide lockdown, whilst provisions were made for residents outside the State as well. These measures, augmented by regular updates from the Health Department, have thus far allowed a considerable control of panic within the population.

Some significant challenges remain. In addition to maintaining control over the pandemic, conversations with citizens and stakeholders, as reported by SSDMA, indicate that Sikkim will need to restart industries located in the state soon. Tourism, the most important industry, provides a major share of livelihoods for the residents of Sikkim. Preparing the state to welcome back tourists, while also taking measures to control the pandemic, will be a huge challenge.

The case of Sikkim presents a good opportunity to understand the implications of a proactive and precautionary approach to management of crisis. While in-depth studies can be carried out later to analyse the intricacies of each initiative and its subsequent impacts, what stands out presently is that these measures have offered breathing space for different departments to reorganise themselves in the wake of a global health crisis, while curtailing the spread of positive COVID-19 cases within the State.
