Department Of Health And Family Welfare
Government Of Kerala
Annexe II, Secretariat
Thiruvananthapuram
Kerala-695001

KERALA.HEALTH

December 2025

HEALTH@ALAPPUZHA

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ANNEXURES

Message

GOVERNMENT OF KERALA

Pinarayi Vijayan

CHIEF MINISTER

No. 1319/Press/CMO/25 24 December, 2025.

MESSAGE

The health and well-being of the people of Kerala remain the foremost priority of the Government of Kerala. Over the years, our State has achieved notable improvements in health outcomes through a strong public health system, a committed health workforce, and sustained community participation. Conscious investments across primary, secondary, and tertiary healthcare have been undertaken with the clear objective of reducing out-of-pocket expenditure and ensuring equitable access to quality health services for all.

At a time when emerging health challenges and changing disease patterns demand renewed focus, continuous strengthening of health planning and effective implementation of various programmes at the district level assume critical importance. In this context, district-specific strategies are essential to respond effectively to local needs while enhancing efficiency, equity, and responsiveness in service delivery.

The District Health Document stands as a comprehensive compilation of the district's health status, service delivery mechanisms, achievements, and priority areas. It reflects the collective efforts of the Health Department, local self-government institutions, and line departments in addressing social determinants of health. I am pleased to note that the Department is publishing all fourteen Health@District document series, providing valuable insights into programme implementation and developments in hospital infrastructure.

I appreciate the dedicated efforts of the Health Department in preparing this document. I am confident that this initiative will serve as a valuable guide for policymakers, administrators, researchers, and frontline health workers, and will contribute significantly to strengthening the district health system and advancing our goal of accessible, affordable, and quality healthcare for all. I wish every success to the endeavours of the Health Department.

Pinarayi Vijayan

The Addl. Chief Secretary (Health)
E-mail : acskeralahealth1@gmail.com

141, 3rd Floor, North Block, Government Secretariat, Thiruvananthapuram Pin 695001 T 0471 2333241, 2333812, 2333610 F 0471 2333489
E chiefminister@kerala.gov.in facebook.com/cmokerala twitter.com/cmokerala
Residence Cliff House T 0471 2318406, 2314853
www.keralacm.gov.in

Smt. Veena George

Minister for Health &
Family Welfare
and Woman & Child Welfare
Development
Government of Kerala

Message

The Government has taken decision to undertake strategic investment in primary, secondary and tertiary health care under the Aardram Mission and Navakerala Karma Padhathi.2. The department is taking various initiatives to improve health care services to people by improving infrastructure and by launching specific health service programs for all segments.

I am delighted to see that the Department has brought out a comprehensive compendium to give information regarding the various health initiatives undertaken in the district of Alappuzha. The book gives complete information about the various projects undertaken to improve infrastructure as well as the different programs under implementation to ensure efficient health care services to people.

It is informed to me that the department is taking steps to publish such books of all the districts annually. This initiative of documenting all the activities in the districts will give everyone information not only to health functionaries but also to people. I urge the health functionaries to use the data to study, analyse and based on the evidence take various interventions to improve the health care delivery in Alappuzha.

I appreciate the works done by the District Medical Officer, District Project Manager and health functionaries of Alappuzha and efforts taken by Directorate of Health Services and National Health Mission Kerala.

I wish a grand success to this initiative.

Veena George

Foreword

The Department of Health and Family Welfare has been taking various initiatives in Health Sector. They are ably supported by the line departments like Local Self Government Department, Revenue Department and others by working on social determinants of health. Health Science always demands well documented data regarding the outputs and outcomes. The foundation of Health Science is an evidence-based practice. In this back ground, the need for documenting a concise compilation of the efforts taken by all health functionaries and our partners was realized.

We have developed a template for the district health documentation and shared it with all the district functionaries to collate the information. It was a difficult task, but with continuous follow ups and coordination, the information was collected. The draft went through series of discussions including aesthetics of presentation and the draft was finalized.

The book **Health@Alappuzha** gives information regarding various initiatives such as infrastructure development, state plan and various State and Centrally sponsored schemes, national and state health programs. The book extensively covers the demographic data as well as the vital health statistics of the district. The output and outcome indicators will give all information regarding efficacy of various programs and schemes implemented in the district.

The Department is in the process to publish Books of all the districts and it will be a Health@District encyclopaedia 2025 edition as a part of the Nav Kerala Karma Padhati.2

We will focus on involving people at all levels and officials of all the departments to promote "Our Health is Our Responsibility" with the objective of improving preventive and promotive health to reduce morbidity and mortality and to build a healthy productive society.

I am confident that the book **Health@Alappuzha** will be a resource book for health functionaries, researchers, students as well as to people to understand the developments in health sector in Alappuzha. It will help to assess the progress against the benchmarks set and encourage all to strive to excel.

I take this opportunity to recognise the efforts taken by Smt. Prabha George, State Demographer and her team. All the data tables were validated and appropriate infographics were done properly. These set of documents, hopefully would encourage institutions to publish such informative books in future too. Dr Jamuna Varghese, DMO

Alappuzha, Dr Koshy C Panicker, DPM Alappuzha and others have followed up to compile the information through a series of discussions and feedback. I appreciate the guidance given to the teams by Dr Vinay Goyal SMD NHM, and Dr Reena Director Health Services. I especially appreciate the work of many colleagues who tirelessly work in the field to achieve the result.

I would urge all the colleagues to study the information and to do data analysis for taking further actions to ensure progress in achieving the results. With shared vision and collective actions involving people at the grass roots, we will improve the health care delivery in Alappuzha district and all across the state.

Dr Rajan Khobragade IAS

Additional Chief Secretary
Health & Family Welfare and
AYUSH Department
Govt of Kerala.

Message

Department of Health and Family Welfare is publishing a book on Health @District encyclopedia, a comprehensive document that captures the current health landscape, priorities, and programmatic achievements across the district. This book reflects the continued commitment of State Health Department towards strengthening public health systems, ensuring equitable access, and advancing Kerala's long-standing legacy of excellence in health care. These strides have been made possible by the dedication of our health workforce, the support of local self-governments, and the active involvement of other line departments and communities.

The chapters highlight essential aspects of the district health system—including demographic and epidemiological patterns, health infrastructure, human resources, maternal and child health indicators, the burden of communicable and non-communicable diseases, tribal health challenges, and programmatic progress under National Health Mission.

This document is intended to serve not only as a repository of information, but as a strategic tool for planners, administrators, and public health professionals. It will support decision-making, foster inter-sectoral collaboration, and help monitor progress towards achieving the Sustainable Development Goals and Kerala's health sector priorities.

I extend my sincere appreciation to the district health team, programme officers, and all stakeholders, whose dedicated efforts have contributed to the preparation of this document. Their collective efforts continue to strengthen Team Kerala Health and propel us toward achieving the state's health priorities and the broader national vision.

Dr. Vinay Goyal IAS
State Mission Director
National Health Mission
Kerala

Message

ഡോ. റീന. കെ. ജെ
ആരോഗ്യവകുപ്പ് ഡയറക്ടർ

ആരോഗ്യവകുപ്പ് ഡയറക്ടറുടെ കാര്യാലയം
വഞ്ചിയൂർ.പി.ഒ., തിരുവനന്തപുരം. പിൻ - 695035
ഫോൺ: 0471 2302490
വെബ്സൈറ്റ്: www.dhs.kerala.gov.in
ഇ-മെയിൽ: dhskerala@gmail.com

സന്ദേശം

സംസ്ഥാന ആരോഗ്യ വകുപ്പ് ജില്ലാ അടിസ്ഥാനത്തിൽ 2024 -25 വർഷത്തെ പ്രവർത്തനങ്ങൾ ക്രോഡീകരിച്ച് പ്രസിദ്ധീകരിക്കുന്ന പ്രവർത്തനം പൂർത്തിയായിരിക്കുകയാണ്. 2024-25 വർഷം ജില്ലകൾ നടപ്പാക്കിയ പകർച്ചവ്യാധി പ്രതിരോധ നിയന്ത്രണ പ്രവർത്തനങ്ങൾ, ജീവിതശൈലി രോഗ നിയന്ത്രണ പദ്ധതി, മാതൃശിശു ആരോഗ്യ സംരക്ഷണം, മറ്റ് ദേശീയ പദ്ധതികൾ എന്നിവയുമായി ബന്ധപ്പെട്ട നടത്തിയ പ്രവർത്തനങ്ങൾ, ധന വിനിയോഗം, ജില്ലകളുടെ അടിസ്ഥാന വിവരങ്ങൾ,നിലവിലുള്ള ആരോഗ്യ സംവിധാനങ്ങൾ, ആരോഗ്യപ്രവർത്തകരുടെ എണ്ണം, അടിസ്ഥാന സൗകര്യങ്ങൾ എന്നിവ ഉൾപ്പെടുത്തി എല്ലാ ജില്ലകളും തയ്യാറാക്കി സംസ്ഥാനതലത്തിൽ പ്രസിദ്ധീകരിക്കുന്നത് അഭിനന്ദനാർഹമാണ്.

വിവിധ പദ്ധതികളുമായി ബന്ധപ്പെട്ട് ജില്ലകളുടെ പ്രവർത്തന പുരോഗതി വിലയിരുത്തുന്നതിനും വരും വർഷങ്ങളിലെ കർമ്മപദ്ധതി തയ്യാറാക്കുന്നതിനും ഇത് പ്രയോജനപ്രദമാകുന്നതാണ്. ഇതിനു പിന്നിൽ പ്രവർത്തിച്ച എല്ലാവരെയും അഭിനന്ദിക്കുന്നതോടൊപ്പം ഉദ്യമത്തിന് എല്ലാ ആശംസകളും നേരുന്നു.

ആത്മാർത്ഥതയോടെ,

ഡോ. റീന. കെ. ജെ

CHAPTER 1
ALAPPUZHA DISTRICT OVERVIEW

1.1 Introduction

Alappuzha, also known as the "Venice of the East," is a picturesque town in Kerala. Renowned for its breath-taking canals, serene backwaters, and sandy beaches, it has become one of the most sought-after tourist destinations in the country. The town is especially famous for its houseboat cruises along Kerala's backwaters and the annual snake boat races held in Punnamada Lake.

Alappuzha is the smallest district in Kerala. Its economy is primarily based on agriculture - especially in the Kuttanad region, and marine products. The district was formed on August 17, 1957, by carving out portions from the erstwhile Kollam and Kottayam districts.

1.1.1 Economy

Key economic activities in the district include farming, coir production, fishing, and tourism. Kuttanad, also known as the "Rice Bowl of Kerala", is famous for rice cultivation. The district is also one of the largest producers of coir in India, with numerous factories processing coconut husks into products like mats, ropes, and flooring. The coir industry plays a vital role in the local economy and exports its products worldwide. Fishing, both in freshwater and marine is another key part of Alappuzha's economy. Tourism is equally significant, with many tourists visiting for the backwaters, houseboat cruises, and festivals.

1.1.2 Connectivity and Infrastructure

Alappuzha is well-connected through multiple modes of transport. The district has a railway station that links it to major cities in Kerala and other parts of India. National Highway 66 runs through the district, ensuring convenient road access to nearby towns, beaches, and other attractions. The nearest major airports are Cochin International Airport and Trivandrum International Airport. Additionally, the district's extensive backwater networks offers a distinctive means of water transport.

In terms of infrastructure, Alappuzha is equipped with modern amenities such as hospitals, schools, and markets, serving both the local population and visitors. The district also has a well-developed hospitality sector, with a wide range of accommodations, including houseboats, budget hotels, and luxury resorts, making it a popular destination for tourists.

1.1.3 Culture, Festivals, and Traditions

Alappuzha is renowned for its rich cultural heritage, with a strong emphasis on traditional arts like Kathakali and Mohiniyattam. The district is famous for its vibrant festivals, especially the Nehru Trophy Boat Race held on Punnamada Lake. Religious festivals, including the Mullakkal Rajarajeswari Temple festival, attract large crowds each year. Other notable celebrations include the Changanassery Velayudhan Swamy Temple festival and Onam, which is celebrated during the Malayalam month of Chingam.

1.2 Administrative Division

Figure 1.2.1 Administrative and Geographic Divisions of Alappuzha

Source: Census Handbook

The map illustrates Alappuzha District in the State of Kerala, depicting its administrative and geographic divisions. The district is bordered by Ernakulam, Kottayam, Pathanamthitta, and Kollam districts, with the Arabian Sea forming its western boundary. It comprises six taluks—Cherthala, Ambalappuzha, Kuttanad, Karthikappally, Chengannur, and Mavelikkara—each distinctly colour coded. Major roads, highways, railway lines, rivers, and settlements are clearly marked. The map also indicates CD blocks, statutory towns, and villages with populations above 10,000, providing a comprehensive overview of the district's administrative structure and transport network.

Alappuzha has a well-structured administrative system, divided into two Revenue Divisions: the Alappuzha Revenue Division and the Chengannur Revenue Division.

- Alappuzha Revenue Division includes three taluks:
  1. Cherthala
  2. Ambalappuzha
  3. Kuttanad
- Chengannur Revenue Division comprises:
  1. Karthikappally
  2. Mavelikkara
  3. Chengannur

In addition to the revenue subdivisions, the district has 6 Municipalities - Alappuzha, Chengannur, Cherthala, Haripad, Kayamkulam, and Mavelikkara. It also includes one District Panchayat, 12 Block Panchayats, and 72 Grama Panchayats under the Local Self Government Department.

The district is represented by 9 Legislative Assembly Constituencies and two Lok Sabha Constituencies for ensuring effective participation in governance at both the State and National levels.

1.3 Demographic Profile of the District

Alappuzha has a population of approximately 2.12 million people, as per the 2011 Census. The population is relatively evenly distributed between urban and rural areas, with a high literacy rate of 96%. The district has a diverse religious composition, with Hindus, Christians, and Muslims coexisting harmoniously. Economically, many residents are engaged in traditional industries such as coir production, Alappuzha being a major centre for coir exports—along with agriculture and fishing. Fishing plays a vital role in both inland and coastal regions, supported by the district's extensive network of backwaters and its proximity to the Arabian Sea.

Details regarding the population density, decadal growth, rural - urban differences, age and sex composition, sex ratio at birth, literacy rate, and vulnerable population groups are presented in the subsequent sub-sections.

Table 1.3.1 Population size and density (1911-2011)

Year	Total	Male	Female
1911	5,85,094	2,94,461	2,90,633
1921	6,93,538	3,49,280	3,44,258
1931	8,65,222	4,33,333	4,31,889
1941	9,83,184	4,90,747	4,92,437
1951	11,65,845	5,76,523	5,89,322
1961	14,04,269	6,93,008	7,11,261
1971	16,71,286	8,25,137	8,46,149
1981	18,65,455	9,12,888	9,52,567
1991	20,01,217	9,75,885	10,25,332
2001	21,09,160	10,14,529	10,94,631
2011	21,27,789	10,13,142	11,14,647
Source - Census of India (2011)			

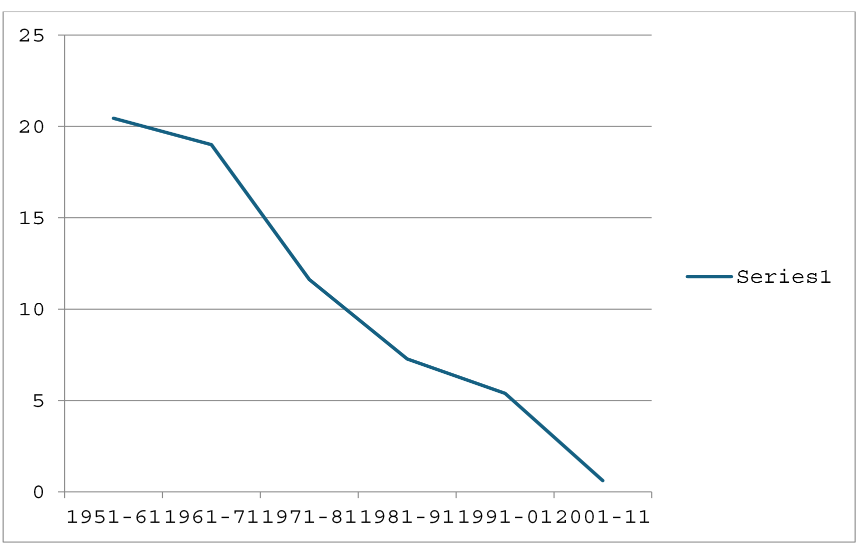
The population of Alappuzha District has shown a steady and consistent increase over the past century. In 1911, the district had a population of 5.85 lakh, which grew to 21.28 lakhs by 2011, marking nearly a fourfold increase over a 100-year period.

The decadal population growth was particularly significant between 1921 and 1961, reflecting improvements in public health, agricultural expansion, and enhanced transport connectivity. From the 1960s onwards, the growth rate gradually declined, indicating a demographic transition characteristic of more developed regions.

Alappuzha is among the most densely populated districts in Kerala, owing to its relatively small geographical area and continuous habitation along the coastal and backwater regions. Despite a relatively small area, the population has remained high, contributing to a very high population density compared to the state average. The female population has outnumbered the male population since 1941, indicating a favourable sex ratio — a distinctive demographic feature of Alappuzha.

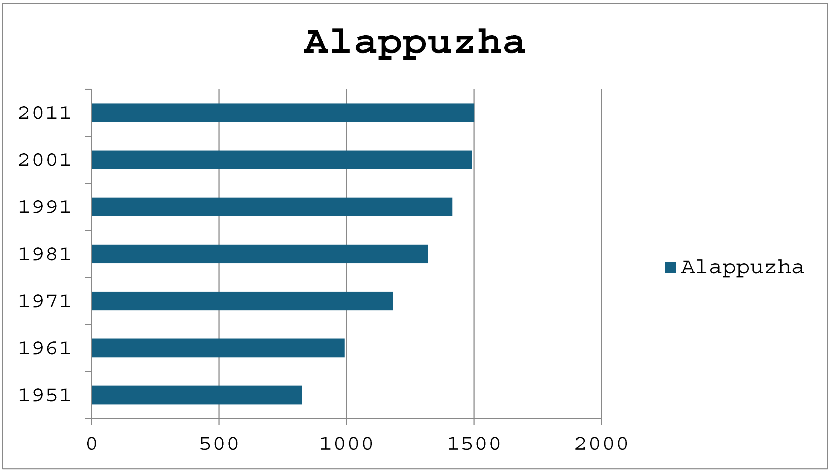
Overall, the data reflects that Alappuzha has evolved from a moderately populated region in the early 20th century to a densely populated and increasingly urbanized district by 2011, with a balanced gender composition and a stable though slower, rate of population.

Graph 1.3.1 Decadal Population Growth of District



Source: Census of India (2011)

Graph 1.3.2 Density of Population per sq.km in Alappuzha (1951-2011)



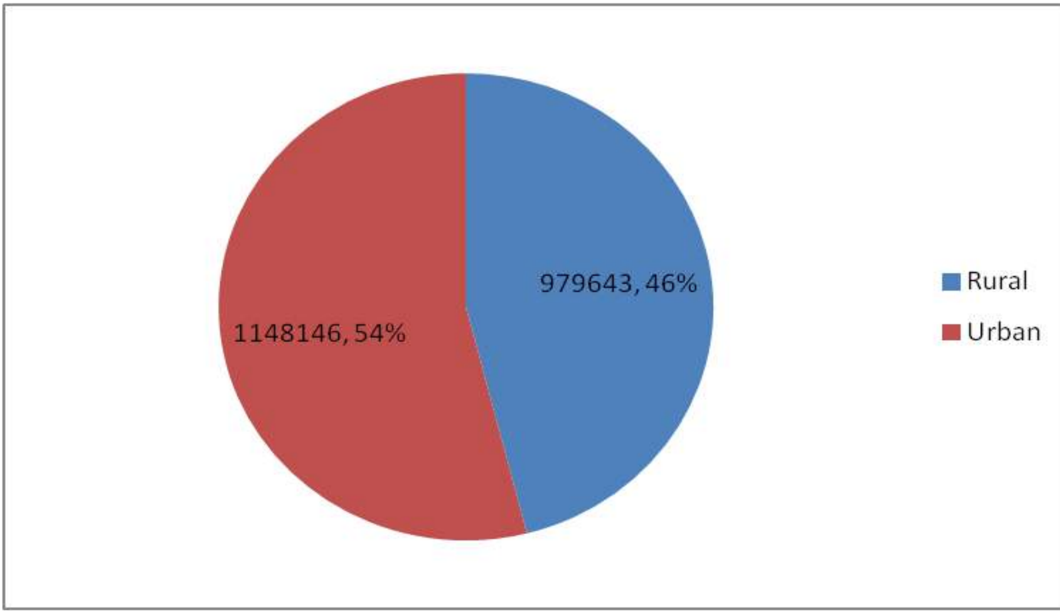
Source: Census of India (2011)

The graph illustrates the population growth of Alappuzha District from 1951 to 2011. Each bar represents the total population (in thousands) recorded during the respective census years.

The graph shows a steady rise in population across the decades. In 1951, the population was at its lowest point, while by 2011, it had reached the highest record level. The progressive increase in bar length bottom to top clearly indicates consistent demographic growth over six decades.

This upward trend reflects significant improvements in living standards, public health and infrastructure development in the district overtime. The growth, however, appears to slow down slightly after 1991, suggesting a phase of demographic stabilisation typical of regions with high population density and urban development.

Graph 1.3.3 Urban Rural Difference in Alappuzha District (2011)



Source: Census of India (2011)

The graph illustrates the Urban-Rural distribution of the population in the Alappuzha district. The Urban contribution is 54%, while the rural contribution is 46%. The difference highlights that in Alappuzha, the population is slightly higher in the urban areas compared to the rural areas.

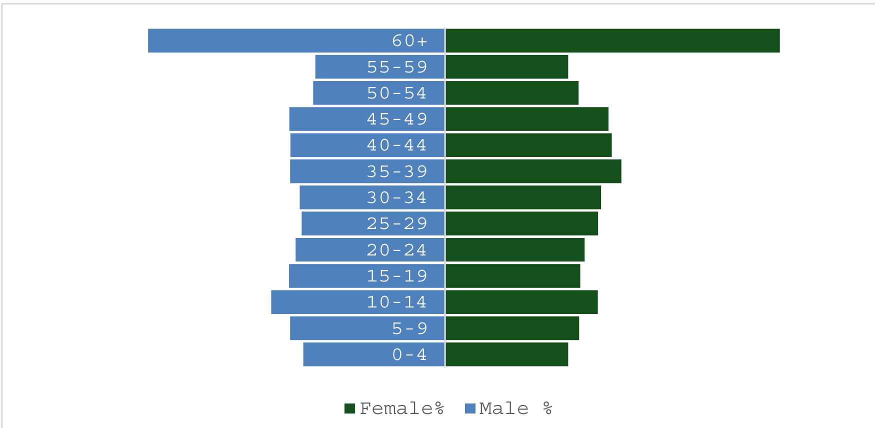
1.4 Age and Sex Distribution

The image below is a population pyramid (age-sex structure chart), displaying the percentage distribution of Males (blue bars) and Females (green bars) across different age groups.

The age groups are presented in five-year intervals, ranging from 0-4 at the bottom up to 55-59, with an open-ended 60+ category at the top. The graph indicates that, in most age groups, the Female proportion (green bars) is slightly higher or roughly equal to that of males (blue bars).

A notable exception occurs in the 60+ age group, where the female proportion is considerably higher than that of males, indicating a greater life expectancy and survival rate among females in the district. The overall shape of the graph resembles a rectangular or column shape rather than a typical pyramid, suggesting a mature or ageing population with relatively balanced proportions across the working-age groups and noticeable broadening in the older age categories.

Graph 1.4.1 Age and Sex Distribution of Population, Alappuzha (2011)



Source: Census of India (2011)

Table 1.4.1 Sex Ratio at Birth

Year	Sex ratio at Birth
2020-21	932
2021-22	937
2022-23	979
2023-24	970
2024-25	991
Source: HMIS	

The Sex Ratio at Birth (SRB) in Alappuzha, measured as the number of females per 1000 males, shows a consistent upward trend and notable improvement over the five-year period – increasing from 932 in 2020-21 to a peak of 991 in 2024-25. Although there was a slight dip from 979 in 2022-23 to 970 in 2023-24, this fluctuation was minor within the overall positive trajectory. The final figure of 991 in 2024-25 indicates that the district has achieved a near-balanced ratio at birth, reflecting progress in gender equity and maternal-child health outcomes.

Table 1.4.2 Sex Ratio

Year	Sex Ratio
1991	1,051
2001	1,079
2011	1,100
Source: Census 2011	

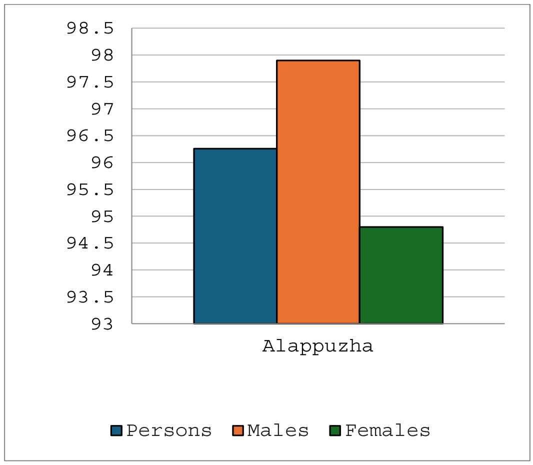
The overall sex ratio of Alappuzha District, measured as the number of females per 1000 males, demonstrates a consistently high and rising trend across the two decades from 1991 to 2011, reflecting Kerala's characteristic demographic advantage for women. Starting at a favourable 1,051 in 1991, the ratio increased moderately to 1079 in 2001, before reaching 1,100 in the 2011 Census. This upward trend signifies continued improvement in the female-to-male population balance, likely attributable to high female literacy and improved healthcare access, and progressive social conditions.

1.5 Literacy Rate

The bar graph displays the literacy rates in Alappuzha, broken down by total population and gender. The overall literacy rate, represented by the blue bar, is approximately 96.3%. The orange bar shows that the male literacy rate is the highest of the three, at approximately 97.9% (slightly below 98). The green bar indicates the female literacy rate is the lowest, at approximately 94.8%.

The data highlights a very high general literacy rate in Alappuzha - typical of Kerala's educational achievements - but also reveals a narrow gender gap, with male literacy rate is higher than the female literacy rate.

Graph 1.5.1 Literacy Rate of Alappuzha (2011)



Source: Census 2011

1.6 Vulnerable Population Groups (SC/ST Communities, etc)

In Alappuzha District, the Scheduled Caste (SC) population is 2,01,211, and the Scheduled Tribe (ST) population is 6,574**,** making a total of 2,07,785 persons. Among them, there are 1,00,358 males and 1,07,427 females, showing that the female population is higher than the male population in both SC and ST groups.

Table 1.6.1 SC/ST Population of Alappuzha (2011)

	SC	ST	Total
Total	2,01,211	6,574	2,07,785
Male	97,183	3,175	1,00,358
Female	1,04,028	3,399	1,07,427
Source: Census 2011			

CHAPTER 2

DISTRICT HEALTH DASHBOARD

District AT A GLANCE

Administrative Divisions

Taluks –6

Villages – 93

Municipalities 6

Corporations –0

Block Panchayath- 12

Grama Panchayath - 72

Population

Population As per Census 2011 – 2127789

Male – 1013142

Female– 1114647

Area

Total Area (Sq. K) –1415

Population Density (No per Sq K) - 1501

Decadal Population Growth Rate - 0.61

Healthcare Infrastructure under DHS

District Level Hospitals

DH – 2

GH – 1

W&C – 1

4

Sub District Level Hospitals

THQH – 4

TH – 2

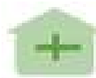
6

Community Health Centres

Total CHC – 16

Converted to FHC - 1

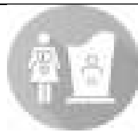
16

Primary Health Centres	Janakeeya Arogya Kendram	Other Institutions	
Total PHC -61 67  Converted to FHC – 44 UPHC-6	Janakeeya Arogya Kendram - 366 366 	School of Nursing – 1 Training Center – 0 PH Lab – 1 DVC Units – 1 Offset Press - 0	Blood Bank – 3 Public – 3 Private -5 Blood Storage Unit – 4

Reproductive, Maternal, and Child Health Services 2024-25

Pregnant Women Registration: 2024-25	Pregnant Women-Anaemia 2024-25	Rising C-Section Rates in the district 2024-25
The number of pregnant women in Alappuzha shows a sharp decline post-COVID 15506 	28% pregnant women were identified as anaemic through VIVA testing. 28% 	Alappuzha continues to maintain a high C-section rate in both public and private sectors 57% 
Maternal Deaths 2024-25	**Preterm Births 2024-25**	**Underweight Newborns 2024-25**
Total Maternal Deaths 2	The proportion of preterm 8.5%	The proportion of newborns 13.3%

Reported in the District - 2



births in the district - 884

weighing less than 2.5 kg in the district – 13.3

Delivery 2024-25

Institutional Delivery in the district – 10396

Public – 4125

Private – 6271

Home Delivery 2024-25

Home Delivery Reported in the district – 9

No of Migrant Home Delivery - 2

Live Birth 2024-25

Total Live Birth Reported – 10502

Male – 5360

Female – 5142

Sex Ratio at Birth -959

CHILD IMMUNISATION 2024-25

% Birth Dose

Hep B0 – 99

OPV 0 – 100

6 Weeks Vaccines Coverage (%)

OPV1 - 99

Pentavalent 1 - 99

10 Weeks Vaccines Coverage (%)

OPV2 - 99

Pentavalent 2 - 99

BCG-100

Rotavirus 1 - 99

PCV1 - 99

IPV 1 - 99

Rotavirus 2 - 99

% 14 Week Vaccines

OPV3 - 99

Pentavalent 3-99 -

Rotavirus 3 - 99

IPV 2 - 99

PCV2-98

% Children Fully Immunized

MR1 - 99

FULLY IMMUNISED - 99

(children aged between 9 and <12 months)

MR 2 Coverage (%)

MR2 - 99

Communicable diseases reported in the District 2024

Cases Reported

Dengue- 1060

Malaria- 37

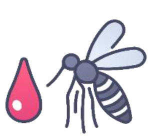
Chikungunya- 0

West Nile-0

Zika- 0

4

Dengue Death



Cases Reported

Kala Azar- 0

Scrub Typhus -5

Leptospirosis-122

7

Leptospirosis Death

Cases Reported

Cholera - 0

Typhoid- 1

Acute Diarrheal Disease - 24165

0

ADD Death

JE- 0

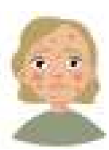
Communicable diseases reported in the District 2024

Chicken Pox Cases- 803

MPox Cases-0

0

Chicken Pox Death



Rabies Cases Reported- 3

Shigella cases-1

Amoebic Meningoencephalitis - 0

3

Rabies Death

Cases Reported

Hepatitis A - 70

Hepatitis B- 99

Hepatitis C- 35

Hepatitis E - 2

0

Hepatitis A Death

CHAPTER 3

HEALTH INFRASTRUCTURE PROFILE OF THE DISTRICT

3.1 Details of Health Facilities in Alappuzha

The healthcare infrastructure of the district is extensive, comprising a total of 456 institutions. The system is anchored by 366 Sub-centres and a network including 61 Primary Health Centres (PHCs) of which 44 were converted to Family Health Centres (FHCs). The higher-level institutional care consists of 1 General Hospital, 2 District Hospitals, 4 Taluk Head Quarters Hospitals, and 2 Taluk Hospitals. This network is further supplemented by 15 Community Health Centres (CHCs), 1 District TB Centre, and 4 Mobile Units.

Table 3.1.1 Number of Health Facilities in Alappuzha

Type of Health Institution/Facility	Total No. in the district
General Hospital	1
District Hospital	2
District TB Centre	1
Taluk Head Quarters Hospital	4
Taluk Hospital	2
Community Health Centre	15
CHC/ PHC converted to Family Health Centre	44
Primary Health Centre	61
UPHC	6
Mobile Unit	4
Sub Centre	366
Source: List of Modern medicine institutions 2024-25	

3.2 Bed Strength in Different Health Facilities

This table 3.2.1 summarises the health infrastructure in the district, detailing the number of facilities and their corresponding sanctioned bed strength. The district operates a total of 86 institutions with a combined sanctioned capacity of 2,337. The infrastructure is tiered, with the largest capacity found in the secondary and tertiary care facilities: the 2 District Hospitals and 1 General Hospital account for a combined sanctioned strength of 887. The 6 Taluk Hospitals collectively hold a significant sanctioned capacity of 674. At the primary level, the 15 Community Health Centres (CHCs) have a total sanctioned strength of 424, while the 61 Primary Health Centres (PHCs) collectively account for 328. The network also includes 1 District TB Centre with a sanctioned strength of 24.

Table 3.2.1 Bed Strength in the Health Facilities in Alappuzha

Type of Health Institution/Facility	Total No. in the district	Sanctioned
General Hospital	1	400
District Hospital	2	487
District TB Centre	1	24
Taluk Hospital	6	674
Community Health Centre	15	424
Primary Health Centre	61	328
TOTAL	86	2337
Source: List of Modern medicine institutions 2024-25		

3.3 Health Facilities in Urban Rural Area

Alappuzha District has a well-distributed network of health institutions across rural and urban areas. There are 1 MCH, 2 District Hospitals, 1 General Hospital, and 1 Women & Children Hospital. Additionally, it comprises 4 Taluk Headquarters Hospitals, 2 Taluk Hospitals, 16 Community Health Centres (CHCs), 61 Primary Health Centres (PHCs), and 366 Health and Wellness Centres (HWCs).

In addition, there are 6 Urban Primary Health Centres (UPHCs) and 24 Urban Health and Wellness Centres (UHWCs) serving urban populations. Most health facilities are in rural areas, reflecting the district's commitment to accessible and decentralised healthcare at the grassroots level.

Table 3.3.1 Distribution of health facilities in Urban rural Area

Type of Health Institution/Facility	Total No. in the district	No. of health facilities	
		Rural	Urban
MCH	1	1	0
DH	2	0	2
GH	1	0	1
W&C	1	0	1
THQH	4	1	3
TH	2	2	0
CHC	15	15	0
PHC	61	60	1
HWC	366	362	4
UPHC	6	0	6
UHWC	24	0	24
Source: List of Modern medicine institutions 2024-25			

3.4 Health Facilities Converted to FHC

Of the 61 PHCs in Alappuzha district, a total of 44 were upgraded to Family Health Centers. Furthermore, 17 facilities previously designated as 24x7 PHCs and 1 Community Health Centre (CHC) were also converted into FHCs.

Table 3.4.1 Total no of facilities converted to FHC

Type of Health Institution/Facility	Total no of facilities converted to FHC	Total no of FHC completed civil work (31st march 2025)
Primary Health Centre	44	36
24x7 Primary Health Centre	17	16
CHC	1	1
Source: List of Modern medicine institutions 2024-25, District report		

3.5 Delivery Points in the District

There are a total of 8 public delivery points and 28 private delivery points in Alappuzha.

Table 3.5.1 Number of Delivery Point in the District

<table>
<tr><th rowspan="2">Type of Health Institution/Facility</th><th colspan="2">Number of Delivery Point</th></tr>
<tr><th>Public</th><th>Private</th></tr>
<tr><td>MCH</td><td>1</td><td>0</td></tr>
<tr><td>DH</td><td>2</td><td rowspan="3">28</td></tr>
<tr><td>W&C</td><td>1</td></tr>
<tr><td>THQH</td><td>3</td></tr>
</table>

TH	1	
Source: List of Modern medicine institutions 2024-25		

3.6 Other Specialised Care Centres

In Alappuzha district, specialised healthcare services cater to neonatal, paediatric, and chronic care needs. The district houses 2 Special Newborn Care Units (SNCUs) and 4 Newborn Stabilisation Units (NBSUs) dedicated to neonatal and paediatric health. There is a strong emphasis on chronic care and rehabilitation, as reflected in the presence of 17 Physiotherapy Units and 7 Dialysis Units. However, a dedicated Stroke Unit is currently absent. The district also has 1 District Early Intervention Centre (DEIC) and 1 Catheterisation Laboratory (Cath Lab), underscoring efforts to strengthen comprehensive and specialised care services.

Table 3.6.1 Number of other Specialised care Centres

Type of Health Facility	No. of Facility (31st March 2025)
NRC	0
DEIC	1
SNCU	2
NBSU	4
Physiotherapy Units	17
Dialysis Unit	7
Cath lab	1
Stroke unit	0
Source: List of Modern medicine institutions 2024-25	

3.7 NQAS Accredited Facilities

Of the 456 public facilities in Alappuzha, 18 have achieved NQAS state accreditation and 6 are NQAS national accredited institutions.

Table 3.7.1 NQAS Accredited Facilities (31st March 2025)

Type of Health Institution/Facility	Total no. of Institution/Facility	State Certified	Nationally certified
GH	1	1	0
DH	1	0	0
W&C	1	1	0
TH	6	0	0
CHC	15	0	0
PHC	61	8	4
UPHC	6	2	2
AAM-SC	366	6	0
Source: District Report			

CHAPTER 4

HEALTH HUMAN RESOURCE PROFILE OF THE DISTRICT

4.1 Health Human Resource - Major Indicators

Table 4.1.1 Bed–Population, Doctor–Bed, and Doctor–Population Ratios in the District (Based on Census 2011 Population)

Indicator	Ratio
The Bed-Population Ratio (based on Census 2011 population)	1: 621
The Average Doctor-Bed Ratio	1: 7
Doctor-Population Ratio (based on Census 2011 population)	1:4415
Source: District Reports	

The health infrastructure indicators of the district, based on the Census 2011 population, indicate that there is one hospital bed available for every 621 persons. The average doctor–bed ratio stands at 1:7, signifying the availability of one doctor for every seven beds. Furthermore, the doctor–population ratio is 1:4415, reflecting the overall distribution of medical personnel in relation to the population. These ratios collectively provide an overview of the existing healthcare service capacity and human resource availability within the district.

Table 4.1. 2 Details of Medical Officers Sanctioned under DHS in the District (As on 31/12/2025)

Category	Sanctioned
Administrative	
Additional Director	Nil
Deputy Director	4
Assistant Director	15
JAMO	1
General	
Assistant Surgeon	268
Assistant Surgeon Dental	10
Civil Surgeon	16
Civil Surgeon Dental	1
Speciality	
Jr. Consultant	93
Consultant	66
Sr. Consultant	3
Chief Consultant	4
Super Speciality	
Jr. Consultant	0

Consultant	0
Sr. Consultant	0
Chief Consultant	0
MO All	481
Source: District Reports	

In Alappuzha District, there are a total of 481 doctors under the DHS, of which 20 fall under the administrative category, 295 under the general category and 166 under the speciality category.

Table 4.1.3 No. of Speciality and Super Speciality Doctors under DHS

Type	Sanctioned
Speciality	
Anaesthesia	17
Blood Bank	1
Blood Bank/Clinical Lab/PH Lab	1
Dental	2
Dermatology & Venerology	9
ENT	9
Forensic Medicine	2
General Medicine	18
General Surgery	14
Microbiology	0
Obstetrics & Gynaecology	24

Ophthalmology	16
Orthopaedic Surgery	16
Paediatrics	20
PH Lab	0
Physical Medicine & Rehabilitation	5
Psychiatry	4
Radio Diagnosis/Radio Therapy	3
TB & Chest (Resp. Medicine)	5
Super Speciality	
Cardiology	0
Nephrology	0
Neurology	0
Neurology	0
Urology	0
Source: District Reports	

The provided Table 4.1.3 details the sanctioned number of Specialty and Super Specialty Doctors under the DHS. Across the Specialty categories, Obstetrics & Gynaecology has the highest sanctioned strength, followed by Paediatrics, General Medicine, Anaesthesia, Ophthalmology, and Orthopedic Surgery. Other specialties have lower sanctioned numbers, such as General Surgery, Dermatology & Venerology, and ENT. Crucially, two specialties, Microbiology and PH Lab, have a sanctioned strength of zero.

Table 4.1.4 Category wise sanctioned strength of Health Personnel under DHS

Type	Sanctioned
Medical Officers	
Administrative	21
General	295
Speciality	166
Super Speciality	0
Nursing Service	
District Nursing Officer	1
Senior Nursing Officer	111
Honorary Nurse	0
Chief Nursing Officer	0
Nursing Supdt.	10
Deputy Nursing Supdt.	12
Nursing Officer	538
JPHN/nursing school	7
Lab (general)	105
Leprosy	8
MCH wing	464
Nursing service	677

Ophthalmology	26
Others	1359
Pharmacy & medical supply	165
Public health	384
Tb	7
Transport	2
Others	1359
Grand total	**3700**

Table 4.1.4 presents the sanctioned strength of health personnel under DHS, showing a grand total of 3,582 positions. The largest categories fall under Others and General Nursing Service, followed by the MCH wing, Medical Officers are sanctioned across general, specialty, and administrative roles, while no posts are currently sanctioned under the Super Specialty category.

Table 4.1.5 Number of Health Personnel Working under NHM

Category	In position
ANMs	12
Staff Nurse	95
Laboratory Technicians	19
OT Technician	2
Other Technicians at DH (ECG/ ECO, EEG, Dermatology, Cyto, PFT etc.)	1
CLMC Technician	0
Pharmacist	16
Radiographer/ X-ray technician	1

Physiotherapist/ Occupational Therapist	20
Dietician/ Nutritionist	2
Specialists	0
Obstetricians and Gynaecologists	1
Paediatricians	2
Anaesthetists	0
Pathologists/ Haematologists	0
Other Specialists	0
Others	1
Dental Staff	
Dental Surgeons	5
Medical Officers	0
Full time	40
AYUSH Staff	0
AYUSH Mos	50
Others	0
RBSK teams (Exclusive mobile health team & DEIC Staff)	
RBSK mobile teams	0
ANM	78
DEIC	0
Paediatrician	1
MO, MBBS	1
MO, Dental	1
SN	1
Physiotherapist	1
Audiologist & speech therapist	1
Psychologist	1
Optometrist	1
Early interventionist cum special educator	1
Social worker	0
Lab technician	1

Dental technician	1
Staff for Obstetric ICUs/HDUs	0
Anaesthetists	1
Medical Officers	0
Staff Nurses	12
Others	6
Staff for MMU/ MHV	0
Medical Officers (MIST & Endosulfan)	1
Lab technician	1
Others	
Others (JHI MIST)	2
Staff for Health & Wellness Centre (H&WC)	
Mid-level Service Provider	366
Other Staff	0
Counsellor	15
Microbiologists	1
Audiometrician/ Audiologist	5
Addl Audiologist	0
Social Worker	0
Health Educator	0
TBHV	2
Lab Attendant/ Assistant	0
Ophthalmic Assistant/ Refractionist	2
Store Keeper/ Store Assistant	0
Audiometrics Assistant	1
Instructor for Hearing Impaired Children	1
Blood Bank Technician	0
Housekeeper/ Manager	0
Medical Records Officer	1
Support Staff for Health Facilities	0
Hospital Attendant	1

Sanitary Attendant	1
Facility based Data Entry Operation (DEO)	10
Support Staff for Health Facilities on outsourcing basis	0
Human Resource	87
Strengthening of State/ Regional PMU	12
State level HR under NCD	12
Programme Managers	12
Strengthening of District PMU	52
District level HR under RMNCH+A & HSS	26
Programme Managers	
Nodal Officer H&WC	1
District Programme Manager	1
District Accounts Manager	1
Consultant (MIS)	1
DEIC Manager	1
Consultants/ Programme Officers	
ABMO	1
AQAO	2
Consultant (D&C)	1
JC (M&E)	1
District Engineer	2
IT Services for FPLMIS	0
Programme Coordinators	
Project Manager eVin	0
VCCM	1
District PRO	1
ARSH Co-ordinator	1
ASHA Coordinator	1
Palliative Coordinator	1
MIS/ IT Staff	0
Supervisors	0

Accounts Staff	2
Administrative Staff	
Office Secretary	1
DEO	1
Data Entry Operation	3
Support Staff (Kindly Specify)	1
District level HR under DCP	22
Programme Managers/ Epidemiologists	1
Consultants/ Programme Officers/VBD Consultants	1
Addl - VBD consultant	0
Programme Assistants	0
Entomologists	
Programme Coordinators	0
Sr Dots Plus TB HIV Supervisor	1
STS	2
STLS	1
District PPM Coordinator	
District Data Manager	13
MIS/ IT Staff	0
Insect collector	0
Accounts Staff	1
Administrative Staff	0
Data Entry Operation	3
Support Staff	0
Other Staff	0
District level HR under NCD	4
Programme Managers	1
Consultants/ Programme Officers	1
Data Entry Operation	2
Support Staff (Kindly Specify)	0
Other Staff	0

Strengthening of Block PMU & Facilities	23
Block level HR under RMCH+A & HSS	23
Programme Manager /PRO	23
UPHCs	6
Human Resources	200
ANMs/LHVs	21
UPHC	20
LHV	1
Staff nurse	40
UPHC	13
UCHC	0
HWC	24
360-degree NCD	2
NPHCE	1
Lab Technicians	6
UPHC	6
UCHC	0
Pharmacists	6
UPHC	6
UCHC	0
Dental Assistants	1
Specialists (at UCHC)	13
Paediatrician new	0
Surgeon	1
Pathologist	0
Radiologist	0
Other Specialists	1
Epidemiologists for UPHU	1
Specialists (Polyclinic)	9
NPHCE Specialists	1
Dental Staff	2

Dentists	1
Dental Specialist for Dental Polyclinic	1
Medical Officers	60
MO at UPHC	0
Full-time	6
Part-time	6
HWC (MO)	24
MPW (Staff Nurse)	24
Administrative Staff	0
Public Health Manager/Facility Manager	0
Support Staff for Health Facilities	51
Other Support staff	6
Other Support staff UHFWCS (Pharmacist)	24
Other Support staff UHFWCS (JHI)	9
Other Support staff UHFWCS (DEO Cum Accountant)	9
NUHM Co-ordinator	1
Accountants	1
District Data Manager (for Urban Public Health Unit)	1

The table above describes the staff categories under NHM in Alappuzha district. In total, there are 1067 sanctioned posts, of which 1042 posts are filled.

CHAPTER 5

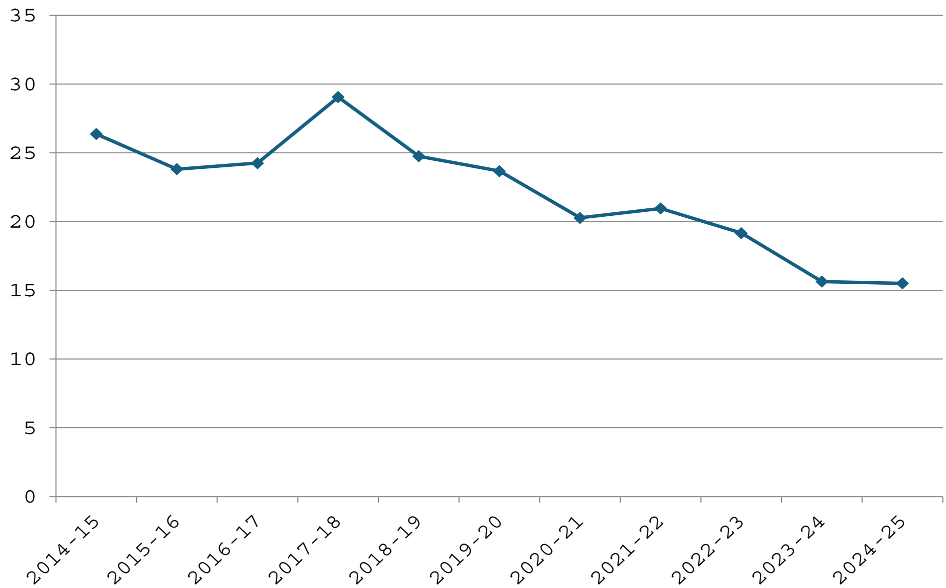
MATERNAL AND CHILD HEALTH

Maternal and Child Health (MCH) is a cornerstone of public health, reflecting both the health status of a community and the effectiveness of its health system. The data reveal several encouraging patterns, including near-universal early antenatal registration, high rates of institutional deliveries, and consistently strong immunisation coverage among children. The district has also achieved commendably low levels of infant and neonatal mortality, with gradual improvements over time. These achievements highlight the continued impact of well-coordinated service delivery, improved access to healthcare facilities, and effective community-level interventions. Overall, this chapter provides a comprehensive analysis of the district's maternal and child health profile over the last decade, highlighting progress achieved, emerging issues, and the continued need for integrated interventions to safeguard maternal and child wellbeing in Alappuzha.

5.1 Pregnant Women Registration

This line graph shows that absolute pregnant women registration declined in Alappuzha over the period from 2014-15 to 2024-25. The registration of pregnant women begins high, at approximately 26,000 in 2014-15, and initially shows some fluctuation, dipping to about 24,000 in 2015-16, rising to a peak of nearly 29,000 in 2017-18. Following this peak, the value enters a steady decline, dropping to around 24,500 in 2018-19, then to 23,500 in 2019-20, and further to about 20,000 in 2020-21. Although there is a slight increase in 2021-22 to just over 20,000, the downward trend resumes in 2022-23, reaching approximately 19,000, and ultimately stabilizing at its lowest point of 15,500 during 2023-24 and 2024-25.

Graph 5.1.1: Trend in Pregnant Women Registration in the district (2014-15 to 2024-25) (in thousand)



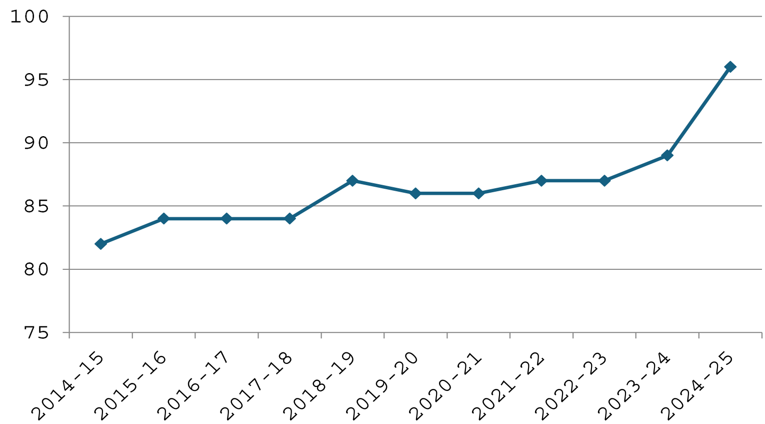
Source: HMIS Portal

5.2 Early Initiation of Antenatal Care

This line graph illustrates the %age of first trimester registration over a period from 2014-15 to 2024-25. The %age of first trimester registration represented on the y-axis, starts at approximately 82% in 2014-15 and shows a general upward trajectory, though with some volatility. It increases to around 84% in 2015-16, remains stable through 2017-18, and peaks around 87% in 2018-19. For the next few years, the value stabilizes again, hovering between 86% and 87% from 2019-20 to 2022-23. A notable increase is observed in 2023-24, (about 89%), culminating in a significant rise to its highest recorded point of approximately 96% in 2024-25.

Graph 5.2.1: Trend in % of First Trimester ANC Registration

(2014-15 to 2024-25)



*Source: HMIS Portal

5.3 Immunisation Status of Pregnant Women

The table presents the Td Immunisation Status of Pregnant Women (PW) for the year 2024-25 based on HMIS data. A total of 15,506 pregnant women were registered for ANC. Of those registered, 12,294 received the first dose of the Td vaccine, and 10,880 received the second dose. Additionally, 692 pregnant women were given a Td Booster dose.

Table 5.3.1: Td Immunisation Status of Pregnant Women – 2024-25

Td Immunisation Status of Pregnant Women –(HMIS) 2024-25			
No of PW registered for ANC	**No of PW given Td1**	**No of PW given Td2**	**No of PW given Td Booster**
15506	12294	10880	692
*Source: HMIS Portal			

5.4 Abortions

The table provides an eleven-year overview of Pregnant Women (PW) registered and the incidence of total abortions, (spontaneous and induced) from 2014-15 to 2024-25 in Alappuzha. While the number of registered pregnant women declined to 15,506 by 2024-25., total abortions showed a moderate increase peaking at 1,425 in the final year. Spontaneous abortions decreased significantly in the last two years (to the mid-300s), while induced abortions escalated. From 2017–18 onward, induced abortions increased and by 2022–23 exceeded spontaneous abortions. And recorded their highest figures in the final two years, reaching 1,073 in 2024-25. This indicates that induced abortions now constitute the vast majority of all reported abortions.

Table 5.4.1: Trends in Spontaneous and Induced Abortions (2014-15 to 2024-25)

Year	PW	Total (spontaneous + Induced)	Spontaneous	Induced
2014-15	26366	1187	845	342
2015-16	23810	964	713	251
2016-17	24246	951	745	206
2017-18	29064	1045	532	513
2018-19	24752	1132	577	555
2019-20	23667	1094	531	563
2020-21	20265	936	472	464
2021-22	20961	1029	538	491
2022-23	19161	1181	551	630
2023-24	15643	1374	335	1039
2024-25	15506	1425	352	1073
*Source: HMIS portal				

5.5 Family Planning

5.5.1: Male and female sterilizations report in HMIS

The table 5.5.1 details the annual figures for male and female sterilizations reported in HMIS from 2020-21 to 2024-25, categorized by procedures such as Non-Scalpel Vasectomy (NSV), Laparoscopic sterilizations, Mini-lap sterilizations, Postpartum Sterilization (PPS), and Post-Abortion Sterilization (PAS). NSV counts began at zero in 2020-21, peaked at 208 in 2022-23, and then declined to 43 by 2024-25. Laparoscopic sterilizations generally increased over the period, rising from 83 in 2020-21 to its peak of 371 in 2023-24 before dropping slightly. Mini-lap sterilizations also increased, from 36 in 2020-21 to a high of 185 in 2023-24. Conversely, PPS, the largest volume procedure, showed a consistent and continuous decline, dropping from 2,149 in 2020-21 to 1,634 in 2024-25. PAS procedures remained the lowest in volume, fluctuating between 13 and 43 over the five-year period.

Table 5.5.1: Male and Female Sterilizations Reported in HMIS (2020-21 to 2024-25)

Period	NSV	Laparoscopic sterilizations	Mini-lap sterilizations	PPS	PAS
2020-21	0	83	36	2149	14
2021-22	111	156	111	2102	34
2022-23	208	227	159	1922	13
2023-24	51	371	185	1695	36
2024-25	43	234	141	1634	43
*Source: HMIS Portal					

5.5.2: IUCD insertions reported in HMIS

The table 5.5.2 presents the annual number of IUCD Insertions Reported in HMIS for Alappuzha from 2020-21 to 2024-25, categorized into three Family Planning (FP) elements. IUCD (Intra-Uterine Contraceptive Device) insertions were the most frequent procedure, rising from 835 in 2020-21 to a peak of 1,382 in 2022-23, before declining to 922 in 2024-25.

PPIUCD (Postpartum IUCD) insertions showed an initial increase, from 193 in 2020-21 to 254 in 2022-23, but then saw a significant drop to 95 by 2024-25. PAIUCD (Post-Abortion IUCD) insertions remained the lowest in volume but showed an overall increasing trend, fluctuating from a low of 5 or 6 in the earlier years and rising to its highest figure of 71 in 2024-25.

Table 5.5.2: IUCD Insertions Reported in HMIS

(2020-21 to 2024-25)

Period	FP elements	Alappuzha
2020-21	**IUCD**	835
	PPIUCD	193
	PAIUCD	5
2021-22	**IUCD**	895
	PPIUCD	225
	PAIUCD	20
2022-23	**IUCD**	1382
	PPIUCD	254
	PAIUCD	6
2023-24	**IUCD**	958

	PPIUCD	111
	PAIUCD	33
2024-25	**IUCD**	922
	PPIUCD	95
	PAIUCD	71
*Source: HMIS Portal		

5.5.3: Distribution of Family Planning Commodities

The table 5.5.3 provides an overview of the annual distribution of various contraceptive methods over a five-year period from 2020-21 to 2024-25. The distribution of both Combined Oral Pills and the Number of Condom pieces saw substantial volatility but ended the period on a high note, with the peak distribution of 7,276 pill cycles and 167,167 condom pieces both occurring in 2024-25. Similarly, the annual distribution of Centchroman (weekly) pill strips showed a strong, consistent increase, rising from 142 strips in 2020-21 to its peak of 1,109 in 2024-25, indicating growing acceptance or emphasis on this method. Conversely, the distribution of Emergency Contraceptive Pills (ECP) was highly inconsistent, peaking at 766 in 2021-22 and dropping to a low of 136 in 2023-24 before recovering to 487 in the final year. Overall, the data indicates a significant increase in the distribution of long-term and barrier methods by the end of the period.

Table 5.5.3: Distribution of Family Planning Commodities (Public Sector) Reported in HMIS (2020-21 to 2024-25)

Period	Number of Combined Oral Pill cycles distributed	Number of Condom pieces distributed	Number of Centchroman (weekly) pill strips distributed	Number of Emergency Contraceptive Pills (ECP) given
2020-21	4679	126958	142	388
2021-22	3323	39764	232	766
2022-23	4992	90631	575	570
2023-24	5470	105647	283	136
2024-25	7276	167167	1109	487
*Source: HMIS Portal				

5.6 Delivery

5.6.1: Trend in Total Deliveries (2020-21 to 2024-25)

The table 5.6.1 displays the trend in total deliveries in Alappuzha from 2020-21 to 2024-25, categorized by delivery location (Public, Private, and Home). The Total Deliveries (All) column shows a consistent and significant decline over the five-year period, dropping from 15,026 in 2020-21 to 10,405 in 2024-25. Public institution deliveries fell from 8,188 to 4,125. Deliveries in Private institutions also decreased, from 6,826 to 6,271. Home Deliveries remained negligible throughout, between 9 and 14 cases annually throughout the period.

Table 5.6.1: Trend in Total Deliveries (2020-21 to 2024-25)

Period	Alappuzha			
	Pub	Pvt	Home Del	All
2020-21	8188	6826	12	15026
2021-22	7882	7776	11	15669
2022-23	7250	7250	13	14513
2023-24	5641	7052	14	12707
2024-25	4125	6271	9	10405
*Source: HMIS portal				

5.6.2: Trends in Home and Institutional Deliveries

The table 5.6.2 presents the Trends in Home and Institutional Deliveries in Alappuzha from 2020-21 to 2024-25. Overall total deliveries showed a clear decline, dropping from a peak of 15,669 in 2021-22 to 10,405 in 2024-25, primarily driven by a sharp reduction in deliveries at public institutions, which fell from 8,188 to 4,125 over the period. Deliveries in Private institutions also decreased, albeit less severely, from 6,826 to 6,271. Critically, the data shows that the proportion of home deliveries remained negligible, fluctuating between 9 and 14 cases annually. This means that institutional deliveries remained consistently high, accounting for approximately 99.9% of all reported births throughout the five-year period, demonstrating a nearly universal reliance on institutional settings for delivery.

Table 5.6.2: Trends in Home and Institutional Deliveries (2020-21 to 2024-25)

Period	Alappuzha				
	Pub	Pvt	Home Del	All	%
2020-21	8188	6826	12	15026	0.08

2021-22	7882	7776	11	15669	0.07
2022-23	7250	7250	13	14513	0.09
2023-24	5641	7052	14	12707	0.11
2024-25	4125	6271	9	10405	0.09
*Source: HMIS Portal					

5.7 Caesarean Section Deliveries

5.7.1: C-Section Rate in Public and Private Hospitals

The table 5.7.1 shows the C-Section Rate (number of C-sections) in Public (Pub) and Private (Pvt) Hospitals in Alappuzha from 2020-21 to 2024-25. The Total C-Sections (All) showed a significant and consistent decline across the five-year period, dropping from 8,128 in 2020-21 to 5,912 in 2024-25. This decrease was predominantly driven by a sharp reduction in C-sections performed in public hospitals, which fell by almost half, from 4,186 in 2020-21 to 2,154 in 2024-25. C-sections in Private hospitals, which became the majority from 2021-22 onwards, also showed a noticeable decline, dropping from a peak of 4,329 in 2021-22 and 2022-23 to 3,758 in 2024-25.

Table 5.7.1: C-Section Rate in Public and Private Hospitals (2020-21 to 2024-25)

Based on HMIS Data

Period	Alappuzha				
	Pub	Pvt	Pub Rate	Pvt Rate	All
2020-21	4186	3942	51.12	57.75	8128
2021-22	4241	4326	53.81	55.63	8567

2022-23	3839	4329	52.95	59.71	8168
2023-24	3032	4166	53.75	59.08	7198
2024-25	2154	3758	52.22	59.93	5912
*Source: HMIS Portal					

5.8 Maternal Deaths

5.8.1: Trend of Maternal Deaths

The table 5.8.1 displays the Trend of Maternal Deaths over an eleven-year period from 2014-15 to 2024-25. The number of maternal deaths fluctuated significantly but showed a general overall decrease. Deaths initially ranged between 8 and 9 until 2016-17, before dropping to a low of 4 in 2017-18. A notable spike occurred in 2021-22, recording the highest figure of 15 maternal deaths. Following this peak, the trend resumed a significant downward trajectory, dropping to 4 in 2022-23 and reaching the lowest figures on record in the final two years: 3 in 2023-24 and a final low of 2 in 2024-25.

Table 5.8.1: Trend of Maternal Deaths (2014-15 to 2024-25)

Period	Maternal deaths
2014-15	8
2015-16	9
2016-17	8
2017-18	4
2018-19	8
2019-20	4
2020-21	7

2021-22	**15**
2022-23	**4**
2023-24	**3**
2024-25	**2**
*Source: HMIS Portal	

5.9 Childbirth

5.9.1: Trend of Live Births by Gender

The table 5.9.1 illustrates the Trend of Live Births by Gender (Male, Female & Total) in Alappuzha from 2014-15 to 2024-25. The data indicates a significant and consistent downward trend in the total number of live births over the eleven-year period. Total live births began at 19.494 thousand in 2014-15 and showed a general decline, with a slight recovery in 2017-18, before falling continuously to a low of 10.50 thousand in 2024-25. This downward trend is mirrored in both male and female live births. Male live births decreased from 9.975 thousand to 5.36 thousand, while Female live births decreased from 9.519 thousand to 5.14 thousand. Throughout the period, the number of male live births consistently remained higher than female live births.

Table 5.9.1: Trend of Live Births by Gender (Male, Female & Total)

2014-15 to 2024-25 (in thousands)

Period	Alappuzha		
	Male	Female	Total
2014-15	9.975	9.519	19.494
2015-16	9.808	9.14	18.95
2016-17	8.876	8.33	17.21
2017-18	9.661	9.48	19.14

2018-19	9.024	8.52	17.55
2019-20	8.13	7.75	15.88
2020-21	7.923	7.38	15.31
2021-22	8.164	7.65	15.81
2022-23	7.383	7.23	14.61
2023-24	6.515	6.32	12.84
2024-25	5.36	5.14	10.50
*Source: HMIS Portal			

5.10 Infant mortality

5.10.1: Number of Neonatal Deaths Reported

The table 5.10.1 presents the annual Number of Neonatal Deaths Reported over an eleven-year period from 2014-15 to 2024-25. Overall, the trend shows a clear and significant decline in the number of neonatal deaths. The period began with 104 deaths in 2014-15 and, despite minor annual fluctuations, generally trended downwards. A sharp initial decrease was observed between 2014-15 and 2018-19, where the number fell to 65, followed by some intermittent increases (e.g., 81 in 2019-20 and 76 in 2022-23). The period concluded with the lowest figure recorded, with only 50 neonatal deaths reported in 2024-25.

Table 5.10.1: Number of Neonatal Deaths Reported

(2014-15 to 2024-25)

Period	Neonatal deaths
2014-15	104
2015-16	94

2016-17	90
2017-18	69
2018-19	65
2019-20	81
2020-21	68
2021-22	61
2022-23	76
2023-24	59
2024-25	50
*Source: District Report	

5.10.2: Number of Infant Deaths Reported

The table 5.10.2 illustrates the annual Number of Infant Deaths Reported over an eleven-year period from 2014-15 to 2024-25. The overall trend demonstrates a clear and substantial reduction in infant mortality. The period began with 153 deaths in 2014-15 and saw a steady decline, falling to a low of 88 in 2020-21. While minor fluctuations occurred, notably a slight increase to 122 in 2019-20 and 115 in 2022-23, the general pattern is one of improvement. The final figure recorded is the lowest of the entire period, with only 74 infant deaths reported in 2024-25.

Table 5.10.2: Number of Infant Deaths Reported (2014-15 to 2024-25)

Period	Infant Deaths
2014-15	153
2015-16	130
2016-17	118

2017-18	100
2018-19	101
2019-20	122
2020-21	88
2021-22	92
2022-23	115
2023-24	96
2024-25	74
*Source: District Report	

5.10.3: Number of Child Deaths (Under 5) Reported

The provided data on Child Deaths covers a four-year period from 2021-22 to 2024-25. The number of child deaths was initially 109 in 2021-22, rose to a peak of 136 in the subsequent year (2022-23), and then began a consistent decline. Deaths dropped to 118 in 2023-24, and finally reached the lowest figure in this period, recording 86 child deaths in 2024-25.

Table 5.10.3: Number of Child Deaths (Under 5) Reported (2021-22 to 2024-25)

Period	Child death
2021-22	109
2022-23	136
2023-24	118
2024-25	86
*Source: District Report	

5.10.4: Infant and Neonatal Mortality Rates in Kerala

The table, titled "Infant and Neonatal Mortality Rates in Alappuzha (2019-20 to 2024-25)," provides data for the Alappuzha region, showing relatively low and stable mortality rates across the six-year period. The Infant Mortality Rate (IMR) starting at 8 in 2019-20, dipping to 6 for two years, rising back to 8 in 2022-23, and then settling at a projected 7 for the final two years. In contrast, the Neonatal Mortality Rate (NMR) shows remarkable stability, consistently staying between 4 and 5 throughout the entire period, with a minor dip to 4 in the middle years before returning to the initial rate of 5 for the final three projected years.

Table 5.10.4: Infant and Neonatal Mortality Rates in Alappuzha (2019-20 to 2024-25)

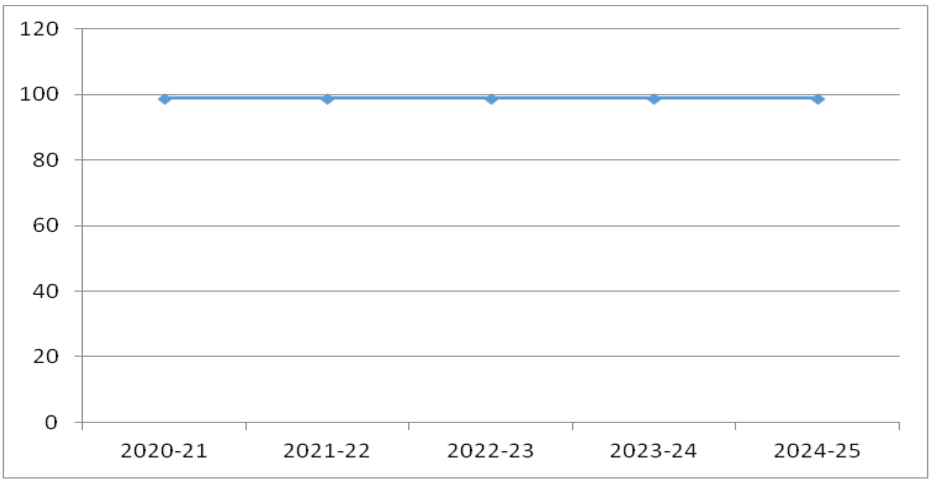
Period	ALAPPUZHA	
2019-20	IMR	8
	NMR	5
2020-21	IMR	6
	NMR	4
2021-22	IMR	6
	NMR	4
2022-23	IMR	8
	NMR	5
2023-24	IMR	7
	NMR	5
2024-25	IMR	7
	NMR	5
*Source: State Report		

5.11 Child Immunisation

5.11.1: Trend in percentage of Children Fully Immunized

The percentage of children fully immunized in Alappuzha has consistently remained at 99% over the given time period.

Graph 5.11.1: Trend in Percentage of Children Fully Immunized (Based on HMIS Data)



*Source: HMIS Portal

5.11.2: Antigen-wise Immunisation Coverage

This table, titled "Antigen-wise Immunisation Coverage," shows the high immunisation coverage percentages for various vaccines in the Alappuzha District. The data indicates that coverage for most antigens, including OPV, Hep B, MR, PENTA, Rota, and IPV, is 99%. Coverage for BCG and the first dose of OPV (OPV0) is 100%. Only a few specific vaccines, namely PCV2 and PCVB, show a slightly lower, yet still very high, coverage rate of 98%. Overall, the district demonstrates near-universal immunisation coverage.

Table 5.11.2: Antigen-wise Immunisation Coverage

District	Alappuzha
BCG%	100

OPV0%	100
HEP0%	99
OPV1%	99
OPV2%	99
OPV3%	99
MR1%	99
Full IMMN%	99
PENTA1%	99
PENTA2%	99
PENTA3%	99
Rota1%	99
Rota2%	99
Rota3%	99
IPV1%	99
IPV2%	99
PCV1%	99
PCV2%	98
PCVB%	98
MR2%	99
*Source: RCH Reports	

CHAPTER 6

COMMUNICABLE AND NON-COMMUNICABLE DISEASES

6.1 Disease Burden Overview: Common Communicable Diseases

Communicable diseases continue to pose a significant public health challenge in Alappuzha district. **Acute Diarrheal Disease (ADD)** remains the most frequently reported illness, showing a steady upward trend over recent years. Vector-borne diseases such as **Dengue fever** have also shown a marked increase, reflecting higher transmission levels. **Leptospirosis** continues to be a recurring concern, with fluctuating case numbers across years.

Among viral infections, influenza cases (including H1N1, H3N2, and Influenza A & B) have shown a noticeable rise, which may be attributed to improved surveillance or periodic outbreaks. **Hepatitis B** has shown a gradual increase, while **Hepatitis C** cases appear to be declining. **Chickenpox** incidence has varied over the years, indicating changes in transmission dynamics. Other diseases such as Malaria, Scrub Typhus, and Rabies continue to be reported in smaller numbers, suggesting persistent endemicity.

In Alappuzha district, Acute Diarrheal Disease (ADD) has consistently been the most reported communicable disease, showing a steady rise from 9,636 cases in 2020 to 24,165 cases in 2024. Dengue fever shows a sharp increase over the years, from 221 cases in 2020 to 1,060 cases in 2024, indicating a significant rise in vector-borne disease transmission. Leptospirosis also remains a concern, with fluctuating case number peaking at 314 in 2023 and slightly dropping to 122 in 2024. Among viral infections, Influenza (H1N1, H3N2, and Influenza A & B) cases have risen markedly from 1 case in 2020 to 242 in 2024, possibly reflecting improved surveillance or seasonal outbreaks. Hepatitis-B cases have gradually increased, while Hepatitis C shows a declining trend.

Chickenpox has shown fluctuations, with 1,202 cases in 2020, dipping to 178 in 2021, and then rising again to 803 in 2024. Other diseases such as Malaria, Scrub Typhus, and Rabies continue to appear annually in small numbers, indicating ongoing endemicity.

Table 6.1.1 Number of Reported Cases of Communicable Diseases (2020–2024)

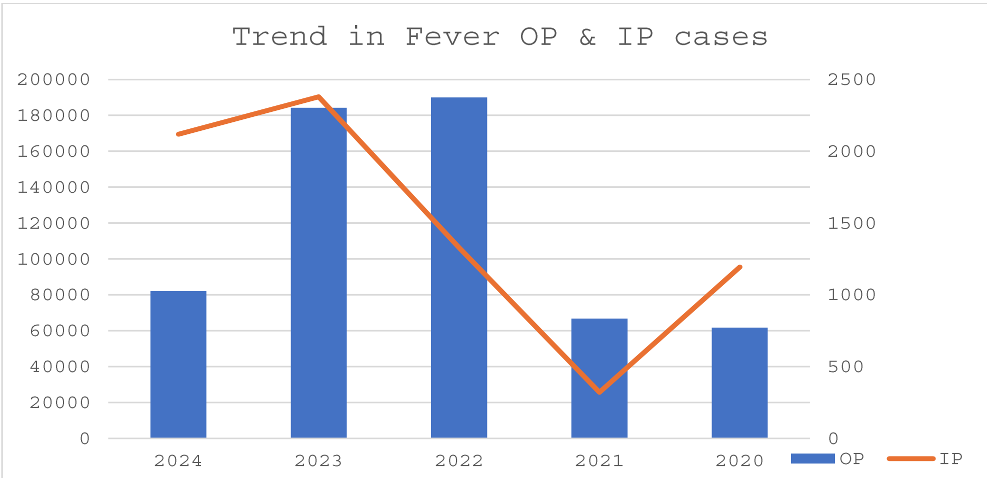
Sl.No	Name of disease	2024	2023	2022	2021	2020
1	Dengue Fever: Confirmed	1060	586	281	110	221
3	Malaria	37	24	30	22	10
4	Chikungunya	0	0	0	0	1
5	Acute Encephalitis Syndrome	1	1	2	0	0
6	Japanese Encephalitis (JE)	0	0	1	0	0
7	Leptospirosis: Confirmed	122	314	293	235	131
9	Hepatitis - A: Confirmed	70	16	7	4	14
11	Hepatitis - B	99	88	86	43	14
12	Hepatitis - C	35	69	111	48	28
13	Hepatitis - E	2	0	1	1	0
14	Cholera	0	0	0	0	0
16	Typhoid	1	1	1	1	0
17	Acute Diarrheal Disease	24165	21667	19354	9317	9636
19	Shigella	1	0	0	0	0
20	Scrub Typhus	5	20	13	3	2
21	Kala Azar	0	0	0	0	0
22	Kyasanur Forest Disease	0	0	0	0	0

23	Influenza (H1N1, H3N2, Influenza A, Influenza B)	242	102	7	1	1
24	Rabies: Confirmed	3	2	0	1	0
26	Zika	0	0	0	0	0
27	West Nile	0	2	0	0	0
30	Nipah	0	0	0	0	0
33	Chicken Pox	803	761	445	178	1202
**Source: District Report*						

6.1.1 Trend in Fever Outpatient and Inpatient Cases

The trend in fever cases in Alappuzha district over the past five years shows noticeable fluctuations in both outpatient (OP) and inpatient (IP) figures. OP cases were highest in 2022 and 2023, ranging between 1.8 to 1.9 lakh cases, indicating increased reporting or outbreak periods during these years. However, a marked decline was observed in 2024. IP cases also peaked in 2023, suggesting a rise in severe fever cases requiring hospitalization, followed by a sharp drop in 2021 and a moderate increase again in 2024. Overall, the pattern indicates that fever-related morbidity in the district varied significantly with the highest burden observed in 2022 and 2023.

Graph 6.1.2 Trend in Fever Outpatient and Inpatient Cases Reported from All Health Facilities (2020–2024)



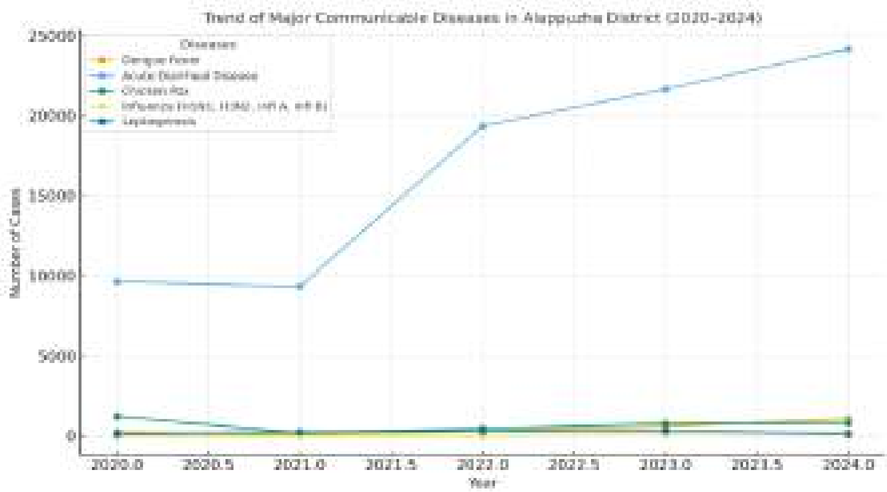
**Source: District Report*

6.1.2 Trend in Top Five Reported Communicable Diseases in the District

The data indicates that Acute Diarrheal Disease (ADD) has consistently been the most reported communicable disease in Alappuzha, showing a steady rise from 9,636 cases in 2020 to 24,165 cases in 2024. Dengue fever shows a sharp increase over the years, from 221 cases in 2020 to 1,060 cases in 2024, indicating a significant rise in vector-borne disease transmission. Leptospirosis also remains a concern, though its numbers have fluctuated, peaking at 314 in 2023 and slightly dropping to 122 in 2024.

Among viral infections, Influenza (H1N1, H3N2, Influenza A & B) cases have risen markedly from 1 case in 2020 to 242 in 2024, possibly reflecting improved surveillance or seasonal outbreaks. Hepatitis B cases have also gradually increased, while Hepatitis C shows a declining trend. Chickenpox has shown fluctuation from 1,202 cases in 2020 to 803 in 2024 after a low of 178 in 2021. Diseases such as **Malaria, Scrub Typhus**, and **Rabies** continue to be reported annually in small numbers, reflecting endemic persistence.

Graph 6.1.3 Trend in Top Five Reported Communicable Diseases (2020–2024)



*Source: District Report

6.1.3 Major Communicable Diseases – Deaths Reported (2024)

The distribution of deaths shows that **Leptospirosis** (confirmed and probable) accounted for the highest number of fatalities (13), followed by Dengue fever (4), Rabies (3), and Influenza (1). This indicates that Leptospirosis continues to be the most fatal communicable disease in the district.

Table 6.1.4 Disease-wise Distribution of Deaths Due to Communicable Diseases in Alappuzha District (2024)

Name of Diseases	ALP
Dengue Fever: Confirmed	4
Dengue Fever: Probable	0
Malaria	0
Chikungunya	0
Acute Encephalitis Syndrome	0

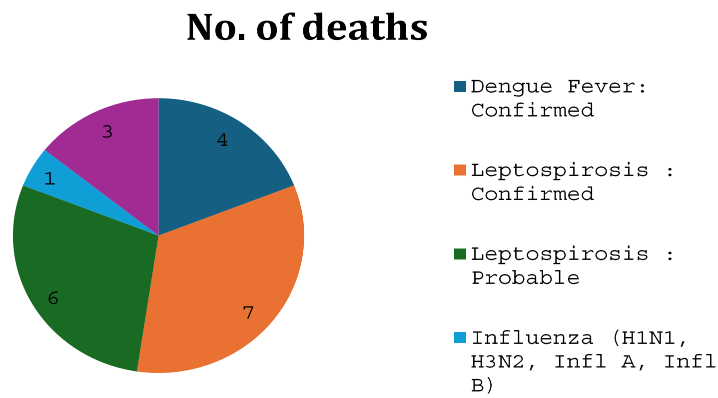
Japanese Encephalitis (JE)	0
Leptospirosis: Confirmed	7
Leptospirosis: Probable	6
Hepatitis - A: Confirmed	0
Hepatitis - A: Probable	0
Hepatitis - B	0
Hepatitis - C	0
Hepatitis - E	0
Cholera	0
Diphtheria	0
Typhoid	0
Acute Diarrheal Disease	0
Food Poisoning	0
Shigella	0
Scrub Typhus	0
Kala Azar	0
Kyasanur Forest Disease	0
Influenza (H1N1, H3N2, Influenza A, Influenza B)	1
Rabies: Confirmed	3
Rabies: Probable	0

Zika		0
West Nile		0
Prob West Nile		0
M Pox		0
Nipah		0
Amoebic Meningoencephalitis		0
Prob Amoebic Meningoencephalitis		0
Chicken Pox		0
Fever (Undifferentiated)	OP	0
	IP	
**Source: District Report*		

6.1.3.1 Distribution of Communicable Disease Deaths– 2024

The pie chart 6.1.4.1 illustrates the distribution of deaths due to major communicable diseases in Alappuzha district. Leptospirosis (probable) accounts for the highest number of deaths (6), followed by confirmed Leptospirosis cases (7) and Dengue fever (4). Rabies contributed to 3 deaths, while Influenza (H1N1, H3N2, Influenza A & B) accounted for 1 death. Overall, Leptospirosis—both confirmed and probable—constitutes most of the reported fatalities.

Graph 6.1.4.1 Distribution of Communicable Disease Deaths– 2024



*Source: District Report

6.2 Burden of Non-Communicable Diseases in the District

The table 6.2.1 presents the trend of major Non-Communicable Diseases (NCDs) and related conditions in Alappuzha district from 2022 to the first quarter of 2025. It highlights a steady increase in cases of hypertension and diabetes (both Type 1 and Type 2), indicating a growing burden of lifestyle-related diseases. Cancer cases including breast, oral, and lung cancer, have also increased gradually. Neurological disorders, particularly cerebrovascular diseases, exhibit periodic spikes with occasional deaths. Incidences of obesity and mental health disorders show consistent reporting, indicating better screening and awareness. While accidental injuries and road traffic accidents remain significant, mortality across most NCD categories remains low.

Table 6.2.1 Burden of Non-Communicable Diseases in the District

Disease	2022(Jan-Dec)		2023		2024		2025 (Jan-March)	
	Case	Death	Case	Death	Case	Death	Case	Death
Accidental injuries	14505	0	22188	9	28376	0	7505	0
Cancer								

Cancer Cervix	88	0	85	0	114	0	29	0
Breast Cancer	1037	0	1147	0	1339	0	511	0
Lung Cancer	238	0	376	0	378	0	571	0
Oral Cancer	349	0	450	0	594	0	136	0
Cardiovascular disease								
Rheumatic fever	3	0	4	0	16	0	0	0
Hypertension	258465	0	203254	0	442637	0	75723	0
Ischemic Heart disease	4716	0	5358	0	8661	0	2284	0
Congenital Heart disease	633	0	278	0	204	0	232	0
Others	-	-	-	-	-	-	-	-
Diabetes								
Type 1	674	0	1080	0	2594	0	105	0
Type 2	154964	-	103728	0	133626	0	32077	0
Neurological disorders								
Cerebrovascular disorders	1802	0	1655	2	5444	15	1527	2
Chronic neurological disorders	211	0	365	0	714	0	116	0

Others	-	-	-		-		-	
Obesity	7100	-	5931	0	8447	0	2276	0
Psychic disorders	-	-	-	-	-	-	-	-
Common Mental disorders	8998	-	9168	0	14069	0	3912	0
Severe mental disorders	3363	-	3553	0	2951	0	566	0
Renal Failure								
Acute	267	-	122		307	0	47	0
Chronic	367	-	488	2	2832	13	536	2
Road Traffic Accident	8033	-	6035	-	8006	0	2279	0
Snake bite	196	-	166	-	214	0	48	0
**Source: NP-NCD District Report*								

6.3. District-Specific Outbreaks and Health Concerns

As a low-lying, water-logged district, Alappuzha faces a major health burden dominated by waterborne and vector-borne diseases. The district reported 24,165 cases of Acute Diarrhoeal Disease (ADD) in 2024, along with 122 cases and one death due to Leptospirosis, underscoring the ongoing burden of waterborne diseases in Alappuzha. The most significant outbreak was Dengue Fever, which nearly doubled to 1,060 confirmed cases in 2024. Other concerns include the high-fatality, rodent-borne Scrub Typhus (20 cases with 0 deaths in 2024), Pneumonia in children under five (1,233 cases), and the ongoing need for Avian Surveillance in the Kuttanad region.

CHAPTER 7

CRITICAL OBSERVATIONS IN NFHS 5 DATA AND APPROPRIATE INTERVENTIONS NEEDED

The **National Family Health Survey (NFHS-5, 2019–20)** findings for Alappuzha district indicate notable progress in several demographic and health parameters compared to NFHS-4 (2015–16). Improvements are observed across areas such as education, sanitation, maternal and child health, and family planning, while certain nutritional and non-communicable disease indicators highlight areas requiring further attention. Female literacy has shown a slight improvement from 97.2 % in NFHS-4 to 97.8 % in NFHS-5. Access to improved drinking water increased from 93.9 % to 98.4 %, and the use of improved sanitation facilities rose from 97.2 % to 99.2 %. Households using clean fuel for cooking increased from 64.2 % to 79.2 %, and health insurance coverage improved from 56 % to 60.4 %. The sex ratio at birth improved considerably from 1,112 to 1,485 females per 1,000 males. The prevalence of child marriage remained very low, with only a marginal increase from 1.2 % to 3.8 %. The proportion of women using hygienic methods during menstruation increased significantly from 84.2 % to 93.1 %. Current use of any method of contraception rose from 45.1 % to 61.5 %, and the use of modern methods increased from 42.7 % to 56.9 %. Female sterilization remains the predominant method (36.5 % to 49.6 %), while the unmet need for family planning decreased from 17.7 % to 12.3 %.

Institutional deliveries remained nearly universal, increasing slightly from 99.0 % to 99.4 %, with skilled birth attendance reaching 100 %. Caesarean deliveries increased from 43.2 % to 47.8 %. However, the proportion of mothers receiving at least four antenatal check-ups declined from 79.6 % to 65.7 %, whereas postnatal care within two days of delivery improved from 78.7 % to 89.2 %. Consumption of iron and folic acid for 100 days or more during pregnancy improved from 54.3 % to 61.0 %. Early initiation of breastfeeding within one hour of birth improved from 60.2 % to 62.1 %. Vitamin A supplementation for children increased from 89.4 % to 93.6 %. However, the prevalence of stunting rose from 14.5 % to 20.1 % and underweight children from 17.2 % to 20.4 %, while wasting showed a marginal decline from 16.6 % to 14.4 %.

Among women aged 15–49 years, overweight or obesity increased from 37.7 % to 41.9 %, and undernutrition (BMI below normal) rose from 12.4 % to 14.3 %. Anaemia prevalence among women increased from 27.0 % to 31.9 %, and among children aged 6–59 months, it rose from 24.9 % to 30.3 %. NFHS-5 introduced indicators on blood sugar and blood pressure. Approximately one-fourth of adults reported elevated blood sugar levels, while 32.1 % of women and 36.2 % of men were found to have hypertension, indicating an increasing burden of lifestyle-related diseases.

Table 7.1: NFHS - 4 & NFHS-5 Data

Indicators	**NFHS-5 (2019-20)**	**NFHS-4 (2015-16)**
Population and Household Profile	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	97.8	97.2
2. Population below age 15 years (%)	16.6	17.5
3. Sex ratio of the total population (females per 1,000 males)	1,108	1,101
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,485	1,112
5. Children under age 5 years whose birth was registered with the civil authority (%)	95.3	94.5
6. Deaths in the last 3 years registered with the civil authority (%)	100.0	NA
7. Population living in households with electricity (%)	99.9	99.6
8. Population living in households with an improved drinking-water source[1] (%)	98.4	93.9

9. Population living in households that use an improved sanitation facility[2] (%)	99.2	97.2
10. Households using clean fuel for cooking[3] (%)	79.2	64.2
11. Households using iodized salt (%)	99.9	98.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	60.4	56.0
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	46.8	NA
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	99.7	NA
15. Women with 10 or more years of schooling (%)	78.8	73.8
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	3.8	1.2
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.6	0.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.9	2.1
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	93.1	84.2
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	61.5	45.1
21. Any modern method[6] (%)	56.9	42.7

22. Female sterilization (%)	49.6	36.5
23. Male sterilization (%)	0.6	0.2
24. IUD/PPIUD (%)	1.3	3.1
25. Pill (%)	0.2	0.3
26. Condom (%)	4.3	2.6
27. Injectables (%)	0.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	12.3	17.7
29. Unmet need for spacing[7] (%)	6.0	7.2
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	11.0	19.2
31. Current users ever told about side effects of current method[8] (%)	40.9	50.2
Indicators	**NFHS-5 (2019-20)**	**NFHS-4 (2015-16)**
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	85.1	92.4
33. Mothers who had at least 4 antenatal care visits (%)	65.7	79.6

34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	87.5	90.9
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	61	54.3
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	52	43.1
37. Registered pregnancies for which the mother received a mother and Child Protection (MCP) card (%)	96.4	87.5
38. Mothers who received postnatal care from doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	89.2	78.7
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	10,557	9,472
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	*
41. Children who received postnatal care from doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	85.1	NA
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	99.4	99
43. Institutional births in public facility (%)	49	44.1
44. Home births that were conducted by skilled health personnel[10] (%)	0.6	0
45. Births attended by skilled health personnel[10] (%)	100	99

46. Births delivered by caesarean section (%)	47.8	43.2
47. Births in a private health facility that were delivered by caesarean section (%)	53.8	49.9
48. Births in a public health facility that were delivered by caesarean section (%)	42.2	35.9
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	61.9	*
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	*	*
51. Children age 12-23 months who have received BCG (%)	96.9	*
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	79.3	*
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	76.8	*
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	83.3	*
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	22.2	NA
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	8.7	NA
57. Children age 12-23 months who have received 3 doses of Penta or hepatitis B vaccine (%)	76.8	*

58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	93.6	89.4
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100	*
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0	*
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.5	3.8
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.8	1.4
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	79.9	88.4
Indicators	**NFHS-5 (2019-20)**	**NFHS-4 (2015-16)**
Child Feeding Practices and Nutritional Status of Children	Total	Total

67. Children under age 3 years breastfed within one hour of birth15 (%)	62.1	60.2
68. Children under age 6 months exclusively breastfed16 (%)	*	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk16 (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet16, 17 (%)	17.2	5.4
71. Non-breastfeeding children age 6-23 months receiving an adequate diet16, 17 (%)	*	*
72. Total children age 6-23 months receiving an adequate diet16, 17 (%)	17.9	5
73. Children under 5 years who are stunted (height-for-age)18 (%)	20.1	14.5
74. Children under 5 years who are wasted (weight-for-height)18 (%)	14.4	16.6
75. Children under 5 years who are severely wasted (weight-for-height)19 (%)	2.1	3.5
76. Children under 5 years who are underweight (weight-for-age)18 (%)	20.4	17.2
77. Children under 5 years who are overweight (weight-for-height)20 (%)	4.5	4
Nutritional Status of Women (age 15-49 years)		

78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	14.3	12.4
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	41.9	37.7
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	58.9	NA
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	30.3	24.9
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	32	26.6
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	*	35.3
84. All women age 15-49 years who are anaemic[22] (%)	31.9	27
85. All women age 15-19 years who are anaemic[22] (%)	22.9	28.4
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	9.4	NA
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	12.4	NA
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	25.2	NA
Men		

89. Blood sugar level - high (141-160 mg/dl)[23] (%)	8.2	NA
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	14.6	NA
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	25.4	NA
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	15.2	NA
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.3	NA
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	32.1	NA
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	20.5	NA
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	7.7	NA
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	36.2	NA
Screening for Cancer among Women (age 30-49 years)		

98. Ever undergone a screening test for cervical cancer (%)	4.7	NA
99. Ever undergone a breast examination for breast cancer (%)	2.6	NA
100. Ever undergone an oral cavity examination for oral cancer (%)	0.7	NA
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	1.8	NA
102. Men age 15 years and above who use any kind of tobacco (%)	18.3	NA
103. Women age 15 years and above who consume alcohol (%)	0.2	NA
104. Men age 15 years and above who consume alcohol (%)	29	NA
*Source: NFHS-4 & NFHS-5 Report		

Overall, Alappuzha district demonstrates consistent progress in educational attainment, sanitation, maternal health, and family planning indicators. Nevertheless, challenges remain in addressing rising anaemia, malnutrition, obesity, and non-communicable diseases. Focused interventions targeting nutrition and lifestyle modification are essential to sustain and enhance the district's health outcomes.

CHAPTER 8

DISTRICT MENTAL HEALTH PROGRAMME

8.1 Overview of the District Mental Health Programme

The District Mental Health Programme (DMHP) is a government initiative aimed at providing comprehensive mental health services at the district level. It focuses on prevention, treatment, and rehabilitation, to meet the mental health needs of the population. The DMHP was started as a component of the **National Mental Health Programme**, which was launched in 1982. The DMHP Alappuzha was established in the year 2013 at General Hospital, Alappuzha.

Objectives of DMHP

- To provide sustainable mental health services to the community and integrate with general health services.
- To enable early detection of mental health conditions within the community.
- To reduce need for patients and their families to travel long distances to access mental health care.
- To reduce the burden on mental hospitals and medical colleges.
- To reduce stigma associated with mental illness through public education and attitude change.
- To ensure treatment and rehabilitation for mental health patients discharged from mental hospitals within their own communities.

8.2 Key Components of the District Mental Health Programme

The DMHP function through the following core components:

Capacity Building: Training programs for medical and paramedical staff to enhance their skills in identifying and managing mental health conditions.

Community-Based Mental Healthcare: Delivery of mental health services through the existing healthcare infrastructure, ensuring accessibility at the grassroots level.

Information, Education, and Communication (IEC): Awareness campaigns and educational initiatives aimed at reducing stigma and improving mental health literacy among the public.

Community-Oriented Rehabilitation: Provision of rehabilitation services within the community to support the social reintegration of individuals with mental illness.

8.3 Monthly Fixed Clinics

Under DMHP, a total of 21 fixed monthly mental health clinics are organized across the district. These clinics serve as outreach units providing counselling, medication management, and continuous follow-up care. The objective is to ensure that mental health services are available and accessible at the community level, thereby minimizing the treatment gap and promoting early intervention. These outreach efforts aim to bridge service delivery gaps, ensure continuity of care, and promote early intervention at the community level.

8.4 IEC Activities

IEC (Information, Education, and Communication) plays a vital role in promoting mental health awareness. They focus on disseminating accurate information, reducing stigma, and encouraging individuals to seek professional help. By improving public understanding, IEC initiatives contribute to early intervention, better treatment adherence, and overall community well-being.

8.5 Training Programs

Training is indispensable in psychiatric care for various medical professionals, including doctors, nurses, and counsellors. It equips them with essential skills to assess, diagnose, and treat mental health disorders effectively. Moreover, training fosters empathy, understanding, and the ability to provide holistic care, addressing the complex interplay of biological, psychological, and social factors in mental illness. By enhancing competence and confidence, training improves patient outcomes and contributes to a more compassionate and informed healthcare system.

8.6 Aswasam Programme

Aswasam is a comprehensive depression management programme designed to provide support, treatment, and resources to individuals suffering from depression. This program aims to improve mental health outcomes through early detection, continuous monitoring, and personalized care.

8.6.1 Screening with PHQ-9:

A key component of the **Aswasam programme** is the use of the Patient Health Questionnaire-9 (PHQ-9) for screening and diagnosing depression. The PHQ-9 is a widely recognized, self-administered tool that assesses the presence and severity of depressive symptoms over the past two weeks. It consists of nine questions, each scored from 0 (not at all) to 3 (nearly every day), providing a maximum score of 27. This score helps in tracking symptom progression and treatment response over time.

8.7 Comprehensive Mental Health Programme

The **Comprehensive Mental Health Programme (CMHP)** is a rehabilitation Program initiative designed to provide rehabilitative services to individuals with mental health conditions through three specialized day care centres. The programme aims to promote mental well-being, enhance daily living skills, and support community integration for participants.

Objectives:

- **Comprehensive Rehabilitation:** Offering a range of therapeutic and rehabilitative services to help individuals regain their independence and improve quality of life.
- **Skill Development:** Providing training in social, vocational, and life skills to support participants in their daily activities and employment opportunities.
- **Community Integration:** Facilitating the integration of individuals with mental health conditions into their communities through supportive and inclusive practices.

Key Components:

- **Day Care Centers:** The program operates through three dedicated day care centres, each equipped to provide a variety of services including occupational therapy, counselling, vocational training, and recreational activities.

- **Individualized Care Plans:** Develop personalized care plans tailored to the specific needs and goals of each participant, ensuring targeted and effective rehabilitation.
- **Multidisciplinary Approach:** Involving a team of mental health professionals, including psychiatrists, psychologists, social workers, and occupational therapists, to deliver holistic care.

8.8 School Mental Health Programme

The **School Mental Health Programme** aims to promote mental well-being and address mental health concerns within the school community. This program targets students, teachers, and parents, providing comprehensive support to foster a healthy and supportive educational environment.

Objectives:

Mental Health Awareness: Educating students, teachers, and parents about mental health issues to reduce stigma and encourage open discussions.

Early Intervention: Identifying and addressing mental health concerns early to prevent escalation and ensure timely support.

Holistic Support: Offering resources and interventions that cater to the mental health needs of students, teachers, and parents.

Beneficiaries:

- **Students:** The primary focus is on enhancing students' mental well-being, resilience, and academic performance through targeted interventions.
- **Teachers:** Build capacity to identify and support students with mental health issues while maintaining their own well-being.
- **Parents:** Providing parents with the knowledge and tools to support their children's mental health and to manage their own well-being.

8.9 Post Flood activities & Training programs

In the aftermath of the floods, the DMHP undertook several targeted interventions to address the psychological and healthcare needs of the affected population. These efforts were aimed at providing immediate relief, preventing treatment disruptions, and building disaster response capacity among healthcare workers.

Key Activities Undertaken

- Relief camp Visits
- Supply of medicines to prevent treatment default
- Supportive Counselling sessions
- Special mental health camps
- Disaster Management Training for Healthcare Workers

8.10 DHMP Targeted Interventions

The DMHP implements several specialized intervention programmes to address priority mental health issues.

Jeevarkasha is a comprehensive suicide prevention programme aimed at reducing the incidence of suicide through proactive intervention, education, and support. The programme is designed to reach individuals at risk, provide immediate assistance, and promote mental well-being within the community.

Objectives:

- Early identification of individuals with suicidal ideation.
- Crisis intervention and immediate assistance.
- Community education and stigma reduction.

Bodhana is a stress management programme designed to help individuals assess and manage stress effectively using the Perceived Stress Scale-10 (PSS-10)

Objectives:

- Identifying and measuring perceived stress levels in individuals to tailor appropriate interventions.
- Teach stress management techniques and coping strategies.
- Promote emotional well-being through structured interventions.

8.10.1 Sampoorna Manasikarogyam (SMA)

Sampoorna Manasikarogyam, a pioneering initiative, extends psychiatric care to Primary Health Centres and neighbourhood settings. By integrating mental health services into community healthcare, it ensures accessibility and early intervention, addressing psychological issues closer to home. This holistic approach fosters a supportive environment, reduces stigma, and promotes overall well-being, emphasizing the importance of community-based psychiatric treatment for comprehensive healthcare delivery.

- SMA camp Conducted on **2022**- 2 (Review), New – 28, Review - 27(MHP)
- SMA camp Conducted on **2023**-6 (Review), New- 79, Review-41 (MHP)
- SMA camp Conducted on **2024**-2(Review), New- 6, Review- 2
- SMA camp Conducted on **2025**- 1(Review), New-3, Review- 9
- Total no. of SMA Clinics- 31
- Total no. of patients – 9852

8.10.2 Amma Manas

Amma Manas is a dedicated maternal mental health programme designed to support women during the antenatal and postnatal periods. Recognizing the unique psychological challenges faced by expectant and new mothers**, AmmaManas** aims to promote mental well-being through comprehensive care, education, and support services.

Objectives:

- **Early Identification:** Detecting early signs of mental health issues such as postpartum depression, anxiety, and other mood disorders.
- **Holistic Care:** Provide integrated mental health services that include counselling, therapy, and support groups.
- **Empowerment through Education:** Educate mothers, families, and healthcare providers about maternal mental health to reduce stigma and encourage proactive care.

8.11. Annual Screening and Treatment Data

The data reveals a substantial scale-up in screening efforts—from 546 in 2022 to 72,745 in 2024, followed by a decline in 2025. Despite the rise in screenings, the referral rate to medical officers dropped significantly, from 4.03% in 2022 to 0.04% in 2024, indicating possible changes in screening criteria or population coverage. Referrals to the DMHP peaked in 2024, aligning with the highest screening volume.

Table 8.11.1 Annual Screening and Treatment Data

Year	Total Screening	Referred to Medical Officer	Referred to DMHP	Treatment Started at DMHP
2022	546	22	5	3
2023	35704	63	8	2
2024	72,745	30	23	11
2025	32863	16	3	1
*Source: District data				

The District Mental Health Programme in Alappuzha has achieved significant progress in community mental health service delivery through structured outreach, awareness activities, training, and targeted interventions. However, continued emphasis on early detection, capacity building, and integration of mental health services into primary healthcare is essential for sustaining progress and ensuring equitable access for all.

CHAPTER 9

FINANCIAL ALLOCATION AND UTILISATION FOR THE LAST FOUR YEARS

9.1 Details of financial Allocation and utilisation

Table 9.1 shows that between 2022 and 2025, the district received a total allocation of ₹137.92 crore for health initiatives, of which ₹137.09 crore (99%) was utilised. Fund utilisation was consistently high across most years, with 2023 and 2025 achieving nearly 100% absorption. Overall, the district has demonstrated strong financial efficiency in effectively using the resources provided.

Table 9.1 Financial allocation and utilisation for the last four years (in Lakhs)

Source	2022 Allocation	2022 Utilisation	2023 Allocation	2023 Utilisation	2024 Allocation	2024 Utilisation	2025 Allocation	2025 Utilisation	Total Allocation	Total Utilisation
DHS Plan	294.24	249.61	243.89	243.89	769.34	769.34	594.38	593.86	**1901.85**	**1856.68**
NHM	3622.31	3622.31	3271.34	3271.34	4311.12	4311.12	385.80	385.80	**11590.57**	**11590.57**
LSGD	200.00	199.63	45.07	40.95	45.00	11.33	8.59	8.52	**298.67**	**260.42**
FW Plan	**0.00**	**0.00-**	**0.00-**	**0.00-**	**0.00-**	**0.00-**	**0.00-**	**0.00-**	**0.00-**	**0.00-**
Tribal	0.00	0.00	0.00	0.00	0.00	0.00	1.00	1.00	**1.00**	**1.00**

Fund										
MSDP Fund	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
Total	**4,116.55**	**4,071.55**	**3,560.30**	**3,556.18**	**5,125.46**	**5,091.79**	**989.77**	**989.18**	**13,792.09**	**13,708.67**

CHAPTER 10

NHM ACTIVITIES IN THE DISTRICT

The National Health Mission (NHM) in Alappuzha district focuses on strengthening the public health system by improving accessibility, affordability, and quality of healthcare services. Through a range of programs and initiatives, NHM aims to address the health needs of the urban and rural population alike, with special emphasis on maternal and child health, disease control, and health system strengthening. The following section outlines the major NHM activities implemented in the district.

10.1 Rashtriya Bal Swasthya Karyakram (RBSK)

It is a pioneering initiative under the National Health Mission (NHM), aimed at improving the overall quality of life and enabling the holistic development of children from birth to 18 years of age. It covers 32 commonly occurring health conditions and ensures access to comprehensive health care services, including referral for specialized treatment and surgeries at tertiary care facilities, free of cost.

Table 10.1.1 shows the screening of children from birth to 18 years of age under RBSK.

Table 10.1.1 Screening under RBSK

Indicators	2020-21	2021-22	2022-23	2023-24	2024-25
0-6 years	RBSK Nurses were posted to Covid 19 related duties	3375	36874	70834	100864
6-18 years		3329	62170	124725	186263
Total Screened		6704	99044	195559	287127
Source: District Reports					

10.2 Arogya Kiranam

It is a state-specific entitlement scheme implemented by the Government of Kerala. It ensures free medical care for all children aged 0 to 18 years, excluding dependents of government employees and income taxpayers. The AK program supplements RBSK by providing free investigation and treatment for health conditions not included among the

30 specified conditions under RBSK, thereby bridging critical service gaps. It is an exemplary model of universal child health coverage at the state level, aligned with the broader objectives of equity and inclusiveness in public health.

Table 10.2.1 shows the treatment expenditure of RBSK-AK for the last three years.

Table 10.2.1 Treatment expenditure of RBSK-AK

Year	RBSK	AK	Beneficiaries
2025	**323865**	**705402**	**4262**
2024	-	**5784954**	**36426**
2023	-	**2075991**	**16135**

10.3 Newborn Screening (Visible Birth Defect-VBD Screening)

Comprehensive Newborn Screening Programme **(Shalabham)**

The Shalabham programme is implemented across eight government delivery points in the district, aiming at early detection of neonatal conditions to ensure timely intervention.

10.3.1 Key Components:

1. Visible Birth Defect (VBD) Screening – Within 24 hours of birth
2. Pulse Oximetry & Cardiovascular Examination – Between 24–48 hours
3. Otoacoustic Emission (OAE) Screening – Before 48 hours
4. Inborn Errors of Metabolism (IEM) Screening – After 48 hours

Follow-up: Positive cases are followed up at the community level by RBSK nurses in the respective panchayats/municipalities.

Table 10.3.1 shows the newborn screening status from 2022-2025.

Table 10.3.1 Newborn/VBD Screening status for the Last Three Years

Year	Total no of deliveries	Total no of Newborns Screened	No of Conditions identified
2022-2023	7103	7023	117
2023-2024	5533	5482	274
2024-2025	4057	4052	190
Source: District Reports			

10.3.2 Capacity Building:

Training and capacity enhancement sessions on the CNBS protocol have been systematically provided to doctors, nurses, and support staff at all government delivery points involved in the programme. These sessions are designed to ensure high-quality screening, accurate documentation, and timely referral of suspected cases.

10.4 District Early Intervention Centre (DEIC)

The Centre for Disability Management (CDM) and District Early Intervention Centre (DEIC), located adjacent to the RMO Quarters within the Women and Children's Hospital compound at the Civil Station Ward, were formally inaugurated by Hon. Minister Dr. R. Bindu (Minister for Higher Education & Social Justice) on 28th October 2024. This state-of-the-art facility has been developed as part of the government's commitment to strengthening early childhood intervention services under the Rashtriya Bal Swasthya Karyakram (RBSK).

Spread over 7,500 sq. ft., the two-storied centre (with an additional third floor under light roofing) is fully equipped to provide comprehensive care and rehabilitation for children up to 18 years of age with developmental delays and disabilities.

Ground Floor Facilities include

- OP Registration & Waiting Area
- Child-friendly Play Area
- Administrative Office

- Anthropometry Room
- OP Consultation Rooms (including specialist services)
- Physiotherapy Room
- Speech Therapy & Audiology Room
- Special Education & Social Work Services
- Sensory Integration Room
- Group Therapy Room
- Differently-abled-friendly Toilets

First Floor Facilities include

- Conference Hall & Dining Area
- Dental Consultation & Procedure Rooms
- Clinical Psychologist & Counselling Rooms
- BERA Testing Room
- Ophthalmology & CVI (Cerebral Visual Impairment) Room
- Pantry
- Accessible Toilets
- Ramp and Staircase Access Provided

10.4.1 Scope of services

The DEIC provides referral support and therapeutic interventions for children identified with health conditions through the RBSK screening program, focusing on the management of approximately 30 child health conditions. These include birth defects, developmental disorders, speech and language delays, intellectual disabilities, movement disorders, visual impairments, and dental conditions, among others.

Table 10.4.1 shows the client load details (new cases and follow up cases) for 2024-2025.

Table 10.4.1 DEIC: Client load details FY 2024-2025

	Paediatrician	Medical officer	Dental surgeon	Dental hygenist	Optometrist	Special educator	Speech therapist & audiologist	Therapist	Psychologist
New cases	182	762	743	970	849	1010	473	1040	145
Follow up cases	201	224	338	396	208	769	390	279	37
Source: District Reports									

10.4.2 Human Resources

- Paediatrician (Visiting/Attached)
- Medical Officer
- Dental Surgeon & Dental Hygienist
- Clinical Psychologist
- Special Educator
- Audiologist/Speech Therapist
- Optometrist
- Physiotherapist
- Laboratory Technician
- DEIC Manager
- Data Entry Operator

This integrated facility aims to ensure early identification, referral, and intervention, aligning with the goals of the National Health Mission to promote inclusive child development and disability management at the district level.

10.5 Hridyam

Hridyam is a unique initiative by the Government of Kerala to support children with congenital heart disease (CHD). This can be used as web-based registry for CHD cases across Kerala, monitoring the progress of program envisaged for management of children with CHD, identify the bottlenecks for implementing the protocols established at any point, and understand the case status and response time for systems in place and ultimately the outcome of the program.

Table 10.5.1 shows the number of surgeries done under Hridyam from 2022-2025.

Table 10.5.1 Surgeries done under Hridyam

Year	No. Of cases registered	Surgery undergone
2022-23	257	94
2023-24	265	54
2024-25	175	35
Source: District Reports		

10.6 Mobile Intervention Unit (MIU)

Mobile Intervention Unit (Anuyathra) a joint venture of National Health Mission and Kerala Social Security Mission which is an extension service of DEIC,covers 12 blocks in our district with fixed day clinics which include FHCs, CHCs, UPHC and Major Institutions. Our Human Resource includes Special Educator, Physiotherapist, Developmental Therapist, Speech cum Audiologist and Clinical Psychologist.

Table 10.6.1 shows the client load details of mobile intervention units for 2024-2025.

Table 10.6.1 MIU: Client Load Details FY 2024-25

No of MIUs	**Total Number of children visited MIU**	**Number of New cases attended MIU**	**Number of Follow up cases attended MIU**	**Total sessions provided by MIU Therapist**				
				Developmental Therapist	Physiotherapist	Special educator	Speech cum / Audiologist	Clinical Psychologist
MIU NORTH	837	168	669	1497	1061	1744	Vacant	Vacant
MIU SOUTH	1128	132	1585	1585	495	1127	Vacant	Vacant
Source: District Reports								

10.7. Mobile Health Team (MHT):

The Mobile Health Team Project, Shalabham was launched in the district on December 7th 2017. It was initiated in the district to identify and address the health issues among 0–18-year-old children in the district. The team consists of a medical officer & RBSK Nurses. In Alappuzha Kuttanad taluk is the area selected for MHT Programme.

Table 10.7.1 shows the details of mobile health teams screening from 2017- 2023.

Table 10.7.1 MHT Screening for the last Six years

Financial Year	**MHT Screening**	
	0-6 yrs	**6-18 Yrs**
2017-18	**1060**	**909**
2018-19	**4213**	**1332**

2019-20	**6467**	**3318**
2020-21*	**0**	**0**
2021-22	**249**	**214**
2022-23	**3100**	**779**
Total	**15089**	**6552**

Source: District Report * No RBSK Screening was conducted during 2020-21 due to covid pandemic. During this period RBSK nurses were engaged in Hridyam and Shalabham follow up activities as well as other duties assigned by their respective institutions.

10.8. Nutrition Rehabilitation Centre to address Severe Acute Malnutrition

There are no NRCs functioning in Alappuzha.

10.9. Rashtriya Kishor Swasthya Karyakram (RKSK)

Table 10.9.1 shows the total and follow up number of cases attended by counsellors in different AFHC centers from 2022-2025.

Table 10.9.1 Cases attended by counsellors in different AFHC centers

Case Profile	**2022-23**		**2023-24**		**2024-25**		**Total**	
	Total cases	**Follow up cases**	**Total cases**	**Follow up cases**	**Total cases**	**Follow up cases**	**Total cases**	**Follow up cases**
GH Alappuzha	1310	210	1721	622	1059	57	4090	889
CHC Veliyanad	239	36	1114	161	1600	275	2953	472
TH Chettikad	0		0		672	17	672	17
Grand Total	1549	246	2835	783	3331	349	7715	1378

*Source: District Report

10.10 Peer Educators Programme -SDC (Student Doctor Cadet)

The Adolescent Peer Education Programme, as the name suggests, is a new programme to establish an information and support network among adolescents in a community that can help them and their friends access scientific and reliable information and services on their issues and concerns.

The Major Objectives of SDC:

Nurture the scientific understanding of health

Increase the awareness of various health issues

Improving the mental health of children

Table 10.10.1 shows the status of Peer educators selected and trained from 2022- 2025.

Table 10.10.1 SDC Status for the Last Three Years

Year	Total Peer Educators selected	Trained
2022-23	400	0
2023-24	400	546*
2024-25	400	400
Source: District Reports *Peer Educators from 2022-'23 also trained		

10.11 Weekly Iron Folic Supplementation Program (WIFS)

The Ministry of Health and Family Welfare has launched the Weekly Iron and Folic Acid Supplementation (WIFS) Programme to meet the challenge of high prevalence and incidence of anaemia amongst adolescent girls and boys. WIFS is evidence based programmatic response to the prevailing anaemia situation amongst adolescent girls and boys through supervised weekly ingestion of IFA supplementation and biannual helminthic control. The long-term goal is to break the intergenerational cycle of anaemia; the short-term benefit is of a nutritionally improved human capital. The programme, implemented across the country both in rural and urban areas.

10.11.1 Implementing the Weekly Iron and Folic Acid Supplementation Programme

1. **Strategy for Reducing Anaemia in School Children and Adolescents:**

To mitigate the prevalence and severity of anaemia amongst children and adolescents, the following intervention is recommended:

a) **Administration of weekly iron-folic acid supplements, preferably every Monday** for 52 weeks in a year **-**

- **Blue WIFS for adolescent 6th to 12th Std.** Each IFA tablet contains 60 mg elemental iron and 500ug Folic acid for 52 weeks in a year.
- **Pink Junior WIFS for children 1st to 5th Std.** Each IFA tablet contains 45 mg elemental iron and 400ug Folic acid

b) **Screening of target groups for moderate/severe anaemia and referring these cases** to an appropriate health facility as part of RBKS Nurse based screening, VIVA screening etc.

c) **Biannual de-worming through National Deworming Day (NDD)**(Albendazole 400mg), six months apart, for control of helminth/infestation.

d) Each school shall designate two teachers as the nodal teachers for supervising the WIFS Programme [preferably the same teachers as the SHWP [Health Bell] Health Mentor Teachers]

e) Separate time should also be allotted in the week to provide nutrition and health education (NHE) to the children and adolescents as part of SHWP [Health Bell]. The Health Mentor Teachers should take the NHE session(s).

f) Vacation period supply--Before the school closes for any vacations, the children and adolescents should be given a complete set of IFA tablets for once weekly consumption during the holidays, with instructions to the parents.

WIFS programme coverage from 2023-2025 has been shown in Table 10.11.1.

Table 10.11.1 WIFS coverage

Year	Target population	Total covered	% Achievement	No. of school program initiated
2023-24	**1738920**	**193260**	**11.11**	**368**
2024-25	**1738920**	**530056**	**30.48**	**368**

**Source: District Reports*

10.12 Sickle Cell Disease Project (If applicable)

- Not applicable to Alappuzha district

10.13 Family Planning

Table 10.13.1 provides an overview of contraceptive coverage in Alappuzha district from 2020–21 to 2024–25, highlighting the uptake of various family planning methods over five years.

Table 10.13.1 Contraceptive coverage in Alappuzha

Year	No. of Lapro Cases	No. of NSV Cases	CC	OP	IUCD
2020-21	83	0	126958	4679	835
2021-22	156	111	39764	3323	895
2022-23	227	208	90631	4992	1382
2023-24	371	51	105647	5470	958
2024-25	221	43	166965	7268	898
Source: District Reports					

10.14 Biomedical Equipment Maintenance Program (BEMP)

In order to provide a comprehensive solution for the maintenance of equipment under the institutions of DHS, Government of Kerala had launched a programme called Biomedical Equipment Maintenance Program (BEMP) to ensure the complete maintenance and keeping the uptime of biomedical equipment available at the various Govt. hospitals (District Hospital, General Hospital, THQH, CHC & PHC) under Department of Health & Family Welfare. All the equipment available in the health system was bar - coded.

Table 10.14.1 presents the performance of the Biomedical Equipment Maintenance Program (BEMP) during the three-year period from 2022–23 to 2024–25 in Alappuzha district.

Table 10.14.1 Calls registered and rectified under BEMP

Description	Total Call Registered	Total Call rectified	Pending calls	Percentage of rectified calls
2022-23	2157	2065	92	95.73%
2023-24	3346	3204	142	95.75%
20224-25	3926	3751	175	95.54%
Source: District Report				

10.15. AERB: Compliance to the norms of AERB for equipment under Radiology department

Registered

GH Alappuzha

DH Mavelikkara

DH Chengannur

W&C Alappuzha

THQH Cherthala

THQH Kayamkulam

THQH Haripad

THQH Pulincunnu

TH Thuravoor

TB Centre Alappuzha

Not Registered

LS Noornadu

CHC Muthukulam

Table 10.15.1 outlines the state-level procurement of medical equipment through Kerala Medical Services Corporation Limited (KMSCL) - National Health Mission (NHM) for the period 2022–23 to 2024–2025.

Table 10.15.1 Procurement of Equipment at State level through KMSCL – NHM

Year	Details	Sanctioned Amount (Rs)	Status
2022-23	CH 22-23	4,41,600	Supply Progressing
	MH 22-23	28,11,048	
	FP 22-23	60,00,000	
	SNCU 22-23	17,44,516	
	BB 22-23	4,22,476	
	Other 22-23	9,34,678	

2023-24	MH 23-24	48,73,496	Supply Progressing
	Other 23-24	7,24,138	
20224-25	Other 24-25	7,97,170	Supply Progressing
	BB 24-25	5,58,392	
Source: District Reports			

10.16 Quality Assurance

1. National accredited institutions from the period 22-23 to 24-25 are FHC Panavally, FHC Chettikulangara, FHC Bharanikavu, FHC Thamarakulam, UPHC Cheravally, UPHC Nehru Trophy.
2. NQAS State accredited institutions awaiting National assessment are W&C Alleppey, FHC Punnapra(N), FHC Punapra(S), FHC Kalavoor
3. NQAS district assessment completed institutions are GH Alappuzha, FHC Ezhupunna, FHC Vayalar, FHC Arattupuzha, HWC Panavally MC, HWC Erezha North
4. District Level. block level and institutional level trainings conducted to enhance the programme.
5. District quality assurance units and block quality assurance units were formed.
6. DH Mavelikkara certified with LaQshya
7. W&C Alappuzha completed state level assessment of MusQan and LaQshya
8. Kayakalp Award: 2022-23 Award winning institutions-W& C Alappuzha, THQH Kayamkulam, THQH Harippad, UPHC Nehrutrophy, UPHC Cheravally, UPHC Mullathuvalapp, FHC Bharanicavu , FHC Chettikulangara, and FHC Kandalloor.

   Kayakalp Award: 2023-24 W&C Alappuzha, DH Mavelikkara, CHC Muthukulam, CHC Ambalappuzha, UPHC Nehrutrophy, UPHC Cheravally, UPHC Mullathuvalapp, FHC Thamarakulam, FHC Ezhupunna, FHC Kalavoor, and, HWC Kunnam, HWC Ponnad and HWC Pachakkad

9. MBFHI- W&C Alappuzha and DH Mavelikkara were awarded as MBFHI institution.

10.17 Rashtriya Kishor Swasthya Karyakram (RKSK)

The table 10.17.1 illustrates the pattern of counselling services provided across different Adolescent Friendly Health Clinics (AFHCs) over three financial years from 2022–23 to 2024–25. It records both total and follow-up cases handled by counsellors at various centers such as GH Alappuzha, CHC Veliyanad, and TH Chettikad. The figures point toward fluctuations in case numbers, indicating varying levels of community engagement and service demand over the years. The steady presence of follow-up cases suggests ongoing support for adolescents in need, highlighting the effectiveness and consistency of counselling interventions in these health facilities.

Table 10.17.1 Cases attended by counsellors in different AFHC centers

Case Profile	2022-23		2023-24		2024-25		Total	
	Total cases	Follow up cases	Total cases	Follow up cases	Total cases	Follow up cases	Total cases	Follo w up cases
GH Alappuzha	1310	210	1721	622	1059	57	4090	889
CHC Veliyanad	239	36	1114	161	1600	275	2953	472
TH Chettikad	0	0	0	0	672	17	672	17
Grand Total	1549	246	2835	783	3331	349	7715	1378

Source: District Report

10.18 National Programme for Palliative Care (NPPC)

Palliative care is a holistic and compassionate approach aimed at improving the quality of life for individuals suffering from serious health-related conditions. It focuses on relieving pain and other distressing symptoms and can be delivered effectively and affordably using a community-based model. The success of palliative care lies in a multidisciplinary approach that includes the active involvement of the patient's family and optimal use of local resources. Under the National Programme for Palliative Care (NPPC)

Alappuzha district has established a strong and structured system of care. Currently, there are 83 primary palliative care units functioning in all panchayats and municipalities. These primary units, led by community nurses, offer home-based care to bedridden patients by regularly visiting their homes and providing basic nursing and emotional support. Alappuzha Municipality hosts 5 primary units, while Kayamkulam Municipality has 2. In addition to the primary level, the district operates 24 secondary palliative care units situated in major hospitals and Community Health Centres (CHCs). These secondary units are staffed by nurses and physiotherapists and provide services such as secondary-level home-based care, outpatient consultations, and physiotherapy.

For advanced care and professional training, Alappuzha has one tertiary unit located at the General Hospital, Alappuzha. This unit offers specialized courses such as the Basic Certificate Course in Palliative Nursing (BCCPN) and Basic Certificate Course in Palliative Medicine (BCCPM) for both nurses and doctors, along with a 10-day foundation training program.

With strong support from the Alappuzha District Panchayat, several initiatives have been undertaken to further strengthen palliative care services. These include the training of 280 volunteers across different parts of the district, the distribution of physiotherapy kits to assist field visits by physiotherapists, and the establishment of inpatient palliative care services at the District Hospital, Chengannur. Together, these efforts reflect the district's commitment to delivering accessible, compassionate, and high-quality palliative care to its residents.

10.19. Janani Suraksha Yojana (JSY)

The Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Health Mission (NHM), launched in April 2005 by the Government of India. The program aims to reduce maternal and neonatal mortality by promoting institutional delivery among poor pregnant women.

Key Features of JSY

1. Cash Incentives

   - Financial assistance is provided to pregnant women delivering in government or accredited private health facilities.
   - The amount varies across Low Performing States (LPS) and High Performing States (HPS), based on institutional delivery rates.

2. Focus on Vulnerable Groups

   - Special emphasis is given to Below Poverty Line (BPL) women, Scheduled Caste (SC) and Scheduled Tribe (ST) women, and those in rural/remote areas.

3. Accredited Social Health Activists (ASHAs)

   - ASHAs play a crucial role in identifying beneficiaries, facilitating antenatal care, escorting women to health facilities, and ensuring postnatal care.
   - They receive performance-based incentives under JSY.

Target Beneficiaries

- All pregnant women from BPL households, SCs, and STs across India.
- Women of any category in LPS states delivering in government health institutions.

Conditionality

Women are encouraged to undergo at least three antenatal check-ups, deliver in health institutions, and receive postnatal care for cash assistance eligibility.

10.20 Janani Shishu Suraksha Karyakaram (JSSK)

The Janani Shishu Suraksha Karyakram (JSSK) was launched by the Government of India in 2011 under the National Health Mission (NHM) with the objective of reducing maternal and infant mortality by promoting institutional deliveries and ensuring free and cashless services for pregnant women, sick newborns, and infants up to one year of age.

Key Features of JSSK include:

1. Free & Cashless Deliveries
   - Normal deliveries and caesarean sections are provided free of cost in all public health facilities.
2. Free Drugs, Consumables & Diagnostics
   - All medicines, blood transfusions, and essential investigations are provided free to the mother and the newborn.
3. Free Diet

   Pregnant women are entitled to free diet up to 3 days for normal delivery and 7 days for C-section during hospital stay.
4. Free Transport

   Provision of free transport from home to health institution, between facilities (if referred), and back home after delivery.
5. Exemption from User Charges

   No fees or charges for registration, admission, diagnostic tests, blood, drugs, or any other hospital service.
6. Coverage of Sick Newborns and Infants

   Free treatment, drugs, diagnostics, diet, and transport are extended to sick newborns and infants up to 1 year of age.

CHAPTER 11

NATIONAL URBAN HEALTH MISSION (NUHM)

The National Urban Health Mission (NUHM) was officially launched following its Cabinet approval on May 1, 2013, along with the release of its Implementation Framework. The primary aim of the mission is to address the healthcare needs of the urban poor by improving access to quality health services. This involves the strengthening and rationalization of existing urban health systems to ensure equity and better health outcomes for marginalized urban populations.

To guide the implementation of NUHM, the Ministry of Health and Family Welfare (MoHFW) constituted a Technical Resource Group (TRG) on July 25, 2013. The TRG submitted its report on February 26, 2014, underlining urbanization as a critical demographic trend of the 21st century.

One of the significant references in this process was the Hashim Committee Report, which identified vulnerabilities of the urban poor in three dimensions:

- Residential vulnerability
- Social vulnerability
- Occupational vulnerability

These dimensions continue to shape the policy framework and targeting of NUHM initiatives.

India's urban population has experienced rapid growth in recent decades due to both natural population increase and migration from rural to urban areas. According to Census 2011, the urban population was around 38 crores, making up 31% of India's total population. Projections suggest that India may become nearly 50% urban by 2050 (UN-Habitat, 2017).

The United Nations Report 2018 estimates that approximately 4.16 crore people will be added to the urban population between 2018 and 2050.

Furthermore, migration continues to be a key contributor to urban growth:

- Census 2011 recorded 45.36 crore internal migrants (both within and across states), which accounted for 37% of the total population.

- The Ministry of Statistics and Programme Implementation reported in June 2022 that the migration rate in urban areas was 34.9%.

11.1 Age-Wise Urban Population Projections

Population pyramids for projected years 2021 and 2031 shows:

- A significant increase in the working-age population.
- A noticeable rise in the elderly population.

This demographic transition is primarily due to the reduced fertility and mortality rates, creating a demographic dividend that could boost the economy.

However, this shift also highlights the need for targeted health strategies, especially for:

- Working-age individuals at risk of occupational and environmental health hazards.
- Elderly populations with increasing susceptibility to non-communicable diseases (NCDs).

Alappuzha is a coastal urban district with high population density, migratory populations, and a unique geography comprising backwaters and waterlogged settlements. These characteristics make vector-borne diseases, water-borne illnesses, and non-communicable diseases (NCDs) particularly prominent public health concerns.

As urbanisation increases, the demand for primary health services in urban areas also grows. NUHM addresses this gap by strengthening Urban Primary Health Centre's (UPHCs) and Urban Health & Wellness Centre's (UHWCs).

11.2 Infrastructure and Human Resource Updates of NUHM Alappuzha District

The tables 11.2.1, 11.2.2 & 11.2.3 provided below outline the infrastructure and the available human resource of urban health institutions in Alappuzha district.

Table 11.2.1 Infrastructure Updates

No. of urban local bodies in the district	6
No. of ULBs where UHWCs/UPHCs/UCHCs are implemented	6
No. of UPHCs	6

No. of UHWCs (XV FC) sanctioned	24
No. of UHWCs (XV FC) operational	22
No. of UHWCs (XV FC) functional in rented building	16
No. of UHWCs (XV FC) functional in own building	6
Source: District Reports	

Table 11.2.2 Human Resource in UPHCs

UPHCs			
Designation	**Sanctioned**	**In position**	**% vacancy**
Medical Officer (Full-time)	6	6	0
Medical Officer (Part-time)	6	4	33%
Staff Nurse	13	13	0
Pharmacist	6	6	0
Lab Technician	6	6	0
Junior Public Health Nurse (JPHN)	20	21	0
Junior Health Inspector (JHI)	9	9	0
DEO cum Accountant	9	4	55.50%
Support staff	8	6	25%

Table 11.2.3 Human Resource in UHWCs

UHWCs				
Designation	**Sanctioned**	**In position**	**% vacancy**	**Remarks**
Medical Officer (Full-time)	24	22	8.33%	
Staff Nurse	48	41	14.58%	Koipallikarazma & Krishnapuram & Iyka junction
Pharmacist	24	22	8.33%	
Support Staff (From Municipality)	24	18	25%	Vazhicherry, Poonthop, Punnamood & Mavelikkara
Source: District Report				

11.3 Key Achievements of Community-Based Interventions

11.3.1 Mahila Arogya Samithi (MAS):

- Constitution and Accounts: A total of 103 MAS have been constituted and corresponding accounts opened, surpassing initial targets.
- Training and Orientation: Comprehensive training and orientation sessions were conducted for 64 MAS, ensuring active community engagement and empowerment.

11.3.2 ASHA and UHND Programs:

- ASHAs: A dedicated workforce of 148 ASHAs continues to serve assigned populations effectively.

- UHNDs (Urban Health and Nutrition Days): Monthly UHNDs held a total of 1,215 sessions in the year, promoting regular health check-ups and nutritional support among urban residents.

11.3.3 Special Outreach Medical Camps:

- Expansion: The initiative witnessed substantial growth with 30 specialized medical camps conducted during 2024-25, addressing specific health needs of underserved communities.

11.3.4 Population Assignment:

- ASHAs and JPHNs: ASHAs are assigned to populations ranging from 1,500 to 2,000, ensuring personalized healthcare delivery. Similarly, each JPHN manages populations between 8,000 to 12,000, optimizing community health management and resource allocation.

11.4 Institutional Level Activities

- Average OP (Per Day): 104
- Average Lab (Per Day): 108

Table 11.4.1 shows the list of services and its availability at UPHCs.

Table 11.4.1 Services Provided at UPHCs

Services	Availability
Outpatient care (OP)	Daily
NCD screening	Regular
Immunisation	Weekly
ANC/PNC services	Weekly
Family planning counselling	Ongoing
Laboratory investigations	Daily

Drug dispensing	Daily
Source: District Reports	

Table 11.4.2 provides the summary of service delivery at NUHM for 2024-2025.

Table 11.4.2. Service Delivery Summary – NUHM (2024–25)

Items	2024-25
Total OP	166106
Total NCD OP	51187
Total Lab Test	170346
Total Outreach labour camps	30
Source: District Reports	

11.5 Quality Initiatives: NQAS and Kayakalp

NUHM facilities in Alappuzha are actively progressing toward National Quality Assurance Standards (NQAS) certification, which ensures standardized, patient-centric, and efficient service delivery in public health institutions.

Simultaneously, the Kayakalp programme—aimed at promoting cleanliness, hygiene, and infection control practices—is being rigorously implemented across the district.

11.5.1 NQAS and Kayakalp Awarded institutions as of May 2025

- UPHC Cheravally and UPHC Nehrutrophy have successfully achieved NQAS certification.
- Kayakalp certification has been awarded to UPHC Cheravally, UPHC Mullathuvalapp, and UPHC Nehrutrophy.
- The remaining facilities are in various stages of the certification process, with ongoing assessments and improvements.

11.5.2 Key Quality Assurance Activities

- Conducting internal assessments and peer evaluations.

- Organizing regular training sessions for staff on standard treatment protocols and quality benchmarks.
- Holding monthly review meetings for continuous monitoring and corrective action.

These initiatives have resulted in tangible improvements in hygiene standards, facility organization, and overall patient satisfaction at UPHCs across the district.

Best Practices

1. Infection control training for UPHC/UHWC staff.
2. IUCD insertion training for JPHNs to strengthen family planning services.
3. Real-time dashboard monitoring of outreach and OP services.
4. Integration with LSGs for sanitation and outreach.

The NUHM has significantly strengthened urban health care delivery in Alappuzha, with nearly full staffing, enhanced service coverage, and improved community engagement. Continued efforts in quality assurance, digital health, and intersectoral coordination will be key to sustaining these achievements.

CHAPTER 12

NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME (NTEP)

National Tuberculosis Elimination Program (NTEP) is a public health initiative in India focused on eliminating tuberculosis (TB) by 2025. It was established by renaming the Revised National Tuberculosis Control Program (RNTCP) in 2020. The program aims to achieve this goal five years ahead of the global target of 2030.

NTEP's strategies are organized under four pillars:

1. Detect: This involves early and accurate diagnosis of TB cases.
2. Treat: Ensuring appropriate and effective treatment for all TB patients, including drug-resistant TB.
3. Prevent: Focusing on preventing new TB cases through preventive treatment and public health education.
4. Build: Building the capacity of the healthcare system and community to address TB challenges.

12.1 Components of NTEP in Alappuzha

- Total Population : 2127789
- No. of Panchayats : 72
- No. of Municipalities : 6
- No. of Health Blocks : 12

Neighbouring Districts: Kollam, Ernakulam, Kottayam & Pathanamthitta

Structure: Four Tuberculosis Units (Tuberculosis Units) manned by Medical Officers, Senior Treatment Supervisors, Senior Treatment Laboratory Supervisors, Treatment Organisers and Laboratory technicians.

12.2 Organisation Structure in the District

TB units:

1. DTC Alappuzha
2. Karuvatta

3. Mavelikara

4. Cherthala

Programme Implementation

1. Alappuzha TU – 4 Health Blocks (Ambalapuzha, Veliyanad, Chettikadu, Chembumpuram)

2.Cherthala TU – 3 Health Blocks (Muhamma, Thuravoor, Arookutty)

3. Karuvatta TU – 2 Health Blocks (Muthukulam, Thrikunnapuzha)

4. Mavelikkara TU – 3 Health Blocks (Pandanad, Kurathikadu, Chunakkara)

12.3 Progress in the Tuberculosis Eradication in the District

The district has shown steady progress in tuberculosis control over the years. In 2021, there were 945 notified and 1,246 current cases with 10,192 tests conducted. Testing and screening indicators such as NAAT (90.8%), USDT (70.2%), DBT (76%), and HIV/DM screening (93.2%) reflected good performance.

In 2022, testing improved to 17,241, with NAAT 87.3%, USDT 83.2%, and DBT 78%. HIV and DM screening continued above 93%. In 2023, testing rose to 33,211, though NAAT dropped to 47.7%, while USDT (84.8%) and DBT (84.2%) remained high.

During 2024, 33,384 tests were done with improved NAAT (72.7%), and high HIV (98%) and DM (94.5%) screening. For 2025 (till date), 217 notified and 300 current cases were reported, with 14,573 tests and continued strong NAAT (82.1%), USDT (94.8%), HIV (96.2%), and DM (98.2%) coverage.

Overall, TB testing and comorbidity screening show consistent improvement, indicating effective implementation of the eradication programme.

Table 12.3.1 Progress in the Tuberculosis Eradication in the District

Year	Notified Cases	Current Cases	Total Tests	Test per lakh pop	NAAT %	USDT %	DBT %	HIV screen %	DM screen %
2021	945	1246	10192	480.7	90.8	70.2	76	93.2	93.2
2022	969	1316	17241	812.5	87.3	83.2	78	93.5	94.5
2023	826	1181	33211	1566.5	47.7	84.8	84.2	90.5	96.2
2024	852	1172	33384	1573.3	72.7	84	84	98	94.5
2025*	217	300	14573	687.4	82.1	94.8	73.8	96.2	98.2

Source: District Data

12.3.1 DRTB Case Incidence Trend

The district has recorded a fluctuating trend in Drug-Resistant Tuberculosis (DRTB) cases over the years. In 2021, there were 15 total cases (5 INH Mono and 10 MDR) with 4 deaths reported. The number increased to 40 cases in 2022 and further to 56 cases in 2023, though deaths declined to 3. In 2024, the total DRTB cases rose to 79 (55 INH Mono and 24 MDR) with 4 deaths. For 2025 (up to the reporting period), 15 cases have been identified (13 INH Mono and 2 MDR) with no deaths reported so far.

Table 12.3.1.1 DRTB Case Incidence Trend

Year	INH Mono	MDR	Total	Death
2021	**5**	**10**	**15**	**4**

2022	**23**	**17**	**40**	**5**
2023	**32**	**24**	**56**	**3**
2024	**55**	**24**	**79**	**4**
2025*	**13**	**2**	**15**	**0**

Source: District Data

12.3.2 Notification Rate

The tuberculosis notification rate across different Treatment Units in the district shows varying patterns over the years. The District TB Centre consistently reported the highest notification rates, maintaining figures above 120% throughout the period. In 2020, DTC TU recorded 145%, followed by Cherthala TU (62%), Karuvatta TU (58%), and Mavelikkara TU (37%).

Over time, Cherthala TU and Karuvatta TU showed a gradual decline, reaching 46% and 29% respectively in 2024, while Mavelikkara TU displayed steady improvement, increasing from 37% in 2020 to 73% in 2024. The consistent high performance of DTC TU indicates strong case detection and reporting efficiency, whereas targeted interventions may be required in Karuvatta TU and Cherthala TU to enhance notification rates.

Table 12.3.2.1 Notification Rate

Year	Cherthala TU	DTC TU	Karuvatta TU	Mavelikkara TU
2020	**62%**	**145%**	**58%**	**37%**
2021	**55%**	**154%**	**33%**	**49%**
2022	**44%**	**141%**	**44%**	**56%**

2023	**47%**	**124%**	**38%**	**63%**
2024	**46%**	**133%**	**29%**	**73%**

Source: District Data

12.3.3 District Level Action Plans

The district targets 985 TB notifications through focused case finding among vulnerable groups. NAAT and HH X-ray shortages are being addressed with new equipment and staff training (within 3 months). UDST, HIV, DM, and tobacco screening aim for 100% coverage, supported by continuous training and improved sample transport.

To reduce mortality (<7%), early diagnosis, comorbidity management, and regular reviews will be strengthened (6–12 months). DBT disbursement and Nikshay portal issues will be resolved as ongoing activities.

All LSGDs will allocate funds for Nikshay Mithra/Food Kits with IEC and CSR drives (3 months). The TB-Free LSGD goal (12 Silver, 30 Bronze) and "I Am a TB Warrior" campaign will focus on awareness, ACF, and mobile diagnostics over the next year

Table 12.3.3.1 District Level Action Plans

Area of Concern	Target	Means of Implementation	Gaps Identified	Gap Filling Measures Required	Timeline
TB Notification & Testing	985 (Public – 915, Private – 70)	1. Mission mode process of TB case finding among vulnerable population and among EPP, HRGs etc	1. Shortage of NAAT machines in Karuvatta TU & Kuttanad Taluk2. Shortage of Hand-held X-Rays	1. NAAT Machine offered by Hon Alappuzha MLA 2. HH X-Ray machine sanctioned from CTD3. Intensified NTEP training to all	3 Months

				categories of staff	
UDST	100%	1. Ensuring timely sample testing at NAAT sites2. Ensuring zero delay in sending samples to IRL	1. Result delay from IRL2. Delay in fund disbursement to sample transporters	1. Robust sample transportation methods within the district with uninterrupted power supply2. Maximising India Post Service for sample transport to IRL	Continuous Activity
HIV, DM, Tobacco Screening	100%	1. Pre-Treatment evaluation & counselling2. Liaison with NCD clinics, DMHP and de-addiction services	1. Training gap in newly recruited staff	1. Training for all categories	Continuous Activity

Mortality	Short term <7%Long term – Zero preventab le deaths	1. Early diagnosis & treatment2. Fortnightly follow-up3. Ensuring nutrition4. Comorbidity management5. Early ADR identification & management6. Monthly death audits	1. Delay in diagnosis2. Inadequate IP care facilities3. Poor comorbidity management	1. IEC for facilitating early case detection2. Weekly NTEP card review in IDSP meetings3. Fortnightly patient review4. Training for TB treatment & comorbidity management for MOs5. Earmarked IP care facility in all TUs	6 Months – 1 Year
DBT Disburse ment	100%	1. Complete Pre-Treatment counselling2. Timely updating bank account details	1. Bank detail validation2. Nikshay portal issues	1. Nikshay portal issues to be fixed	Continu ous Process
Nikshay Mithra / Food Kit Projects	All LSGDs to earmark fund for food kits	1. Intersectional meetings2. Dissemination via district as well as panchayat level task forces	1. Inadequate Nikshay Mithras2. Less corporate support	1. Widespread IEC Campaign2. CSR Conclaves under DM chairmanship	3 Months

TB Free LSGD	2025 – 12 Silver & 30 Bronze	1. Indicator-based LSGD level action plan 2. Better diagnostics using HH X-Ray 3. Vulnerability-based ACF 4. Increased Passive Case Finding	1. Low presumptive testing rate 2. Inadequate Mobile X-Rays	1. Intensified Vulnerability-based ACF linked with Hand Held X-Rays 2. Private sector and nearby district hand holding	1 Year
ACF & I am a TB Warrior Campaign	District customized Campaign implementation in health and allied sectors	1. ACF camps to be branded as I AM A TB WARRIOR Campaign in Urban & Rural areas	1. Lack of awareness among migrants 2. Untimely fund disbursement	1. Multilingual IEC using audio, visual, print media 2. Fund flow to be made smooth	1 Year

Source: District Data

12.3.4 CB-NAAT Testing

The district shows a steady increase in CB-NAAT testing over the years with a decline in positivity rate, indicating improved early detection and wider screening. In 2020–21, 3,054 tests yielded 574 positives (19%). By 2021–22, positivity dropped to 11% from 1,901 tests. Testing rose sharply in 2022–23 and 2023–24 with 5,257 and 9,763 tests, showing 5.2% and 5% positivity, respectively. In 2024–25, 7,599 tests were done with 315 positives (4%), reflecting expanded coverage and better case management.

Table 12.3.4.1 CB-NAAT Testing

Year	No. of tests conducted	Positive cases	Percentage
2020–21	**3054**	**574**	**19%**

2021–22	**1901**	**216**	**11%**
2022–23	**5257**	**277**	**5.20%**
2023–24	**9763**	**474**	**5%**
2024–25	**7599**	**315**	**4%**

Source: District Data

12.4 Challenges in NTEP

- IP facility for DSTB patients is not available in the district. Preferably one Isolation Unit in each TU is recommended.
- Shortage of Lab technician in District TB centre.
- A Truenat machine is needed to increase the testing facility at Kuttanad and Karuvatta under TU DTC.
- Four-Wheeler Vehicle (Bolero type) is a requirement for daily activities of DTC

12.5 Fund allocation for NTEP

The allocation of funds for the National Tuberculosis Elimination Programme (NTEP) has shown a steady increase over the years, supporting enhanced diagnostic, treatment, and surveillance activities. In 2020–21, ₹88 lakh was allocated, which decreased to ₹33.28 lakh in 2021–22. However, funding rose significantly thereafter, reaching ₹135.65 lakh in 2022–23, ₹143.65 lakh in 2023–24, and ₹156.98 lakh in 2024–25, reflecting the government's continued commitment to strengthening TB eradication efforts.

Table 12.5.1 Fund Allocation for NTEP (2021-25)

Sl. No.	Year	Amounts (in Lakhs)
1	2020–21	88
2	2021–22	33.28
3	2022–23	135.65
4	2023–24	143.65
5	2024–25	156.98

Source: District Data

CHAPTER 13

NATIONAL AIDS CONTROL PROGRAM (NACP) IMPLEMENTATION

The National AIDS Control Programme (NACP) is a comprehensive initiative started in India in 1992 to combat and manage HIV/AIDS. Its primary objective is to stop and reverse the spread of the Virus by combining prevention with care, support, and treatment services. Over the years, the program has progressed through multiple phases, each defined by distinct targets and approaches.

13.1 NACP has the following service facilities operational in Alappuzha

In the district, various HIV service centres are functioning to provide comprehensive prevention, testing, and treatment services. There are 4 Targeted Intervention centres focusing on high-risk populations and community-based interventions. Five Integrated Counselling and Testing Centres (ICTCs) are operational to offer counselling and HIV testing services. For the management of sexually transmitted and reproductive tract infections, 2 Designated STI/RTI Clinics are available. Additionally, there is 1 ART Centre providing antiretroviral therapy and follow-up care for people living with HIV. Currently, there are no Link ART centres in the district. To ensure the availability of safe blood, 3 Government Blood Banks and 5 Private Blood Banks are functioning effectively.

Table 13.1.1 NACP has the following service facilities operational in Alappuzha

Name of HIV Service Centres	No. of HIV Service Centres
Targeted Interventions	**4**
Integrated Counselling and Testing Centres	**5**
Designated STI & RTI Clinic	**2**
ART Centre	**1**
Link ART	**0**

Blood Banks (Government)	**3**
Blood Banks (Private)	**5**

Source: District Data

13.2 Targeted Intervention projects in Alappuzha

During the year 2024–25, various Targeted Intervention (TI) projects have been implemented across four key High-Risk Groups (HRGs)-Female Sex Workers (FSW), Migrants, Men who have Sex with Men (MSM), and Injecting Drug Users (IDU). Each HRG category has one TI project operating in the district.

As of March 2025, a total of 1,050 FSWs, 8,403 Migrants, 1,577 MSM, and 592 IDUs have been registered under these interventions. During the financial year 2024–25, 188 FSWs, 4,832 Migrants, 175 MSM, and 85 IDUs were newly registered. In the first quarter of the same year, 80 FSWs, 53 MSM, and 18 IDUs were newly enrolled, while there were no new registrations among Migrants.

In terms of HIV screening, 1,275 FSWs, 2,850 Migrants, 2,324 MSM, and 1,098 IDUs were tested during 2024–25. Among them, 8 individuals were found HIV positive — 2 from the Migrant group and 6 from the MSM group. Currently, 6 FSWs and 11 MSM who tested positive are alive and registered at ART centres, and all of them are receiving ART.

Under STI services, 2,112 FSWs, 6,072 Migrants, 4,352 MSM, and 1,913 IDUs were screened during 2024–25. Among these, 5 FSWs, 38 Migrants, and 14 MSM were diagnosed and treated for STI, with no reported cases among IDUs.

For syphilis screening during 2024–25, 917 FSWs, 1 Migrant, 1,009 MSM, and 1,097 IDUs were tested. Of these, 4 syphilis-positive cases were identified among FSWs, while no positive cases were reported in other categories.

Table 13.2.1 Targeted Intervention projects in Alappuzha

Indicator	FSW	Migrant	MSM	IDU
Total No. of TI Projects	1	1	1	1

Total registration till March 2025	1050	8403	1577	592
New registration 2024–25	188	4832	175	85
New registration for the 1st quarter	80	0	53	18
Total HIV Screening during 2014–25	1275	2850	2324	1098
HIV Positive found	0	2	6	0
Total HIV Screening during 2024–25	1275	2850	2324	1098
Total no. of alive HRG Currently registered at ART Centers	6	0	11	0
Total HRG Positive currently on ART	6	0	11	0
Total STI Screening during 2024–25	2112	6072	4352	1913
STI Cases diagnosed and treated	5	38	14	0
Total syphilis screening during 2024–25	917	1	1009	1097
Syphilis positive cases	4	0	0	0

Source: District Data

13.3 Testing of General Clients (at ICTCs in district) - SIMS Data

During the reporting period, a total of 62,202 individuals underwent HIV testing through various service centres. Among these, 48,183 tests were conducted at Integrated Counselling and Testing Centres (ICTC), 17,019 at Facility Integrated Counselling and Testing Centres (FICTC), while no tests were reported from Community-Based Screening

(CBS) or Public-Private Partnership (PPP) sites. Out of all those tested, 43 general clients were found HIV positive, resulting in an overall positivity rate of 0.07%.

Table 13.3.1 Testing of General Clients (at ICTCs in district) - SIMS Data

ICTC	FICTC	CBS	PPP	TOTAL	General Clients Positive	% Positive
48183	17019	0	0	62202	43	0.07%

Source: District Data

13.4 Prevention of Parent to Child Transmission of HIV

In Alappuzha district, a total of 8,347 antenatal clients were tested for HIV during the reporting period. Among them, 5,041 tests were conducted at Integrated Counselling and Testing Centres (ICTC) and 3,306 tests at Facility Integrated Counselling and Testing Centres (FICTC). There were no tests conducted under Public-Private Partnership (PPP) arrangements. Notably, no HIV-positive cases were detected among the antenatal clients in the district.

Table 13.4.1 Ante Natal testing: Prevention of Parent to Child Transmission of HIV

District	ICTC	FICTC	PPP	Total	ANC Positive
Alappuzha	5041	3306	0	8347	0

Source: District Data

13.5 PALS Data

Under the PLHIV–ART Linkage System (PALS) for the year 2024–25, a total of 43 HIV-positive individuals were linked to ART services. Among them, 37 were males and 6 were females, ensuring effective enrolment and follow-up under the continuum of HIV care.

Table 13.5.1 PALS Data

Year	Male	Femal e	Total
2024–25	37	6	43

Source:District data

13.6 Blood Collection

During the year 2024–25, a total of 20,821 units of blood were collected through various blood donation camps and blood banks in the district. This reflects the ongoing efforts to ensure adequate and safe blood availability for medical and emergency needs.

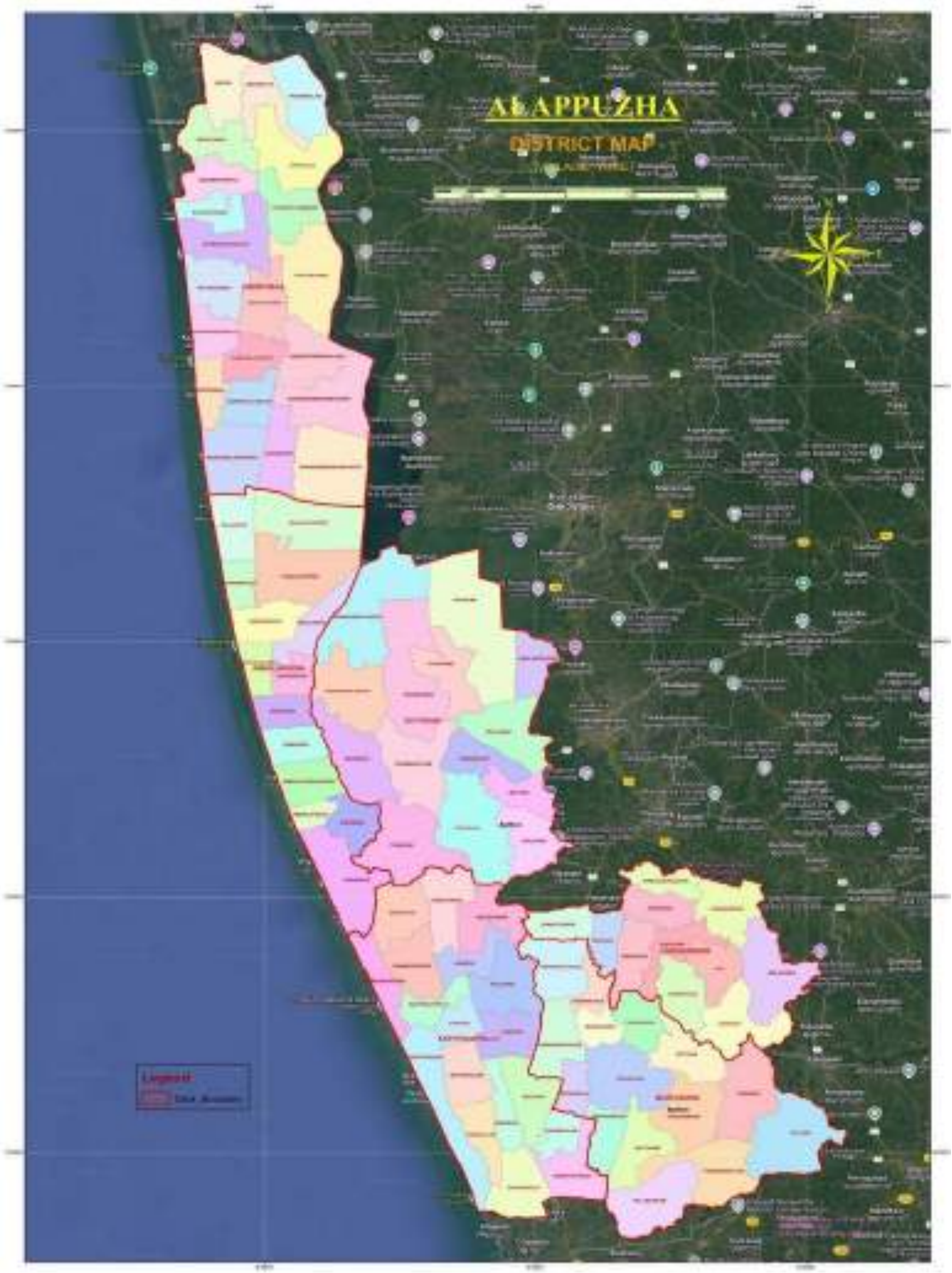
Table 13.6.1 Blood collection

Year	No. of Blood Units Collected
2024–25	20821

Source: District Data

Annexures

Map of Alappuzha



District Profile

District Formation	**1957 August 17**
Area	1415 Sq.Km
Revenue Division	2 (Alappuzha, Chengannur)
Taluks	6 (Cherthala, Ambalappuzha, Kuttanad, Karthikappalli, Chengannur, Mavelikkara)
Villages	93
Municipalities	6 (Cherthala, Alappuzha, Kayamkulam, Harippad, Chengannur, Mavelikkara)
Blocks	12
Panchayats	72
Assembly Constituencies	9
Parliament Constituencies	2
Rivers	Manimala, Pamba, Achankovil
Medical College	1
District Hospital	2
General Hospital	1
Taluk Hospital	5
C.H.C	16
P.H.C	59
Ayurveda Hospital	59

Homeo Hospital	55
High Schools	197
U.P. Schools	156
L.P. Schools	410
H.S.S	135
V.H.S.C.	21
Anganwadis	2150
Tourists (2016)	393515
Registered Industrial units	8830
Transgenders	62
Commercial Banks	371
Per capita income (2015-2016)	130172
Cost component of the state in GSDP (at current prices)	3860438
The length of Roads	1472.334 Km
Vehicles	697203
Akshaya Centres	213

1. Details of PHC

Details of Medical Health Institutions																					
Sl. no	Name of Institution	No of bed	OT	ICU/CCU	Ventilator	CT scanner	MRI	US Scanner	TMT	ECHO	EEG	ECG	Angiogram	Angioplasty	Xray	Laserary	Blood bank	clincal lab	pharmacy	ambulance	ICU ambulance
1	PHC Neelam peroor	1		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
2	PHC Kavalam	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
3	PHC Muttar	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0

4	PHC Ramankary	1	0	0	0	0	0		0	0	0	0	0	0		0	0	1	1	0	0
5	UPHC Thodankulangara	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0
6	UPHC Mangalam	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
7	UPHC Mullathuvalappu	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	1	1 (linked with private)	0

8	UPHC Nehrutrophy	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0
10	PHC Thuravoor South	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
11	PHC Vallethodu	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
12	PHC Haripadu	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
13	PHC Karuvatta	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0

14	PHC Pallippadu	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
15	PHC Kumarapuram	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
16	PHC Chingoli	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
17	PHC Venmoney	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
18	PHC Eramallikara	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
19	PHC Kadamboor	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0

20	PHC Ala	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0
21	PHC Cheriya nad	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0
22	PHC Puliyoor	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
23	PHC Budhan oor	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
24	PHC Mulakuz ha	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0
25	PHC Thazhak ara	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0

26	PHC Chettikulangara	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0
27	PHC Chennithala	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	PHC Kuppappuram	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
29	PHC Thakazhy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
30	PHC Thalavady	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
31	PHC Cheppad	1	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	1	0	0

32	PHC Krishna puram	1	0	0	0	0		0	0	0	0	1	0	0	0	0	0	1	1	1	0
33	PHC Pathiyo or	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0

2. Details of CHC

Details of Medical Health Institutions

Sl. no	Name of Institution	No of bed	OT	ICU/CCU	Ventilator	CT scanner	MRI scanner	US Scanner	TMT	ECHO	EEG	ECG	Angiogram	Angioplasty	Xray	Laser ray	Blood bank	clinical lab	pharmacy	ambulance	ICU ambulance
1.	CHC Ambalappuzha	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
2.	CHC Arookutty	28	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	1	0

3.	CHC Chempumpuram	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0
4.	CHC Kurathikad	24	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0
5.	CHC Muhamma	23	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	1	0
6.	CHC Muthukulam	24	0	0	0	0	0		0	0	0	2	0	0	1	0	0	1	1	0	0
7.	CHC Pandanad	12	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0

8.	CHC Thaneermukkom	24(Function - 12)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	0
9.	CHC Thrikkunnapuzha	SANCTIONED - 1 FUNCTIONING - 6	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	1	0
10.	CHC Veliyanad	30 (3: functional)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1 (BLS)	0

11.	CHC Champakulam	51	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
12	CHC Edathua	36	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
13	CHC Mannar	24	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
14	CHC Perumbalam	26	0	0	0	0	0	0	0		0		0	0	0	0	0	1	1	0	0
15	CHC Thykattussery	15	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0

16	CHC Chunakkara	16	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	1	0
17	CHC Chettikad	18	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	1	0

3. Details of FHC, DH, GH, THQH

DETAILS OF MEDICAL HEALTH INSTITUTIONS																					
Sl. no	Name of Institution	No of bed	OT	ICU/CCU	Ventilator	CT scanner	MRI scanner	US Scanner	TMT	ECHO	EEG	ECG	Angiogram	Angioplasty	X ray	Laser ray	Blood bank	clinical lab	pharmacy	ambulance	ICU ambulance
1	FHC Ezhupunna	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0
2	FHC Aroor	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0
3	FHC Kodamthuruthu	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0

4	FHC Vettaickal	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0
5	FHC Vayalar	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0
6	FHC Pallithodu	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
7	FHC Veeyapuram	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
8	FHC Cheruthana	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0
9	FHC Karthikapally	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0

10	THQH Harippad	150	2	0	0	0	0	0	0	0	0	1	0	0	1	0	0	1	1	1	0
11	CHC Thuravur	55	1	0	0	0	0	0	0	0	0	1	0	0	1	0	0	1	1	2	0
12	FHC Ambalappuzha North	1	0	0	0	0	0	0		0	0	0	0	0	0	0	0	1	1	0	0
13	FHC Punnapra North	4	0	0	0	0	0	0		0	0	1	0	0	0	0	0	1	1	0	0
14	FHC Punappra South	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0

15	FHC Purakkad	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
16	FHC Thottapally	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
17	GH, Alappuzha	400	1	1	1	2	1	2	0	0	0	1	0	0	2	0	0	1	1	1	0
18	W&C, Alappuzha	308	1	0	0	0	0	1	0	0	0	0	0	0	1	0	1	1	1	1	0
19	THQH Pulinkunnu	34	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	1	1	1	0

20	DH Chengannur	90	2	0	0	0	0	1	0	0	0	1	0	0	1	0	0	1	1	2	0
21	FHC Panavally	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
22	FHC Pallippuram	3	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0
23	DH Mavelikkara	347	3	1	15	0	0	2	0	0	0	4	0	0	4	0	1	1	1	3	1 ALS
24	FHC Kadakkarappally	2	0	0	0	0	0	0	0		0	2	0	0	0	0	0	0	1	0	0

25	FHC Kanjikuzhy	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0
26	FHC Mararikulam North	2	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0
27	FHC Thamarakulam	3	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0
28	FHC Bharanikkave	2	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0
29	FHC Palamel	3	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0
30	FHC Aryad	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0

3 1	FHC Vallikunnam	#	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0
#	FHC Nooranad	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
#	FHC Mannancherry	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
#	FHC Kalavoor	#	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	0
3 5	Leprosy Sanatorium in Nooranad	# #	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	1	0

36	THQH Cherthala	213	4(Function- 2)	0	1	1(Not working)	0	1	0	0	0	2	0	0	1	0	0	1	1	2	0
37	FHC Cherthala South	3	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0
38	FHC Devikulangara	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
39	FHC Arattupuzha	10	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0

40	FHC kandalloor	36	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0
41	THQH Kayamkulam	125	1	1	4	0	0	1	0	0	0	1	0	0	1	0	0	1	1	2	

Activities & Achievements under RBSK

National Newborn Week Observation -Experience Sharing of SNCU Discharged Babies

NSSK Training for Medical Officers & Nursing Officers

District Early Intervention Centres (DEIC)

DEIC's "International Day of Persons with Disabilities" was celebrated at Thalolam Buds School, Paravur, in collaboration with the National Health Mission, Alappuzha SD College, NCC Unit, Alappuzha.

The inauguration of the Centre for Disability Management & District Early Intervention Centre (CDM &DEIC), Alappuzha, was performed on 28/10/2024 by the Hon. minister for Education and Social Justice.

IDSP Trainings

Sensitization and capacity building workshop on IHIP and ph act for jhi's

Sensitization and capacity building workshop on rabies for medical officers

Sensitization and capacity building workshop on post- exposure prophylaxis for nursing officers

IHIP review meeting cum training for private hospitals

NACP Activities

Advocacy Meeting and Awareness Program at Kainakary Gram Panchayath

Night Health Camp for Migrants at Kayamkulam

School Kits Provided by Dc with Support of Joy Allukkas Foundation 500 Children

NCD Programmes

Women And Children Hospital Jointly Organized a Programme by Southern Railway Alappuzha Division on the Occasion of World Environment Day on June 5, 2025

Arogyam Anandham Phase 2 Inauguration

NTEP Activities

The Nikshay Awareness Iec Van was Formally Inaugurated by The Minister for Health, Smt. Veena George, In Connection with the 100-Day Campaign to Eradicate Tuberculosis. Alappuzha

Infrastructural Development

construction of the second floor of the casualty block at THQH Kayamkulam under the laqshya initiative, featuring 10,000 sq. Ft. Of built-up area, a modular operation theatre, medical gas pipeline system, and a 20-passenger bed lift.

Health Institutions - Alappuzha

Name of the Block/ Municipality	Name of the institution
Arookutty	CHC Arookutty
	CHC Perumbalam
	CHC Thycattussery
	PHC Pallippuram (24X7)
	PHC Panavally
Thuravoor	PHC Aroor (24X7)
	PHC Ezhupunna (24X7)
	PHC Kodamthuruthu
	PHC Pallithode (24X7)
	PHC Thuravoor South
	PHC Vallethode
	PHC Vayalar (24X7)
	PHC Vettackal (24X7)
	Taluk Hospital Thuravoor
Muhamma	CHC Muhamma
	CHC Thanneermukkom
	PHC Cherthala south (24X7)
	PHC Kadakkarappally
	PHC Kanjikuzhy
	PHC Mararikulam North
Chettikad	PHC Aryad
	PHC Kalavoor (24X7)
	PHC Mannancherry
	THQH Chettikad
Ambalapuzha	CHC Ambalapuzha

	PHC Ambalapuzha North
	PHC Punnappra North
	PHC Punnappra South
	PHC Purakkad
	PHC Thottappally
Thrikkunnapuzha	CHC Thrikkunnapuzha
	GFH Pallana
	PHC Cheruthana
	PHC Chingoli
	PHC Haripad
	PHC Karthikappally (24X7)
	PHC Karuvatta (24X7)
	PHC Kumarapuram
	PHC Pallipad
	PHC Veeyapuram
	TB Clinic Karuvatta
Muthukulam	CHC Muthukulam
	GFD Arattupuzha
	PHC Arattupuzha (24X7)
	PHC Cheppad
	PHC Devikulangara
	PHC Kandalloor (24X7)
	PHC Krishnapuram
	PHC Pathiyoor
Chunakkara	CHC Chunakkara
	LS Nooranad
	PHC Bharanikavu
	PHC Nooranad (24X7)

	PHC Palamel
	PHC Thamarakulam
	PHC Vallikunnam (24X7)
Pandanad	CHC Pandanad
	CHC Mannar
	PHC Ala
	PHC Budhanoor
	PHC Cheriyanad (24X7)
	PHC Eramallikkara
	PHC Kadampoor
	PHC Mulakuzha
	PHC Puliyoor
	PHC Venmony
Veliyanad	CHC Veliyanad
	PHC Kavalam
	PHC Muttar
	PHC Neelamperoor
	PHC Ramankary
	THQH Pulincunnu
Chempumpuram	CHC Champakulam
	CHC Chempumpuram
	CHC Edathua
	PHC Kuppapuram
	PHC Thakazhy (24X7)
	PHC Thalavady
Kurathikad	CHC Kurathikad
	PHC Chennithala
	PHC Chettikulangara (24X7)

	PHC Thazhakara
Alappuzha Municipality	General Hospital, Alappuzha
	KMSCL Alappuzha
	MCH Vandanam
	TB Center Alappuzha
	W&C Hospital
Kayamkulam Municipality	THQH Kayamkulam
Chengannur Municipality	DH Chengannur
Cherthala Municipality	THQH Cherthala
Mavelikkara Municipality	DH Mavelikkara
Haripad Municipality	THQH Haripad

District Hospital

DH Chengannur

Women and Child Hospital

Sub District Hospitals

TH Thuravur

Institutions: Block wise

1. **AROOKUTTY BLOCK**

CHC Perumbalam

CHC Thycattussery

FHC Pallipuram

FHC Panavally

AMBALAPPUZHA BLOCK

CHC Ambalappuzha

FHC Thottapally

FHC Punnapra South

FHC Punnapra North

UHTC Ambalapuzha

FHC Ambalapuzha North

FHC Purakkad

CHETTIKAD BLOCK

RHTC Chettikad

FHC Kalavoor

FHC Mannancherry

PHC Aryad

CHEMPUMPURAM BLOCK

PHC Thottuvaathala

CHUNAKKARA BLOCK

CHC Chunakkara

FHC Bharanicavu

FHC Palamel

FHC Nooranad

FHC Thamarakulam

FHC Vallikunnam

KURATHIKAD BLOCK

FHC Chennithala

CHC Kurathikad

FHC Chettikulangara

FHC Thazhakkara

MUHAMMA BLOCK

FHC Muhamma


FHC Thanneermukkom

FHC Cherthala South

PHC Kadakkarappally

Mararikulam North

FHC Kanjikkuzhi

PANDANAD BLOCK

CHC Mannar

CHC Pandanad

FHC Ala

FHC Budhanoor

FHC Cheriyanad

FHC Eramallikkara

FHC Kadampoor

FHC Mulakuzha

FHC Puliyoor

FHC Venmony

THRIKKUNNAPUZHA BLOCK

CHC Thrikkunnapuzha

FHC Cheruthana

FHC Karthikapally

FHC Veeyapuram

GFH Pallana

PHC Chingoli

PHC Haripad

PHC Karuvatta

PHC Kumarapuram

PHC Pallipad

TB Clinic Karuvatta

THURAVOOR BLOCK

THQH Thuravoor

FHC Ezhupunna

PHC Vayalar

PHC Kodamthuruth

PHC Vallethode

VELIYANAD BLOCK

FHC Kavalam

FHC Ramankary

PHC Muttar

PHC Neelamperoor

UPHC

UPHC Nehrutrophy

UPHC Mangalam

UPHC Cheravally

UPHC Thondankulangara

UPHC Mullathuvalapp

UPHC Karuva

List of Contributors - District Health Intiative

Name of Officer/Staff /Staff	Designation	Office (DMO/NHM)	Role in Preparation (Data Compilation / Analysis / Drafting / Review / Coordination etc.)	Mobile Number	Email ID
Dr. Jamuna Varghese	DMO	DMO(H)	Review	9946105477	dmohalppy@yahoo.co.in
Dr. Koshy C Panicker		NHM	DPM	9946105478	dpmalp@gmail.com
Dr. Anu Varghese	Dy. DMO	DMO(H)	Review, Drafting	9495883545	npcdcsalp@gmail.com
				8547373234	idspalpy@yahoo.com
Dr. Parvathy Prasad	RCH Officer	DMO(H)	Review, Drafting	9497544598	rchalp2021@gmail.com
Dr. Ananth Mohan	Dy. DMO	DMO(H)	Review, Drafting	9496334980	
Dr. Geena	MO	Chettikad	Review, Drafting	9400792925	geenaraphel@gmail.com
Dr. Alyssa Maria Prince	JC (M&E)	NHM	Data Compilation, Analysis, Drafting, Review	8547515128	
Mr. Agnel Joseph	Consultant (D&C)	NHM	Data Compilation, Analysis, Drafting, Review	9946105778	jcalppy@gmail.com
Mrs. Ashmi Ahammed	Consultant (MIS)	NHM		9745401525	misalappuzha@gmail.com
Dr. Chitra Indira	Dy. Mass Media Officer	DMO(H)		9447496634	massmediaalpy@gmail.com
Rajani	Mass Media Officer	DMO(H)		9495938423	massmediaalpy@gmail.com
Mr. Anil Kumar	Statistical Assistant	DMO(H)		9446339398	dmostatalappuzha@gmail.com
Mrs. Smitha	Statistical Assistant	DMO(H)		9447975561	dmostatalappuzha@gmail.com