Department of Health and Family Welfare
Government of Kerala
Annexe II, Secretariat
Thiruvananthapuram
Kerala-695001
Kerala HEALTH

December 2025

HEALTH@ERNAKULAM

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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)
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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 Ernakulam. 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 Ernakulam.

I appreciate the works done by the District Medical Officer, District Project Manager and health functionaries of Ernakulam 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. Ernakulam documentation was a bit of a challenge due to individual vis-à-vis larger team issue. However, it is a learning for all that 'each one is part of the whole' i.e. collective efforts and team work is essential to achieve the result. The draft went through series of discussions including aesthetics of presentation and the draft was finalized.

The book **Health@Ernakulam** 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 vital health statistics of the district. The output and outcome indicators will give all information regarding the efficacy of the 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 the officials of all 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@Ernakulam** will be a resource book for health functionaries, researchers, students as well as to people to understand the developments in health sector in Ernakulam. 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 Asha Devi, DMO Ernakulam, Dr Precelin George, DPM Ernakulam 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 Ernakulam 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
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സന്ദേശം

സംസ്ഥാന ആരോഗ്യ വകുപ്പ് ജില്ലാ അടിസ്ഥാനത്തിൽ 2024 -25 വർഷത്തെ പ്രവർത്തനങ്ങൾ ക്രോഡീകരിച്ച 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

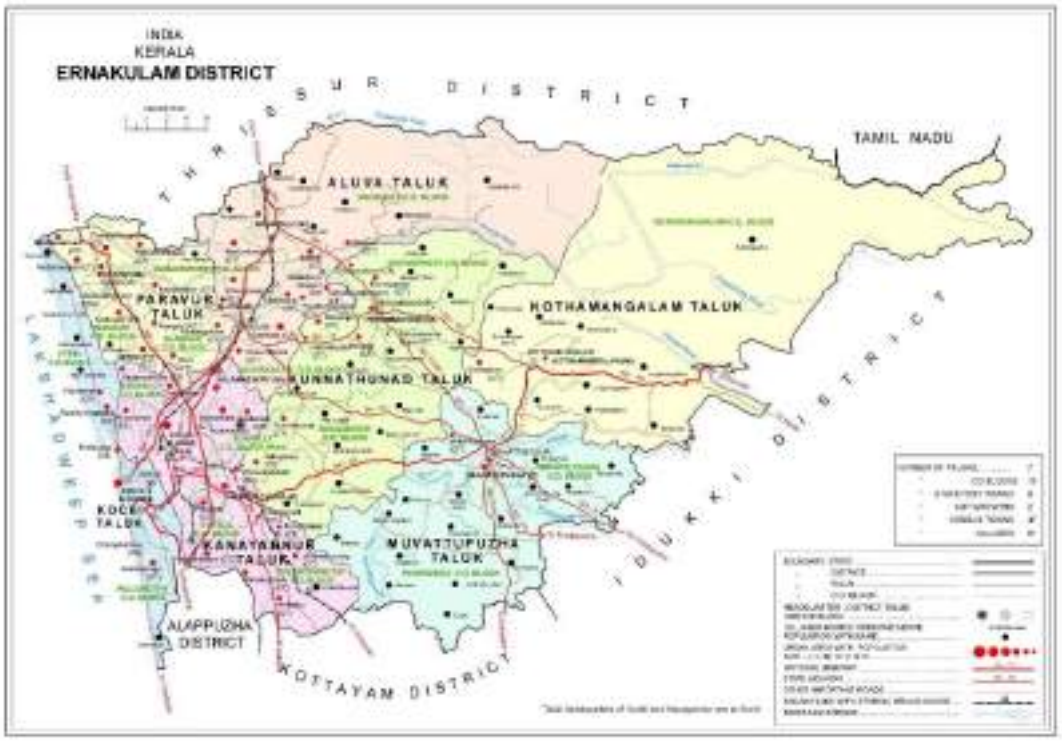
CHAPTER 1
DISTRICT OVERVIEW

1.1 Introduction

Ernakulam District is situated almost at the centre of Kerala State along the coast of the Arabian Sea and was formed on 1st April 1958. The district is best known for Kochi, a palm-green commercial city endowed with one of the finest natural harbours in the world. The harbour serves as the nucleus around which Kochi and its surrounding regions have developed, earning it the title "Queen of the Arabian Sea." Kochi is regarded as the commercial capital and the most cosmopolitan city of Kerala. Ernakulam shares its borders with Thrissur District in the north, Idukki in the east, Alappuzha and Kottayam in the south, and the Lakshadweep Sea in the west. A small portion of its northeastern boundary also touches the Tamil Nadu border. The district ranks fourth in the state in terms of area, covering 3,068 sq. km, which accounts for about 7.89% of Kerala's total geographical area. It is also recognized as one of the most industrially advanced districts in the state, housing major establishments such as the Cochin Port Trust, Cochin Shipyard, and Info Park. The Periyar River, Kerala's second-longest river, flows through all taluks of the district except Muvattupuzha. The Muvattupuzha River and a branch of the Chalakkudy River also enrich the region, contributing to its fertile landscape and ecological balance. Ernakulam enjoys an optimal tropical climate and largely lies within the Malabar Coast moist forests ecoregion, while its highlands form part of the South Western Ghats moist deciduous forests ecoregion. In the health sector, Ernakulam is a frontrunner in implementing various national and state-level health programs. The district has a robust network of healthcare institutions, including General Hospitals, District Hospitals, Taluk and Community Health Centres, Primary Health Centres, Urban Primary Health Centres, and Ayushman Arogya Mandirs (Sub Centres).

1.2 Administrative Division

Fig 1.2.1 -Geographical Map of Ernakulam



**Source-Census Handbook*

Table 1.2.1 describes the administrative divisions in Ernakulam district. Kakkanad is the headquarters of the district. The district comprises two Revenue Divisions, seven taluks and 124 Villages. The two revenue divisions are Muvattupuzha and Fort Kochi. Muvattupuzha Revenue Division consists of 53 villages of Kothamangalam, Muvattupuzha, Kunnathunad taluks and Fort Kochi Revenue Division consisting of 71 villages of Aluva, Paravur, Kochi and Kanayannur taluks. There are 14 Assembly Constituencies that consist of 4 Parliament Constituencies. The district has 1 Corporation, 13 Municipalities and 14 Block Panchayath comprising a total of 82 Grama Panchayats.

Table 1.2.1- Administrative Divisions in Ernakulam

Sl. No	Category	Number
1	No of Revenue Division	2
2	No of Taluks	7
3	No of Parliament Constituencies	4
4	No of Legislative Assembly Constituencies	14
5	No of Village	127
6	No of Block Panchayath	14
7	No of Grama Panchayath	82
8	No of Corporation	1
9	No. of Municipalities	13

**Source -ernakulam.nic.in*

1.3 Demographic Profile of the District

Ernakulam district is a densely populated and highly urbanized region with a population of over 3.2 million people, a high literacy rate (95.89%), and a sex ratio of 965 females per 1000 males. The largest religious community is Hindus (46.53%), followed by Christians (38.78%) and Muslims (14.55%), and it is considered Kerala's most advanced district due to its high level of urbanization.

1.3.1 Population Size and Density

As per the 2011 Census of India, the population of Ernakulam district was 3,282,388, and the population density was 1,069 person per square kilometre. The district is one of the most densely inhabited regions of Kerala, with a high degree of urbanization. This section includes population distribution, decadal growth, density of population and urban-rural difference in the district

Table 1.3.1 shows the distribution of population over the years. The district has witnessed steady demographic changes over the past century, with consistent population growth, urban expansion, and increased population density. Ernakulam district has shown a steady increase in population from 7.35 lakhs in 1911 to 32.82 lakhs in 2011.

Table 1.3.1 Population Distribution of District (1911-2011)

Year	Total	Male	Female
1911	735,267	369,410	365,857
1921	789,311	400,838	388,473
1931	982,731	492,759	489,972
1941	1,172,292	587,688	584,604
1951	1,393,679	694,116	699,563
1961	1,702,740	851,836	850,904
1971	2,170,820	1,092,071	1,078,749
1981	2,549,255	1,276,361	1,272,894
1991	2,840,279	1,420,424	1,419,855
2001	3,105,798	1,538,397	1,567,401
2011	3,282,388	1,619,557	1,662,831

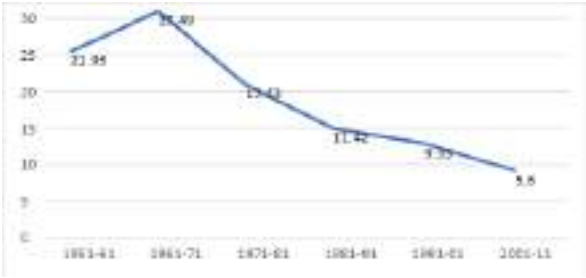
**Source- Census of India*

1.3.2 Decadal Population Growth of the District

The population of Ernakulam district has increased steadily from 1911 to 2011. The highest growth was recorded during 1961–1971 (27.49%), reflecting rapid urbanization and industrial development around Kochi. However, from 1981 onwards, the growth rate gradually declined, reaching 5.68% during 2001–2011**,** in line with Kerala's overall demographic transition towards lower fertility and stabilized population growth. This trend highlights improvements in education, health, and socio-economic conditions

across the district.

Graph 1.3.2 Decadal Population Growth of District

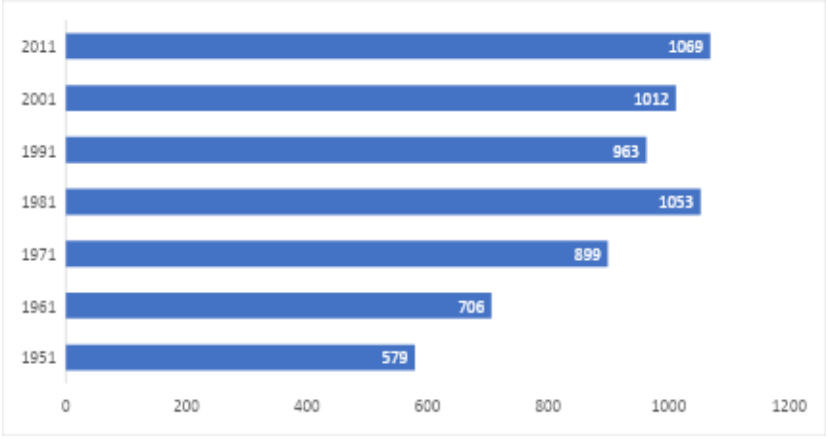


**Source- Census of India*

1.3.3 Density of Population per sq. km in Ernakulam

The population density of Ernakulam district has shown a consistent upward trend from **1951 to 2001**, reflecting rapid urbanization and industrial growth, particularly around the district.

Graph1.3.3- Density of Population per sq. km in Ernakulam (1951-2011)



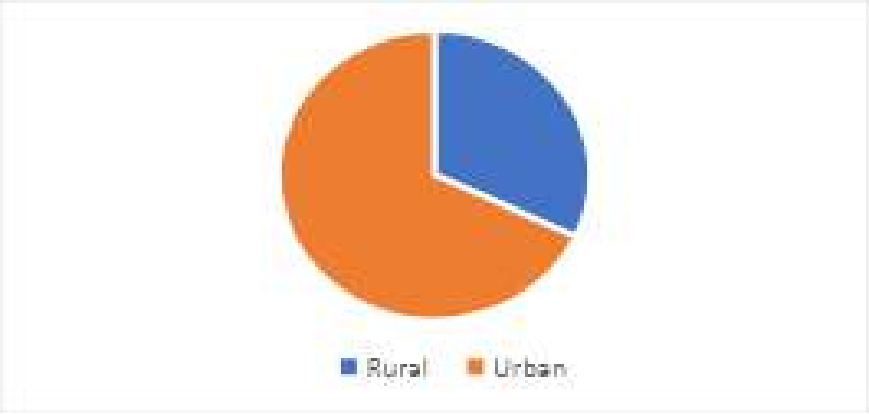
**Source- Census of India*

1.3.4 Population – Urban-Rural Distribution in Ernakulam District (2011)

As per the 2011 Census, Ernakulam district is highly urbanized, with about 87.2% of its population residing in urban areas and only 12.8% living in rural regions. This stark

contrast reflects the district's position as Kerala's commercial and industrial hub**,** centred around Kochi, which attracts large-scale migration and economic activity. The dominance of the urban population highlights improved infrastructure, employment opportunities, and better access to education and healthcare facilities, while rural areas remain comparatively less populated but well-connected and service-oriented.

Graph1.3.4 Population - Urban Rural Distribution in Ernakulam District (2011)

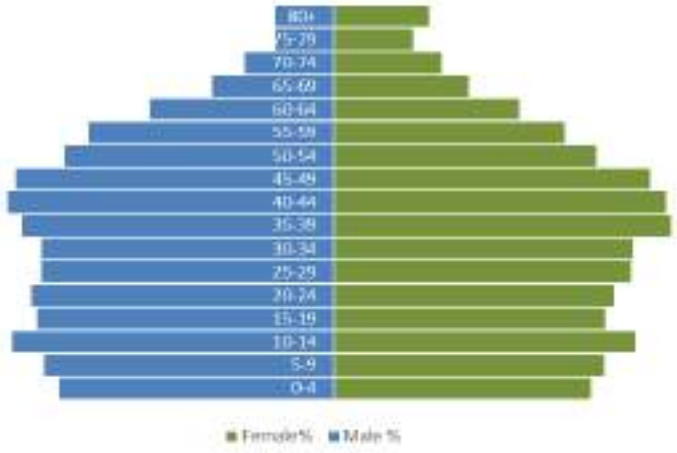


**Source- Census of India*

1.4 Age and Sex Distribution

The Graph 1.4.1 shows the population pyramid of Ernakulam district. This reveals a progressive demographic transition. The base of the pyramid (0–14 years) is narrower, indicating a declining birth rate, while the middle and upper age groups (35 years and above) are broader, showing an ageing population structure. The proportion of females is slightly higher in older age groups (above 60 years), consistent with Kerala's trend of higher female life expectancy. This age–sex pattern highlights low fertility, improved healthcare, and longevity, typical of an advanced demographic profile.

Graph 1.4.1 Age and sex Distribution of Population in Ernakulam District



**Source-Census of India*

1.4.1 Sex Ratio at Birth

The Table 1.4.1 shows the sex ratio at birth. Ernakulam district has shown a positive trend over the past five years, increasing from 967 in 2020–2021 to 1,019 in 2024–2025.

Table 1.4.1 Sex Ratio at Birth

year	Sex ratio at birth
2020-2021	967
2021-2022	970
2022-2023	960
2023-2024	978
2024-2025	1019

Source: HMIS

1.4.2 Sex Ratio

The Table 1.4.2 shows that the sex ratio in Ernakulam district has improved steadily over the past decades, rising from 1000 females per 1000 males in 1991 to 1027 females per

1000 males in 2011.

Table 1.4.2 Sex Ratio

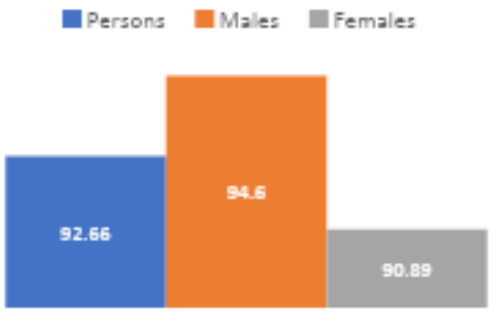
Year	Sex ratio
1991	1000
2001	1019
2011	1027

Source: Census book India

1.5 Literacy Rate

The Graph 1.5.1 shows the literacy rate in Ernakulam, which is approximately 95.89% based on 2011 census data, with male extra space literacy at 94.6% and female literacy at 90.8%.

Graph 1.5.1 Literacy Rate of the Ernakulam District



**Source-Census of India*

1.6 Vulnerable Population Groups in the District

The Table 1.6.1 shows, the Scheduled Caste (SC) population in Ernakulam as 268,411, making up 8.2% of the total district population, while the Scheduled Tribe (ST) population is 16,559, or 0.5%.

Table1.6.1 SC/ST Population of Ernakulam District

Category	Male	Female	Total
SC	131573	136838	268411
ST	8349	8210	16559

**source -Census of India*

CHAPTER 2

DISTRICT HEALTH DASHBOARD

<table>
<tr><th colspan="6">District at a Glance</th></tr>
<tr><th colspan="2">Administrative Divisions</th><th colspan="2">Population</th><th colspan="2">Area</th></tr>
<tr><td colspan="2">Taluks – 7
Villages – 127
Municipalities – 13
Corporation – 1
Block Panchayaths- 14
Grama Panchayaths – 82
  </td><td colspan="2">Population as per Census 2011 – 3,282,388
Male – 1,619,557
Female – 1,662,831
 
3282388</td><td colspan="2">Total Area (sq. km) – 3,068
Population Density (persons per sq. km) – 1,069
Decadal Population Growth Rate – 5.6
  </td></tr>
<tr><th colspan="6">Healthcare Infrastructure</th></tr>
<tr><th colspan="2">District Level Hospitals</th><th colspan="2">Sub District Level Hospitals</th><th colspan="2">Community Health Centres</th></tr>
<tr><td>DH – 1
GH – 2
W&C – 1</td><td>4
  </td><td>THQH – 5
TH – 6</td><td>11
  </td><td>Total CHC – 24
(Converted to FHC – 2
UCHC – 1)</td><td>24
  </td></tr>
</table>

Primary Health Centres		Janakeeya Arogya Kendram		Other Institutions	
Total PHC – 90 (Converted to FHC – 75 UPHC – 15)	90	JAK- - 411	411	School of Nursing – 1 PH Lab – 1 DVC Units – 1	Blood Bank – 25 Public – 3 Private -22 Blood Storage Unit – 20

Reproductive, Maternal, and Child Health Services 2024-25

Pregnant Women Registration: 2024-25

The number of pregnant women in Ernakulam shows a sharp decline post-COVID

28577

Pregnant Women- Anaemia 2024-25

17% pregnant women were identified as anaemic through VIVA testing.

17%

Rising C-Section Rates in the district 2024-25

Ernakulam continues to maintain a high C-section rate in both public and private sectors

52.55%

Maternal Deaths 2024-25

Total Maternal Deaths Reported in the District - 3

3

Preterm Births 2024-25

The proportion of preterm births in the district -

13.1 %

Underweight Newborns 2024-25

The proportion of newborns weighing less than 2.5 kg in the district -

16.9 %

Delivery 2024-25

Institutional Delivery in the district – 27,466
Public – 6,207
Private – 21,259

Home Delivery 2024-25

Home Delivery Reported in the district – 24

Live Birth 2024-25

Total Live Birth – 28024
Male – 14261
Female – 13762
Sex Ratio at Birth – 1019

CHILD IMMUNIZATION 2024-25

% Birth Dose	6 Weeks Vaccines Coverage (%)	10 Weeks Vaccines Coverage (%)
Hep B0 – 99 **OPV 0 – 99** **BCG – 100**	OPV1 – 99 Penta 1 - 99 Rota 1 - 99 PCV1 - 99 IPV 1 - 99	OPV2 - 99 Penta 2 - 99 Rota 2 - 99
% 14 Week Vaccines	**% Children Fully Immunized**	**MR 2 Coverage (%)**
OPV3 - 99 Penta 3-99 Rota 3 – 99 IPV 2 - 99 PCV2 - 97	MR1 – 99% FULLY IMMUNIZED - 98 (children aged betwee 9 and <12 months)	**MR2 – 97%**

Communicable diseases reported in the district 2024

Cases Reported
Dengue- 4,823
Malaria- 143
Chikungunya- 1
23
Dengue Death

Cases Reported
Kala Azar-0
Scrub Typhus -8
Leptospirosis-414
21
Leptospirosis Death

Cases Reported
Cholera - 3
Typhoid- 41
Acute Diarrheal Disease – 45,635
1
ADD Death

Communicable diseases reported in the District 2024

Chicken Pox Cases- 2294
M Pox Cases-1
Chicken Pox Death

Rabies Cases Reported- 3
Shigella cases-13
3
Rabies Death

Cases Reported
Hepatitis A - 765
Hepatitis B- 260
Hepatitis C- 87
Hepatitis E - 2
11
Hepatitis A Death

CHAPTER 3

HEALTH INFRASTRUCTURE PROFILE OF THE DISTRICT

3.1 Details of Health Facilities in Ernakulam

In Ernakulam, a total of 600 health institutions are functioning, comprising 131 health facilities at the PHC to DH level, 411 Janakeeya Aarogya Kendrams (JAK), and 58 Urban Health and Wellness Centres. In addition, there are 3 Mobile Medical Units (MMUs) functioning in the district.

Table 3.1.1 Number of Health Institutions in Ernakulam

Type of Health Institution/Facility	Total No. in the district
General Hospital	2
District Hospital	1
W&C	1
Taluk Head Quarters	5
Taluk Hospital	6
Community Health Centre	24
CHC Converted to FHC	*2*
UCHC	*1*
PHC	90
PHC Converted to FHC	*75*
UPHC	*15*
District TB Centre	1
General Dispensary	1

JAK	411
UHWC	58
MMU	3

**Source –District Data*

3.2 Bed Strength in Different Health Facilities

Ernakulam district has a diverse healthcare infrastructure comprising 600 health institutions and facilities, with a total sanctioned bed strength of 4518. The district hosts 2 General Hospitals (1,049 beds), 1 District Hospital (217 beds), and 11 Taluk/Taluk Head Quarter Hospitals (1,453 beds), forming the backbone of secondary and tertiary care. Specialised centres such as the District TB Centre and Women & Children's Hospital (132 beds) add targeted services, while 24 Community Health Centres (775 beds) and 90 Primary Health Centres (892 beds) provide accessible primary and preventive care. Additionally, the district is supported by 3 Mobile Units, 411 Janakeeya Arogya Kendrams (JAK), 1 Dispensary and 58 Urban Health & Wellness Centres, enhancing outreach and community-based health services.

The table 3.2.1shows the details of bed strength available in health facilities in Ernakulam district.

Table 3.2.1 Bed strength in different health facilities

Type of Health Institution/Facility	Total No. in the District	BED STRENGTH
General Hospital	2	1049
District Hospital	1	217
W&C	1	132
TH/THQH	11	1453
Community Health Centre	23	775

UCHC	1	0
Primary Health Centre	75	892
UPHC	15	0
District TB Centre	1	0
Mobile Unit	3	0
JAK/HWC	411	0
UHWC	58	0
General Dispensary	1	0

**Source -DHS*

3.3 Health Facilities in Urban and Rural areas

Ernakulam district has a well-distributed healthcare network, with a total of 600 facilities catering to both rural and urban populations. Most primary and community-based services are concentrated in rural areas, including 75 Primary Health Centres, 23 Community Health Centres, 411 JAK/HWCs, and 3 Mobile Units. Urban areas host major hospitals and specialised centres, including 2 General Hospitals, 1 District Hospital, 1 Women & Children's Hospital, 15 UPHCs, 58 UHWC, and 11 Taluk Hospitals, ensuring accessible healthcare across the district.

The Table 3.1.1 shows the details of health facilities under rural and urban areas of Ernakulam district

Table 3.3.1 Health Facilities in Urban and Rural area

Type of Health Institution/Facility	**Total No in the District**	**No. Of Health Facilities**	
		rural	**urban**
General Hospital	2	0	2

**Source - DHS*

District Hospital	1	0	1
District TB Centre	1	0	1
Taluk Head Quarters	5	0	5
Community Health Centre	23	21	2
Primary Health Centre	75	66	9
Mobile Unit	3	2	1
JAK/HWC	411	353	58
W&C	1	0	1
Taluk HQ Hospital	6	2	4
UCHC	1	0	1
UPHC	15	0	15
UHWC	58	0	58

3.4 Health Facilities Converted to FHC

As of 31st March 2025, Ernakulam district has converted 61 Primary Health Centres and 2 Community Health Centres into fully functional Family Health Centres (FHCs), with civil work completed for all these facilities.

Table 3.4.1 shows total number of facilities converted to FHC and Total number of FHC and total number of FHC completed civil work as on 31st March 2025 in Ernakulam district.

Table 3.4.1 Total Number. 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	75	61
CHC	2	2

**Source - DHS*

3.5 Delivery Points in the District

Ernakulam district has a total of 83 delivery points, including 10 public facilities—1 MCH, 2 General Hospitals, 1 District Hospital, 5 Taluk Headquarter Hospitals, and 1 Women & Children's Hospital—and 73 private facilities, ensuring widespread maternal and child healthcare services. Table 3.5.1 Shows the number of delivery Points in public and private sectors in the district.

Table 3.5.1 Number of Delivery Point in the District

Type of Health Institution/Facility	Number of Delivery Point	
	Public	Private
MCH	1	73
GH	2	
DH	1	
THQH	5	
W&C	1	

**Source -Statistics Division DHS*

3.6 NQAS Accredited Facilities

Ernakulam district has made steady progress in quality certification under NQAS, with several facilities achieving state and national recognition. Out of the total institutions, 3 have received state-level certification and 24 are nationally certified. Notably, 1 District Hospital, 1 Taluk Headquarters Hospital, 4 CHCs, 9 PHCs, 6 UPHCs, and 3 Ayushman Arogya Mandirs (Sub Centres) have achieved national-level certification, reflecting ongoing efforts to enhance quality standards in healthcare delivery.

Table 3.6.1 NQAS Accredited facilities (31st March 2025)

Type of Health Institution/Facility	Total no. of Institution/Facility	State Certified	Nationally certified
GH	2	0	1
DH	1	1	0
THQH	6	0	1
TH	5	0	0
CHC	23	0	4
PHC	75	0	9
UPHC	15	1	6
AAM-SC	411	0	3

**Source –District Data*

CHAPTER 4

HUMAN RESOURCE PROFILE OF THE DISTRICT

4.1. Health Human Resource - Major Indicators

The table highlights key health infrastructure indicators of Ernakulam district based on Census 2011 data. The bed–population ratio of 1:726 reflects fairly good availability of hospital beds for the population. With one doctor for every seven beds and one doctor per 5,620 people, the district demonstrates a moderate level of medical staffing and healthcare accessibility.

Table 4.1.1 Major Indicators

Indicator	Ratio
The bed population ratio (based on Census 2011 population)	1:726
The average Doctor bed ratio	1:7
Doctor population ratio (based on Census 2011 population)	1:5620

**Source- Census 2011 and Statistical Division DHS*

4.2 Availability of Medical Officers and Speciality Medical Officers

The total number of sanctioned Medical Officer (MO) posts in Ernakulam district is 584**,** distributed across various categories. Among these, 357 are in the General category, 204 in Speciality, and 4 in Super Speciality. Additionally, 19 posts are sanctioned under the administrative category, ensuring effective management and coordination of health services.

Table 4.2.1: Details of Medical Officers Sanctioned under DHS in the District

Category	Sanctioned
Administrative	19
General	357
Speciality	204
Super Speciality	4
Total MOs	584
**Source-statistical division DHS*	

4.3 Number and Distribution of Healthcare Professionals under DHS

The total number of sanctioned posts in the health sector of Ernakulam district is 4,790**,** covering various healthcare and support service divisions. The Nursing Service constitutes the largest workforce with 1,025 sanctioned posts, followed by Doctors (General Cadre) with 357 and Public Health staff with 425 positions. This diverse distribution of human resources ensures comprehensive delivery of medical, public health, and administrative services across the district.

Table 4.3.1 Number and Distribution of Healthcare Professionals under DHS

Category/Division	Sanctioned
Doctors (Administrative Cadre)	19
Doctors (General Cadre)	357
Doctors (Speciality)	204
Doctors (Super Speciality)	4
Nursing Service	1025

JPHN To MCH Officer	523
JPHN/Nursing School	9
Dental	23
Lab (General)	119
Pharmacy & Medical Supply	221
Leprosy	9
Public Health	425
TB	10
Ophthalmology	34
Transport	6
Others	1,802
Grand Total	4,790

**Source-Statistical Division DHS*

4.4 Health Human Resource under NHM August 2025

A total of 1,659 sanctioned posts are available across various categories in the district health system. The paramedical staff form the largest group with 1,092 positions, followed by ministerial and technical staff. The presence of administrative, medical, and support staff ensures the smooth functioning and efficient delivery of healthcare services at all levels.

Table 4.4.1 Health Human Resource under NHM August 2025

Sl. No	Category	No. Of Sanctioned Posts
1	MO Administrative Cadre	1

2	MO General Cadre	239
3	MO Specialty	32
4	Ministerial Staff	136
5	Paramedical Staff	1,092
6	Technical Staff	137
7	Others	22
8	**Total**	**1,659**

**Source - HMIS*

CHAPTER 5

MATERNAL AND CHILD HEALTH PROGRAMME

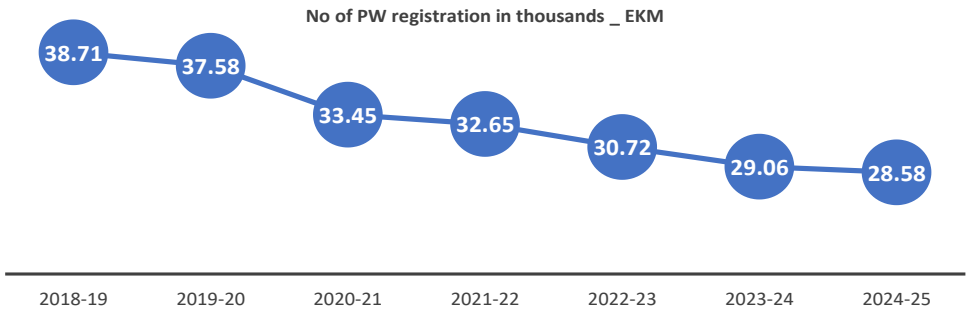
5.1 Introduction

Maternal and child health (MCH) focuses on the health and well-being of women and child. Key components include ensuring safe pregnancies through prenatal care, skilled delivery during childbirth, and postpartum support, alongside family planning, reproductive health, and the health of newborns, infants, and adolescents. Improving MCH is crucial for reducing mortality and morbidity and is a significant area of public health that requires access to quality healthcare services. Various health services and programs aimed at ensuring the well-being of mothers and their children from pregnancy through childbirth and early childhood. This chapter focus on the status of maternal and child health progress of Ernakulam district.

5.2 - Pregnant Women Registration

In Ernakulam, the number of pregnant women (PW) registrations has shown a steady decline over the years. In 2018-19, a total of 38.71 thousand registrations were reported, which gradually decreased to 28.58 thousand by 2024-25. This consistent downward trend indicates a reduction of nearly 26% over the seven-year period

Graph 5.2.1: Trend in number of PW registration in EKM

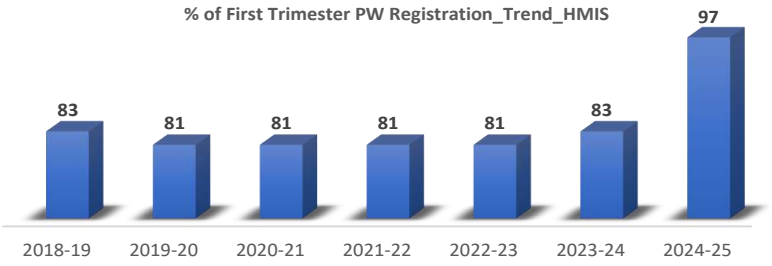


Source: HMIS

5.3 Early Initiation of Antenatal Care

In Ernakulam district, the percentage of first-trimester pregnant women registrations remained steady at around **81%** from 2019-20 to 2022-23, showed a slight increase to **83%** in 2023-24, and rose significantly to **97%** in 2024-25.

Graph 5.3.1 – Percentage of First Trimester PW Registration Trend _HMIS



Source – HMIS

5.4 – Td Vaccination status of Pregnant women

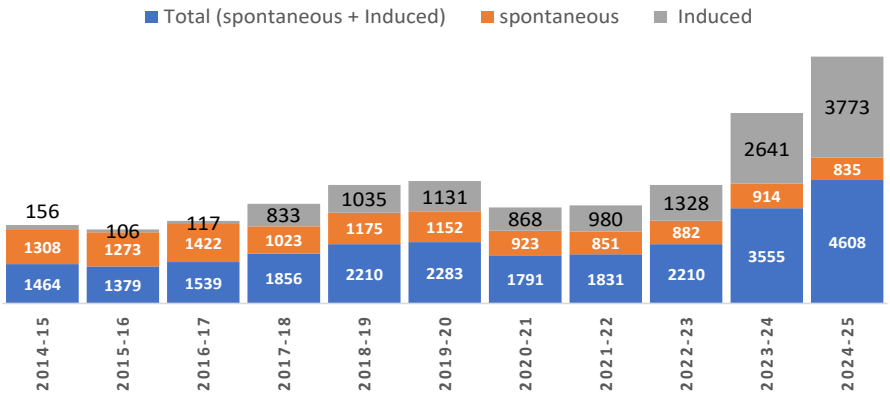
Table 5.4.1 - Td Vaccination Status of Pregnant Women –(HMIS) 2024-25

District	No of PW
No of PW registered for ANC	28577
No of PW given Td1	28271
No of PW given Td2	22932
No of PW given Td Booster	2954

In Ernakulam district during 2024-25, a total of 28,577 pregnant women were registered for antenatal care. Among them, 28,271 received Td1 vaccination, 22,932 received Td2, and 2,954 were given the Td booster dose, as per HMIS data.

5.5- Abortion

Graph 5.5.1: Trend in Abortions Reported from Public and Private Facilities, 2014-15 to 2024-25



Source: HMIS

The total number of abortions (spontaneous and induced) among pregnant women has shown a fluctuating but overall increasing trend over the years. From 1,464 cases in 2014-15, the total rose steadily to 4,608 in 2024-25. While spontaneous abortions have remained between 800 and 1,400 cases annually, induced abortions have shown a sharp increase in recent years — from 156 in 2014-15 to 3,773 in 2024-25.

5.6 - Family Planning

The data from 2020-21 to 2024-25 show a declining trend in both male and female sterilizations reported in Ernakulam district. NSV continues to remain very low, while laparoscopic, mini-lap, PPS, and PAS sterilizations have also shown a reduction over time. PPS remains the most commonly reported method, though the numbers have decreased from 4,667 in 2020-21 to 2,308 in 2024-25.

Table 5.6.1 Male and Female sterilizations reported in HMIS from 2014-15 to 2024-25

Period	NSV	Laparoscopic sterilizations	Mini-lap sterilizations	PPS	PAS
2020-21	0	688	271	4667	149
2021-22	12	871	224	4100	76
2022-23	53	1340	212	4259	100
2023-24	37	831	249	2636	312
2024-25	24	622	153	2308	185
Source: HMIS					

The number of IUCD insertions reported in Ernakulam district shows fluctuations over the past five years. Total IUCD insertions ranged from 1,506 in 2021-22 to 2,228 in 2022-23, showing no consistent upward or downward trend. PPIUCD and PAIUCD insertions also varied during this period, with both showing a slight decline in 2024-25 compared to previous years. Overall, IUCD performance in the district indicates variable uptake with a marginal decrease in post-partum and post-abortion insertions in the latest year.

Table 5.6.2: Number of IUCD, PPIUCD, and PAIUCD Insertions Reported in Ernakulam District, 2020-21 to 2024-25_ (Public & Private)

Period	IUCD	PPIUCD	PAIUCD
2020-21	1624	142	91
2021-22	1506	211	118
2022-23	2228	113	94
2023-24	1713	111	135
2024-25	1964	102	36

Source:HMIS

The number of combined oral pill cycles distributed has increased in recent years, reaching 7,449 in 2024-25. Condom distribution has remained relatively stable, with minor variations between years. The supply of Centchroman (weekly) pill strips has shown an overall increase, while the distribution of Emergency Contraceptive Pills (ECP) has remained low and fairly constant. Overall, the data indicate consistent contraceptive service delivery in the district with slight year-to-year variations.

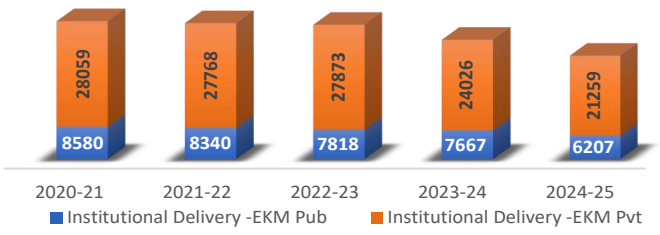
Table 5.6.3: Distribution of Oral Pills, Condoms, Centchroman, and Emergency Contraceptive Pills in Ernakulam District, 2020-21 to 2024-25 (Public)

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	7769	193878	770	352
2021-22	5889	200665	308	166
2022-23	4742	201468	256	220
2023-24	6891	161705	470	288
2024-25	7449	199394	712	267

Source: HMIS

5.7 Delivery

Graph 5.7.1: Number of Institutional Deliveries Reported from Public and Private Facilities in Ernakulam, 2020-21 to 2024-25



Source: HMIS

Similar to the state trend, Ernakulam district has reported a decline in the total number of deliveries over the past five years. While both public and private facilities show a reduction in reported deliveries, the proportion between them has remained almost constant. Around 23–24% of deliveries occur in public facilities and 76–78% in private facilities, indicating that the majority of institutional deliveries continue to take place in the private sector.

Table 5.7.1: Institutional and Home Deliveries Reported in Ernakulam District, 2020-21 to 2024-25

Institutional Delivery	Home Delivery	Total Delivery	% Home delivery in total Delivery
36639	23	36662	0.063
36108	21	36129	0.058
35691	18	35709	0.050
31693	26	31719	0.082
27466	24	27490	0.087

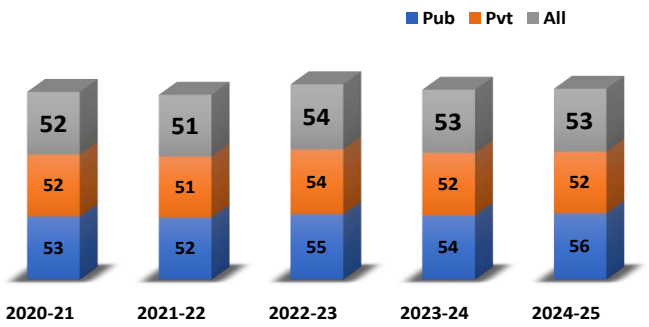
Source: HMIS

Institutional deliveries continue to account for the vast majority of births, while home deliveries remain extremely low, ranging from 0.05% to 0.09% of total deliveries.

5.8 Caesarean Section Deliveries

The C-section rate in Ernakulam district has remained relatively stable over the past five years, ranging from 51% to 56%. Public facilities show a slightly higher C-section rate in recent years, reaching 56% in 2024-25, while private facilities have maintained a rate around 51–54%. Overall, more than half of all deliveries in the district are conducted via C-section, reflecting a consistently high rate across both public and private sectors.

Graph 5.8.1: C-Section Rate in Ernakulam District, 2020-21 to 2024-25



Source: HMIS

5.9 Maternal Deaths

The number of maternal deaths in Ernakulam district has fluctuated over the past decade, ranging from 3 in 2024-25 to a high of 12 in 2017-18 and 2019-20. Although there is a visible dip in maternal deaths in recent years, this decrease should be interpreted in the context of declining live births in the district. The reduction in maternal deaths aligns with the overall decrease in the number of deliveries, indicating that the dip is partly influenced by lower birth counts.

Table 5.9.1: Number of Maternal Deaths Reported in EKM, 2014-15 to 2024-25

District	Number of Maternal Deaths
2014-15	8
2015-16	7
2016-17	6
2017-18	12
2018-19	5

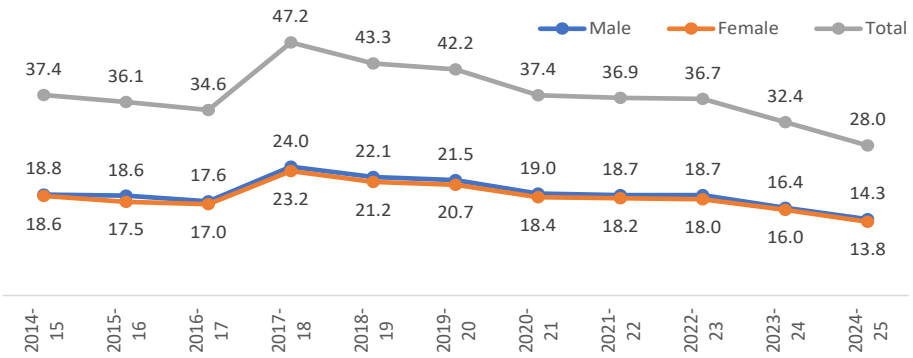
2019-20	12
2020-21	8
2021-22	11
2022-23	7
2023-24	6
2024-25	3

Source: District Report

5.10 Child Birth

The reported live births in Ernakulam district reflect deliveries that occurred in health facilities and at home within the district, 28.02 thousand in 2024-25 compared to 37.43 thousand in 2014-15. Both male and female births have declined proportionally over this period. It is important to note that not all mothers may be natives of Ernakulam, as the figures include births to women from other districts or states.

Chart 5.10.1: Live Births Reported in Ernakulam, 2014-15 to 2024-25 (in Thousands)



Source: HMIS

5.11 Infant Mortality

In Ernakulam, the number of infant deaths has declined from 165 in 2014-15 to 91 in 2024-25, while neonatal deaths decreased from 104 to 67 during the same period. The share of neonatal deaths in total infant deaths has remained high, between 63% and 76%, indicating that the majority of infant deaths continue to occur during the neonatal period. The reduction in absolute numbers of both neonatal and infant deaths aligns with the overall decline in live births in the district.

Table 5.11.1: Infant and Neonatal Deaths and Share of Neonatal Deaths in Ernakulam, 2014-15 to 2024-25

Dist.	Neonatal Death	Infant Death	% of Neonatal Death to Infant death
2014-15	104	165	63%
2015-16	83	116	72%
2016-17	81	122	66%
2017-18	72	118	61%
2018-19	89	133	67%
2019-20	88	139	63%
2020-21	102	149	68%
2021-22	94	129	73%
2022-23	98	129	76%
2023-24	96	138	70%

Source: District Report

The IMR in Ernakulam district has remained low, ranging between 3 and 4 per 1,000 live births over the past six years, while NMR has ranged between 2 and 3 per 1,000 live births. These figures indicate consistently low infant and neonatal mortality in the district, reflecting good maternal and child health services.

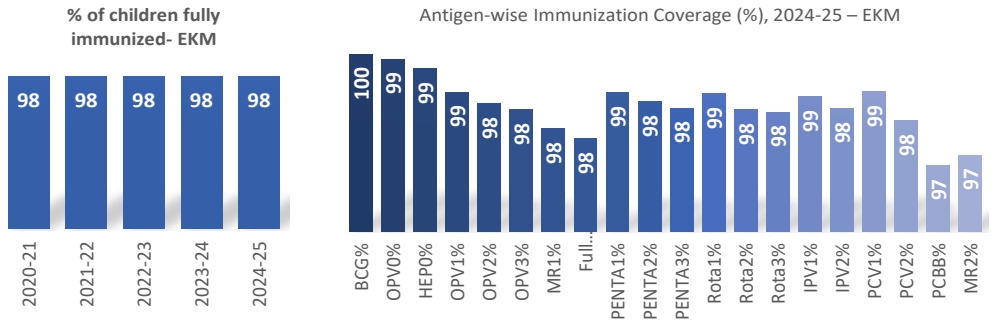
Table 5.11.2: Infant and Neonatal Mortality Rates in EKM (2019-20 to 2024-25)

District	IMR	NMR
2019-20	3	2
2020-21	4	3
2021-22	3	3
2022-23	4	3
2023-24	4	3
2024-25	3	2

Source: Live Births – HMIS; Deaths – District Report

5.12 – Child Immunization

Graph 5.12.1: Immunization Coverage in Ernakulam District: % of Children Fully Immunized and Antigen-wise Coverage, 2024-25



Source: RCH

In Ernakulam district, immunization coverage for 2024-25 shows high uptake across all antigens. BCG coverage is complete at 100%, while most other vaccines, including OPV, Hepatitis B, PENTA, Rota, IPV, and PCV, have coverage levels between 97% and 99%. Full immunization coverage among children stands at 98%, indicating strong and consistent immunization performance in the district.

5.13 Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)

The PMSMA programme is conducted regularly at four sites, focusing on high-risk areas, with the help of private gynaecologists in coordination with KFOG. Clinics are arranged in tribal areas of Kuttampuzha and Pongumchuvadu, coastal areas of Njarakkal, as well as remote areas of Kalady. High- risk antenatal women registered and identified in ANC clinics are referred to the clinics for specialist consultation.

5.14 Interventions on Severe Acute Malnutrition & Moderate Acute Malnutrition

The district adopted a multi-layered approach to address Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) in children as detailed below;

1. Routine Surveillance and Early Detection

The process begins with monthly weight monitoring at Anganwadi Centres (AWCs). This crucial step is executed and monitored through the Rashtriya Bal Swasthya Karyakram (RBSK) nurses, who are responsible for regular screening. Monthly checks ensure that any deviation from a normal growth trajectory is identified immediately, flagging children who transition into the SAM or MAM categories.

2. Clinical Referral and Treatment

When a child is flagged with malnutrition that requires medical management, they are immediately directed to paediatricians for clinical assessment and treatment. For more comprehensive, specialized care, the children are given a referral to the District Early Intervention Centre (DEIC). The DEIC provides a dedicated, specialized setting for diagnosis, multi-disciplinary therapy, and follow-up for children with complex needs, including severe malnutrition.

3. Nutritional and Social Support

To ensure the child receives the necessary nourishment to recover at home, the program provides food supplements with the help of ICDS. for bridging the nutritional gap that often contributes to malnutrition.

4. Behaviour Change and Prevention

Sustained recovery and the prevention of recurrence rely heavily on caregiver practices. Therefore, nutrition awareness classes are provided to parents. This education focuses on proper feeding techniques, hygiene, preparation of nutritious local foods, and understanding the signs of malnutrition, thereby empowering the family to be the primary agent of long-term health.

CHAPTER 6

DISEASES STATUS

6.1 Communicable Diseases in the district

The table below shows that communicable diseases like fever and acute diarrhoeal diseases (ADD) remained the most reported. While fever showed no associated mortality, ADD reported one death in 2024. Vector-borne and waterborne diseases such as dengue, leptospirosis, hepatitis A, and H1N1 showed periodic surges, with notable deaths observed across all years(2022-24), and peaking in 2023 and 2024 for several key diseases. Overall, the data highlights effective disease surveillance, with focused attention needed on managing seasonal outbreaks and high-risk infections.

Table 6.1.1 Communicable Diseases in the district

Disease Status		2022 (Jan-Dec)		2023 (Jan-Dec)		2024 (Jan-Dec)		2025 (Jan-March)	
		Case	Death	Case	Death	Case	Death	Case	Death
Fever	(Sym)	292205	0	214809	0	213249	0	38019	0
ADD	(Sym)	46009	0	40988	0	46395	1	9525	0
Cholera	P	0	0	0	0	0	0	0	0
	C	0	0	1	0	3	0	0	0
Malaria	P	0	0	0	0	0	0	0	1
	C	46	0	83	1	143	0	27	0
Hepatitis-A	P	48	0	170	0	824	0	154	0
	C	10	0	20	0	765	11	511	3

Hepatitis-B	P	211	0	0	0	0	0	0	0
	C	203	1	255	0	260	1	6	0
Typhoid	P	116	0	131	1	181	0	38	0
	C	9	0	23	0	41	1	35	0
Leptospirosis	P	480	13	396	6	306	2	24	0
	C	258	11	192	15	414	21	82	1
Dengue	P	5401	1	12304	1	8711	0	751	1
	C	1468	20	3855	27	4823	23	300	1
Chikungunya	P	0	0	0	0	0	0	0	0
	C	0	0	3	0	1	0	0	0
Scrub Typhus	P	6	0	4	0	1	0	0	0
	C	10	0	4	0	8	0	14	0
H1N1	P	10	0	354	1	788	0	14	0
	C	4	0	54	4	29	5	7	0
**Source- IHIP*									

6.2 Non-Communicable Diseases Status in the District

Non-communicable diseases like **hypertension, type 2 diabetes**, and **ischemic heart disease** accounted for a major share of reported cases, with **ischemic heart disease contributing significantly to mortality** each year, and showing an increasing trend in deaths from 2022 to 2024 (130 to 185)**. Cancers**, particularly **breast, oral, and lung cancer**, continued to be a major concern, showing a consistent disease burden with

varying death rates. While **accidental injuries and road traffic accidents (RTA)** were highly reported, mortality remained low in the full year data, though, RTA deaths surged to 2 in the first three months of 2025. M**ental health disorders** showed **a sharp fluctuation in reported cases** between 2022 and 2024, emphasizing the need for sustained chronic disease and injury management alongside mental health care integration.

Table 6.2.1 Non-Communicable Diseases Status in the District

Disease	**2022**		**2023**		**2024**		**2025 (Jan-March)**	
	Case	**Death**	**Case**	**Death**	**Case**	**Death**	**Case**	**Death**
Accidental injuries	37268	0	41435	0	46526	0	12039	0
Cancers								
Cancer Cervix	79	10	100	13	43	1	28	2
Breast Cancer	834	53	771	29	598	18	208	16
Lung Cancer	318	51	326	32	257	26	79	1
Oral Cancer	729	35	718	16	624	10	144	3
Cardiovascular disease								
Rheumatic fever	2	0	4	0	2	0	0	0
Hypertension	115093	0	86762	1	64387	0	10882	0
Ischemic Heart disease	13022	130	10333	179	8612	185	1239	57
Congenital Heart disease	474	0	221	0	180	1	41	0
Others								

Diabetes								
Type 1	92	0	1185	0	1183	0	88	0
Type 2	97502	0	63067	0	46429	0	7352	0
Neurological disorders								
Cerebrovascular disorders	274	0	163	0	164	0	91	0
Chronic neurological disorders	313	0	479	3	452	0	213	0
Others	0	0	0	0	0	0	0	0
Obesity	3337		6619	0	2834	0	602	0
Psychic disorders	0	0	0	0	0	0	0	0
Common Mental disorders	12383	0	8147	0	11617	0	1883	0
Severe mental disorders	2508	0	1117	0	1980	0	624	0
Renal Failure								
Acute	374	40	381	28	464	11	173	6
Chronic	2091	66	946	28	2792	24	393	10
Road Traffic Accident	11297	1	12309	0	12341	0	3248	2
Snake bite	230	6	243	2	507	0	136	0

**Source District Data*

6.3 Major Communicable Diseases rate per 100000 Population in the district

This data presents the reported **case and death rates per 100,000 population** for various **communicable diseases** across four time periods — 2022, 2023, 2024, and the first quarter of 2025. It reflects both morbidity and mortality trends and highlights the burden of specific diseases. Calculation is based on total number (probable and confirmed cases).

Table 6.3.1 Major Communicable Diseases rate per 100000 population in the district

Sl. No	Disease	Rate per 100000 population							
		2022		2023		2024		2025 (Jan-March)	
		Case	Death	Case	Death	Case	Death	Case	Death
1.	Dengue fever	209.26	0.63	492.29	0.7	412	0.7	32	0.061
2.	Malaria	1.104	0	2.52	0.03	4.35	0	0.822	0.03
3.	Confirmed Chikunguny a	0	0	0.091	0	0.03	0	0	0
4.	Leptospirosis	22.484	0.73	17.9	0.63	21.9	0.7	3.22	0.03
5.	Hepatitis A	1.76	0	5.78	0	48.4	0.33	20.2	0.091
6.	Hepatitis B	12.613	0.03	7.76	0	7.92	0.03	0.18	0
7.	Typhoid	3.8	0	4.69	0.03	6.76	0.03	2.22	0

8.	ADD (Diarrhoea)	1401.69	0	1248	0	1413	0.03	290	0
9.	Scrub Typhus	0.487	0	0.24	0	0.27	0	0.42	0
10.	H1N1	0.42	0	12.4	0.15	24.8	0.15	0.63	0
11.	Fever (OP)	8902	0	6544.29	0.03	6496	0	1158	0
12.	Cholera	0	0	0.03	0	0.091	0	0	0
13.	Diphtheria	0.03	0	0.03	0	0.03	0	0	0
14.	Enteric fever	0	0	0	0	0	0	0	0
15.	Measles	0.27	0	3.77	0	1.55	0	0.03	0
16.	Pneumonia	0.54	0	0	0	0.06	0	0.06	0
17.	Whooping Cough	0	0	0.6	0	0.06	0	0	0
18.	Nipah	0	0	0	0	0	0	0	0

**Source-IDSP cell DMOH*

6.4 Incidence of Major Communicable diseases – a trend analysis over the on last three year's data.

The last three years' data on communicable disease shows that the rate of dengue cases per lakh population increased in 2023 and decreased in 2024. Kochi corporation, Thrikkakara, Kalamassery, Choornikkara, Mookkannur, Vazhakkulam and Payipra were the hotspots of dengue cases in 2024. Compared to the full year 2024, the number of dengue outbreaks decreased in 2025's first quarter.

Hepatitis A cases increased in 2024 and 2025, which is another concern for the district. A total of 18 Hepatitis A outbreaks were reported from different areas in 2024. Vengoor grama panchayat reported a major outbreak in May 2024, with four deaths and more than 250 cases reported from that area. Hotspots of Hepatitis A are Sreemoolanagaram, Payipra, Nellikuzhy, Kizhakkambalam, Malayattur, Avoly, Thrippunithura, and Kochi corporation. The seasonality of this disease is from March to May. In 2025, a peak in cases was found in urban areas. Kochi corporation, Kalamassery, Thrikkakara, Aluva are hot spots of urban areas. Rising cases were also noted in rural pockets. Hotspots of rural areas are Karumallor, Thiruvaniyoor, Vazhakkulam, and Choornikkara. The major causative factors associated with these outbreaks are contaminated water sources and practice of raw water consumption.

Leptospirosis is another concern for the district. The cases have increased comparatively over the last 3 years. Kochi corporation is a permanent hotspot of the district. The cases are also higher in panchayath areas. 75% of cases and 70% deaths were from Panchayat areas in 2024. Most of the cases involved exposure to contaminated water/soil in connection with occupation and agricultural related activities. Leptospirosis deaths decreased compared to 2023. Lack of self-protective equipment, self-medication, alcoholism, and lack of proper Doxy prophylaxis are the causative factors found leading to death.

Table 6.4.1 Incidence of Major Communicable Diseases – a trend analysis over the last three year's data.

Disease	Trend (2022–2025)	Hotspot Areas	Key Concerns / Remarks
Dengue	↑ in 2023, ↓ in 2024 and 2025	Kochi Corporation, Thrikkakara, Kalamassery, Choornikkara, Mookkannur, Vazhakkulam, Payipra	Urban & semi-urban outbreak clusters; improved control in 2025 but continuous surveillance needed
Hepatitis A	Significant ↑ in 2024 & 2025	**Urban**: Kochi Corporation, Kalamassery, Thrikkakara, Aluva **Rural**: Vengoor, Sreemoolanagaram, Payipra, Nellikuzhy, Thiruvaniyoor, etc.	18 outbreaks in 2024; major outbreak in Vengoor (4 deaths, 250+ cases); caused by contaminated/raw water
Leptospirosis	Gradual ↑ over 3 years; deaths ↓ in 2024	Kochi Corporation (permanent hotspot); Panchayat areas (75% cases, 70% deaths in 2024)	Occupational exposure (soil/water); lack of prophylaxis, alcoholism, and poor PPE use are risk factors
*Source-IDSP cell DMOH			

CHAPTER 7

CRITICAL OBSERVATIONS IN NFHS- 5 DATA AND APPROPRIATE INTERVENTIONS NEEDED

7.1 Population and Household Profile

The data in NFHS-5 (2019–20) compared to NFHS-4 (2015–16) shows overall improvement in education, sanitation, and family planning use, with stable demographic indicators.

- **Education & Infrastructure:** Nearly universal literacy and school attendance among women, full electricity coverage, and high access to clean water and sanitation.
- **Gender Indicators:** Slight decline in overall and birth sex ratios.
- **Health & Nutrition:** Increased use of clean cooking fuel and iodized salt; health insurance coverage slightly dropped.
- **Fertility & Marriage:** Teenage pregnancy declined sharply; however early marriage increased from 0% to 2.9%. There is higher use of modern family planning methods, especially condoms.
- **Service Quality:** Awareness of side effects of contraceptives improved, though health worker outreach decreased slightly.

Overall, NFHS-5 indicates strong progress in education, sanitation, and reproductive health, with minor declines in sex ratio and health coverage.

Table 7.1.1 shows a detailed fact sheet regarding Population and Household profile of Ernakulam district.

Table 7.1.1 Population and Household Profile

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 (%)	97.2	97.7
2. Population below age 15 years (%)	18.8	18.8
3. Sex ratio of the total population (females per 1,000 males)	1,046	1,076
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,034	1,246
5. Children under age 5 years whose birth was registered with the civil authority (%)	98	98.6
6. Deaths in the last 3 years registered with the civil authority (%)	98.7	NA
7. Population living in households with electricity (%)	100	100
8. Population living in households with an improved drinking-water source1 (%)	98.2	97.3
9. Population living in households that use an improved sanitation facility2 (%)	99.3	99.3
10. Households using clean fuel for cooking3 (%)	88.4	79.7
11. Households using iodized salt (%)	99.3	97.7
12. Households with any usual member covered under a health insurance/financing scheme (%)	46.2	47.7

13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	37.7	NA
Characteristics of Women (age 15-49 years)		
14. Women who are literate4 (%)	99.3	NA
15. Women with 10 or more years of schooling (%)	83.8	83
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	2.9	0
17. Births in the 5 years preceding the survey that are third or higher order (%)	1	1.2
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	0	2.4
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period5 (%)	94.5	95.2
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method6 (%)	69.7	57.8
21. Any modern method6 (%)	61.5	55
22. Female sterilization (%)	51.9	49.9
23. Male sterilization (%)	0	0.1
24. IUD/PPIUD (%)	1.5	1.7
25. Pill (%)	0.3	0
26. Condom (%)	6.1	3.2

27. Injectables (%)	0	0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need7 (%)	10.7	11.6
29. Unmet need for spacing7 (%)	6.8	6.9
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	12.9	14.7
31. Current users ever told about side effects of current method8 (%)	79.9	48.4
Source – NFHS Data Sheet* **NA – Not Available		

7.2 Maternal and Child Health

Maternal and child health indicators show generally strong and stable performance with improvements in nutrition-related care.

- **Antenatal & Postnatal Care:** While **early antenatal visits saw only a slight decline**, the number of mothers who had **4 or more antenatal visits dropped sharply.** There was improvement in iron–folic acid (IFA) consumption and MCP card registration, showing better maternal monitoring.
- **Delivery Care:** Institutional and skilled births remain almost universal; **institutional births slightly declined** from 100% to 99.1%. Caesarean deliveries have increased notably, especially in public facilities.
- **Child Immunization:** Vaccination coverage improved significantly, especially for measles and vitamin A supplementation.
- **Childhood Diseases:** Diarrhoea prevalence declined, but **symptoms of acute respiratory infection (ARI) prevalence rose** which should be monitored.

Overall, NFHS-5 reflects high maternal and child healthcare coverage with rising institutional births, better nutrition practices, and strong immunization performance, though the sharp drop in comprehensive ANC and the overuse of C-sections are concerns.

Table 7.2.1 shows a detailed comparison of Maternal and childcare indicators in Ernakulam district.

Table 7.2.1 Maternal and Child Health

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)		
1. Mothers who had an antenatal check-up in the first trimester (%)	92.6	93.5
2. Mothers who had at least 4 antenatal care visits (%)	82.2	94.7
3. Mothers whose last birth was protected against neonatal tetanus9 (%)	96.5	97.3
4. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	82.8	71
5. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	70.6	59.5
6. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	90.9	83.6
7. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	96.1	94.8

8. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	4,940	*
9. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	*
10. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)		
	94.2	NA
Delivery Care (for births in the 5 years before the survey)		
11. Institutional births (%)	99.1	100
12. Institutional births in public facility (%)	23.2	19.7
13. Home births that were conducted by skilled health personnel10 (%)	0.5	0
14. Births attended by skilled health personnel10 (%)	100	100
15. Births delivered by caesarean section (%)	51.1	40
16. Births in a private health facility that were delivered by caesarean section (%)	50	39.2
17. Births in a public health facility that were delivered by caesarean section (%)	56.6	43.3
Child Vaccinations and Vitamin A Supplementation		
18. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall11 (%)		
	82.6	75.9
19. Children age 12-23 months fully vaccinated based on information from vaccination card only12 (%)	96.9	*

20. Children age 12-23 months who have received BCG (%)	97.9	100
21. Children age 12-23 months who have received 3 doses of polio vaccine13 (%)	82.6	84.6
22. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	91.4	90.4
23. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	92.7	81.6
24. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	15.1	NA
25. Children age 12-23 months who have received 3 doses of rotavirus vaccine14 (%)	8.9	NA
26. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	91.4	87.5
27. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	88.2	75.9
28. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	93.4	50.9
29. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	6.7	49.1
Treatment of Childhood Diseases (children under age 5 years)		
30. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	1.8	3.1
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*

31. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
32. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
33. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.4	0
34. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)		
	89.6	*
Source – NFHS Data Sheet		

* Percentage not shown as based on fewer than 25 unweighted cases

7.3 Child Feeding Practices and Nutritional Status of Children and Women

Child Feeding Practices and Nutritional Status indicators from NFHS-5 (2019–20) compared to NFHS-4 (2015–16) show the following,

- **Infant Feeding:** Early initiation of breastfeeding improved slightly; **exclusive breastfeeding rates declined**.
- **Child Nutrition:** Rates of stunting, wasting, and underweight among children increased **significantly**, indicating a major setback in child nutrition, while overweight prevalence rose notably.
- **Women's Nutrition: The percentage of underweight women increased slightly** and overweight and obesity have risen sharply, suggesting a nutrition transition.
- **Anaemia:** Anaemia among children increased significantly, but anaemia among women (including adolescents) decreased compared to NFHS-4.

Table 7.3.1 shows a detailed comparison of Child Feeding Practices and Nutritional Status of Children and Women in the district.

Table 7.3.1 Child Feeding Practices and Nutritional Status of Children and Women

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Total**	**Total**
1. Children under age 3 years breastfed within one hour of birth15 (%)	71	66.3
2. Children under age 6 months exclusively breastfed16 (%)	*	*
3. Children age 6-8 months receiving solid or semi-solid food and breastmilk16 (%)	*	*
4. Breastfeeding children age 6-23 months receiving an adequate diet16, 17 (%)	11.9	25.2
5. Non-breastfeeding children age 6-23 months receiving an adequate diet16, 17 (%)	*	*
6. Total children age 6-23 months receiving an adequate diet 16, 17 (%)	11.3	23.9
7. Children under 5 years who are stunted (height-for-age)18 (%)	22	12.4
8. Children under 5 years who are wasted (weight-for-height)18 (%)	17.1	15.9
9. Children under 5 years who are severely wasted (weight-for-height)19 (%)	7.4	7.9

10. Children under 5 years who are underweight (weight-for-age)18 (%)	19.4	12
11. Children under 5 years who are overweight (weight-for-height)20 (%)	5.4	1.3
Nutritional Status of Women (age 15-49 years)		
12. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m2)21 (%)	8	7.3
13. Women who are overweight or obese (BMI ≥25.0 kg/m2)21 (%)	39.6	34.5
14. Women who have high risk waist-to-hip ratio (≥0.85) (%)	74.2	NA
Anaemia among Children and Women		
15. Children age 6-59 months who are anaemic (<11.0 g/dl)22 (%)	36.4	23.4
16. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)22 (%)	32.1	38
17. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)22 (%)	*	26.4
18. All women age 15-49 years who are anaemic22 (%)	31.7	37.6
19. All women age 15-19 years who are anaemic22 (%)	30.1	38.2
Source – NFHS Data Sheet		

* Percentage not shown as based on fewer than 25 unweighted cases NA – Not Available

7.4 Adult Health and Lifestyle

Adult Health and Lifestyle Indicators from NFHS-5 (2019–20) shows,

- Blood Sugar: Around one-fourth of adults (both men and women) have high or very high blood sugar levels, indicating a growing risk of diabetes.
- Hypertension: Nearly 30% of adults show elevated blood pressure or are on medication, reflecting a high burden of hypertension in both sexes.
- Cancer Screening: Very low screening rates for cervical, breast, and oral cancers among women suggest a need for stronger preventive health programs.
- Substance Use: Tobacco and alcohol use remain low among women but notable among men, with 15.3% using tobacco and 25% consuming alcohol.

Table 7.4.1 shows Adult Health and Lifestyle indicators from NFHS 5 for Ernakulam district.

Table 7.4.1 Adult Health and Lifestyle

Indicators	**NFHS-5 (2019-20)**
1. Blood sugar level - high (141-160 mg/dl)23 (%)	9.3
2. Blood sugar level - very high (>160 mg/dl)23 (%)	11.8
3. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level23 (%)	25.8
4. Blood sugar level - high (141-160 mg/dl)23 (%)	9.5
5. Blood sugar level - very high (>160 mg/dl)23 (%)	11.5
6. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level23 (%)	25.5
7. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	15.7

8. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5
9. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	29.6
10. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	18.1
11. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.5
12. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	30.2
13. Ever undergone a screening test for cervical cancer (%)	2.9
14. Ever undergone a breast examination for breast cancer (%)	2
15. Ever undergone an oral cavity examination for oral cancer (%)	0.7
16. Women age 15 years and above who use any kind of tobacco (%)	1.4
17. Men age 15 years and above who use any kind of tobacco (%)	15.3
18. Women age 15 years and above who consume alcohol (%)	0.5
19. Men age 15 years and above who consume alcohol (%)	25
**Source – NFHS Data Sheet* **This section is not collected in NFHS 4*	

CHAPTER 8

DISTRICT MENTAL HEALTH PROGRAMME

8.1 District Mental Health Program

District Mental Health Program (DMHP) was initiated with the vision to provide sustainable and comprehensive mental health care for the general population suffering from various Mental illnesses. With this purpose, DMHP Ernakulam started functioning on 14th January 2013. General Hospital, Ernakulam is the Nodal Office for the District Mental Health Program for Ernakulam District. The program started in accordance with the National Mental Health Program launched in 1982.

Objectives

- Preference is given to women, children and elderly.
- To provide sustainable basic mental health services and integrate these services with other health services.
- To ensure early detection and treatment of mental health problems and developmental disabilities within the community itself.
- To ensure that, patients and their relatives do not have to travel long distances to go to the hospitals or nursing homes in the cities.
- To increase awareness about mental health and developmental disabilities through public education, leaflets, awareness program etc.
- To initiate remedial therapy and rehabilitation programs in the community.
- To conduct training programs for doctors and paramedical staff.
- To organize mental health awareness program for the public.
- To promote community participation in mental health services and encourage self- help.

DMHP conducts twenty outreach clinics once in a month in 20 selected Health Centers (5 THs, 14 CHCs, & 1 PHCs) throughout Ernakulam district. Most of these centres are located far from the city. In such remote areas, it is difficult for the common people to access psychiatric treatment, as there is no Govt. Psychiatrists in these CHC's. So, they were forced to travel long distance to get psychiatric treatment. Apart from this, it is difficult

to get Psychotropic medications in such remote areas. DMHP address these issues by providing Psychiatric care with psychological interventions and drugs at their doorstep. The team provides Psychiatric consultation, medicines, counselling, linkage with supportive services, and psychological rehabilitation services, all free of cost.

During the period from **01.04.2024 to 31.03.2025**, DMHP conducted 240 outreach clinics as detailed below:

- No. of Clinics conducted – 240
- No. of New cases – 1535
- No. of Follow up cases – 9760
- Psycho education given by PSW – 1618
- Counselling sessions – 755

8.2 Post Flood activities & Training programs 2018-2019

- One core team and five intervention teams were formed.
- Teams visited relief camps and provided psychological first aid.
- Trainings were given to volunteers in relief camps.
- Training was given to volunteers from Ashray counselling Centre, UC College, St. Theresa's College etc.
- Relief camps and affected houses were visited.
- Trainings to ASHAs on Psychological First Aid.
- PARIRAKSHA Project implemented for post flood activities.
- Psychiatrist and project officer appointed for the project.
- 30 counsellors appointed at the flood affected areas.
    - No. of trainings conducted- 67
    - No. of camps visited- 52
    - No of houses visited-5249
    - No. of Psychosocial interventions-12169
    - No. of Pharmacotherapy-91

8.3 DMHP Targeted Interventions

Jeeva Raksha – Suicide prevention classes

- No. of suicide prevention classes conducted during 2024-25 – 15
- No. of participants - 928

Stress Management classes

- No. of stress management classes conducted during 2024-25 – 16
- No. of participants – 962

Coastal mental health

- No. of coastal camps conducted during 2024-25 – 04
- No. of participants – 73

Tribal mental health

- No. of tribal camps conducted during 2024-25 – 09
- No. of participants – 102

8.4 Sampoorna Manasika Aarogyam (SMA)

In Ernakulam District, Sampoorna Manasika Aarogyam Programme is implemented in 59 Family Health Centers (FHCs). Since 2018, DMHP Ernakulam has conducted 190 camps at different FHCs serving around 7045 patients which includes 9815 new patients and 3230 follow-up cases previously treated under DMHP. During the period from 01.04.2024 to 31.03.2025 DMHP Ernakulam conducted 46 SMA camps and the details are as follows: -

- No. of camps conducted - 46
- New patients attended in SMA camp conducted by DMHP – 748
- Follow up cases attended in SMA camp conducted by DMHP– 853
- ASHAs trained -177
- No. of FHCs conducting SMA -59
- No. of patients attended the SMA clinics at FHCs - 16246

8.5 Amma Manas

The **Amma Manas** program was implemented in Ernakulam district in 2019. A total of 17 block level trainings for staff were conducted and 712 staffs were participated in it. 22 trainings for the ASHAs were conducted and 11687 ASHAs participated in these trainings. During 2024-25, DMHP Ernakulam conducted 2 training sessions for Junior Public Health Nurses (JPHNs) in connection with Amma Manas program, with 135 JPHNs participating.

CHAPTER 9

TRIBAL HEALTH PROGRAMME

9.1 Tribal Health Program

The district caters to a tribal population of 16559 (Ref: 2011 Census data, published by the "Scheduled Tribes Development department official website"). Tribal hamlets are present in Kuttampuzha grama panchayat, Vengoor grama panchayat, Kavalangad grama panchayat, under Varapetty Health Block. There are 16 tribal hamlets Vengoor (1), Kavalangad(1), Varapetty (14). FHC Kuttampuzha and CHC Vengoor are the peripheral health institutions and Kothamangalam Taluk Headquarters. Hospital is the nearest major hospital with delivery facilities. Outpatient services, medical camps, outreach health service delivery are provided. **Mathruyanam project** is functioning for delivery points. Mobile Medical Unit is functioning at Kuttampuzha FHC for comprehensive health care delivery to the hard-to-reach areas. Service from Hamlet ASHA is also provided. Health-related program is delivered through intersectoral co-ordination with Tribal Department, ICDS, Women and Child Department. Single Medical Officer camps as well as Specialty camps are organised every year, offering a comprehensive range of services. **RBSK /RKSK** services are provided to children in tribal areas and those in post-metric hostels. All services under various **National Health Programmes** are being rendered.

9.2 Malnutrition Prevention activities

- Monthly Medical Camp conducted.
- NCD camp conducted regularly.
- Awareness Camps conducted.
- VIVA Camp conducted.
- Iron and folic acid tablets distributed for anaemic individuals.
- Encouraging reduction of alcoholism and tobacco uses.
- Promoting healthy eating habits.

Table 9.2.1: The indices for children having birth weight below 2.5kg in the district as detailed below.

Year	No of live birth	No. of children having weight <2.5kg	Percentage
2020 - 21	62	20	32
2021 - 22	71	29	40.8
2022 - 23	69	22	31.8
2023 -24	56	14	25
2024 - 25	48	22	45.8
**Source – Statistical department DMOH*			

9.3 Maternal Health.

1. Conduct weekly antenatal/ well - women clinics.
2. Iron and folic acid supplementation provided.
3. Awareness class conducted to improve maternal health.
4. **Mathruyanam Scheme** - facilitates cost-free transportation for mothers and newborns
5. JSSK (Janani Shishu Suraksha Karyakaram scheme) provides free and zero-expense services including delivery, caesarean section, drugs, diagnostics, and transport.
6. **Janani Suraksha Yojana (JSY)** aims to reduce maternal and neonatal mortality. It promotes institutional deliveries among poor pregnant women by offering financial assistance.
7. Intersectoral coordinated activities with the **Women and Child Department**, ICDS department and Nutrition board targeting women of reproductive age groups.

9.4 Delivery Services

Ernakulam district currently has 10 public delivery points and 73 private delivery points. Public delivery points consist of 2 General hospitals, 1 District Hospital, 1 Women & Child Hospital, 1 Govt Medical College and 5 Taluk Headquarters Hospitals. GH Ernakulam, GH Muvattupuzha, DH Aluva, Wand C Mattancherry, THQH Fort Kochi, THQH Thripunithura, THQH North Paravur, THQH Kothamangalam, THQH Perumbavoor, and Govt Medical College Kalamassery contribute to around 22% of total delivery in district. All delivery points have trained staffs and theatre facilities. Quality care has been delivered. LAQSHYA standards are accredited for two public delivery points, GH Ernakulam and DH Aluva. All delivery points provide delivery as well as family planning services. **JSY, JSSK** and **Mathruyanam Scheme**s are implemented.

9.5 Child Health

- Conducting immunization program for Strengthening of immunization.
- Outreach immunization sessions for hard-to-reach areas, low performing areas and high-risk areas.
- Supplementation of **Vitamin A, Iron Syrup, Iron and Folic tablets**.
- Regular health monitoring.
- **4D screening** conducted for children by RBSK nurses.
- Awareness classes for parents by medical officers and public health team
- Food exhibitions, Cookery shows conducted with help of ICDS for providing awareness about healthy food.

9.6 Details of Patients Availed Services in Cancer Unit

Table 9.6.1 shows the total number of scheduled tribe category patient availed cancer care services among total patient availed cancer treatment in the district.

Table 9.6.1 Details of patients availed services in cancer unit

Year	Total OP	Total ST
2022	32084	409
2023	42858	401

2024	47485	340
2025	11586	126
**source-statistical division DMOH*		

9.7 Alcoholism and Tobacco Usage Social issues

Tobacco use is a major risk factor for a range of diseases, including cardiovascular diseases, respiratory diseases, and various types of cancer (lung, oral, throat), and other health conditions. Tobacco related diseases place a significant economic burden on the Indian health care system. The costs include not only medical treatment but also lost productivity due to illness and premature death. Exposure to second-hand smoke affects both smokers and non-smokers, contributing to respiratory problems and other health issues.

In Ernakulam district, **Tobacco Cessation Counselling services** are available in 14 main health institutions: GH Ernakulam, GH Muvattupuzha, DH Aluva, THQH.N.Paravoor, THQH Fortkochi, THQH Perumbavoor, THQH Tripunithura, THQH Kothamangalam, and in all taluk hospitals. In tobacco cessation centers **Nicotine Replacement Therapy (NRT)** and counselling services are available in all functioning 31 dental units (including above mentioned 14 main institutions). Activities done under **National Tobacco Control Program** include awareness classes given to the educational institutions, capacity building training program for various department officers like (police, excise, food safety, councillors, doctors, and all), IEC strategies for propagating **COTPA ACT 2003** and tobacco cessation.

9.8: "Oorumithram" –Hamlet ASHA Program

- Presently, 16 Hamlet ASHAs are working in Ernakulam District
- 1st, 2nd, and 3rd module training completed
- They take the lead role in health-related matters in their Hamlets among tribal population

CHAPTER 10

FINANCIAL ALLOCATION AND UTILIZATION

10.1 Financial allocation and utilization for the last four years

The table presents the year-wise allocation and utilization of funds under the DHS Plan and National Health Mission (NHM**)** from 2022–23 to 2025–26, as reported by the Finance and Accounts Department, DMOH. It highlights a steady increase in allocations across years, particularly under NHM, with varying levels of fund utilization. The data reflects financial performance and efficiency in implementing health programmes and infrastructure development in the district.

Table 10.1.1 Financial allocation and utilization in Ernakulam district (In Lakhs)

Year	Source	DHS- Plan	NHM
2022-2023	Allocation	257.96127	7113.75
	Utilization	216.59213	5890.08
2023-2024	Allocation	264.59745	7476.08
	Utilisation	238.98987	4572.54
2024-2025	Allocation	299.85603	9978.5
	Utilization	289.47817	6539.05
2025-2026	Allocation	191.47499	10512.35
	Utilization	109.79057	4531.23
**Source – Finance and accounts department DMOH*			

CHAPTER 11

NHM PROGRAMMES

11.1 Rashtriya Bal Swasthya Karyakram (RBSK)

Rashtriya Bal Swasthya Karyakram (RBSK)is a program to improve the overall quality of life of children and provide comprehensive care to all the children in the community. This program involves screening of children from birth to 18 years of age for four Ds- Defects at birth, Diseases, Deficiencies and Development delays, spanning 30 common health conditions for early detection and treatment and management, including surgeries at tertiary level. 88 trained RBSK nurses have been posted at the district for screening. RBSK nurses involve in all national programme to cover the prescribed population. Activities are also being carried out through Interdepartmental co ordination with Women and Child Department and ICDS.

11.1.1 RBSK SCREENING (2024-2025)

Table 11.1.1 includes details of RBSK screening in the financial year 2024-2025.it includes screening in two category 0-6 years and 6-18 years

Table 11.1.1: Details of RBSK SCREENING

category	Total number screened	Percentage of screened
0-6yrs Screening	185290	105%
6-18yrs Screening	187284	80%
**Source-HMIS*		

11.1.2 New Born Screening (VBD Screening)

Shalabham-comprehensive New Born Screening Program implemented in last year for early identification of children with birth defect (l.) Screening for Visible Birth Defects - Before 24 hours post-delivery, (2.) Pulse Oximetry screening for CHD - 24-48 hours post-delivery, (3.) OAE (Otoacoustic emission) screening for hearing 24-48 hours and before discharge & (4.) invasive blood spot examination for inborn Errors metabolism - around 48 hours and before discharge). prompt referral, service access and community/institutional level follow up. Hridyam was implemented in August 2017 for

quality survival of children with congenital heart diseases and early management of children with congenital heart diseases based on the criticality of diseases. Now, as part of improving quality survival of the children from birth to 18 years, it is essential to strengthen these program

Table 11.1.2 New Born Screening (VBD Screening)

Year	Total no of deliveries	Total no of Newborns Screened	No of Conditions identified
2024April-2025March	5802	237	166
*Source-Salabham portal			

11.1.3 District Early Intervention Centre (DEIC)

The early intervention centres were established at the District Hospital level across the country as District Early Intervention Centres (DEIC). The purpose of DEIC is to provide referral support to children detected with health conditions during health screening, primarily for children up to 6 years of age group. A team consisting of Paediatrician, Medical officer, Staff Nurses, Paramedics will be engaged to provide services. There is also a manager who would carry out mapping of tertiary care facilities in Government institutions for ensuring adequate referral support.

Table 11.1.3 District Early Intervention Centre (DEIC)

Category	Number
Total Number of children visited DEIC (new OP+ follow up therapy without duplication	5041
Number of New cases came to DEIC	1664
Number of children came for Follow up therapy (without duplication)	3377
Total child visits to DEIC (new op+follow up sessions)	5451

No: of DEIC appointments taken by RBSK nurses(screened positive cases)	2642
No: of those RBSK referred new cases attended DEIC out of 2642	945
*Source -Shalabam portal	

11.1.4 Hridyam:

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 11.1.4 Services availed under the HRIDYAM program

Category	Number
Total registration 2017-March 2025	2079
Total surgery & intervention done 2017-March 2025	529
*Source -HRIDYAM portal	

The beneficiaries of the scheme who have undergone surgical treatment under the scheme should be provided free follow up for one year reviewing for any complications, monitoring progress etc. During this follow up period investigations and medicines required by the beneficiary of the scheme should be provided free of cost by the hospital carrying out the surgery/intervention.

11.1.5 Mobile Intervention Unit (MIU)

The Kerala Social Security Mission, in association with the National Health Mission, is launching 25 mobile intervention units across the State to provide treatment to differently-abled children as part of Anuyathra campaign. In Ernakulam 2 units are

functioning in 12 CHCs. If a patient is reported at MIU unit through OP, the staffs under MIU will register and carry out initial screening and then recommend the case for detailed evaluation, or therapy. If paediatrician or MO have already checked the case they will attach details in the case sheet, and if paediatrician or MO have not checked the patients, the case will be referred to DEIC for detailed evaluation to be done at GH Ernakulam& MCH Kalamassery under RBSK.

Table:11.1.5 Details of service provided under mobile intervention unit

Units	**MIU Aluva**	**MIU Mvpa**
No: of MIUs approved	1	1
Number of areas were fixed clinics planned	6	6
Total Number of children visited MIU (new+follow up)	3703	4187
Number of New cases attended MIU	573	719
Number of Follow up cases attended MIU	3130	3468
Total sessions provided by Developmental Therapist	VACANT	3159
Total sessions provided by Physiotherapist	1770	2347
Total sessions provided by Speech cum / Audiologist	1811	3155
Total sessions provided by Special educator	1756	3024
Total sessions provided by Psychologist	Vacant	Vacant
**source-HMIS*		

11.1.6 Mobile Health Team (MHT):

Mobile Health Teams (MHTs), under the National Health Mission (NHM), are teams of healthcare professionals who provide mobile healthcare services, particularly to people in remote, inaccessible, and underserved areas. These teams visit various locations, including schools, colleges, and anganwadis, to offer health checks, prescribe medications, and refer patients to hospitals when needed.

11.2 Rashtriya Kishor Swasthya Karyakram (RKSK)

The cases attended by counsellors in different centers are as follows

Table 11.2.1: Details of RKSK service availing by the patients

Case Profile 2024-2025	Client load	Number of Outreach	Number of participants
FHC Munambam	578	48	1292
FHC Kumbalanghi	994	66	1229
FHC Maneed	1497	82	1466
TH Angamali	1301	68	1480
THQH North paravur	1189	74	1656
Total cases	5559	338	7123
**Source-HMIS*			

11.2.1 Peer Educators Program -SDC (Student Doctor Cadet)

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 no:11.2.1.1 Details of Peer Educators program

Year	Total Peer Educators selected	Trained
2024 April-2025May	200	50
*Source-HMIS		

11.2.2 Weekly Iron Folic Supplementation Program (WIFS)

During 2023–24, a total of 698 school health programmes were conducted, covering 3,61,712 students out of the target population of 4,52,140, achieving a substantial coverage under the School Health Programme. The initiative focused on promoting preventive health awareness, early screening, and health education among school children across the district.

Table 11.2.2.1 includes details of WIFS Program details in Ernakulam district

Table 11.2.2.1 Weekly Iron Folic Supplementation Program (WIFS)

Year	Target population	Total covered	Number of School programs initiated
2023-24	452140	361712	698

11.3 Family Planning

- Laparoscopic sterilization (Lapro) cases peaked in 2022–23 (1,340 cases) but declined in the subsequent years.
- No-Scalpel Vasectomy (NSV) procedures showed gradual improvement after 2020–21, indicating increased male participation in family planning.
- Condom (CC) distribution remained the most widely utilized method throughout the years, with minor fluctuations.
- Oral Pills (OP) and IUCD insertions showed consistent uptake, reflecting the sustained demand for short-term and spacing methods.

Overall, the data indicates a balanced use of both permanent and temporary methods, with an encouraging trend in community participation in family planning initiatives.

Table 11.3.1 shows details of services in Ernakulam district

Table 11.3.1 Details of the services availed under family planning services.

Year	No. of Lapro Cases	No. of NSV Cases	CC	OP	IUCD
2020-21	688	0	193878	7769	1624
2021 – 22	871	12	200665	5889	1506
2022 -23	1340	53	201468	4739	2228
2023-24	831	37	161705	6891	1713
2024-25	607	24	190513	7153	1917
**Source-HMIS*					

11.4 Biomedical Equipment Maintenance Program (BEMP)

Biomedical Equipment Maintenance and Management Program – Maintenance of equipment through a third-party service provider in the hospitals under DHS and MH&CH Equipment at MCH level. Initiative of Goverment of India – Funded through NHM from 2015 onwards .M/s Cyrix Healthcare Pvt Ltd - qualified as service provider from 2021 December onwards and their Contract period is for 5 years. Objective of this program is to strengthen the public health system in the State with a vision to minimize the downtime of the biomedical equipment available in the hospitals especially in remote locations.

Table 11.4.1 BEMP Indicators in Ernakulam District

Period	Total Call Registered	Total Call rectified	Pending calls	Percentage of rectified
2024-25	**6960**	**6754**	**36**	**97.04**
**Source - BEMP Dashboard*				

- Total asset-17480(133 Institutions)
- Total Breakdowns reported through IVRS call -19194
- OFLINE CALL-256
- Rectified calls-18700
- Pending calls-83
- Beyond Economic Repair -363
- ESV-36
- Warranty calls-18
- Number of Equipment Taken for repair & returned -288/285
- Review meeting Monthly with Cyrix Team

11.5 Health Management Information System (HMIS)

Definition: 'Health Management Information System (HMIS)' is a tool which helps in gathering, aggregating, analysing and using information for taking actions to improve the performance of the health system

The Mandate of HMIS: To ensure that there is a continuous flow of good quality disaggregated data on health of populations and health care services to assist in local planning, program implementation, management, monitoring and evaluation.

- **Purpose:**

  HMIS aims to provide reliable health information to administrators and officers to inform policies and improve health management, programs, and efficiency.

- **Data Collection:**

  It collects facility-wise data (both public private), including service delivery, infrastructure &HR information.

- **Data Usage:**

  The collected data is used for grading health facilities, reviewing national& state program implementation plans, and generating analytical reports for gap analysis and course correction.

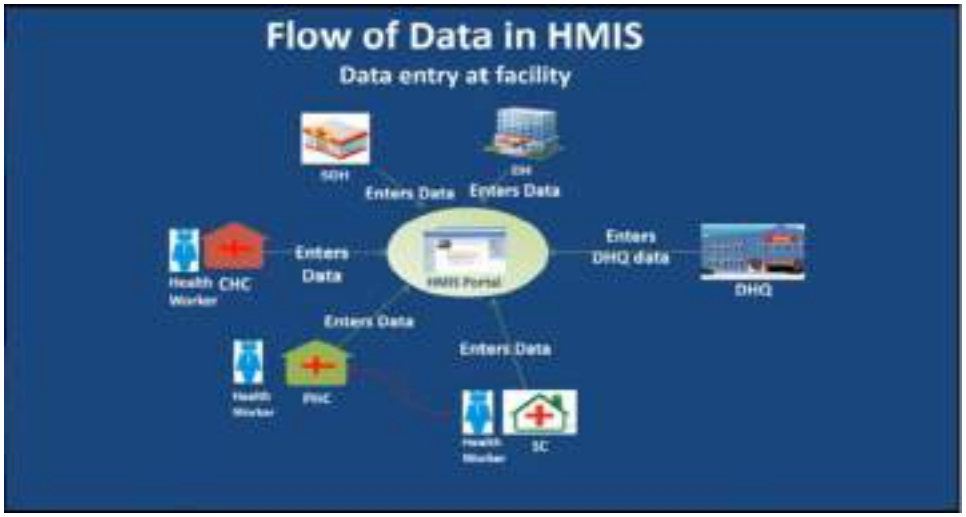
- **Implementation:**

  HMIS was launched in October 2008 by MoHFW.

- **Accessibility:**

The portal provides a gateway to information about health indicators.

Figure 11.5.1 Dataflow in HMIS



**Source - HMIS*

11.6 Accredited Social Health Activist (ASHA)

An Accredited social health activist (ASHA) is a community health worker instituted by the government of India's Ministry of Health and Family Welfare as a part of the National Rural Health Mission. ASHAs are local women trained to act as health educators and promoters in their communities. Health activist(s) in the community who will create awareness on health and its social determinants and mobilize the community towards local health planning and increased utilization and accountability of the existing health services.

Their tasks include motivating women to give birth in hospitals, bringing children to immunization clinics, encouraging family planning (e.g., surgical sterilization), treating basic illness and injury with first aid, keeping demographic records, and improving village sanitation. ASHAs are also meant to serve as a key communication mechanism between the healthcare system and rural populations. She will act as a depot holder for essential provisions being made available to all habitations like Oral Rehydration

Therapy (ORS), Iron Folic Acid Tablet (IFA), chloroquine, Disposable Delivery Kits (DDK), Oral Pills & Condoms, etc.

Table 11.6.1 Number of ASHA in Ernakulam District

ASHA STATUS	NUMBER
Total No of ASHAs	2238
Rural Area	1526
Urban Area-	696
HAMLET ASHA	16
**Source – ASHA Software*	

Monthly meeting for ASHA

Monthly Review meeting for ASHA was Organized and coordinated up to September 2025. The meeting is held on the third Friday of every month. The meeting is attended by one ASHA from all Local Government Institution's in Ernakulam District. Total Participants 110(Panchayaths-82+ Municipality -13+ Urban PHCs-15)

Figure 11.6.1 Monthly meeting for ASHA

Involvement in AMR-Program

- Training given to ASHA regarding Anti-Microbial Resistance
- Public Awareness creation programs in Wards
- ASHA conduct their field visits to educate the public about AMR Program
- Awareness class regarding AMR for institutional staff, ASHA students etc
- AMR IEC activities, signature campaign, oath taking and poster making competition
- Conducting prescription audit monthly (50 prescription)
- Aware audit once in three months
- Antibiotics are distributed in blue colour medicine cover

Figure 11.6.2 AMR IEC Activities

Involvement in Shaili Survey 2

SHAILI 2.0 survey is ongoing. Almost 70% of the target population has been covered as of now. The population who were found high risk in the survey are screened in the Health and Wellness Centers and entered in the PH portal. The screening process is ongoing.

11.6.1"Oorumithram" –Hamlet ASHA Program

- Presently 16 Hamlet ASHA are working in Ernakulam District
- 1st, 2nd and 3rd module training completed

- They take the lead role in health-related matters in their Hamlets.

11.6.2 Migrant Link Worker

- Presently 8 migrant Link Workers are working in Ernakulam District.
- Released an incentive of Rs/2750 up to April 2025.
- Monthly review meeting was conducted Up to May 2025.

Figure 11.6.2.1 Migrant Link Worker

11.6.3 Transgender Link Worker

- Presently 5 Trans gender Link workers were working in Ernakulam District.
- Selected GH Ernakulam as Queer friendly Hospital.
- Released an incentive of Rs/5250 up to April 2025.
- Monthly Review meeting was conducted up to May 2025.

ASHA Special Training Program

- 84 ASHA workers were ready to attend Plus two examinations through Sakasharatha Mission.

11.7 MIST Program

- Migrant Screening Program aims mainly for the screening of Malaria, Filaria, along with screening for dengue, HIV, Leprosy, NCDs in Coordination with NGOs and Kerala State AIDS Control Society team, among migrant workers. Those individuals identify positive are provided free treatment by the

government. Migrant mobilization is done with the help of concerned HI's. Monthly Review meetings are being carried out for assessment of the program

- Routine Migrant Screening is done by MIST team, consisting of 1 Medical officer, 2 JHI and one lab technician throughout the district. Upon Screening test positive patients are directed to concerned health facility for further medical management.
- MIST program is also combined with ADITI DEVO BHAVA project, consisting of 7 Migrant Link Workers (MLW) who are fluent in their native language and Malayalam who are currently working, specially trained and sensitized in matters of judiciary, health, labor, excise, police etc including that of basic life support. Migrant Link Workers help in effective field level execution of health education and awareness among the community like promoting immunization, sanitation awareness, Maternal Health education etc. They also provide necessary support in different domains.

  Review meeting of link workers are conducted on every first Saturday of each month to access their field level activities, MLW's are linked to main health care facilities and blocks in Ernakulam district and are directed to meet block PROs and medical officers at least two times in a month.

Fig 11.7.1. Monthly meeting of Migrant link workers

11.8 Palliative Program-Rehabilitation Program for Paraplegia Patients

- Since the formation of Kerala as a state, Kerala has become a model for the world for many historical achievements and social changes. Kerala's development vision is constantly being discussed. The achievements made by Kerala in the fields of health and education are unparalleled. Kerala has presented many models, including the literacy movement and mass planning. The contribution made by Kerala society in integrating sections of the population that have been excluded from the mainstream, and in providing them with necessary assistance, is invaluable). Kudumbasree, which is a model given by Kerala to the world, is planning and implementing many activities for the helpless and isolated in the society. As part of this, Kudumbasree is implementing a plan to provide livelihood activities for paraplegic patients in the financial year 2024-25. Providing livelihood as part of the activities for the rehabilitation of patients who have suffered spinal injuries due to various diseases and accidents and are paralyzed below the waist is a necessary element. Through such interventions, it is possible to alleviate the social and psychological isolation of patients to some extent and bring them back into society.
- Kerala has a strong healthcare system with a strong emphasis on primary care. Palliative-care activities should also be given emphasis. Palliative care began 30 years ago by visiting bedridden patients in their homes. Through such visits, palliative care workers began to understand that bedridden patients also needed social and economic rehabilitation. To this day, palliative care, various voluntary organizations, and community volunteers continue to work at various levels for the betterment of these individuals. The role of palliative care is invaluable in this project implemented through Kudumbasree. The cooperation of palliative care systems is essential in identifying the individuals who need such rehabilitation, their health conditions, whether they are eligible for the rehabilitation project, and in ensuring the participation of volunteers. The project is being implemented in collaboration with various agencies.
-

Objectives

1) Bring our isolated fellow human beings back into society.

2) Provide a way for those confined to their four walls to receive a steady income.

3) Provide self-confidence and happiness to their families and those close to them by rehabilitating such people.

4) Make knowledge about new initiatives possible by going mainstream.

5) Provide necessary assistance for skill development

6) Efforts to bring those who have been isolated from society into the mainstream of society by providing them with a permanent source of income.

Implementation

In the district, a training program for 20 paraplegic patients to manufacture soap products was implemented in the first phase. This project seems to focus on empowering individuals with disabilities, particularly paraplegic patients, through vocational training and rehabilitation, with the support of palliative care and Kudumbasree.

Figure 11.8.1 Palliative Programme

11.9. National Tobacco Control Program

Tobacco use is a major risk factor for a disease including cardiovascular disease, respiratory disease, various types of cancer (lung, oral, throat) and other health conditions. Tobacco related diseases place a significant economic burden on the Indian health care system.

As part of the National Tobacco Control Program, we have provided cessation counseling services and nicotine replacement therapy in 14 main health institutions, 31 dental units and also through SWASS clinics. Aim to give capacity building training, orientation workshops for strengthening enforcement squad functioning. Tobacco related IEC activities are also done under this program. The enforcement squad visited all nearby shops and fines are being levied against shops that violate the law. Under this program awareness classes and other workshop program are conducted in educational institutions. Launched TOBACCO FREE YOUTH CAMPAIGN and declared 118 educational institutions to become TOEFI and 11 wards became tobacco free ward.

Upcoming Programmes:

1. Happiness Kochi: caring for the wellness of all (mental health program)

   Happiness Kochi is an initiative of the Cochin municipal corporation in association with the district medical office, national health mission, district mental health program and general hospital. Awareness class, training and surveys are being conducted with the support of various departments to improve the mental health of the people.

2. Cancer detection Campaign: As part of world no tobacco observance day, we plan to start a cancer (oral, colon) detection campaign, awareness class in schools, mass enforcement drive, and plan to conduct activities for declaration of all education institutions as TOFEI.

   - Total patient attended Tobacco cessation counselling during 2024-2025 is 2117.

11.10 Quality Assurance Program

11.10.1 NQAS: Achievements

24 institution in Ernakulam district got NQAS Accreditation are listed below

1. GH Ernakulam
2. CHC Pandapilly
3. CHC Keechery
4. CHC Ramamangalm
5. FHC Kottapady
6. FHC Paipra
7. FHC Vazhakulam
8. UPHC Thrikkakara
9. FHC Maneed
10. UFHC Moolamkuzhy
11. UPHC Kadavantara
12. UFHC Thammanam
13. UFHC Thrippunithura
14. UFHC Kalamassery
15. FHC Rayamangalam
16. FHC Munambam
17. HWC Cutting Plantation
18. THQH Fortkochi
19. CHC Kumbalanghy
20. FHC Panangad
21. FHC Kodanad
22. FHC Ayyampuzha
23. JAK Pulluvazhy
24. JAK Keezhillam

11.10.2 NQAS Rapid Assessment Over

1.W&C Mattanchery

2.GH Muvattupuzha

3.DH Aluva

11.10.3 NQAS STATE ASSESSMENT OVER

1. DH Aluva
2. THQH Kothamangalam

11.10.4 KAYAKALP 2025-26 :

1. GH Ernakulam -state level first in DH Category
2. THQH kothamangalam- commendation
3. CHC Vengoor-commendation
4. UFHC Thrikakara& UFHC Thammnam-UPHC Level winner
5. FHC Maneed- District level winner in FHC category
6. JAK Puthuvassery-District level winner in JAK category

11.10.5 LAQSHYA Accredited Institutions-1

1. GH Ernakulam

11.10.6 MBFHI- accredited

1. GH Ernakulam
2. MCH Kalamassery

11.10.7 SUMAN (Surakshit Matritva Aashwasan)

- 49 Hospitals Accredited

CHAPTER 12

NATIONAL URBAN HEALTH MISSION (NUHM)

The National Urban Health Mission (NUHM), launched by the Government of India, is a transformative initiative designed to strengthen healthcare delivery among urban populations. The mission focuses on ensuring that every citizen living in urban areas—irrespective of their socioeconomic status—has access to affordable, high-quality, and equitable healthcare services. Through a network of Urban Primary Health Centres (UPHCs), Urban Health and Wellness Centres (UHWCs), and Urban Community Health Centres (UCHCs), NUHM provides comprehensive healthcare covering primary care, maternal and child health, non-communicable disease management, family planning, and laboratory services. Evening OP sessions and free treatment at UHWCs ensure accessibility for working populations.

12.1 Institutions under NUHM

All sanctioned UPHCs and the single UCHC are fully functional in Ernakulam district. Among the 67 UHWCs sanctioned, 58 are operational, reflecting a strong implementation status under NUHM.

Table 12.1.1: Institutions under NUHM

Sl. No.	Category	Sanctioned	Operational
1	Urban Community Health Centre (UCHC)	1	1
2	Urban Primary Health Centre (UPHC)	15	15
3	Urban Health & Wellness Centre (UHWC)	67	58
**Source-HMIS*			

12.2 Outpatient Status

Outpatient attendance at NUHM facilities demonstrated a notable rise from 2023–24 to 2024–25, indicating increased utilization of urban health services. The data for 2025–26 (till August) shows sustained engagement, suggesting consistent trust in public health facilities.

Table 12.2.1: OP Status under NUHM

Year	Total OP (Outpatient Visits)
2023–2024	4,83,098
2024–2025	7,25,900
2025–2026 (till August)	3,51,125
**Source-HMIS*	

12.3 Services Offered at UPHCs

Urban Primary Health Centres provide a broad range of services, including:

- General outpatient consultation
- Pharmacy and laboratory services
- Family planning and counselling
- Immunization services
- Nebulization, dressing, and injection facilities

These essential services ensure holistic and continuous care for urban communities.

12.4 Polyclinic Services

All Urban Primary Health Centres in Ernakulam have been upgraded to Polyclinics, providing speciality services in:

- Mental Health
- Paediatrics
- Orthopaedics
- Dentistry
- ENT
- Gynaecology
- Ophthalmology

- Physiotherapy
- General medicine

All mental health clinics under NUHM offer **free treatment** for patients with psychological challenges, ensuring equitable access to mental healthcare.

12.5 Achievements under NUHM

Table 12.5.1 shows remarkable achievements under NUHM in Ernakulam District

Table 12.5.1 Achievements under NUHM

Achievement	Details
Quality Certification	Six UPHCs—Moolamkuzhi, Tripunithura, Kalamassery, Thrikkakara, Kadavanthra, and Thammanam—received **National Quality Assurance Certification (NQAS)**. Thrikkakara achieved **re-accreditation**.
Cleanliness & Quality Awards	UPHCs at **Tripunithura** and **Thammanam** received **Kayakalp Awards (2023–24)** for excellence in cleanliness and quality.
Performance Awards	Several UPHCs received **cash awards** for performance excellence in healthcare delivery.
**Source-HMIS*	

12.6 Innovative Programs

12.6.1 Urban Palliative Care Project

Implemented in collaboration with **Kochi Corporation**, this project provides comprehensive palliative care support to patients residing within the city limits.

12.6.2 e-Sanjeevani Telemedicine Services

Teleconsultation facilities have been enabled across all NUHM institutions, improving access to specialists and reducing travel barriers for patients.

12.6.3 e-Health Initiative

Operational in eight centres—Moolamkuzhi, Edakochi, Kadavanthra, Thammanam, Kalamassery, Tripunithura, and Thrikkakara—this initiative digitizes patient records and streamlines healthcare delivery.

12.6.4 Urban Health and Wellness Centres (UHWCs)

Under the 15th Finance Commission, 67 Urban Health and Wellness Centres (UHWCs) were approved across municipalities in Ernakulam district.

Table 12.6.1

Parameter	Details
Population Coverage	15,000 – 20,000 per centre
Staff Pattern	1 Medical Officer, 2 Nurses, 1 Pharmacist, 1 Cleaning Staff
Working Hours	1:00 p.m. – 7:00 p.m.
Services Offered	Free OP, pharmacy, dressing, and injection services
Performance (2024–25)	6,65,845 OP patients and 5,31,573 lab tests conducted
**Source-HMIS*	

12.6.5 NUHM Website Launch

The NUHM Ernakulam Website (nhmekm.com) was officially launched by Hon. District Collector Shri. NSK Umesh on 18 March 2024 at the Ernakulam Collectorate. The website provides complete information on all urban health institutions, including contact details, Google locations, and services offered.

12.6.6 Antimicrobial Resistance (AMR) Program under NUHM

The **AMR Program** was initiated under NUHM Ernakulam in **2024–25** to promote rational antibiotic use. Training sessions were organized for pharmacists from all UPHCs and UHWCs focusing on prescription audit**s** and the AWaRe classification system.

Key highlights include:

- Table-top calendars with antibiotic classifications for easy reference by Medical Officers.
- Blue Cover System implemented for antibiotic distribution to ensure visibility and control.
- Monthly prescription audit reports reviewed by the District Program Manager in NUHM review meetings.

The initiative has significantly contributed to curbing irrational antibiotic usage and strengthening antimicrobial stewardship practices.

12.6.7 Phantom Patient Initiative

A unique Phantom Patient Initiative was introduced to assess the real-time functioning of urban health institutions.
A team led by the Migrant Medical Officer visited UPHCs and UHWCs posing as patients to evaluate:

- Service quality and patient experience
- Staff behaviour and responsiveness
- Medicine distribution and diagnostic utilization

Findings and feedback are discussed during the District NUHM Review Meetings to drive continuous service improvement.

12.6.8 Urban Community Health Centre (UCHC)

The first Urban Community Health Centre in Kerala was established in July 2022 in Ernakulam district.
It currently offers ten speciality services, marking a milestone in expanding urban secondary healthcare access.

CHAPTER 13

NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME

In 2020, the Revised National Tuberculosis Control Programme (RNTCP) was renamed as the National TB Elimination Program (NTEP) to emphasize the aim of the Government of India to eliminate TB in India by 2025, five years ahead of the global targets of 2030. The National Tuberculosis Elimination Programme (NTEP) in India aims to eliminate TB by 2025, five years ahead of global targets. It is implemented under the National Health Mission (NHM), with a National Strategic Plan focused on early diagnosis, prompt treatment, active case finding, infection control, and multi-sectoral approaches.

13.1 Components of NTEP

The SDG targets with regard to TB (baseline 2015) are:

- 80% reduction in incidence
- 90% reduction in mortality
- Zero TB patients and their households face catastrophic costs as a result of TB disease.

The programme has been guided by the National Strategic Plan 2017-2025, and the key programme activities are implemented under 4 strategic pillars – "Detect – Treat – Prevent – Build" (DTPB).

13.2 Key aspects of NTEP implementation

- **National Strategic Plan:** A comprehensive plan with objectives like early diagnosis, prompt treatment, active case finding, and multi-sectoral action.
- **Four Pillars:** The NTEP operates under the four pillars of DETECT, TREAT, PREVENT, and BUILD.
- **Early Diagnosis and Treatment:** Focus on providing free diagnostic services, including sputum smear tests and Nucleic Acid Amplification Tests (NAAT), and prompt treatment with quality-assured drugs.
- **Active Case Finding:** Conducting campaigns in vulnerable populations and engaging with the private sector.
- **Infection Control:** Implementing measures to control airborne infection.

- **Multi-sectoral Approach:** Addressing social determinants of TB through collaboration with various stakeholders.
- **Private Sector Engagement:** Involving private health facilities in TB management.
- **Nutritional Support:** Providing nutritional support to TB patients through the Ni-kshay Poshan Yojana.
- **Information and Communication:** Conducting IEC interventions to reduce stigma, enhance awareness, and improve health-seeking behaviour.
- **Preventive Treatment:** Providing TB preventive treatment (TPT) to contacts and vulnerable populations.
- **Monitoring and Supervision:** Using the Ni-kshay portal to track notified TB cases.
- **Ni-kshay Mitra Initiative:** Providing additional support to TB patients and household contacts.
- **Decentralized Services:** Scaling up molecular diagnostic laboratories to sub-district levels and expanding shorter oral regimens for drug-resistant TB.
- **Focus on Co-morbidities:** Addressing coexisting conditions like malnutrition, diabetes, HIV, and substance abuse.

13.3 Trends in Tuberculosis Cases and Deaths (2021–2025)

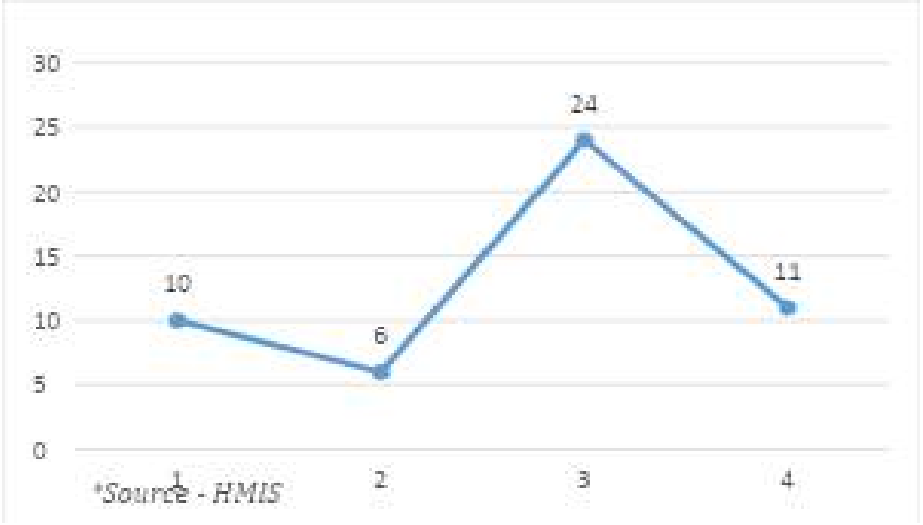
In Ernakulam district Tuberculosis cases and deaths trends as follows,

- Childhood diseases fluctuated, peaking in 2023–24 (24 cases) and declining thereafter.
- In-patient cases steadily increased from 183 (2021–22) to 388 (2024–25), showing rising hospitalization rates.
- Out-patient cases surged sharply from 5,735 (2023–24) to 8,700 (2024–25), indicating higher healthcare utilization.
- TB patients on therapy slightly declined from 3,578 to 3,436, while TB-related deaths among adolescents/adults varied but remained relatively low.

Table 13.3.1 Trends in Tuberculosis Cases and Deaths in Ernakulam

Category	Year			
	2021-22	2022-23	2023-24	2024-25
Childhood Disease	10	6	24	11
In Patient	183	259	346	388
Out Patient	NA	NA	5735	8700
Number of Notified TB Patients on Anti TB Therapy	NA	NA	3578	3436
Number of Adolescent/ Adult Deaths due to TB	16	10	26	22
**Source - HMIS*				

Graph 13.3.1 Trends in Childhood TB Cases in Ernakulam



CHAPTER 14

NATIONAL AIDS CONTROL PROGRAM (NACP)

14.1 NACP Overview in Ernakulam District

In Ernakulam through Integrated Counselling and Testing Centres (ICTCs) provide HIV counselling & testing services, Prevention of Parent to Child Transmission of HIV (PPTCT) services and HIV-TB cross referrals. These services have linkages with TI NGOs/CBOs and outward linkages with ART centres, outreach services, peer support services, OI management and home-based care.

Targeted Intervention (TI) is one of the main components under NACP IV. Kerala has rich experience in Targeted Intervention Program as the program started way back in 1996 and managed by different management units with the help of experienced technical professionals. The Program is designed to reduce the rate of HIV transmission among the Core Group viz. Female Sex Workers (FSWs), Men having Sex with Men (MSMs) and Injecting Drug Users (IDUs), Transgender & Bridge populations like Interstate Migrants and Long-Distance Truckers. The TI programme was being implemented initially through Non-Governmental Organizations (NGOs)& Local Self Government (LSG), but an impact of the empowerment of the primary Stakeholder communities, lately, many of these projects have been entrusted for implementation through Community Based Organizations (CBOs). In Ernakulam programme is managed by 3 CBOs and 5 NGOS.

The care, support and treatment need of HIV positive people vary with the stage of the infection. The HIV infected person remains asymptomatic for the initial few years; it manifests by six to eight years. As immunity falls over time the person becomes susceptible to various opportunistic infections (OIs). At this stage, medical treatment and psycho-social support is needed. Access to prompt diagnosis and treatment of OIs ensures that PLHAs live longer and have a better quality of life these services are provided by two ART centres functional in Medical College and General Hospital Ernakulam

Two centres are taking care of STI Identification and management in the district functional at GH Ernakulam and Medical College Ernakulam.

14.2 NACP Service Facilities

The district has a well-established network of National AIDS Control Programme (NACP) service centres, including 8 Targeted Interventions (TIs), 8 Integrated Counselling and Testing Centres (ICTCs), 2 STI/RTI clinics, 2 ART centres, and 25 blood banks (3 government, 22 private). These facilities together support HIV prevention, diagnosis, treatment, and safe blood supply in the district.

Table 14.2.1 NACP service facilities operational in Ernakulam

Name of HIV service centres	No. of HIV Service centres
Targeted interventions	8
Integrated counselling and testing centres	8
Designated STI & RTI clinic	2
ART Centre	2
Link ART	0
Blood Banks (Government)	3
Blood Banks (Private)	22
**Source – Statistical division DMOH*	

14.3 Targeted Intervention projects in Ernakulam

The district implements nine TI projects focusing on key high-risk groups (FSW, MSM, IDU, Migrants, and Truckers). By March 2025, over 34,000 individuals were registered, with large new enrolments among migrants and truckers. During 2024–25, extensive HIV and STI screenings were conducted with HIV positivity detected across all groups, particularly migrants (23 cases) and MSM (8 cases). ART coverage is good, with most HIV-positive HRGs linked to treatment. Syphilis screening also achieved broad coverage, identifying a few positive cases mainly among MSM and FSW.

Table 14.3.1 Targeted Intervention projects in district

Indicator	FSW	MSM	IDU	Migrant	Truckers
Total No. of TI Projects	2	1	2	2	
Total registration till March 2025	2195	1834	1010	20233	9352
New registration 2024-25	220	357	196	14105	9352
Total HIV Screening during 2024-25 ICTC	2103	2130	5819	2646	16744
HIV Positive found	3	8	5	23	1
Total no. of alive HRG Currently registered at ART Centres	17	8	23	85	5
Total HRG Positive currently on ART	12	8	16	12	5
Total STI Screening during 2024- 25.	4306	3337	3319	15226	5596
STI Cases diagnosed and treated	10	55	0	159	86
Total syphilis screening during 2024-25	2698	1950	1386	25	31
Syphilis positive cases	4	22	0	2	0
**Source – Statistical division DMOH*					

14.4 Testing of General Clients at ICTCs in district

Between April 2024 and March 2025, a total of 124,061 general clients were tested for HIV across Integrated Counselling and Testing Centres (ICTCs) in the district, including Facility ICTCs (FICTCs). Of these, 229 individuals were diagnosed HIV-positive, resulting in a positivity rate of 0.18%. This data reflects the district's continued commitment to widespread HIV screening and early case detection among the general population, which is crucial for timely linkage to care and prevention of further transmission.

Table 14.4.1 indicates ongoing efforts in HIV surveillance and early diagnosis among the general population in Ernakulam district.

Table 14.4.1 Testing of General Clients

ICTC	FICTC	CBS	PPP	TOTAL	General clients positive	% positive
61442	62619	0	0	124061	229	0.18%
**Source - MIMS*						

14.5 Prevention of Parent to Child Transmission of HIV

In Ernakulam district, during the reporting period, a total of 15,094 antenatal care (ANC) clients were tested for HIV across Integrated Counselling and Testing Centres (ICTCs) and Facility ICTCs (FICTCs). Of these, 3 ANC clients tested positive for HIV. This highlight ongoing efforts in early detection of HIV among pregnant women to ensure timely intervention and prevent mother-to-child transmission.

Table 14.5.1 Shows ANC Clients tested for HIV in Ernakulam with number of positive cases.

Table 14.5.1 ANC Clients Tested for HIV in Ernakulam District.

District	ICTC	FICTC	PPP	Total	ANC positive
Ernakulam	7853	7241	0	15094	3
**Source - MIMS*					

Table 14.5.2 shows data under PALS program in Ernakulam District

Table 14.5.2 PALS Program in Ernakulam

Year	Male	Female	TG	Total
2024-25	170	30(1 child)	1	201
**Source - MIMS*				

In the year 2024-25, a total of 102,548 blood units were collected in the district, reflecting the capacity and efficiency of the blood donation and collection services during this period.

Table 14.5.3 Blood Units Collected in Ernakulam District

Year	No of Blood Units Collected
2024-25	102548
**Source – Statistical division DMOH*	

Annexures

Fig No: 1 Glaucoma Day Celebration

Fig No:2 I SUPPORT PUBLIC HEALTH ACT CAMPAIGN

Fig No:3 International Yoga Day Celebration

Fig No:4 World Immunization Day Celebration

Fig No:5 DMO CONFERENCE

Fig No:6 Pink Metro. AROGYAM ANANDHAM CAMPAIGN In Metro

Fig No:7 Peer Educators Program

Fig No:8 RKSK Adolescent Health Awareness Program

Fig No 9: world Anti- microbial Awareness week observance

Fig No:10 World Rabies day observance

Fig No:11 World No Tobacco Day observance

Fig No:12 World Elderly Day celebration

Fig No:13 World Mental Health Day Celebration

Fig No:14 Ente Keralam Expo stall by District Health Authority Ernakulam

Fig No:15 Ente Keralam expo training session lead by DMOH Ernakulam

Fig No. 16 Government Health Facilities - Ernakulam


താലൂക്ക് ഹെഡ്ക്വാർട്ടേഴ്സ് ആശുപത്രി


കോതമംഗലം നഗരസഭ
താലൂക്ക് ആസ്ഥാന ആശുപത്രി, കോതമംഗലം


കൊച്ചി മുനിസിപ്പൽ കോർപ്പറേഷൻ
ഗവ: മഹാരാജാസ് താലൂക്ക് ആശുപത്രി


ENTRANCE


കമ്മ്യൂണിറ്റി ഹെൽത്ത് സെന്റർ


COMMUNITY HEALTH CENTRE
RURAL HEALTH TRAINING CENTRE
Break
Chain


BLOCK FAMILY HEALTH CENTRE


PROF.T.N.KESAVAPILLAI MEMORIAL


BLOCK FAMILY HEALTH CENTRE, VARAPETTY


OP BLOCK
LABORATORY


സാമൂഹികാരോഗ്യകേന്ദ്രം
കടയിരുപ്പ്


BLOCK FAMILY HEALTH CENTRE, VAZAVUCODE


O.P. DEPARTMENT
EVENING O.P. / CASUALITY


FAMILY HEALTH CENTRE EDAPPALLY


O.P WING


AYUSHMAN AROGYA MANDIR
AROGYAM


VYPIN BLOCK PANCHAYATH
BLOCK FAMILY HEALTH CENTRE, MUNAMBAM


പ്രാഥമിക ആരോഗ്യകേന്ദ്രം, പിഴല


കുടുംബാരോഗ്യകേന്ദ്രം
Building No. 1
• O.P
• LAB
• PHARMACY
Building No. 2
• പൊതുജനാരോഗ്യ വിഭാഗം
• കുടുംബക്ഷേമ വിഭാഗം
• ഓഫീസ്
Building No. 3
• ആരോഗ്യ ഉപകേന്ദ്രം


Family Health Centre


KUMBALAM GRAMAPANCHAYATH
FAMILY HEALTH CENTRE PANANGAD


MARADU MUNICIPALITY
FAMILY HEALTH CENTRE NETTOOR


FAMILY HEALTH CENTRE PINDIMANA


AYUSHMAN AROGYA MAN


LA FLOODS REHABILITATION INITIATIVE
CHITTATTUKARA GRAMAPAN
FAMILY HEALTH CENTRE CHIT
ATTUKARA


ആയുഷ്മാൻ ആരോഗ്യ മന്ദിർ AYUSHMAN AROGYA MANDIR
ARGEYAM PARAMAM DHANAM


പ്രാഥമിക ആരോഗ്യ കേന്ദ്രം


കുടുംബാരോഗ്യ കേന്ദ്രം കളമശ്ശേരി
KALAMASSERY MUNICIPALITY
FAMILY HEALTH CENTRE KALAMASSERY


മഴക്കാൽ


PHC CHOTTANIKKARA


എടയ്ക്കാട്ടുവയൽ ഗ്രാമപഞ്ചായത്ത്
പ്രാഥമിക ആരോഗ്യകേന്ദ്രം തൊട്ടൂർ
തൊട്ടൂർ കൈപ്പട്ടൂർ PO . Pin:682313


PRIMARY HEALTH CENTRE VALAKKADU


FAMILY HEALTH CENTRE MUDAKUZHA


കുടുംബാരോഗ്യ കേന്ദ്രം
ആയുഷ്മാൻ ആരോഗ്യ മന്ദിർ
Ayushman Arogya Mandir
Arogyam Paramam Dhanam


FAMILY HEALTH CENTRE AVOLY


കുടുംബ ആരോഗ്യകേന്ദ്രം മാറാടി


FAMILY HEALTH CENTRE NUMMUKARA
AYUSHMAN AROGYA MANDIR


AYUSHMAN AROGYA MANDIR
AROGYAM PARAMAM DHANAM


കുടുംബ ആരോഗ്യ കേന്ദ്രം ഒക്കൽ
FAMILY HEALTH CENTRE OKKAL

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Dr. Arathy krishnan	DMO	DMOH	Review and monitoring		
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