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Government Healthcare Facilities Available in Soreng District, Sikkim : A Descriptive Assessment of Infrastructure, Human Resources And Public Health Services

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Abstract: *Soreng District is one of the newly established districts of Sikkim, formed on 13 December 2021 following the reorganisation of the erstwhile West District. Since its formation, the district has been developing a separate administrative and healthcare infrastructure to improve accessibility and delivery of public health services. This study provides a descriptive assessment of government healthcare facilities available in Soreng District, with emphasis on healthcare infrastructure, human resources, primary healthcare services, public health programmes and the emerging district-level healthcare system. The study follows a descriptive research design and is primarily based on secondary information from the Government of Sikkim, Soreng District Administration, Health and Family Welfare Department, official government publications, press releases and audit reports. The public healthcare structure includes Soreng CHC, Mangalbaria PHC, Rinchenpong PHC, Sombaria PHC and community-level Health and Wellness Centres. The 100-bedded District Hospital at Soreng is a major infrastructure project intended to strengthen secondary healthcare. Recent programmes demonstrate NCD screening, tuberculosis screening, AYUSH outreach, immunisation and community health activities. SWOT analysis indicates expanding infrastructure and community outreach as important strengths, while geographical accessibility, specialist availability, workforce planning and referral dependence remain areas requiring continued attention.*

Keywords: *Soreng District; Sikkim; Government Healthcare; PHC; CHC; Health and Wellness Centre; District Hospital; Human Resources; Public Health*.

1. Introduction: Healthcare is an essential component of human development and plays a significant role in improving quality of life, productivity and social well-being. The availability of accessible, affordable and quality healthcare is particularly important in mountainous regions where geographical conditions can influence the movement of patients and healthcare professionals.

Soreng District was formed on 13 December 2021 following the reorganisation of the former West District. The establishment of the new district created a need for strengthened district-level administrative and social infrastructure, including healthcare. The present system has developed around community and primary-care institutions while a 100-bedded District Hospital is being developed at Soreng.

The official district website lists four public healthcare facilities in its PHC/public-utility category: Soreng CHC, Mangalbaria PHC, Rinchenpong PHC and Sombaria PHC. The district healthcare system is further supported by Health and Wellness Centres and community-level health workers.

2. District Profile: Soreng lies in the south-western part of Sikkim and shares an international boundary with Nepal. The district is predominantly mountainous and rural. Its healthcare needs are influenced by dispersed settlements, road connectivity, weather conditions and the distance between communities and higher-level referral facilities.

Particular	Details
District	Soreng, Sikkim
Formation	13 December 2021
Headquarters	Soreng
Area	293.22 sq. km
Population	64,760 (Census 2011)
Subdivisions	2
Blocks	6
International Boundary	Nepal

Table 1. Selected socio-administrative profile of Soreng District.

Figure 1. Soreng District Map.

Figure 1. Geographical location and administrative setting of Soreng District.

3. Purpose of the Study: The purpose of the study is to assess the availability, structure and development of government healthcare facilities in Soreng District, with particular attention to infrastructure, human resources, community-level services, public-health programmes and the emerging district hospital.

4. Objectives

- To identify government healthcare facilities available in Soreng District.
- To study the structure of government healthcare delivery.
- To examine primary and community healthcare infrastructure.
- To assess available information regarding healthcare human resources.

- To study major government health and public-health programmes.
- To examine the development of the 100-bedded District Hospital.
- To identify major healthcare accessibility challenges.
- To conduct a SWOT analysis of government healthcare facilities.
- To provide recommendations for strengthening healthcare services.

5. Research Methodology: The study adopts a descriptive research design and is primarily based on secondary data. Information was compiled from the Government of Sikkim, Soreng District Administration, Health and Family Welfare Department, official government press releases, government publications and audit reports. Data were analysed through facility-wise classification, infrastructure assessment, human-resource assessment, public-health programme assessment and SWOT analysis.

A limitation of secondary data is that a single publicly available, continuously updated document containing the current sanctioned and working strength of every category of healthcare worker across all Soreng facilities was not identified. Accordingly, manpower figures are reported only where supported by official documentation.

6. Government Healthcare Facilities: The public healthcare system in Soreng may be viewed as a tiered structure consisting of district-level hospital development, community healthcare, primary healthcare and Health and Wellness Centres. This structure is intended to provide basic care close to communities while supporting referral to higher facilities when required.

Sl.	Facility	Level/Role
1	Soreng CHC	Community Health Centre
2	Mangalbaria PHC	Primary healthcare
3	Rinchenpong PHC	Primary healthcare
4	Sombaria PHC	Primary healthcare
5	Health & Wellness Centres	Community/primary healthcare

Table 2. Major government healthcare facilities documented for Soreng District.

7. Soreng CHC And Primary Healthcare: Soreng CHC is an important public healthcare institution serving the Soreng area and providing a higher level of care than a conventional PHC. The PHC network includes Mangalbaria, Rinchenpong and Sombaria. These facilities support outpatient care, preventive services, government health programmes, referrals and community outreach.

Health and Wellness Centres extend basic and preventive healthcare closer to rural communities. Their activities include health promotion, screening, maternal and child health, NCD screening, community mobilisation and referral support.

8. 100-Bedded District Hospital: The 100-bedded District Hospital at Soreng is the most significant healthcare infrastructure project in the district. Government information reports a sanctioned investment of approximately ₹234 crore. The hospital is designed according to Indian Public Health Standards (IPHS) and National Quality Assurance Standards (NQAS).

The hospital is expected to strengthen inpatient and emergency care, diagnostics, specialist services, maternal and child healthcare, surgical services and district-level referral capacity. Its effective operation will depend on appropriate staffing, equipment, medicines, diagnostics, emergency transport and maintenance.

9. Human Resources: Healthcare infrastructure requires adequate human resources. Major categories include Medical Officers, Specialists, Staff Nurses, ANMs, Laboratory Technicians, Pharmacists, Dental Surgeons, AYUSH Medical Officers, Radiographers, Optometrists, Community Health Officers/MLHPs, Health Educators, ASHA workers and support personnel.

Government health activities in Soreng demonstrate multidisciplinary participation. A 2026 health camp involved medical and laboratory personnel, dental services, AYUSH personnel, nursing staff, NCD screening personnel, ASHA workers and health education support. Facility-specific audit evidence has also documented medical and nursing staff at Soreng PHC. These figures should not be treated as the current district-wide workforce total without verification from the Health Department.

Workforce category	Major function
Medical Officer	Diagnosis and treatment
Staff Nurse	Nursing and patient care
ANM	Maternal and child healthcare
Laboratory Technician	Diagnostic testing
Pharmacist	Medicine management
Dental Surgeon	Oral healthcare
AYUSH Medical Officer	AYUSH services
ASHA Worker	Community mobilisation/referral
CHO/MLHP	Comprehensive primary care

Table 3. Major healthcare workforce categories.

10. Public Health Services: Government healthcare facilities in Soreng are involved in preventive, promotive and curative activities. Recent government programmes have included non-communicable disease screening, tuberculosis screening, AYUSH outreach, health camps, immunisation, maternal and child health activities and PM-JAY-related outreach.

A 2026 health camp under Sampoornata Abhiyan 2.0 included general check-ups and laboratory investigations such as CBC, random blood sugar, liver and kidney function tests, uric acid, lipid profile and chest X-ray, together with blood-pressure, blood-sugar and dental screening.

An AYUSH outreach programme conducted at Lower Pakkigaon in August 2026 recorded 61 beneficiaries and included screening for hypertension, diabetes, osteoarthritis and anaemia, along with TB screening, consultation and health counselling.

11. Healthcare Accessibility: Geographical accessibility is an important consideration in Soreng because of its mountainous terrain and dispersed settlements. Travel distance, road conditions, weather-related disruption and availability of emergency transport can influence timely access to healthcare. Until district-

level specialist capacity is fully strengthened, some patients may continue to require referral to larger facilities outside Soreng.

Telemedicine, strengthened ambulance services, improved referral protocols and better diagnostic facilities can reduce unnecessary travel and improve continuity of care.

12. SWOT Analysis

Strengths	**Weaknesses**
Developing district healthcare system	District-level system still developing
CHC and PHC network	Referral dependence for advanced care
Community-level HWCs	Specialist availability requires strengthening
Active public-health programmes	Need for consolidated current manpower data
AYUSH outreach	Geographical access challenges
100-bedded hospital project	Infrastructure transition

Opportunities	**Threats / Challenges**
Operationalisation of District Hospital	Mountainous terrain
Telemedicine	Road disruption/landslides
Expanded diagnostics	Specialist workforce shortages
University-healthcare collaboration	Emergency transport delays
Community health research	Natural disasters
Preventive health expansion	Increasing service demand

Table 4. SWOT analysis of government healthcare facilities in Soreng District.

13. Discussion: The findings indicate that Soreng is moving from a primarily sub-divisional and primary-care arrangement towards a more complete district healthcare system. The existing CHC, PHCs and Health and Wellness Centres provide the foundation for community and primary healthcare, while the proposed district hospital represents a major expansion of secondary-care capacity.

Recent government health activities demonstrate that the district healthcare system is not limited to curative services. NCD screening, TB screening, AYUSH outreach, immunisation, maternal and child health activities and community health camps indicate increasing emphasis on prevention and early detection.

At the same time, the development of buildings and facilities must be accompanied by adequate human resources, specialist services, diagnostics, medicines, emergency transport, digital health and quality assurance. Regular publication of district-level workforce data would also improve health-system planning and research.

14. Major Findings

- Soreng became a separate district in December 2021 and its healthcare system is still developing.
- The official district website lists four government PHC/CHC facilities.
- Health and Wellness Centres extend healthcare closer to rural communities.
- Government programmes include NCD and TB screening, AYUSH outreach and immunisation.
- Multidisciplinary health personnel participate in community programmes.
- The 100-bedded District Hospital is the major infrastructure development.
- Geographical accessibility remains an important healthcare consideration.
- Current district-wide manpower totals require verification and regular updating.

15. Recommendations

- Make the 100-bedded District Hospital fully operational with appropriate staffing and equipment.
- Maintain an updated district human-resource database showing sanctioned, filled and vacant posts.
- Strengthen PHCs and HWCs with medicines, diagnostics and digital connectivity.
- Expand telemedicine and specialist consultation for remote communities.
- Strengthen ambulance services and emergency referral protocols.
- Expand diagnostic services to reduce avoidable referrals.
- Continue NCD, TB, immunisation, nutrition and health-awareness programmes.
- Promote university–healthcare collaboration for research, camps and student training.

16. Limitations: The study is primarily based on secondary information. Soreng is a newly established district and healthcare infrastructure is undergoing continuous development. Facility classifications, staffing and service availability may change. The study therefore avoids presenting unsupported current district-wide workforce totals. Primary field research involving facilities, healthcare workers and patients would provide additional evidence.

17. Conclusion: Soreng District is undergoing an important transition in public healthcare infrastructure following its establishment as a separate district. The existing CHC, PHCs and Health and Wellness Centres provide a foundation for primary and community healthcare, while government outreach programmes increasingly address preventive health, screening and health promotion.

The 100-bedded District Hospital represents the most important infrastructure investment and has the potential to strengthen secondary healthcare within the district. Its long-term contribution will depend on adequate staffing, specialist services, diagnostics, medicines, emergency care, referral systems and quality management. Continued investment in community healthcare and systematic monitoring of human resources will be essential for developing an accessible and sustainable public healthcare system in Soreng.

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