HEALTH@IDUKKI

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

KERALA.HEALTH

December 2025

HEALTH@IDUKKI

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Index

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

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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 Idukki. 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 Idukki.

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

I wish a grand success to this initiative.

Veena George

Foreword

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

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

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

The Department is in the process to publish Books of all the districts and it will be a Health@District encyclopaedia 2025 edition as a part of 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@Idukki** will be a resource book for health functionaries, researchers, students as well as to people to understand the developments in health sector in Idukki. 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 Satheesh K N, DMO Idukki, Dr Khyas E K, DPM Idukki 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 Idukki 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 അഭിനന്ദനർഹമാണ്.

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- AN OVERVIEW

1.1 Introduction

Idukki is a high-range district located in the central part of Kerala, known for its scenic beauty, wildlife sanctuaries, and major hydroelectric projects. It is one of the most forested and sparsely populated districts in the state, with over 95% of its population living in rural areas. The district is home to the famous Idukki Arch Dam, one of Asia's highest arch dams, and serves as a vital source of power for Kerala. Idukki's landscape is dominated by hills, rivers, and dense forests, making it a hub for eco-tourism and spice cultivation, particularly cardamom and pepper. Despite its remote terrain, Idukki has made significant strides in infrastructure, education, and healthcare, showcasing a unique blend of natural richness and human development. Idukki, one of the 14 districts of Kerala state was created on 26th January 1972. This beautiful High range district of Kerala is geographically known for its Mountainous Hills and Dense Forests. For the people of Kerala, Idukki is always associated with Power Generation. About 66% of the State's Power needs come from the Hydroelectric Power Projects in Idukki. The district is predominantly hilly and forested, with about 97% of the area covered by mountains and forests. Major rivers such as the Periyar, Thodupuzhayar, and Pamba originate here. Idukki experiences a cool and pleasant climate throughout the year due to its high elevation, with significant rainfall during the monsoon season. Idukki is also known as the Spice Garden of Kerala.

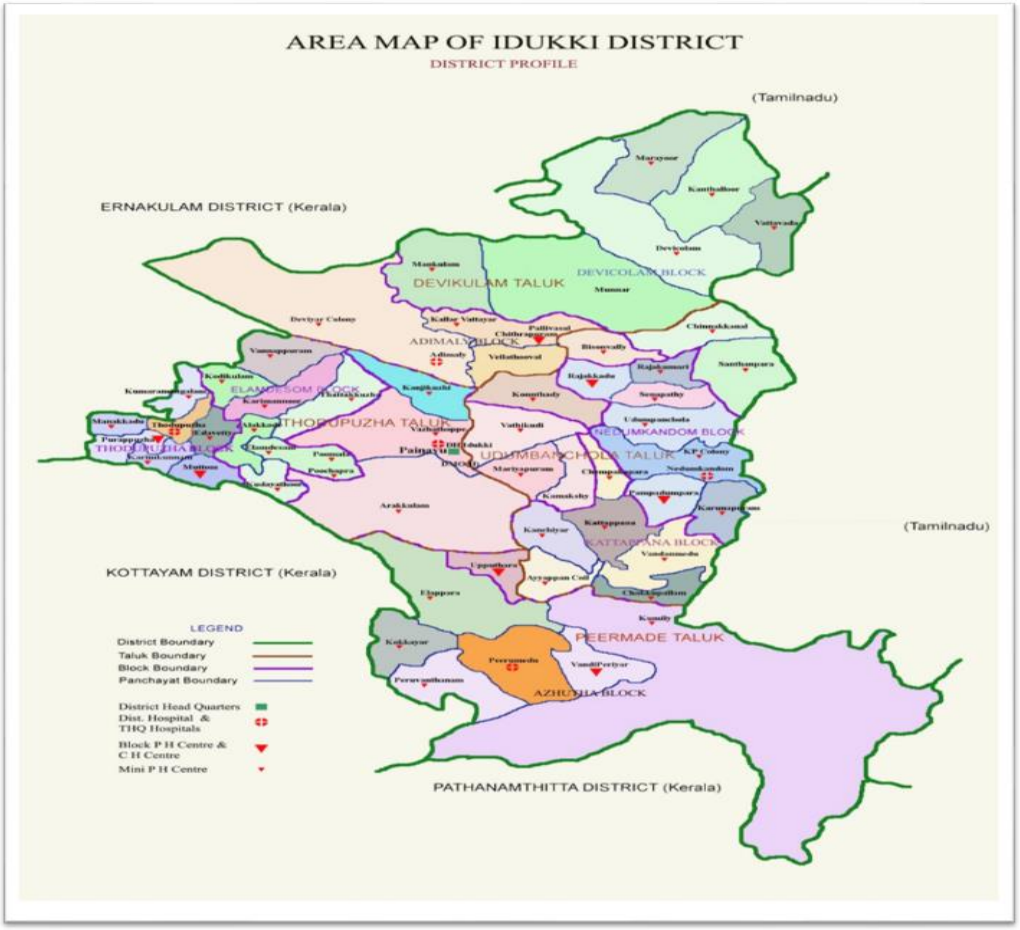


Figure 1.1.1: Area map of District

1.2 Administration

The administration of Idukki district is structured through a well-defined system of local self-governance that includes municipalities, health blocks, revenue blocks, and grama panchayats, ensuring efficient delivery of public services at the grassroots level. The district comprises two municipalities—Thodupuzha and Kattappana—which manage urban administration, including public health, infrastructure, waste management, and civic amenities. For healthcare administration, Idukki is divided into eight health blocks, which oversee Primary Health Centres and hospitals in both rural and urban areas. In terms of revenue administration, the district is organized into eight revenue blocks: Adimali, Azhutha, Devikulam, Elamdesham, Idukki, Kattappana, Nedumkandam, and

Thodupuzha. Each revenue block includes several grama panchayats, which are the basic units of rural governance. There are over 50 grama panchayats in Idukki, and each is subdivided into wards—smaller administrative units represented by elected ward members—facilitating decentralized planning and governance. This administrative framework allows for effective implementation of government schemes, local development projects, and public service delivery across the hilly and geographically diverse terrain of the district.

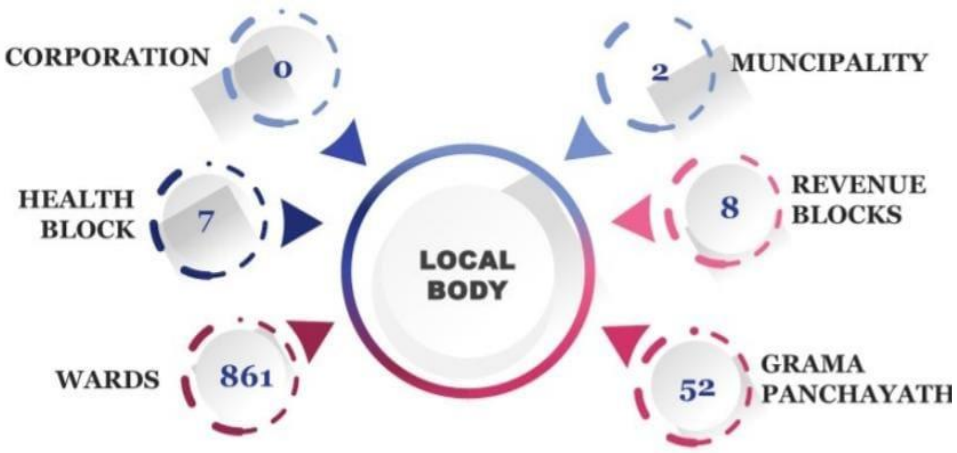


Figure 1.2.1: Details of Local Self Government

1.3 Demographic Profile of the District

As per the 2011 Census, Idukki district in Kerala had a total population of 1,108,974, with a nearly equal gender distribution—552,808 males and 556,166 females—resulting in a sex ratio of 1,006 females per 1,000 males. The district, spanning an area of 4,356 sq. km, had a low population density of 255 persons per sq. km and recorded a negative population growth rate of -1.79% from 2001 to 2011. Idukki remains predominantly rural, with only 4.69% of its population residing in urban areas. The literacy rate stood at an impressive 91.99%, with male literacy at 94.56% and female literacy at 89.45%. Children aged 0–6 years made up 9.53% of the population, and the child sex ratio was 964 girls per 1,000 boys. The district also has a significant presence of Scheduled Castes (13.1%) and Scheduled Tribes (5.03%).

1.3.1 Population Size and Density

The Table 1.3.1presents a historical overview of the population distribution in the district over a span of 110 years, from 1901 to 2011. It highlights the total population figures along with gender-wise breakdowns for each census year. This longitudinal dataset offers valuable insights into demographic trends, including growth patterns, gender ratios, and shifts in population density across decades. The below tables show the population distribution details in decades.

1.3.2 Population Distribution of District (1911 – 2011)

The table illustrates the demographic evolution of the district over eleven decades, highlighting total population figures along with male and female distributions. Starting from 47,666 in 1901, the population saw consistent growth, peaking at over 1.12 million in 2001 before slightly declining in 2011. Gender data shows a gradual balancing of male and female populations, with females slightly outnumbering males in 2011. This dataset reflects long-term trends in urbanization, health, and social development across the region.

Table 1.3.2.1 Population Distribution of Idukki (1911-2011)

Year	Total	Male	Female
1901	47666	25,928	21,738
1911	99564	54,050	45,514
1921	108751	58,765	49,986
1931	187680	1,02,358	85,322
1941	244296	1,30,286	1,14,010
1951	331422	1,73,630	1,57,792
1961	574844	3,00,281	2,74,563
1971	758166	3,91,499	3,66,667

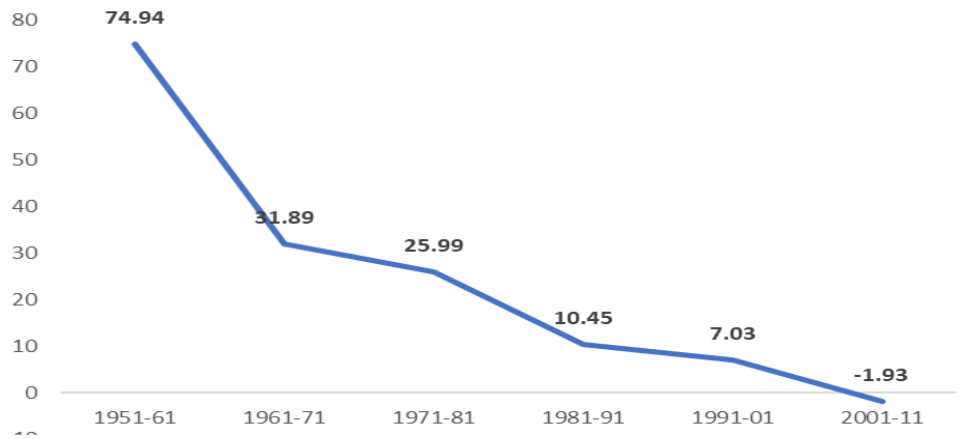
1981	955241	4,86,561	4,68,680
1991	1055023	5,34,097	5,20,926
2001	1129221	5,66,682	5,62,539
2011	1108974	5,52,808	5,56,166

Source - Censes of India

1.3.3 Decadal Population Growth of District

Idukki district experienced fluctuating decadal population growth, with notable increases until 2001 and a slight decline in 2011. The growth rate from 2001 to 2011 was approximately -1.93%, indicating a rare population decrease.

Graph 1.3.1: Percentage Decadal Variation in Population

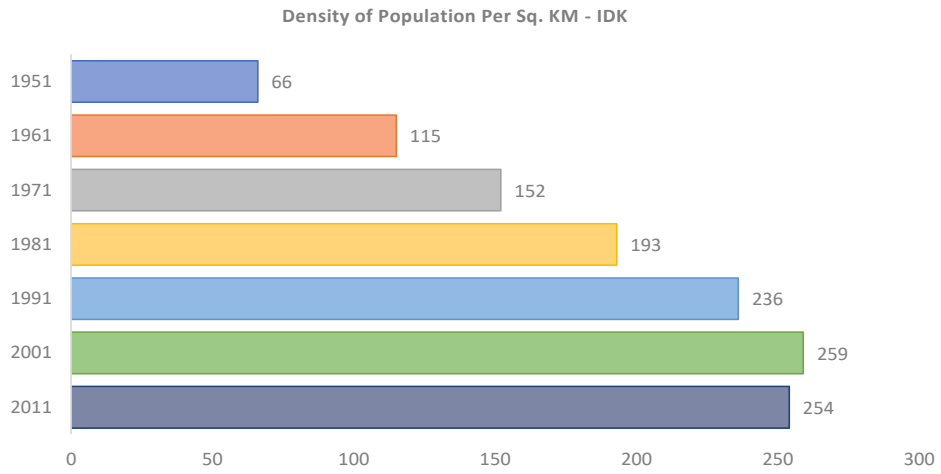


Source: Census

1.3.4 Density of Population per Sq.km in Idukki District (2011)

As per the 2011 Census, the population density of Idukki district is approximately 255 persons per square kilometre.

Graph 1.3.4.1: Density of Population Per Sq. KM

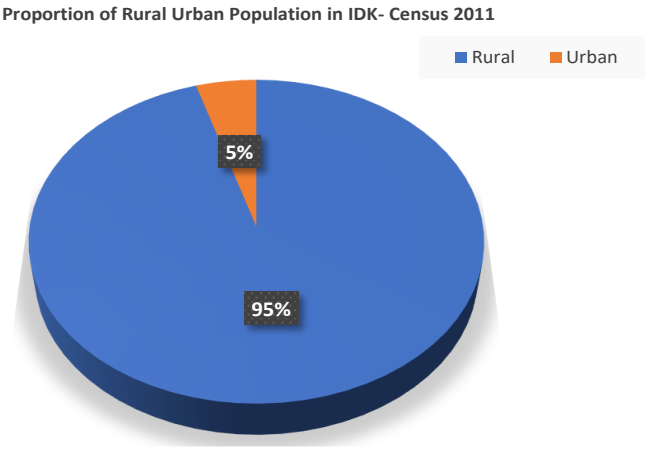


Source: Census of India

1.3.5 Urban Rural Difference in Idukki District (2011)

As per the 2011 Census, only ***4.7%*** of Idukki's population lives in urban areas, while a vast ***95.3%*** resides in rural regions, making it one of the most rural districts in Kerala.

Graph 1.3.5.1: Proportion of Rural Urban Population in IDK – Census 2011



Source: Census of India

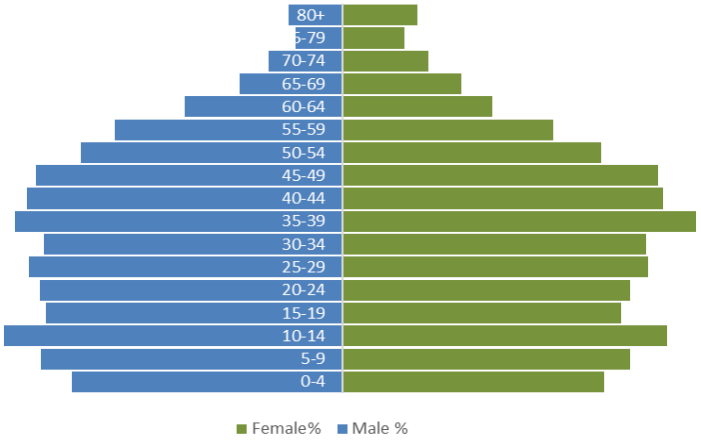
1.4 Age and Sex Distribution

This section presents the demographic pattern of the district based on Census 2011 data, focusing on the distribution of population by age and sex. It includes an age pyramid illustrating the proportion of males and females across different age groups, providing insights into the district's population structure. The section also covers the sex ratio at birth and the overall sex ratio, highlighting gender balance and demographic trends in the district.

1.4.1 Age and sex distribution of population in Idukki district (2011)

As per the 2011 Census, Idukki district had a total population of 1,108,974**,** with **552,808 males** and **556,166 females**, resulting in a sex ratio of 1,006 females per **1,000 males**. The age structure shows a strong working-age population and a growing elderly segment, reflecting both demographic stability and the need for age-specific services.

Graph 1.4.1: Age and Sex Distribution of Population – Idukki - Census 2011



Source: Census of India- 2011

The sex ratio at birth in the district shows a fluctuating trend over the past five years. It improved from 960 in 2020–21 to 1001 in 2021–22, indicating a favourable balance between male and female births during that year. However, the ratio declined in the following years, reaching 990 in 2022–23, 970 in 2023–24, and further down to 951 in 2024–25. The recent decline suggests the need for continued monitoring and awareness initiatives to promote gender equity and prevent gender bias in childbirth.

Table I.4.1 Sex Ratio at Birth

Year	Sex ratio at Birth
2020-21	960
2021-22	1001
2022-23	990
2023-24	970
2024-25	951
Source: HMIS	

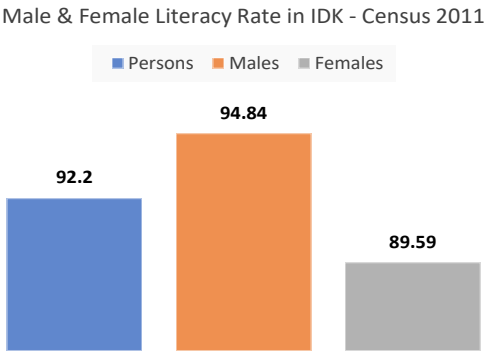
Table1.4.2 Sex Ratio – All Population

Year	Sex ratio at Birth
1991	975
2001	993
2011	1006
Source: Census of India	

The population sex ratio in the district has shown a consistent improvement over the years, rising from 975 females per 1,000 males in 1991 to 993 in 2001 and further to 1006 in 2011, as per the Census of India. This steady increase indicates positive demographic changes, reflecting improved survival rates of females and a gradual move toward gender balance in the overall population.

1.5 Literacy rate of Idukki District (2011)

Graph 1.5.1: Literacy Rate of Idukki – Census 2011



As per the Census 2011, Idukki district recorded a literacy rate of 92.2 percent, with male literacy at 94.84 percent and female literacy at 89.59 percent. While the overall literacy rate is high, the gap of about 5 percentage points between males and females indicates the need for continued efforts to promote female education and reduce gender disparity in literacy.

1.6 Vulnerable population groups (SC/ST communities, etc.)

The table 1.6.1 shows the Scheduled Caste (SC) and Scheduled Tribe (ST) population in Idukki district, totalling **201,301** people. Of these, **SCs account for 145,486** and **STs for 55,815**. The gender distribution is nearly equal, with **100,394 males** and **100,907 females**, indicating a balanced demographic among these communities.

Table 1.6.1 SC/ST Population of Idukki (2011)

	SC	ST	Total
Total	145486	55815	201301
Male	72399	27995	100394
Female	73087	27820	100907

Source – Census of India

CHAPTER 2

DISTRICT HEALTH DASHBOARD

District AT A GLANCE

Administrative Divisions	Population	Area
Thaluks – 5 Villages – 66 Municipalities – 2 Corporations –0 Block Panchayath- 8 Grama Panchayath -52	Population As per Census 2011 – 1108974 Male – 552808 Female – 556166	Total Area (Sq. K)–4356 Population Density (No per Sq K) - 254 Decadal Population Growth Rate - -1.93

Healthcare Infrastructure under DHS

District Level Hospitals	Sub District Level Hospitals	Community Health Centres
DH – 2 GH – 0 W&C – 0	THQH – 3 TH – 1	Total CHC – 13 Converted to FHC - 5

2

4

5

Primary Health Centres		Janakeeya Arogya Kendram		Other Institutions	
Total PHC – 45 Converted to FHC – 44	45	Janakeeya Arogya Kendram - 309	309	School of Nursing – 2 Training Center – 1 PH Lab – 0 DVC Units – 1 Offset Press - 0	Blood Bank – 2 Public – 1 Private -1 Blood Storage Unit – 1

Reproductive, Maternal, and Child Health Services 2024-25

Pregnant Women Registration: 2024-25		Pregnant Women-Anaemia 2024-25		Rising C-Section Rates in the district 2024-25	
The number of pregnant women in Idukki shows a sharp decline post-COVID	10283	27% pregnant women were identified as anaemic through VIVA testing.	16%	Idukki continues to maintain a high C-section rate in both public and private sectors	52%
Maternal Deaths 2024-25		**Preterm Births 2024-25**		**Underweight Newborns 2024-25**	
Total Maternal Deaths Reported in	3	The proportion of preterm births in the	7%	The proportion of newborns weighing less	13%

the District Idukki- 3	**district Idukki**	**than 2.5 kg in the district -**
Delivery 2024-25	**Home Delivery 2024-25**	**Live Birth 2024-25**
Institutional Deliver in the district – 7452	**Home Delivery Reported in the district – 37**	**Total Live Birth Reported – 7526**
Public – 2480		**Male – 3858**
Private – 4972	**No. of Migrant Home Delivery – 15**	**Female – 3668**
		Sex Ratio at Birth – 951

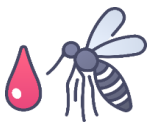
CHILD IMMUNIZATION 2024-25

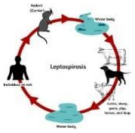
% Birth Dose	6 Weeks Vaccines Coverage (%)	10 Weeks Vaccines Coverage (%)
Hep B0 – 99	OPV1 – 99	OPV2 - 99
OPV 0 – 99	Penta 1 – 99	Penta 2 - 99
BCG - 99	Rota 1 – 99	Rota 2 – 99
	PCV1 – 99	
	IPV 1 – 99	

% 14 Week Vaccines	% Children Fully Immunized	MR 2 Coverage (%)
OPV3 - 99 Penta 3-99 Rota 3 -99 IPV 2 - 99 PCV2- 98	MR1 – 99 FULLY IMMUNIZED - 98 (children aged between 9 and <12 months)	MR2 - 98

Communicable diseases reported in the District 2024

Cases Reported **Dengue- 655** **Malaria- 200** **Chikungunya- 0** **West Nile-0** **Zika- 0** **JE- 0**	**3** Dengue Death	**Cases Reported** **Kala Azar-0** **Scrub Typhus -18** **Leptospirosis-55**	**4** Leptospirosis Death	**Cases Reported** **Cholera - 0** **Typhoid- 5** **Acute Diarrheal Disease - 9148**	**0** ADD Death





Communicable diseases reported in the District 2024

Chicken Pox Cases- 531 **MPox Cases-0**	**0** Chicken Pox Death	**Rabies Cases Reported- 1** **Shigella cases-0**	**1**	**Cases Reported** **Hepatitis A - 105**	**3** Hepatitis A

Amoebic Meningo Encephalitis – 0

Rabies Death

Hepatitis B- 22

Hepatitis C-5

Hepatitis E - 0

Death

CHAPTER 3

HEALTH INFRASTRUCTURE PROFILE OF THE DISTRICT

3.1 Introduction

This chapter provides an overview of the health infrastructure in the district, including the number and distribution of health facilities, bed strength, and availability of specialized and accredited centres. It highlights the status of Aardram Mission initiatives such as the conversion of institutions into Family Health Centres (FHCs) and the functioning of delivery points. The chapter also presents information on rural–urban distribution, specialized care centres, and NQAS-accredited facilities, offering a comprehensive picture of the district's healthcare capacity and service quality.

3.2 Details of Health Facilities in Idukki District

The table presents the distribution of health institutions in Idukki district includes **2 district hospitals, 4 taluk hospitals, 13 community health centres**, and 43 **family health centres**. Notably, there are **309 sub-centres**, indicating a strong focus on rural healthcare outreach. The district lacks a general hospital but maintains essential services like a **TB centre, mobile units**, and **24x7 primary health centres**, reflecting a decentralized healthcare network suited to its hilly terrain.

Table 3.2.1 Number of Health Facilities in Idukki District

Total No.in the District	Total No.in the District
General Hospital	0
District Hospital	2
District TB Centre	1
Taluk Hospitals	4
Community Health Centre	13
Family Health Centre	43

Primary Health Centre	1
Mobile Unit	5
Sub Centre	309

Source – District data

3.3 Bed strength in different health facilities

The table (3.3.1) provides an overview of healthcare facilities and bed capacity in Idukki district. There are **63 health institutions** with a total of **1,132 sanctioned beds**. Major contributors include **district hospitals (274 beds), taluk hospitals (290 beds), community health centres (282 beds)**, and **family health centres (286 beds)**. Sub-centres and mobile units, while numerous, do not have inpatient beds. The absence of a general hospital and limited beds in primary health centres reflect the district's focus on decentralized and community-based healthcare services.

Table 3.3.1 Number of Bed Strength in Idukki District

Type of Health Institution/Facility	Total No.in the district	Bed Strength Sanctioned
General Hospital	Nil	
District Hospital	2	274
District TB Centre	1	NIl
Taluk Hospitals	4	290
Community Health Centre	13	282
Family Health Centres	43	286
Primary Health Centre	1	Nil
Mobile Unit	5	0
Sub Centre	309	0
TOTAL	**63**	**1132**

Source – District data

3.4 Health facilities in Urban rural Area

The **distribution of health facilities in Idukki district** shows a clear dominance of rural healthcare infrastructure, reflecting the district's predominantly hilly and rural geography. Out of the total health institutions, the **majority are located in rural areas**, including Primary Health Centres (PHCs), Community Health Centres (CHCs), and Sub-Centres (Ayushman Arogya Mandirs). Around **309 sub-centres** operate in rural regions, while only about **12** are situated in urban areas.

Table 3.4.1 Distribution of health facilities in Urban rural Area

Type of Facility	R	U	All
CHC	13		13
DH	1	1	2
PHC	41		41
SDH	3	1	4
Others	3		3
SC	**307**	**2**	**309**

Source – District data

3.5 Health facilities converted to FHC

Under the **Aardram Mission** of the Government of Kerala, several Primary Health Centres (PHCs) in **Idukki district** have been upgraded to **Family Health Centres (FHCs)** to provide more comprehensive, patient-friendly, and continuous healthcare services. This transformation focuses on strengthening primary care through improved infrastructure, extended working hours, and better diagnostic and laboratory facilities.

Table 3.5.1 Total no of facilities converted to FHC

Type of Health Institution/Facility	Total no of facilities converted to FHC	Total no of FHC completed civil work (31st march 2025)
Family Health Centres	43	34
CHC	13	2

Source – District data

3.6 Delivery Point in the District

The table shows the number of delivery points in Idukki district across public and private health institutions. Public facilities include **2 district hospitals (DH)** and **3 sub-district hospitals (SDH)** offering delivery services, while private facilities contribute **1 Medical College (MCH)** and **18 other delivery points**. This distribution highlights the reliance on both public and private sectors for maternal healthcare in the district.

Table 3.6.1 Number of Delivery Point in the District

Type of Health Institution/Facility	Number of Delivery Point	
	Public	Private
MCH	Nil	1
DH	2	18 (other Pvt)
GH	Nil	
SDH	3	

Source – District data

3.7 Other Specialised care Centres

The table lists specialized healthcare facilities in Idukki district as of **31st March 2025**. It includes **1 District Early Intervention Centre (DEIC)**, **18 physiotherapy units**, **4 dialysis units**, and **1 stroke unit**. Facilities like **Nutrition Rehabilitation Centres**

(NRCs), **Special Newborn Care Units (SNCUs)**, and **Cath labs** are currently unavailable, indicating limited access to advanced and neonatal care services in the district.

Table 3.7.1 Number of other Specialised care Centres

Type of Health Facility	No. of Facility (31st march 2025)
NRC	Nil
DEIC	1
SNCU	Nil
NBSU	5
Physiotherapy Units	18
Dialysis Unit	4
Cath lab	Nil
Stroke unit	1

Source – District data

3.8 NQAS Accredited facilities

The table highlights the NQAS certification status of health institutions in Idukki district. Out of **373 facilities**, only **Primary Health Centres (PHCs)** and **Urban PHCs (UPHCs)** have received quality certifications. Specifically**, 7 PHCs** and **1 UPHC** are both **state and nationally certified.**

Table 3.8.1 NQAS Accredited facilities (31st march 2025)

Type of Health Institution/Facility	Total no. of Institution/Facility	State Certified	Nationally certified
DH	2	Nil	
TH	4	Nil	

CHC	13	Nil	
PHC	43	7	7
UPHC	2	1	1
AAM-SC	309	Nil	Nil

3.9 Dialysis Units

Table 3.9.1: Dialysis units of Idukki district

Name of institutions	No. of sanctioned beds	No. of shifts	No. of patients
DH Idukki	12	3	53
DH Thodupuzha	16	2	33
THQH Adimali	5	2	15
TH Kattappana	10	2	42

Source – District data

Dialysis services in Idukki district are provided across four key institutions, with a combined total of 43 sanctioned beds. DH Idukki operates the highest number of shifts (3) and serves the largest patient load (53), while DH Thodupuzha, which has 16 beds and caters to 33 patients over two shifts. Taluk-level facilities—THQH Adimali and TH Kattappana offer 5 and 10 beds respectively, each running two shifts and serving 15 and 42 patients.

3.10 AARDRAM WORKS – FHC Transformation

The following institutions were completed: construction of FHCs and providing service of the same. FHC Chinnakanal NQAS Certified Institution.

Table 3.10.1: FHC transformation details

Institution	As amount	Budget source	Present status
FHC Vattavada	12.67	Plan	Completed
FHC Chinnakanal	15.50	NHM	Completed
FHC Bison Valley	15.50	NHM	Completed
FHC Mankulam	15.50	NHM	Completed
FHC Edamalkudi	15.50	NHM	Completed

Source – District data

Under the Aardram Mission, five Family Health Centres (FHCs) in Idukki district have successfully completed infrastructure transformation and are now operational. These include FHCs at Vattavada (₹12.67 lakh, Plan fund) and Chinnakanal, Bison Valley, Mankulam, and Edamalkudi (each ₹15.50 lakh, funded by NHM). Notably, FHC Chinnakanal has achieved NQAS certification, reflecting adherence to national quality standards.

3.10.1 AardramWorks – The following Aardram works were completed in this area.

Table 3.10.1.1: Upgradation works in the health facilities

Institution	Name of work / scheme	As amount	Budget – source	Present status
FHC Udumbanchola	Upgradation works	23.93	Plan	Completed
CHC Karunapuram	Upgradation works	15.50	NHM	Completed
FHC Rajakumari	Upgradation works	15.50	NHM	Completed

BFHC Pampadumpara	Upgradation works	15.50	NHM	Completed
FHC K P Colony	Upgradation works	15.50	NHM	Completed

Source – District data

In the latest phase of Aardram Mission implementation, several health facilities in Idukki district have successfully completed upgradation works, enhancing service delivery and infrastructure. FHC Udumbanchola underwent improvements with ₹23.93 lakh from plan funds, while CHC Karunapuram, FHC Rajakumari, BFHC Pampadumpara, and FHC KP Colony each received ₹15.50 lakh through NHM support.

3.10.2 Udumbanchola Assembly constituency

Table 3.10.2.1: Upgradation works in Udumbanchola constituency

Institution	Name of work / scheme	Agency	AS amount (in Lakhs)	Budget source	Present status	Date of completion
PHC Pampadumpara	New building	KEL	110	ROP 20-21	Completed	Mar-24
PHC KP colony	New building	KEL	110	ROP 20-21	Completed	Jan-25
FHC Senapathy	New building	KSCC	143	ROP 22-23	Work in progress	Sep 2025
CHC Karunapuram	New O P building	INKEL	143	ROP 23-24	DPR under preparation	March 2026
THQH Nedumkandam	New building	HLL	14900	KIFBI	Work in progress	March 2026

Source – District data

The Aardram Mission has catalysed significant infrastructure development in the Udumbanchola constituency, with multiple health facilities transforming. Two primary health centres, Pampadumpara and KP Colony, have completed new building constructions under ROP 2020–21, each with an allocation of ₹110 lakh through KEL. FHC Senapathy, funded under ROP 2022–23 with ₹143 lakh via KSCC, is currently under construction and expected to be completed by September 2025. CHC Karunapuram is set to receive a new outpatient building under ROP 2023–24, with DPR preparation underway and completion targeted for March 2026. The most substantial investment is at THQH Nedumkandam, where a ₹149 crore new building project is progressing under KIFBI, also slated for completion by March 2026.

3.10.3 Thodupuzha Assembly constituency

Table 3.10.3.1: Upgradation works in Thodupuzha constituency

Institution	Name of work	Agency	AS amount (in Lakhs)	Budget source	Present status
FHC karimkumnnam	Upgradation	HLL	94.58	Plan	Completed
CHC Elamdesam	Upgradation	LSGD	9.02	Plan	Completed
CHC Muttom	Upgradation	DNK	14	NHM	Completed
FHC Karimannor	Upgradation	DNK	14	NHM	Completed
FHC Kodikulam	Upgradation	DNK	14	NHM	Completed
FHC Kumaramangalam	Upgradation	DNK	14	NHM	Completed
FHC Alakode	Upgradation	DNK	15.5	NHM	Completed
FHC Mannakad	Upgradation	DNK	15.5	NHM	Completed
FHC Vannapuram	Upgradation	DNK	15.5	NHM	Completed

Source – District data

In the Thodupuzha Assembly constituency, a series of Aardram Programme upgradation works have been completed, enhancing the quality and accessibility of primary healthcare services. FHC Karimkunnam received the highest investment of ₹94.58 lakh

under plan funding, executed by HLL. CHC Elamdesam was upgraded with ₹9.02 lakh through LSGD support. The remaining facilities including CHC Muttom and eight Family Health Centres such as Karimannoor, Kodikulam, Kumaramangalam, Alakode, Mannakad, and Vannapuram—were upgraded under NHM, with allocations ranging from ₹14 to ₹15.5 lakh, implemented by DNK.

3.10.4 Upgradation works in the Idukki Assembly constituency

Table 3.10.4.1: Upgradation works in Idukki constituency

Institution	Name of work / scheme	Agency	AS amount (in Lakhs)	Budget source	Present status
Kanchiyar	Upgradation works	HLL	11.54	Plan	Completed
Mariyapuram	Upgradation works	HLL	11.68	Plan	Completed
Konnathani	Upgradation works	HLL	9.03	Plan	Completed
Kamashy	Upgradation works	DNK	14.00	Plan	Completed
Kodayathur	Upgradation works	DNK	26.39	Plan	Completed
Vazhathopu	Upgradation works	DNK	14.00	Plan	Completed
Vathikudy	Upgradation works	HLL	15.50	N HM	Completed

Source – District data

In the Idukki Assembly constituency, several health institutions have successfully completed upgradation works under the Aardram Programme, enhancing primary healthcare delivery. Facilities at Kanchiyar, Mariyapuram, and Konnathani were upgraded by HLL with Plan funds ranging from ₹9.03 to ₹11.68 lakh. DNK implemented improvements at Kamashy, Kodayathur, and Vazhathopu, with Kodayathur receiving the highest allocation of ₹26.39 lakh. Additionally, Vathikudy's upgradation was completed with ₹15.50 lakh from NHM.

3.11 Other Civil Works

Table 3.11.1 : Other upgradation works in Idukki district

Institution	Name of work / scheme	Agency	AS amount (in Lakhs)	Budget-source	Present status
TB centre	New building for TB centre	WAPCOS	400.00	ROP 22-23	Work in progress
Public health lab	New building for public health lab	PWD		Plan Fund	Initial drawing submitted
FHC Mariapuram	New O P building	HLL	55.50	NHM 18-19	Completed
Sub Centre Vimalagiri	New building	HLL	32.06	NHM 18-19	Completed
CHC Vathikudy	Upgradation of CHC	HLL	56.30	NHM 20-21	Completed

Source – District data

In Idukki district, several key infrastructure projects have been undertaken beyond routine facility upgrades, reflecting a broader commitment to public health system strengthening. A new building for the TB Centre is under construction by WAPCOS with a substantial allocation of ₹400 lakh under ROP 2022–23. The Public Health Lab is also set for development, with initial drawings submitted by PWD under Plan funding. Completed works include a new outpatient building at FHC Mariapuram (₹55.50 lakh)

and a new structure for the Sub Centre at Vimalagiri (₹32.06 lakh), both funded through NHM 2018–19. Additionally, CHC Vathikudy has completed its upgradation with ₹56.30 lakh from NHM 2020–21.

3.12 Emergency Covid Response Package (ECRP)

Table 3.12.1: Emergency Covid Response Package (ECRP) in Idukki district

Institution	Name of work / scheme	Agency	AS amount (in Lakhs)	Budget source	Present status
DH Idukki	Setting up of a 9-bedded HDU & 80-bedded oxygen ward	NHM	55.58	ECRP II	Completed
Ashadara Lab		NHM	25		Completed
Modernisation of medical gas pipeline system			34		Completed
DH Idukki	Construction of a retaining wall	DNK	75.00	NHM Support PIP	Completed
FHC Kamashy	Restoration works	DNK	7.83		Completed

Source – District data

Under the Emergency Covid Response Package (ECRP) in Idukki district, several critical infrastructure enhancements were completed to strengthen pandemic preparedness and response. DH Idukki saw the establishment of a 9-bedded High Dependency Unit (HDU) and an 80-bedded oxygen ward with ₹55.58 lakh under ECRP-II, alongside the construction of a retaining wall funded by NHM Support PIP (₹75 lakh). Additional works included the modernisation of the medical gas pipeline system (₹34 lakh) and the development of Ashadara Lab (₹25 lakh), both completed under NHM. FHC Kamashy also underwent restoration works with ₹7.83 lakh.

CHAPTER 4

HUMAN RESOURCES PROFILE IN IDUKKI DISTRICT HEALTH SYSTEM

4.1 Introduction

This chapter provides an overview of the health human resources available in the district, covering key indicators such as bed-population, doctor-bed, and doctor-population ratios. It presents details on the availability and distribution of medical officers, including specialty and super specialty doctors under the Directorate of Health Services (DHS). The chapter also outlines the sanctioned strength of various health personnel categories and reviews the human resources engaged under the National Health Mission (NHM), offering a comprehensive picture of the district's healthcare workforce and its capacity to deliver quality health services.

4.2: Health Human Resource – Major Indicators

The below table on Health Human Resource – Major Indicators highlights key aspects of healthcare availability in relation to the population. The bed–population ratio of 1:980 indicates that there is one hospital bed for every 980 people, reflecting limited healthcare infrastructure. The average doctor–bed ratio of 1:4 shows that one doctor is available for every four hospital beds, suggesting a moderate level of medical staffing. Meanwhile, the doctor–population ratio of 1:3990 reveals a significant shortage of doctors, with one doctor serving nearly 4,000 people. Overall, these figures point to a need for improvement in both healthcare facilities and human resources to ensure better access and quality of medical services.

Table 4.2.1 Health Human Resource – Major Indicators

Indicator	Ratio
The bed population ratio (based on Census 2011 population)	1:980
The average Doctor bed ratio	1: 4
Doctor population ratio (based on Census 2011 population)	1: 3990

4.3: Availability of Medical Officers

A total of 279 posts have been sanctioned across various categories. This includes 13 administrative positions, 1 Junior Administrative Medical Officer (JAMO), 173 general medical officer posts, and 92 posts under specialty categories. Notably, there are no sanctioned posts under the super specialty category, indicating limited provision for advanced or highly specialized medical services in the district. Overall, while Idukki has a considerable number of sanctioned positions for general and specialist medical officers, the absence of super specialty roles suggests a need for strengthening advanced healthcare capacity in the district.

Table 4.3.1: Details of Medical Officers Sanctioned (Under DHS)

Category	Sanctioned
Doctors (Administrative Cadre)	13
Asst. Director	9
Deputy Director	2
JAMO	2
Doctors (General Cadre)	173
Assistant Surgeon	161
Civil Surgeon	4
Dental Assistant Surgeon	8
Doctors (Speciality)	92
Anaesthesia	7
Blood Bank	1
Dental	3

Dermatology & Venerology	3
ENT	6
Forensic Medicine	1
General Medicine	11
General Surgery	7
Obstetrics & Gynaecology	16
Ophthalmology	6
Orthopaedic Surgery	8
Paediatrics	12
Physical Medicine & Rehabilitation	2
Psychiatry	4
Radio Diagnosis/Radio Therapy	2
TB & Chest (Resp. Medicine)	3

Source – District data

4.4: Number and distribution of healthcare professionals

The data on the number and distribution of healthcare professionals under the District Health Society (DHS) in Idukki shows a total sanctioned strength of 2,187 health personnel across various categories. Among these, there are 278 doctors, including 13 in the administrative cadre, 173 in the general cadre, and 92 specialists, while no posts are sanctioned for the super-specialty category. The nursing service forms a major segment with 299 personnel, supported by 382 JPHNs to MCH Officers and 8 JPHNs in nursing schools. Other key divisions include pharmacy and medical supply (100 posts), public health (330 posts), and lab services (81 posts). Smaller but vital categories such as dental (10), ophthalmology (22), leprosy (3), TB (4), and transport (4) contribute to the overall

healthcare framework. The 'Others' category, comprising 666 positions, indicates a significant portion of the workforce involved in diverse support and administrative roles. Overall, the data reflects a broad and multi-tiered health workforce structure aimed at ensuring effective service delivery across the district.

Table 4.4.1 Number and distribution of healthcare professionals

Category-wise Sanctioned Strength of Health Personnel under DHS	
Category/Division	**Sanctioned**
Doctors (Administrative Cadre)	13
Doctors (General Cadre)	173
Doctors (Speciality)	92
Doctors (Super Speciality)	0
Nursing Service	299
JPHN to MCH Officer	382
JPHN/Nursing school	8
Dental	10
Lab (General)	81
Pharmacy & Medical Supply	100
Leprosy	3
PUBLIC HEALTH	330
TB	4
Ophthalmology	22
Transport	4

Others	666
All	2187

Source – District data

4.5 Health Human Resource under NHM

The data on the Health Human Resource under the National Health Mission (NHM) in Idukki indicates a total in-position strength of 838 health personnel across various designations. This workforce includes a diverse mix of medical officers, specialists, technical staff, and support personnel. There are 51 Medical Officers and 40 AYUSH Medical Officers, supported by 132 Staff Nurses and 19 Palliative Staff Nurses, forming the core clinical team. Key specialist roles include Anaesthetists (3), Paediatricians (3), Gynaecologist (1), and Psychiatrist (1), along with 20 Physiotherapists, 5 Optometrists, and 39 Lab Technicians. The district also has personnel dedicated to public health programs such as Epidemiologists (8), RBSK Nurses (51), and JPHNs (9). Administrative and technical support is provided by Accountants, Data Managers, DEOs, and various coordinators. Overall, the data reflects a well-structured and multidisciplinary health team under NHM Idukki, aimed at delivering comprehensive healthcare services, though certain specialist categories remain limited in number.

Table 4.5.1 Health Human Resource under NHM

Category-wise Sanctioned Strength of Health Personnel under NHM Idukki	
Designation	**In Position**
ACCOUNTANT	4
ACCOUNTANT CUM DEO	2
AH COUNSELLOR	8
ANESTHETISTS	3
ASHA CO-ORDINATOR	1

ASSISTANT QUALITY ASSURANCE OFFICER	1
AUDIOLOGIST	4
AUDIOMETRIC ASST.	1
AYUSH MO	40
BIOMEDICAL CONSULTANT	1
BLOOD BANK TECHNICIAN	2
CLINICAL PSYCHOLOGIST	1
CONSULTANT (H&WC)	1
COUNSELLOR	4
DATA MANAGER	9
DEIC MANAGERS	1
DENTAL HYGIENIST	1
DENTAL SURGEON	5
DEO	19
DEO CUM ACCOUNTANT	2
DEVELOPMENT THERAPIST	1
DIETICIAN	7
DISTRICT ACCOUNTS MANAGER	1
DISTRICT ENGINEER	2
DISTRICT PRO	1

ENTEMOLOGIST	1
EPIDEMIOLOGISTS	8
GYNAECOLOGIST	1
HOMOEO MEDICAL OFFICER	2
INSTRUCTOR FOR HEARING IMAPIRED CHILDREN	1
JPHN	9
JUNIOR HEALTH INSPECTOR	4
LAB TECHNICIAN	39
MEDICAL OFFICER	51
MEDICAL OFFICER (PART-TIME)	1
MIS CONSULTANT	1
MLSP	305
NUHM CO-ORDINATOR	1
OFFICE ASSISTANTS	1
OFFICE ATTENDANT/HELPER	1
OFFICE SECRETARY	1
OPTOMETRIST	5
PAEDIATRICIANS	3
PALLIATIVE CO-ORDINATOR	1
PHARMACIST	27

PHYSIOTHERAPIST	20
PRO	15
PSYCHIATRISTS	1
RADIOGRAPHER/ X-RAY TECHNICIAN	2
RBSK CO-ORDINATOR	1
RBSK NURSE	51
SANITARY ATTENDANTS	1
SPECIAL EDUCATOR	2
SR CONSULTANT BCC	1
STAFF NURSE	132
STAFF NURSE PALLIATIVE	19
SUPPORT STAFF	4
SURGEON (ENT SPECIALIST)	1
TB/ HIV COORDINATOR	1
TBHV	1
VBD CONSULTANT DISTRICT	1
Grand Total	838

Source – District data

4.6 Accredited Social Health Activist (ASHA)

In the District, 1042 ASHAs are working in 861 wards of 52 local self-government bodies under 60 Health institutions. All health programmes are coordinated by ASHAs.

Table 4.6.1: No. of ASHAs in health blocks in Idukki district

Sl no.	Institutions	No. of ASHA
Upputhara Block		
1	Ayyappancovil	16
2	Chakkupallam	15
3	Chempakappara	16
4	Kamakshy	20
5	Kanchiyar	22
6	Kattappana	35
7	Mariyapuram	14
8	Upputhara	29
9	Vandenmedu	27
Muttom		
10	Alakode	13
11	Arakulam	15
12	Edavetty	13
13	Elamdesam	15
14	Kanjikuzhy	28
15	Karimannoor	15
16	Kodikulam	13

17	Kudayathoor	13
18	Muttom	14
19	Thattakuzha	16
20	Vazhathope	20
Vandiperiyar		
21	Elappara	23
22	Kokkayar	13
23	Kumily	25
24	Peruvanthanam	16
25	Vandiperiyar	55
Pampadumpara		
26	K.P Colony	30
27	Karunapuram	23
28	Pampadumpara	16
29	Udumbanchola	16
Rajakkadu		
30	Rajakkadu	13
31	Bisonvalley	13
32	Chinnakanal	13
33	Rajakumary	14

34	Santhanpara	13
35	Senapathy	14
Chithirapuram		
36	Chithirapuram	9
37	Deviar colony	44
38	Devikulam	52
39	Kallar vattayar	9
40	Kanthalloor	16
41	Konnathady	29
42	Mankulam	22
43	Marayoor	24
44	Vathikudy	22
45	Vattavada	16
46	Vellathooval	21
Purapuzha		
47	Karimkunnam	13
48	Kumaramangalam	17
49	Manakkadu	13
50	Purapuzha	13
51	Vannapuram	23

Thodupuzha		
52	Thodupuzha	28
53	UFHC Vazhavara	7
	TOTAL	1042

Source – District data

As of March 2025, the Idukki District Health System has deployed a total of 1,042 Accredited Social Health Activists (ASHAs) across its health blocks, reflecting extensive community-level coverage. The highest ASHA presence is noted in Vandiperiyar (55), Devikulam (52), and Deviar Colony (44), indicating concentrated outreach in these regions. Other blocks, such as Kattappana (35), K.P. Colony (30), and Rajakumary (30), also show strong ASHA engagement. The distribution spans across major blocks such as Upputhara, Muttom, Vandiperiyar, Pampadumpara, Rajakkadu, Chithirapuram, Devikulam, Purapuzha, and Thodupuzha, ensuring grassroots-level health promotion, maternal-child care support, and community mobilisation.

4.7 Rashtriya Kishor Swasthya Karyakram (RKSK)

Table 4.7.1: No. of AFHC Counsellors in block public health units of Idukki district

Name of block cum public health unit	Name of institution	No. of AFHC counsellors
Kanjikuzhy (Idukki)	DH Idukki	1
Thodupuzha	DH Thodupuzha	1
Chithirapuram (Adimali & Devikulam)	CHC Chithrapuram	1
Rajakkad (Nedumkandam)	CHC Rajakkad	1
Vandanmedu (Kattapana)	TH Kattappana	1
Elamdesam (Elamdesam)	CHC Muttom	1

Purapuzha	FHC kumaramangalam	1
Vandiperiyar (Azhutha)	CHC Vandiperiyar	1
District Total		8

Source – District data

Under the Rashtriya Kishor Swasthya Karyakram (RKSK), a total of eight Adolescent Friendly Health Clinic (AFHC) Counsellors have been deployed across block-level public health units in Idukki District as of March 2025. Each designated institution—including DH Idukki (Kanjikuzhy), DH Thodupuzha, CHC Chithrapuram (Adimali&Devikulam), CHC Rajakkad (Nedumkandam), TH Kattappana (Vandanmedu), CHC Muttom (Elamdesam), FHC Kumaramangalam (Purapuzha), and CHC Vandiperiyar (Azhutha)—hosts one counsellor.

CHAPTER 5

MATERNAL AND CHILD HEALTH

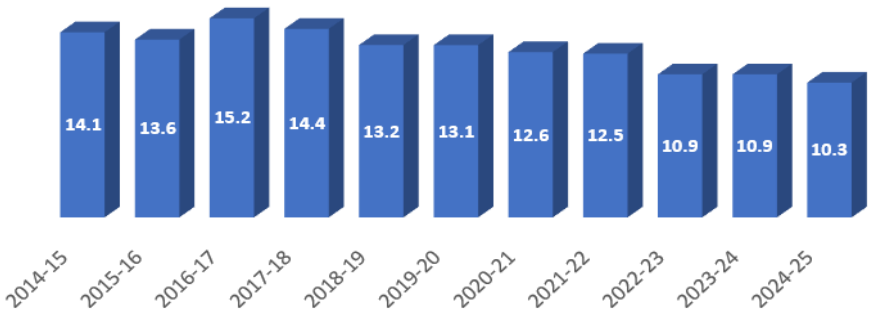
5.1 Introduction

Maternal and child health (MCH) focuses on the health and well-being of women and children. 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 Idukki district.

5.2 Pregnant Women Registration

The graph 5.2.1 indicates number of pregnant women registrations for ANC. A gradual decline in the number of women registered over the 11-year period, decreasing from 14,100 in 2014–15 to 10,300 in 2024–25. This reflects a steady reduction in the number of pregnancies or fertility levels in the region.

Graph 5.2.1: Number of Pregnant Women Registration in Idukki- HMIS Portal (in thousands)



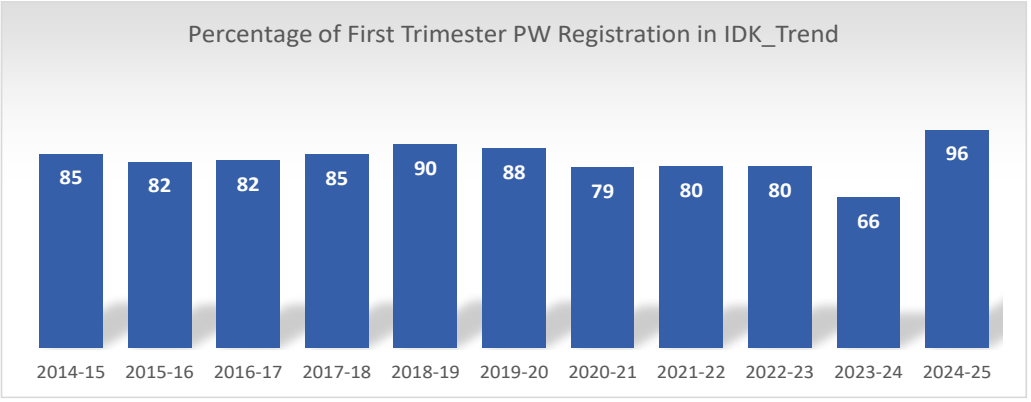
The number of women registered shows a gradual declining trend over the years from 2014–15 to 2024–25. It decreased from 14.1 thousand in 2014–15 to 10.3 thousand in 2024–25, indicating a steady reduction in the number of pregnancies or fertility levels in

the region. The figures fluctuated slightly during the initial years, with a peak of 15.2 thousand in 2016–17, but consistently declined thereafter.

5.3 Early Initiation of Antenatal

The percentage of first-trimester pregnant women registration in Idukki shows fluctuating trends between 2014–15 and 2024–25. Graph 5.3.1 describe the Percentage of First Trimester PW Registration Trend based on HMIS data

Graph 5.3.1 – Percentage of First Trimester PW Registration Trend



Source – HMIS

It remained relatively stable around 82–85% during the initial years, followed by an improvement to 90% in 2018–19. A slight decline occurred in the subsequent years, reaching 79–80% between 2020–22, and further dropping to 66% in 2023–24. However, a significant rise to 96% in 2024–25 indicates strong progress in early antenatal care registration. Overall, the data reflects improvements in maternal health awareness and service accessibility, particularly in the most recent year.

5.4 Immunization status of Pregnant women

The data shows the status of tetanus (Td) immunization among pregnant women in Idukki district during 2024–25. Out of a total of 10,283 pregnant women registered for antenatal care, 8,978 women (about 87%) received the first dose (Td1), while 7,401 women (approximately 72%) received the second dose (Td2). Additionally, 873 women were administered the Td booster dose.

Table 5.4.1 - Td Immunization Status of Pregnant Women - 2024-25

District	No of PW registered for ANC	No of PW given Td1	No of PW given Td2	No of PW given Td Booster
Idukki	10283	8978	7401	873

Source - HMIS

5.5 Abortion

The data presents the trend of abortions both spontaneous and induced among pregnant women in Idukki over an eleven-year period. The total number of abortions (spontaneous + induced) shows fluctuating patterns, ranging from 745 in 2020–21 to 1,122 in 2014–15. Spontaneous abortions were consistently higher than induced ones in most years.

Table 5.5.1 - Trends in spontaneous and induced Abortion

Period	PW	Total (spontaneous + Induced)	Spontaneous	Induced
2014-15	14122	1122	872	250
2015-16	13559	1015	892	123
2016-17	15186	1101	973	128
2017-18	14376	1003	668	335
2018-19	13154	986	688	298
2019-20	25583	989	657	332
2020-21	12613	745	565	180
2021-22	12487	782	596	186
2022-23	10906	928	614	314

2023-24	10908	847	512	335
2024-25	10283	779	363	416

Source - HMIS

5.6 Family Planning

The data presents the trend of sterilization procedures, both male and female, reported in the Health Management Information System from 2020–21 to 2024–25. The number of male sterilizations remains consistently low throughout the period, ranging between 8 and 29 cases, reflecting the continued low acceptance of male sterilization methods in comparison to female methods.

Table 5.6.1: Male and Female sterilizations from 2014-15 to 2023-24

Period	NSV	Laparoscopic sterilizations	Mini-lap sterilizations	PPS	PAS
2020-21	29	916	99	1739	43
2021-22	9	163	88	1658	14
2022-23	8	278	106	1488	23
2023-24	18	269	105	1317	43
2024-25	14	219	88	1198	28

Source – HMIS

Among female sterilizations, Post-Partum Sterilization accounts for the largest share each year, though showing a gradual decline from 1,739 cases in 2020–21 to 1,198 in 2024–25. Laparoscopic and Mini-lap sterilizations also exhibit a downward trend, indicating a general reduction in permanent contraceptive procedures over the years. The number of Post-Abortion Sterilization fluctuates slightly but remains relatively low throughout the period.

Table 5.6.2 - IUCD Insertion data reported in HMIS

Period	FP Elements	Idukki
2020-21	IUCD	983
	PPIUCD	17
	PAIUCD	1
2021-22	IUCD	761
	PPIUCD	25
	PAIUCD	0
2022-23	IUCD	955
	PPIUCD	13
	PAIUCD	1
2023-24	IUCD	896
	PPIUCD	45
	PAIUCD	3
2024-25	IUCD	950
	PPIUCD	14
	PAIUCD	1

Source - HMIS

The data illustrates the trend of IUCD insertions, including PPIUCD and PAIUCD insertions, in Idukki district from 2020–21 to 2024–25.

The number of IUCD insertions shows minor fluctuations but remains relatively stable over the five-year period, ranging between 761 and 983. The highest number of IUCD insertions was recorded in 2020–21 (983), while the lowest was in 2021–22 (761), followed by a recovery in subsequent years. PPIUCD insertions vary between 13 and 45, peaking in 2023–24, indicating a modest increase in postpartum family planning acceptance during that year. PAIUCD insertions remain very minimal (0–3) throughout the period.

Table 5.6.3 Distribution of Family planning commodities (Public) - Reported

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	2829	22008	226	141
2021-22	3085	18637	281	90
2022-23	2821	69588	272	291
2023-24	2744	105590	226	156
2024-25	5661	168575	422	624

Source – HMIS

The table 5.6.3 presents data on the distribution of family planning commodities through public health facilities in Idukki district from 2020–21 to 2024–25. The figures indicate a notable increase in the supply and utilization of most contraceptive commodities over the five-year period.

The distribution of combined oral pill cycles rose significantly from 2,829 in 2020–21 to 5,661 in 2024–25. The number of condoms distributed shows a sharp and consistent rise, from 22,008 in 2020–21 to 168,575 in 2024–25. Similarly, the distribution of Centchroman (weekly) pill strips increased from 226 to 422. The use of Emergency

Contraceptive Pills (ECPs) also rose substantially—from 141 in 2020–21 to 624 in 2024–25.

5.7 Delivery

Between 2020-21 and 2024-25, total deliveries in Idukki declined steadily from 10,677 to 7,489. Public sector deliveries decreased from 4,015 to 2,480, while private sector deliveries, though also declining (dropping from 6,608 to 4,972) remained the dominant choice.

Table 5.7.1 Trend in total delivery

Period	Idukki			
	Pub	Pvt	Home Delivery	All
2020-21	4015	6608	54	10677
2021-22	3879	6343	44	10266
2022-23	3592	5613	38	9243
2023-24	2795	5461	25	8281
2024-25	2480	4972	37	7489

Source – HMIS

Home deliveries were minimal throughout, ranging between 25 and 54, indicating that nearly all births occurred in institutional settings. Overall, the data reflects a continuing shift toward private institutional deliveries alongside a general reduction in total births over the five-year period.

Table - 5.7.2 Trends in Home and Institutional Deliveries

Period	Idukki				
	Pub	Pvt	Home	All	%
2020-21	4015	6608	54	10677	0.51
2021-22	3879	6343	44	10266	0.43
2022-23	3592	5613	38	9243	0.41
2023-24	2795	5461	25	8281	0.30
2024-25	2480	4972	37	7489	0.49

Source – HMIS

Between 2020-21 and 2024-25, home deliveries in Idukki remained very low, fluctuating between 25 and 54, representing less than 1% of total births each year. Institutional deliveries dominated, with private facilities consistently handling more births than public ones, although both sectors experienced gradual declines. The proportion of home deliveries decreased from 0.51% in 2020-21 to 0.30% in 2023-24, before slightly rising to 0.49% in 2024-25. Overall, the data indicates a sustained preference for institutional deliveries, particularly in private facilities, alongside a modest reduction in total births over the period.

5.8 Caesarean Section Deliveries

The data indicates a persistently high reliance on C-sections in both public and private institutions over the five-year period.

Table 5.8.1 C -Section Rate in Public and Private Hospitals

Period	Idukki		
	Pub	Pvt	All
2020-21	48.3	50.4	49.6

2021-22	50.7	52.0	51.5
2022-23	52.8	52.8	52.8
2023-24	47.1	51.8	50.2
2024-25	50.0	53.7	52.5

Source - HMIS

Between 2020-21 and 2024-25, the C-section rate in Idukki shows a consistently high level, ranging from 47.1% to 52.8% in public hospitals and from 50.4% to 53.7% in private hospitals. Private hospitals consistently reported slightly higher rates than public ones, with the overall C-section rate across all facilities fluctuating between 49.6% and 52.8%.

5.9 Maternal Deaths

The Table 5.9.1 shows fluctuations in the number of maternal deaths over the year. While there is no consistent upward or downward trend, the figures remain relatively low and stable, generally between 3 to 7 deaths per year, except in 2014–15 when no maternal deaths were reported. In the following years, 2022–23 (3 deaths) and 2024–25 (3 deaths) show improvement, suggesting that healthcare interventions were effective in reducing preventable maternal deaths

Table 5.9.1 Trends of Maternal Death

Period	No. of Maternal Death
2014-15	0
2015-16	6
2016-17	6
2017-18	6
2018-19	3

2019-20	6
2020-21	4
2021-22	7
2022-23	3
2023-24	6
2024-25	3
Source: DHS	

5.10 Child Birth

The steady reduction in births reflects Idukki's low fertility level, and the demographic transition characteristic of Kerala. While this indicates improved reproductive health and family planning outcomes, it also points toward long-term challenges such as population ageing and young population base. The table 5.10.1 shows the number of live births by gender in Idukki district over an eleven-year period (2014–15 to 2024–25). There is a steady and significant decline in the total number of live births from 12,667 in 2014–15 to 7,526 in 2024–25.

Table 5.10.1 Trends of Live Birth by gender

Period	Male	Female	Total
2014-15	6494	6173	12667
2015-16	6192	5912	12104
2016-17	6510	6307	12817
2017-18	5546	5292	10838
2018-19	5842	5626	11468
2019-20	5366	5243	10609

2020-21	5414	5198	10612
2021-22	5214	5217	10431
2022-23	4682	4633	9315
2023-24	4222	4092	8312
2024-25	3858	3668	7526
Source - HMIS			

5.11 Infant Mortality

Table 5.11.1 give a trend in Neonatal death of Idukki. The number of Neonatal deaths has declined overall from 78 in 2014–15 to 43 in 2024–25. This shows a reduction of about 45% over ten years, indicating significant improvement in neonatal survival.

Table 5.11.1 Number of Neonatal Deaths Reported

Period	**No. of death**
2014-15	78
2015-16	62
2016-17	59
2017-18	70
2018-19	59
2019-20	49
2020-21	63
2021-22	59
2022-23	47

2022-23	49
2024-25	43
Source: DHS	

Infant death is a major indicator of the overall health and socioeconomic development of a district, as well as the effectiveness of maternal and child health services. Table 5.11.2 reveals a steady decline in infant deaths in Idukki district from 116 in 2014–15 to 74 in 2024–25.

Table 5.11.2 Number of Infant Deaths Reported

Period	No. of death
2014-15	116
2015-16	103
2016-17	86
2017-18	106
2018-19	100
2019-20	81
2020-21	99
2021-22	96
2022-23	81
2023-24	72
2024-25	74
Source: DHS	

The number of deaths among children under 5 has declined from 109 in 2021–22 to 93 in 2024–25(table 5.11.3). The lowest count was recorded in 2023–24 (83 deaths), showing notable progress before a slight increase in 2024–25.

Table 5.11.3 Number of Child Deaths (Under 5) Reported

Period	2021-22	2022-23	2023-24	2024-25
No. of Death	109	93	83	93
Source: DHS				

Table 5.11.4 shows that both infant and neonatal mortality rates in Idukki have remained low over the period 2019–20 to 2024–25. The Infant Mortality Rate fluctuated slightly between 8 and 10 per 1,000 live births, while the Neonatal Mortality Rate remained steady at 5–6 per 1,000.

Table 5.11.4: Infant and Neonatal Mortality Rates in Idukki

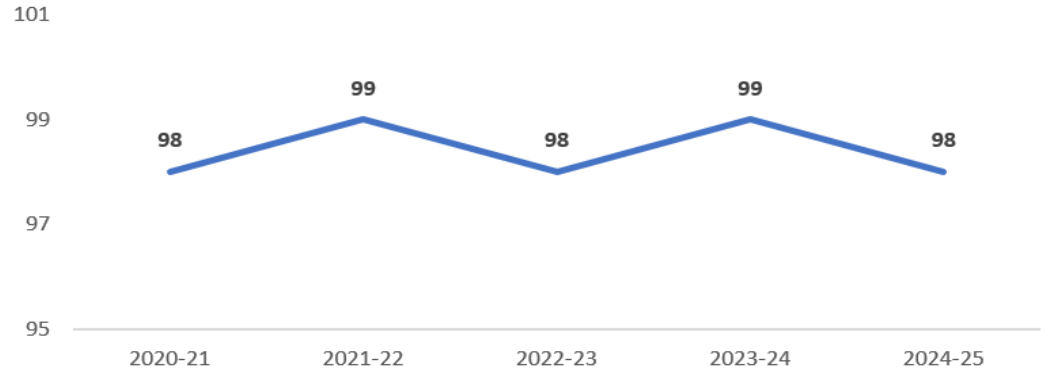
	2019-20		2020-21		2021-22		2022-23		2023-24		2024-25	
	IMR	NMR	IMR	NMR	IMR	NMR	IMR	NMR	IMR	NMR	IMR	NMR
IMR/NMR	8	5	9	6	9	6	9	5	9	6	10	6
Source: District Report												

5.12 Child Immunization

Vaccination coverage varies in districts Idukki. The full immunization coverage in Idukki district has remained consistently high over the five-year period from 2020–21 to 2024–25

Graph 5.12.1 shows the trend in Coverage percentages Percentage of Children Fully Immunized. The graph shows that, immunization coverage is fluctuated slightly between 98% and 99%, indicating strong and sustained performance in immunization efforts.

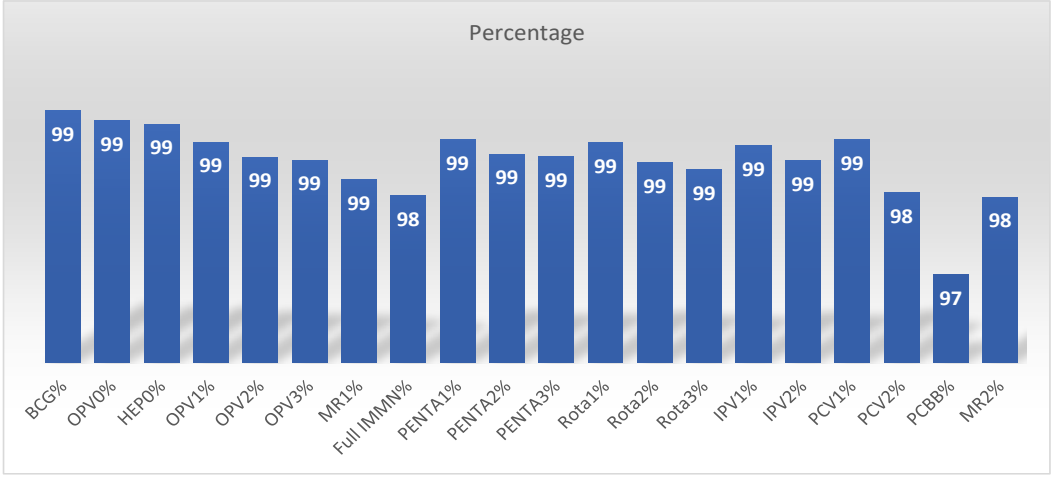
Graph 5.12.1: Trend in Percentage of Children Fully Immunized



Source: RCH portal data

The graph 5.12.2 presents the immunization coverage percentages for various antigen in Idukki district. The data indicate consistently high coverage levels, with most vaccines achieving 99% immunization. Vaccines such as BCG, OPV (0–3 doses), Hepatitis B (birth dose), MR1, PENTA (1–3 doses), Rota (1–3 doses), IPV (1–2 doses), and PCV1 all recorded 99% coverage. Slightly lower coverage was noted for PCV2 (98%), PCV booster (97%), and MR2 (98%). The full immunization rate stands at 98%, reflecting excellent overall program performance and effective vaccine delivery in the district.

Graph - 5.12.2– Antigen-wise Immunization Coverage - 2024-25



Source – RCH Portal

5.13 PMSMA programme

The Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) is a government initiative focused on providing comprehensive, free and quality antenatal care to all pregnant women on the 9th of every month. The programme aims to ensure that pregnant women receive at least one antenatal check-up during their second or third trimester, regardless of their previous ANC visit. In Idukki District 6 institutions conducted PMSMA programme every month.

5.14 Interventions on Severe Acute Malnutrition & Moderate Acute Malnutrition

Severe Acute Malnutrition (SAM) is defined by very low weight-for-height/length (Z-score below -3 SD of the median WHO child growth standards), or a Mid Upper Arm Circumference (MUAC) < 115 mm, or by the presence of nutritional oedema. SAM significantly increases the risk of death in children under five years of age. It can be a direct or indirect cause of child death by increasing the case fatality rate in children suffering from such common illnesses as diarrhoea, acute respiratory infections, malaria and measles. Moderate Acute Malnutrition (MAM) in children refers to a condition where a child has moderate wasting, meaning they have a low weight for their height. It's defined by weight-for-height between -2 and -3 Z-scores of the WHO Child Growth Standards median or a Mid Upper Arm Circumference (MUAC) between 115-125 mm.

ANM nurses utilize growth charts to identify cases at the field level. Based on the analyzed data, suspected children are consulted with a Paediatrician at the nearest health institution. Children diagnosed with any kind of disability are referred to the Medical College Hospital as per the Paediatrician's advice.

CHAPTER 6

COMMUNICABLE AND NON-COMMUNICABLE DISEASES IN THE DISTRICT

6.1 Introduction

Idukki district in Kerala faces health challenges related to both communicable and non-communicable diseases. Communicable diseases like Dengue, Malaria, and Leptospirosis, along with Hepatitis and H1N1 are emerging as concerns. Non-communicable diseases, such as Heart disease, Diabetes, and Cancer also contribute to the health burden.

6.2 Disease burden overview: Common communicable diseases

The data on common communicable diseases in Idukki district (2020–2024) highlights significant variations in disease burden over the five-year period. In 2024, there was a sharp rise in dengue fever cases, with 655 confirmed cases compared to 309 in 2023 and only 21 in 2022, indicating an alarming upward trend. Malaria cases also increased notably to 200 in 2024, suggesting growing vector-borne disease activity in the district. Leptospirosis and Hepatitis A showed moderate incidence, with 55 and 105 confirmed cases respectively in 2024, both reflecting an increase compared to previous years. Other forms of hepatitis (B and C) were reported in small but notable numbers, indicating ongoing sporadic transmission.

The most widespread illness remains Acute Diarrheal Disease (ADD), with persistently high case numbers each year, 9,148 cases in 2024, though slightly lower than in 2023 and 2022. Sporadic cases of Scrub Typhus (18) and a single rabies case were also recorded in 2024. Diseases such as Chikungunya, Encephalitis, Cholera, Japanese Encephalitis, and Zika were not reported, suggesting effective control or absence of transmission. Chickenpox remained common, with 2,619 cases in 2023, showing fluctuations over the years.

Overall, the data indicates that vector-borne and water-borne diseases, particularly dengue, malaria, leptospirosis, and diarrheal diseases, continue to pose major public health challenges in Idukki, necessitating strengthened surveillance, sanitation, and vector-control measures.

Table 6.2.1 Common communicable diseases

Name of Diseases	2024	2023	2022	2021	2020
Dengue Fever: Confirmed	655	309	21	74	38
Malaria	200	66	24	14	19
Chikungunya	0	0	0	0	0
Acute Encephalitis Syndrome	0	0	0	0	0
Japanese Encephalitis (JE)	0	0	0	0	0
Leptospirosis: Confirmed	55	31	32	20	27
Hepatitis - A: Confirmed	105	15	3	1	6
Hepatitis - B	22	12	11	0	0
Hepatitis - C	5	1	3	0	0
Hepatitis - E	0	0	0	0	0
Cholera	0	0	0	0	0
Typhoid	5	3	1	3	2
Acute Diarrheal Disease	9148	10261	11076	6092	6508
Shigella	0	0	1	1	0
Scrub Typhus	18	11	6	3	4
Kala Azar	0	0	0	0	0
Kysanur Forest Disease	0	0	0	0	0
Influenza (H1N1, H3N2, Infl A, Infl B)	32	13	0	0	0

Rabies : Confirmed		1	0	0	0	0
Zika		0	0	0	0	0
West Nile		0	0	0	0	0
Nipah		0	0	0	0	0
Chicken Pox		2619	839	435	147	879

Source - IDSP

6.2.1 Deaths Due To Communicable Disease 2024

The data on deaths due to communicable diseases in Idukki district during 2024 shows that while overall mortality from infectious diseases was relatively low, a few conditions caused notable fatalities. The highest number of deaths was linked to leptospirosis, with 13 deaths (4 confirmed and 9 probable), indicating a continuing concern regarding zoonotic infections in the district. Malaria accounted for 4 deaths, followed by dengue fever with 3 confirmed deaths, highlighting the persistent threat from vector-borne diseases. Additionally, hepatitis A caused 3 deaths, while scrub typhus, influenza, and rabies led to one death each.

No deaths were reported from diseases such as chikungunya, typhoid, diarrheal diseases, cholera, or diphtheria, reflecting effective control in those areas. Overall, the data suggests that vector-borne and zoonotic infections—particularly leptospirosis, dengue, and malaria—remain the major causes of communicable disease-related mortality in Idukki, underscoring the need for enhanced preventive measures, early diagnosis, and community awareness programs.

Table 6.2.1.1 Deaths Due to Communicable Diseases in the District (2024)

NAME OF DISEASES	IDUKKI
Dengue Fever: Confirmed	3
Malaria	4

Leptospirosis: Confirmed	4
Leptospirosis: Probable	9
Hepatitis - A: Confirmed	3
Scrub Typhus	1
Influenza (H1N1, H3N2, Influenza A, Influenza B)	1
Rabies: Confirmed	1

Source – IDSP data

6.3 Prevalence of non-communicable diseases

The data on the prevalence of non-communicable diseases (NCDs) in Idukki district for 2023 and 2024 shows a significant increase in the overall disease burden, particularly in lifestyle-related and chronic conditions. Hypertension showed a dramatic rise from 2,144 cases in 2023 to 42,369 in 2024, indicating improved detection or a growing prevalence linked to lifestyle changes. Diabetes (Type 2) remained a major concern with 14,638 cases in 2024, though slightly lower than the 17,139 cases reported in 2023. Ischemic heart disease cases also increased from 959 to 1,625, showing a continuing trend of cardiovascular issues.

Among cancers, there was a noticeable increase—breast cancer rose from 29 to 114 cases, and lung cancer from 3 to 44, while cervical and oral cancers also showed upward trends. Cerebrovascular disorders increased to 920 cases with 11 deaths, highlighting the seriousness of stroke-related conditions. Accidental injuries also rose sharply from 3,544 to 4,712 cases, although deaths declined. Mental health issues became more evident, with common mental disorders nearly doubling and severe mental disorders increasing from 1 to 84 cases, suggesting growing recognition or rising incidence of psychiatric conditions.

Overall, the data reflects a rising burden of non-communicable and lifestyle-related diseases in Idukki, particularly hypertension, diabetes, and heart disease, alongside a growing awareness of cancer and mental health issues. This trend underscores the robust

surveillance detecting more cases and the need for stronger NCD prevention programs, lifestyle interventions, and mental health support services in the district.

Table 6.3.1 Prevalence of non-communicable diseases

Disease	2023		2024	
	Case	Death	Case	Death
Accidental injuries	3544	18	4712	8
Cancer cervix	10	3	23	0
Breast cancer	29	0	114	0
Lung cancer	3	0	44	1
Oral cancer	14	0	39	0
Rheumatic fever	38	0	0	0
Hypertension	2144	0	42369	0
Ischemic heart disease	959	0	1625	0
Congenital heart disease	533	1	415	1
Others	1515	27	4401	35
Diabetes				
Type 1	2174	0	113	0
Type 2	17139	0	14638	0
Cerebrovascular disorders	748	16	920	11
Chronic neurological disorders	47	0	113	0

Obesity	236	0	339	0
Psychic disorders				
Common mental disorders	958	0	1928	0
Severe mental disorders	1	0	84	0
Acute	158	3	141	4
Chronic	244	0	448	0
Road traffic accident	1578	0	1822	0
Snake bite	163	0	124	0

Source – IDSP data

6.4 District-specific outbreaks or health concerns

During 2024, a total of 16 disease outbreaks were reported in the district. Among these, Mumps accounted for the highest number with six outbreaks, followed by Dengue with five, food poisoning with three, and Hepatitis A with two outbreaks. The data indicates that both vector-borne and communicable diseases continue to pose public health challenges, highlighting the need for strengthened surveillance, preventive measures, and community awareness.

Table 6.4.1 Health Outbreaks in Idukki

Health condition	No of Outbreaks
Dengue	5
Mumps	6
Hepatitis A	2
food poisoning	3
Grand Total	16

Source – IDSP data

Table 6.4.2 Details of Outbreak

SI No	Health facility	Health condition name
1	CHC Devikulam	Mumps (7 cases)
2	CHC Vandiperiyar	Mumps (18 cases)
3	CHC Vandiperiyar	Dengue (26 cases)- *OB1**
4	CHC Vandiperiyar	Dengue (57 cases)- *OB2**
5	CHC Vandiperiyar	Acute Gastroenteritis (11 cases)
6	PHC Thattakuza	Hepatitis A (14 cases)
7	FHC Arakulam	Dengue (31 cases)
8	CHC Karunapuram	Mumps (15 Cases)- *OB1**
9	CHC Karunapuram	Mumps (19 Cases)- *OB2**
10	CHC Karunapuram	Acute Gastroenteritis (19 cases)
11	CHC Vandanmedu	Dengue (101 cases)
12	PHC K.P.Colony	Mumps (9 cases)
13	FHC Vannappuram	Dengue (16 cases)
14	FHC Vazhathope	Acute Gastroenteritis (14 cases)
15	PHC Pampadumpara	Mumps (19 cases)
16	FHC Mariyapuram	Hepatitis A (6 cases)

** OB 1&2 = Out Break 1&2*

Source – IDSP data

CHAPTER 7

CRITICAL OBSERVATIONS IN NFHS 5 DATA AND APPROPRIATE INTERVENTIONS

7.1. Critical observations of Idukki district, NFHS 4 & 5

The findings from NFHS-5 (2019-20) show that Idukki district performs well in most demographic, health, and nutrition indicators compared to NFHS-4 (2015-16). Female literacy (94.4%) and school attendance among women remain high, while the sex ratio of the total population improved to 1,029 females per 1,000 males. However, the sex ratio at birth declined to 859, indicating gender imbalance at birth. Institutional deliveries and births attended by skilled personnel remain universal (100%), and antenatal and postnatal care coverage continues to be high, though there is a decline in early and four or more ANC visits. Immunization coverage among children is satisfactory, with 89.6% fully vaccinated, and use of clean fuel, sanitation, and health insurance coverage has improved.

Anaemia among women (32%) and children (32%) persists, while overweight and obesity among women (36.3%) show a rising trend. Hypertension and high blood sugar are emerging health issues among adults, affecting about one-third of both men and women. The data indicate that Idukki has achieved strong health service utilization and improved living standards but faces challenges in non-communicable diseases.

Table 7.1.1: Comparison of NFHS 5 & NFHS 4 comparison with state status

Idukki		
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 (%)	93	92.5

2. Population below age 15 years (%)	19	17.8
3. Sex ratio of the total population (females per 1,000 males)	1,029	965
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	859	1,139
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.8	98.4
6. Deaths in the last 3 years registered with the civil authority (%)	97.6	NA
7. Population living in households with electricity (%)	99	99.4
8. Population living in households with an improved drinking-water source (%)	82.3	93.3
9. Population living in households that use an improved sanitation facility (%)	97.5	94.8
10. Households using clean fuel for cooking (%)	54.3	47.2
11. Households using iodized salt (%)	99.6	99.1
12. Households with any usual member covered under a health insurance/financing scheme (%)	58.1	54.2
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	18.3	NA
Characteristics of Women (age 15-49 years)		
14. Women who are literate (%)	94.4	NA
15. Women with 10 or more years of schooling (%)	73.2	73
Marriage and Fertility		

16. Women age 20-24 years married before age 18 years (%)	7.1	3.7
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.2	0.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.7	0.0
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period (%)	92.6	89.9
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method (%)	72.3	63
21. Any modern method (%)	67.8	61.2
22. Female sterilization (%)	60.5	57.8
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	2.1	1
25. Pill (%)	0.0	0.2
26. Condom (%)	5.2	1.5
27. Injectables (%)	0.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need (%)	9.4	8
29. Unmet need for spacing (%)	5.3	5.2
Quality of Family Planning Services		

30. Health worker ever talked to female non-users about family planning (%)	22.3	11.1
31. Current users ever told about side effects of current method (%)	64.3	38.3
Indicators	**NFHS-5 (2019-20)**	**NFHS-4 (2015-16)**
Maternal and Child Health	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	93.3	98.3
33. Mothers who had at least 4 antenatal care visits (%)	74.3	89.9
34. Mothers whose last birth was protected against neonatal tetanus (%)	98	92.6
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	75.6	59.2
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	63.6	44.2
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	96	87
38. Mothers who received postnatal care from doctor/ /LHV/ ANM/ midwife/ other health personnel within 2 days of delivery (%)	94	86.2
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	4,942	6,411

40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	*
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel member within 2 days of delivery (%)	95.3	NA
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	100	100
43. Institutional births in public facility (%)	47.6	43.9
44. Home births that were conducted by skilled health personnel[10] (%)	0.0	0.0
45. Births attended by skilled health personnel[10] (%)	100	100
46. Births delivered by caesarean section (%)	40.3	47.1
47. Births in a private health facility that were delivered by caesarean section (%)	47	45.8
48. Births in a public health facility that were delivered by caesarean section (%)	32.9	48.7
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall (%)		
	89.6	*
50. Children age 12-23 months fully vaccinated based on information from vaccination card only (%)	89.6	*
51. Children age 12-23 months who have received BCG (%)	100	*

52. Children age 12-23 months who have received 3 doses of Polio vaccine (%)	96.6	*
53. Children age 12-23 months who have received 3 doses of Penta or DPT vaccine (%)	89.6	*
54. Children age 12-23 months who have received the first dose of Measles-containing vaccine (MCV) (%)	93	*
55. Children age 24-35 months who have received a second dose of Measles-containing vaccine (MCV) (%)	13.4	NA
56. Children age 12-23 months who have received 3 doses of Rotavirus vaccine (%)	0.0	NA
57. Children age 12-23 months who have received 3 doses of Penta or Hepatitis B vaccine (%)	89.6	*
58. Children age 9-35 months who received a Vitamin A dose in the last 6 months (%)	81.3	95.3
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	93.3	*
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	6.7	*
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.3	2.8
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*

64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	5.3	2.2
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	69.6	*
Indicators	**NFHS-5 (2019-20)**	**NFHS-4 (2015-16)**
Child Feeding Practices and Nutritional Status of Children	**Total**	**Total**
67. Children under age 3 years breastfed within one hour of birth (%)	78.8	57.7
68. Children under age 6 months exclusively breastfed (%)	*	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet (%)	34	18.8
71. Non-breastfeeding children age 6-23 months receiving an adequate diet (%)	*	*
72. Total children age 6-23 months receiving an adequate diet (%)	6.5	22
73. Children under 5 years who are stunted (height-for-age) (%)	24.3	15.1
74. Children under 5 years who are wasted (weight-for-height) (%)	14.5	24.2

75. Children under 5 years who are severely wasted (weight-for-height) (%)	6.8	14.3
76. Children under 5 years who are underweight (weight-for-age) (%)	23.6	14.8
77. Children under 5 years who are overweight (weight-for-height) (%)	2.3	4.7
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2) (%)	9	10.2
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2) (%)	36.3	28.9
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	72.1	NA
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) (%)	32	32.6
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) (%)	32.4	30
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) (%)	*	10.7
84. All women age 15-49 years who are anaemic (%)	32	29.2
85. All women age 15-19 years who are anaemic (%)	33.8	38.1
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) (%)	8.2	NA

87. Blood sugar level - very high (>160 mg/dl) (%)	10.6	NA
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level (%)	22.8	NA
Men		
89. Blood sugar level - high (141-160 mg/dl) (%)	10.3	NA
90. Blood sugar level - very high (>160 mg/dl) (%)	10.7	NA
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level (%)	23.9	NA
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	17.6	NA
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	10.1	NA
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	34.8	NA
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	18.2	NA
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	7.9	NA

97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	31.8	NA
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	3.5	NA
99. Ever undergone a breast examination for breast cancer (%)	2.6	NA
100. Ever undergone an oral cavity examination for oral cancer (%)	0.6	NA
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	3.7	NA
102. Men age 15 years and above who use any kind of tobacco (%)	24.8	NA
103. Women age 15 years and above who consume alcohol (%)	0.4	NA
104. Men age 15 years and above who consume alcohol (%)	24.1	NA

**Percentage not shown; based on fewer than 25 unweighted cases.*
'0.0' – Values rounded to one decimal place and may represent very small proportions.
'NA' – Data not available.

CHAPTER 8

DISTRICT MENTAL HEALTH PROGRAMME (DMHP)

8.1 Introduction

The District Mental Health programme (DMHP) was started under the National Mental Health Programme (NMHP) to decentralize mental health services and to provide mental health care at community level by integrating mental health with general health care delivery system.

Through the District Mental Health Programme, Mental health clinics are conducted every month in selected government hospitals of Idukki district. The District Mental Health Program team visits the said clinics on scheduled days and provides mental health treatment and medication to the needy. Staff at selected Family Health Centres in the district have been trained in mental health care. Comprehensive mental health and palliative care schemes are being implemented through various training and awareness initiatives. The School Mental Health Programme operates under the DMHP to promote mental well-being among students in Idukki district, with a focus on early intervention and rehabilitation of individuals with mental illness. Additionally, Care centres (Day homes) are functioning to support ongoing rehabilitation and community-based mental health services.

The main components of DMHP at Idukki are

Training for all primary care staff

Implementation of various mental health activities in the primary health care level

Monitoring and reporting of mental health services from time to time

The main objectives of the DMHP are

To provide minimum mental health care for the most vulnerable and underprivileged section of the community.

To practise the knowledge of mental health for the welfare of the community.

To promote community participation in mental health service.

To reduce the stigma, to rehabilitate patients within the community

Table 8.1.1: The activities under the mental health or counselling services component

Components	2022-2023	2023-2024	2024-2025
No. of clinics	275	264	264
New cases	669	1056	1354
Follow-up	13240	14417	14613
Camps	23	55	71
Home visit	12	11	10
Psychoeducation	514	1167	1119
counselling	1412	516	205
IEC	41	26	44
Training	30	47	75

Source – District data

Between 2022 and 2025, mental health and counselling services in the district showed expanding outreach and rising demand. New cases increased steadily from 669 to 1,354, while follow-up visits remained consistently high, crossing 14,000 annually. The number of mental health camps tripled, and psychoeducation sessions more than doubled, indicating stronger community engagement. However, counselling sessions declined sharply from 1,412 to just 205, suggesting a shift in service delivery or reporting. IEC activities and training programmes saw renewed focus in 2024–25, with training sessions rising to 75.

8.2 Aswasam

Table 8.2.1: The progress of mental health screening and intervention activities

Components	2022-2023	2023-2024	2024-2025
Number of cases screened	1420	3277	8341
Number of screened positives	186	286	425
Pharmacotherapy given	123	141	138
Psychosocial intervention	186	282	1664
Referred to DMHP	36	107	226

Source – District data

Between 2022 and 2025, the ASWASAM mental health initiative saw a substantial rise in screening and intervention activities. Screened cases increased nearly sixfold, from 1,420 to 8,341, with a corresponding rise in positive identifications. While pharmacotherapy numbers remained stable; psychosocial interventions surged from 186 to 1,664, indicating a strong shift toward community-based support.

8.3 Sampoorna Manasika Aarogyam (SMA):

Table 8.3 .1: An overview of mental health outreach and follow-up activities

Total Number of Camps/review camps conducted	54
New Cases	454
Follow-Ups (previously on Treatment from MHP)	163
No. of FHCs conducting regular Follow Up Clinics	43
Total Number of Follow-Up Cases per month	7711

Source – District data

During the reporting period, mental health outreach efforts included 54 camps and review sessions, resulting in 454 new case identifications and 163 follow-ups for

individuals previously under treatment. A total of 43 Family Health Centres (FHCs) conducted regular follow-up clinics, collectively managing an average of 7,711 follow-up cases per month.

8.4 Amma Manas

Pregnancy and motherhood are two crucial periods in a woman's life. They require an adequate level of physical, mental and social support from the society. To ensure psychosocial support, DMHP has started a comprehensive supportive programme named Amma Manas. This programme is aimed at decreasing the maternal mortality rate in women during the Pre and Postnatal periods. It also addresses various types of mental health issues and provides treatment modalities for them. DMHP Idukki has implemented the Amma Manas programme in all institutions. As a part of the programme, provided Block wise training for Medical officers, JHI, HI, LHI, JPHNs, staff nurses, MLSP and ASHAs in the respective CHCs. About 485 health workers and 960 ASHAs were trained.

8.5 Pakalveedu

Community-based rehabilitation is one of the important aspects of mental health. Pakalveedu is meant for those who have recently recovered from mental illness. Under DMHP Idukki, there are two Pakalveedu accommodating 30 people, 15 in each. A vehicle is arranged for the transportation of the inmates. They are given vocational training during the daytime and are dropped back in the evening.

Centre and location

1 Arakkulam: This centre is for female patients.

2 Kanzhikuzhy: This centre is for male patients.

Table 8.5.1: Key activities and participation details of a rehabilitation or occupational therapy centre.

Sl. no.	Particulars	Total
1	No. of patients registered	36
2	Occupational activity	Medicine cover, glass painting, candle making, door mat, soap powder, hand wash, floor cleaner, toilet cleaner, paper pen

3	Training	Basic lessons like alphabetic numbers, exercise, and classes about hygiene and safe drinking water
4	Other activities	Health check-up, participated in mental health day celebrations

Source – District data

The rehabilitation and occupational therapy centre supported 36 registered patients through diverse activities. Occupational tasks included making items like medicine covers, candles, mats, and eco-friendly cleaning products. Training sessions focused on basic literacy, physical exercises, and hygiene education. Additional activities included routine health check-ups and active participation in Mental Health Day celebrations, fostering both skill development and social inclusion.

CHAPTER 9

TRIBAL HEALTH PROGRAM

9.1 Introduction

This programme refers to government initiatives and policies designed to improve the health status of tribal population, who often live in remote and underserved areas with limited access to health care service. 6 Mobile Medical units, 309 Health & Wellness centres, Nutrition and immunization program conducted in tribal areas. Training of tribal health workers including ASHA's. VHSNCS conducted in every month.

9.2 Malnutrition-

To prevent malnutrition following steps are taken

Promoting breastfeeding

Immunization& Deworming

Nutrition Education & Hygiene promotion

Special programmes like ICDS, Mid-day meal Programme, Poshan Abhiyann & awareness about balanced diet & Nutritional supplements.

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

Table 9.2.1 Low Birth weight children percentage

Year	No. of live birth	No. of children having weight <2.5 kg	Percentage
2024-2025	7520	1006	13.3
2023-2024	8312	1201	14.4
2022-2023	9315	1395	14.9
2021-2022	10431	1292	12.3

Source – District data

9.3 Maternal Health

Maternal Health refers to the health of the women during pregnancy, childbirth & postpartum periods. Mothers' health directly affects the survival and wellbeing of both the mother & Child. Ante Natal Care include regular health checkup during pregnancy, monitoring foetal growth, IFA supplementation, Tetanus immunization, and screening for HIV & Hepatitis infections. For safe delivery activities include encouraging institutional deliveries, and emergency obstetric care. Postnatal Care has monitoring for bleeding, infections & depression, support breastfeeding and nutrition, care of mother and newborn for 6 weeks after birth as components.

Nutrition and Family planning are other vital components of maternal health.

9.4 Delivery Services

Delivery Services refer to medical & support services provided to a woman during labor and child birth ensuring safe delivery for both mother and baby. Services include monitoring of labor and foetal heartbeat, pain relief management, emergency care for complications, immediate newborn care, post-delivery observation, provide JSY, JSSK and referral transport if needed.

9.5 Child Health

Child Health refers to the overall physical, mental and social wellbeing of children from birth through adolescence. It includes preventive, promotive, curative & rehabilitative health services.

- Nutrition - Initiate exclusive breastfeeding for the first 6 months. Complementary feeding after 6 months to prevent malnutrition and deficiencies. (IFA supplementation & Vit A supplementation)
- Immunization
- Growth monitoring
- Prevention & treatment of common illness
- Newborn care
- Adolescent Health.
- Early detection on disease, disabilities and developmental delays through RBSK.

9.6 Detail of Patients Availed Services in Cancer Unit

9.6.1 Patients Availed Services in Cancer Unit

Year	Total OP	Total Chemo therapy	New Cancer Patient
2024-25	3306	2928	**196**

Source – District data

9.7 Out Migration of labour

Table 9.7.1 Out-Migration and Disease Screening Data

Year	Total Migrant screened	Malaria +ve	Filaria +ve
2022	116044	24	211
2023	126750	66	274
2024	129661	200	157
2025 (till April)	52863	75	15

Source – District data

The table presents data on health screening of migrant workers from 2022 to 2025 (till April), focusing on Malaria and Filaria detection. It reflects ongoing efforts to monitor and control communicable diseases among the migrating population through regular health surveillance.

CHAPTER 10

FINANCIAL ALLOCATION AND UTILIZATION

10.1 Allocation and Utilisation of Funds under Various Sources (2022–2025)

The financial performance of Idukki district from 2022 to 2025 shows consistent efforts to utilise funds across major health-related programmes such as DHS Plan, NHM, and FW Plan. Over these four years, a total allocation of **₹5.34 crore** under the DHS Plan, **₹171.57 crore** under the NHM, and **₹23.09 lakh** under the FW Plan was made. The corresponding utilisation levels—**₹4.82 crore**, **₹114.79 crore**, and **₹20.02 lakh** respectively—indicate effective use of available resources, though some gaps remain between allocation and spending.

Table 10.1.1: Financial allocation and utilization for the last four years

Source	2022		2023		2024		2025		Total	
	Allocation	**Utilisation**	**Allocation**	**Utilisation**	**Allocation**	**Utilisation**	**Allocation**	**Utilisation**	**Allocation**	**Utilisation**
DHS-Plan	1.5119 Cr	1.2416 Cr	1.2895 Cr	1.1795 Cr	1.4004 Cr	1.3086 Cr	1.1455 Cr	1.098 Cr	5.3473Cr	4.8277 Cr
NHM	3204.02 lakhs	2284.03 lakhs	4427.02 lakhs	2801.85 lakhs	4442.28 lakhs	2721.97 lakhs	5083.84 lakhs	3672.08 lakhs	17157.16 lakhs	11479.93 lakhs
FW Plan	14.78 Lakhs	13.35 Lakhs	3.978 Lakhs	3.072 Lakhs	1.526 Lakhs	0.831 Lakhs	2.803 Lakhs	2.773 Lakhs	23.09 Lakhs	20.027 Lakhs

Source – District data

The table indicates that a significant portion of allocated funds under the DHS Plan, NHM, and FW Plan has been effectively utilised each year, with utilisation rates consistently high across all programmes. This reflects strong financial management and efficient implementation of health initiatives in the district from 2022 to 2025.

CHAPTER 11

OVERVIEW OF NATIONAL HEALTH MISSION (NHM) INITIATIVES

The National Health Mission is a flagship program of the Government of India aimed at strengthening the healthcare system, particularly in rural and underserved areas, with a focus on improving access, quality, and equity in health services. Its key activities include providing comprehensive maternal and child health care, ensuring universal immunization coverage, upgrading health infrastructure such as PHCs, CHCs, and District hospitals, and strengthening human resources through training and deployment of healthcare workers like ASHAs, nurses, and doctors. NHM also implements disease control programs targeting communicable and non-communicable diseases such as TB, Malaria, HIV/AIDS, and Diabetes, while promoting health awareness, nutrition, sanitation, and family planning through community engagement. In addition, the mission emphasizes innovation and digital health initiatives to enhance healthcare management and service delivery. Overall, NHM strives to build a robust, accessible, and efficient health system to achieve better health outcomes for all, especially the vulnerable sections of the population.

11.1 Janani Suraksha Yojana (JSY)

JSY is a government scheme launched under the National Rural Health Mission to reduce maternal and neonatal mortality by promoting institutional deliveries among pregnant women, especially those from low-income and rural backgrounds. The program provides financial incentives and support to encourage women to give birth in health facilities where skilled care is available, ensuring safer deliveries and better postnatal care. JSY aims to improve access to maternal healthcare services, reduce home births, and promote awareness about maternal and child health, contributing significantly to improved maternal and infant health outcomes in India.

11.2 Janani Shishu Suraksha Karyakram (JSSK)

The Janani Shishu Suraksha Karyakram is a government initiative aimed at providing free and cashless healthcare services to pregnant women and newborns in public health facilities. Under JSSK, expectant mothers receive free delivery, including cesarean sections, free diagnostics, free drugs and consumables, free transport to and from the health facility, and free blood transfusions if needed. Newborns are also entitled to free

treatment and care during the first 30 days of life. The program's goal is to remove financial barriers to maternal and child healthcare, reduce out-of-pocket expenses, and promote institutional deliveries to improve maternal and infant health outcomes.

11.3 Rashtriya Bal Swasthya Karyakram (RBSK)

The Rashtriya Bal Swasthya Karyakram is a flagship initiative under the National Health Mission (NHM) aimed at early identification and intervention for children from birth to 18 years to address the "4Ds" — Defects at birth, Deficiencies, Diseases, and Developmental delays including disabilities. In the district, RBSK activities are implemented through multiple platforms to ensure maximum coverage and timely care.

Arogyakiranam (AK) is a Kerala-specific scheme that acts as a modified version of RBSK and provides free investigation and treatment for a wider range of health conditions not covered by RBSK.

Table 11.3 .1: RBSK related health activities

RBSK
Immunisation points screening of children for RBSK Screening
RBSK screening at schools
RBSK screening at Anganwadi
Anaemia screening (VIVA) campaign
Mobile Health Team – Screening
Hridyam screening treatment support and follow-up
Cleft lip and palate, clubfoot treatment support
ROP Screening and referral
Patient referral support

Source – District data

Newborn Screening (Visible Birth Defect-VBD Screening)

In Idukki district, there are five government health institution delivery points, where a dedicated Shalabham nurse is assigned to conduct VBD screening.

Five Delivery Points with VBD screening

1. District Hospital, Idukki
2. District Hospital, Thodupuzha
3. Taluk Head Quarters Hospital, Adimaly
4. Taluk Head Quarters Hospital, Nedumkandam
5. Taluk Head Quarters Hospital, Peermade

Table 11.3.2: Early Identification of Conditions among Newborns (2023–2024 and 2024–2025)

Year	Total no. of deliveries	Total no. of newborns screened	No. of conditions identified
2023-24	2782	2771	269
2024-25	2487	2483	334

Source – District data

The table shows the year-wise number of new and follow-up cases identified under RBSK from 2022–23 to 2024–25. While the number of new cases remained fairly steady, follow-up cases increased over the years, indicating improved tracking and continuity of care for children identified with health conditions.

Table 11.3.3: RBSK Screening among Newborns and Children (2020–2025)

Indicators	2020-21	2021-22	2022-23	2023-24	2024-25
0 to 6 years	54	194400	37269	72769	110038
6 to 18 years	49	167154	63450	91366	154816
Total	45	264500	51514	95195	146709

Source – District data

This table presents the annual data of child health screenings conducted under the Rashtriya Bal Swasthya Karyakram (RBSK) from 2020 to 2025. It includes two age categories—0 to 6 years (preschool children) and 6 to 18 years (school-going children)—along with total screenings.

11.4 The District Early Intervention Centre (DEIC)

The District Early Intervention Centre (DEIC) is situated at DH/MCH Idukki, near Cheruthony town, and addresses all early intervention needs within the Idukki district. This institution operates with a comprehensive team that includes a Paediatrician, Medical officer, Dental surgeon, Staff nurse, Dental hygienist, Physiotherapist, Special educator, Speech and audiologist, and Psychologist. The average client load is 20 per day.

This institution is getting patient referrals from RBSK Nurses, FHC/CHC/THQH/DH, ASHAs and private institutions.

11.4.1 Services offered under the programme

1. 4D RBSK condition screening and referral
2. Development delay screening and therapy
3. Hearing, Speech, and Language delay screening and therapy
4. Cleft lip and Palate surgery coordination and further therapy
5. Audism, ADHD, ASD condition identification and therapy
6. Learning difficulties screening and therapy
7. Optometrist screening and therapy
8. Dental department treatment
9. Hridyam programme management and coordination for surgery
10. Field-level RBSK screening camps at schools

Table 11.4.1.1: Year-wise Distribution of new and follow-up cases under RBSK (2022–2025)

Month	No. of new cases	No. of follow-up cases	Total
2022-23	1047	2866	3913
2023-24	1079	4387	5466
2024-25	913	4486	5399

Source – District data

This table shows the trend of new and follow-up cases identified under the Rashtriya Bal Swasthya Karyakram (RBSK) over three years. It reflects the increasing trend in follow-up visits and overall case management.

11.5 Hridyam:

A unique initiative by the Government of Kerala to support children with Congenital Heart Disease (CHD). This is used as a web-based registry for CHD cases across Kerala, for monitoring the progress of the management of children with CHD, identifying the bottlenecks for implementing the protocols at any point, and to understand the case status and response time for systems and ultimately the outcome.

People in the Idukki district always rely on speciality medical services in Kottayam and Ernakulam districts. For Hridyam programme beneficiaries, seamless coordination is done from DEIC and the RBSK Team.

Table 11.5.1: Hridyam programme: case registration, surgery, and investigation data (2022–2025)

Year	Total no. of cases registered	No. of cases surgery intervention done	No. of cases investigation done
2022-2023	356	46	9
2023-2024	176	67	15
2024-2025	236	55	9

Source – District data

The table presents the yearly data of cases registered under the Hridyam programme, along with the number of cases receiving surgical intervention and investigations. It reflects the programme's ongoing efforts to provide timely diagnosis and treatment for children with heart-related conditions.

11.6 Mobile Intervention Unit (MIU)

Idukki district has one MIU. The unit covers the entire district, especially all DH Hospitals and all THQH Hospitals, and is scheduled for six major institutions in the district. Currently, this unit operates with three staff – one Physiotherapist, one Special educator and one Development therapist. The two other positions of Clinical psychologist and Speech therapist are vacant.

Table 11.6.1: MIU team's scheduled visit

Day	Institution visit
Monday	District hospital Thodupuzha
Tuesday	Taluk headquarters hospital Nedumkandam
Wednesday	Taluk headquarters hospital Adimali
Thursday	Taluk headquarters hospital Kattappana
Friday	Taluk headquarters hospital Peermade
Saturday	District hospital, Idukki

Source – District data

Table 11.6.2: MIU - client load

Year	Total no. of children visited MIU	No. of new cases	No. of follow up
2022-23	2251	402	1849
2023-24	2610	422	2188
2024-25	3864	433	3431

Source – District data

The table presents the annual number of children who visited the Mobile Intervention Unit (MIU), distinguishing between new and follow-up cases. It highlights the growing utilisation of MIU services over the years, reflecting increased access and outreach.

11.7 Mobile Health Team (MHT)

Idukki has two Mobile Health Teams for the RBSK programme. The two teams cover 4 remote health blocks in the Idukki district, viz CHC Chithirapuram, CHC Rajakkad, CHC Upputhara and BFHC Pampadumpara. The team provides RBSK Screening, Home visit and Hridyam Follow-up services.

11.8 Rashtriya Kishore SwasthyaKaryakrama (RKSK)

RKSK is a comprehensive adolescent health programme launched by the Indian government in 2014. Its goal is to promote the holistic development and well-being of adolescents aged 10-19 by focusing on six priority areas: nutrition, sexual and reproductive health, mental health, prevention of injuries and violence, prevention of substance misuse, and non-communicable diseases.

Table 11.8.1: RKSK: cases attended by counsellors

Case profile	2024-25
Non-functioning AFHCs	8
Counselling service	14348
Client/Month	1195
No. of outreach programmes	888
No. of adolescents attended in outreach programme	32178

Source – District data

11.9 Peer Educators Programme – 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 11.9.1: Peer educators selected and trained (2022–2025)

Year	Total peer educators selected	Trained
2022-2023	400	400
2023-2024	400	400
2024-2025	400	400

Source – District data

The table shows the number of peer educators selected and trained each year from 2022 to 2025. It reflects consistent efforts to build capacity and strengthen community outreach through trained peer educators.

11.10 Weekly Iron and Folic Supplementation Programme (WIFS)

Weekly Iron and Folic Acid Supplementation is a public health initiative in India aimed at addressing iron deficiency anaemia, particularly among adolescents. Objectives is to reduce the prevalence and severity of nutritional anaemia among adolescents, to improve nutritional status, school performance, and overall well-being.

11.11. Family Planning

India was the first country in the world to launch a National Programme for Family Planning in 1952. Over the decades, the programme has transformed in terms of policy and actual programme implementation and is currently being repositioned not only to achieve population stabilisation goals but also to promote reproductive health and reduce maternal, infant & child mortality and morbidity.

The objectives, strategies and activities of the Family Planning division are designed and operated towards achieving the family welfare goals and objectives stated in various policy documents (NPP: National Population Policy 2000, NHP: National Health Policy 2017, and NHM: National Rural Health Mission) and to honour the commitments of the Government of India (including ICPD: International Conference on Population and Development, MDG: Millennium Development Goals, SDG: Sustainable Development Goals, and others).

11.12 Biomedical Equipment Maintenance Program (BEMP)

The Ministry of Health and Family Welfare had initiated a programme to establish quality equipment-intensive facilities along with suitable mechanisms to ensure proper maintenance of medical devices and equipment to ensure patient safety and good clinical outcomes. Administrative sanction was accorded by NHM to Kerala Medical Services Corporation Ltd for engaging a third-party maintenance service provider and the programme started in 2016 and has been running successfully.

Details of Idukki district are as follows:

Table 11.12.1: Medical equipment maintenance status (April 2024 – March 2025)

Description	Total call registered	Total call rectified	Pending calls	Percentage of rectified calls
April 2024 - March 2025	3144	3126	18	99.43%

Source – District data

The table shows the number of maintenance calls registered, rectified, and pending for medical equipment in Idukki district. A high rectification rate of 99.43% reflects effective maintenance and ensures patient safety and reliable clinical outcomes.

11.12.1 AERB for equipment under the Radiology department

Table 11.12.1.1 Compliance of radiology equipment to AERB norms

Total institutions having radiology equipment	Total institutions registered in AERB	% Of institutions registered in AERB
8	8	100%

Source – District data

All institutions with radiology equipment in the district are fully compliant with AERB registration norms, reflecting adherence to safety standards and regulatory requirements.

11.12.2 Procurement of Equipment at the State level through KMSCL – NHM

Table 11.12.2.1: Procurement of medical equipment through KMSCL – NHM (2024–2025)

Year	Details	Sanctioned amount (Rs)	Status
2024-2025	Maternal health	73, 74, 131	Supply under progress
2024-2025	NBSU/NBCC	62,054	Supply under progress

2024-2025	Blood storage/Blood bank	840,155	Supply under progress
2024-2025	Other equipment	1,729,358	Supply under progress

Source – District data

The table presents state-level procurement of medical equipment through KMSCL under NHM for 2024–2025. All sanctioned items, including maternal health, NBSU/NBCC, blood storage, and other equipment are currently in the supply process, reflecting ongoing efforts to strengthen healthcare infrastructure.

11.13 National Programme for Control of Blindness (NPCB)

The National Programme for Control of Blindness (NPCB) is a government initiative aimed at reducing the prevalence of blindness and visual impairment in India. It focuses on the prevention, early detection, and treatment of common causes of blindness such as cataract, glaucoma, refractive errors, and diabetic retinopathy. The program promotes eye health awareness, supports eye surgeries (especially cataract operations), and strengthens eye care infrastructure across the country. NPCB plays a vital role in improving eye care services and enhancing the quality of life for those affected by visual disabilities.

- Develop comprehensive eye care facilities in every district
- Strengthen human resources for the delivery of eye care services
- Enhance the quality of service delivery across all levels
- Promote active participation of voluntary organizations in eye care initiatives

A mobile unit is operational to conduct eye camps in remote areas, focusing on the detection and treatment of cataract, diabetic retinopathy, and glaucoma. Follow-up care is also provided to ensure continuity of treatment.

Key Activities of 2024-2025:

The district carried out several eye health initiatives under the program. Eye camps were conducted across various locations to identify and treat visual problems among the public. Refractive error screening was organized for school children, and spectacles were distributed to both school students and elderly people requiring vision correction.

Fundus camera examinations were conducted in ten institutions to detect retinal disorders. In addition, screening was carried out for glaucoma, diabetic retinopathy, cataract, low vision, squint cases, and childhood blindness to ensure early detection and timely management of eye-related conditions.

Innovations:

1. National programme like Eye donation Fortnight, World Sight Day and Glaucoma are celebrated throughout the district. Various activities are done through Local Channels, Newspaper and Social Medias.
2. Health education and awareness classes are given to public and school children.
3. Funds camera training.
4. We are conducting Private Eye Hospital for NGO Registration.
5. Detected congenital cataract and done surgery.

Achievements & Accolades received

1. Cataract Detected In 2023-2024 is 2916 and the surgery done at 867(Govt)
2. Cataract Detected In 2024-2025 is 2883 and the surgery done at 940 (Govt)
3. Screened of Refractive error on schools and supplied for spectacles.
4. Mobile unit eye camp conducted 46 govt and others (NGO/Private 42, 2023-2024 for the financial year.
5. Mobile unit eye camp conducted 74 govt and others (NGO/Private 61, 2024-2025 for the financial year.

Table 11.13.1: Summary of ophthalmic activities for 2023–'24 and 2024–'25.

	2023-2024	2024-2025
No. of cataract surgery	3603 (Govt: 867, Private & NGO: 2736)	6215 (Govt:940, Private & NGO :5275)
No. of ophthalmic patients examined	73997	91457

(Hospitals/CHC/PHC/Outreach Camps)		
No. of refractive errors detected	42265	48775
No. of retinoscopy done	15943	18866
No. of spectacles prescribed	31743	35882
No. of spectacles provided for presbyopia/old age persons	2340	5437

Source – District data

Table 11.13.2 Diabetic Retinopathy

Diabetic Retinopathy			
Screened	8799		7818
Detected	840		1133
Treated	75		276
Glaucoma			
Screened	9317	6896	
Detected	506	338	
Treated	409	262	
Low vision			
Screened	127	171	
Detected	127	171	
Low vision aid supplied	0	0	
Squint Cases			
Screened	403	389	

Detected	403	389	
Childhood Blindness			
Screened	0	0	
Detected	0	0	
Treated	0	0	
Corneal blindness detected	14	11	
ROP			
Screened	13	36	
Detected	0	0	

Source – District data

Between 2023–24 and 2024–25, ophthalmic services in the district saw marked improvement. Cataract surgeries increased from 3,603 to 6,215, with a significant rise in procedures conducted by private and NGO sectors. The number of patients examined rose from 73,997 to 91,457, and detection of refractive errors also increased. Retinoscopy procedures and spectacles prescribed showed upward trends, while the provision of spectacles for Presbyopia nearly doubled. In 2023–24 and 2024–25, diabetic retinopathy and glaucoma screenings were actively conducted, with increased detections and treatments. Corneal blindness remained low, and no cases of childhood blindness or ROP were detected.

11.14 National Programme for Health Care of the Elderly (NPHCE)

The programme is implemented across all major hospitals and Community Health Centres in Idukki district. Taluk Hospital, Peerumedu, has been designated as the nodal institution, equipped with a dedicated geriatric ward for both men and women, along with a physiotherapy unit.

As part of the elderly protection initiative, various camps are organised featuring awareness sessions, yoga and meditation classes, cooking demonstrations, and health exhibitions.

Table 11.14.1: Performance of the Geriatric Clinic for 2023–'24 and 2024–'25

	2023-2024			2024-2025		
Geriatric Clinic	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Total OP screening	2576	2843	5419	3447	3677	7124
New cases	522	411	933	510	565	1075
Total IP	127	102	229	167	162	329

Source – District data

In 2024–25, geriatric clinic services expanded significantly, with total outpatient screenings rising from 5,419 to 7,124. New cases increased to 1,075, and inpatient admissions grew from 229 to 329. Female participation slightly outpaced males in both OP and IP services.

11.15 National Programme for Prevention and Control of Deafness (NPPCD)

The National Programme for Prevention and Control of Deafness (NPPCD) is a government initiative aimed at reducing the burden of hearing impairment and deafness in India. The program focuses on early detection, prevention, and management of hearing loss through community awareness, screening, rehabilitation, and provision of hearing aids and other assistive devices. NPPCD also works to strengthen infrastructure and human resources for ear and hearing care services, promoting timely intervention to improve quality of life for individuals with hearing impairments.

The programme aims to prevent avoidable hearing loss due to disease or injury, ensure early identification, diagnosis, and treatment of ear conditions leading to hearing loss and deafness, and provide medical rehabilitation for individuals of all age groups affected by deafness. It also focuses on strengthening inter-sectoral linkages to ensure continuity of rehabilitation services for persons with hearing impairment and on developing institutional capacity for ear care through support for equipment procurement, material supply, and personnel training. In Idukki district, the programme has been functioning effectively and has implemented several innovative awareness and screening initiatives.

As part of the World Hearing Day celebration, various activities were conducted to promote ear and hearing care. Theatre advertisements were displayed for two weeks at Ashirvad Theatre, Thodupuzha; Matha Theatre, Adimaly; and Aishwarya Theatre, Kattappana. Awareness initiatives included photo corners, acrylic boards on hearing rehabilitation, and the release of a magazine titled ***"Hello... Kelkkunnundo..?"*** featuring articles by doctors and audiologists. Quiz competitions were organized for school students in Thodupuzha, Cheruthoni, and Nedumkandam, along with awareness classes and pamphlet distribution for antenatal mothers at District Hospital Idukki, Government Medical College Hospital Idukki, and Taluk Headquarters Hospital Thodupuzha. Awareness and hearing screening programmes were held at Chakkakkanam Anganwadi, Nedumkandam, and for KSRTC Thodupuzha Depot staff. In addition, sessions were conducted for MLSP trainees at District Hospitals Idukki and Thodupuzha, and IEC activities, including pamphlet and printed T-shirt distribution, were carried out among tribal students at Model Residential School, Painavu. An online survey on "screen time and speech-language development" was also conducted among parents of toddlers.

Table 11.15.1: Data on Ear and hearing care activities for 2023–'24 and 2024–'25

Sl No	Diagnosis	2023-2024	2024-2025
1	No. of patients screened for deafness	1481	1334
2	No. of patients referred for rehabilitation	191	130
3	No. of hearing aids fitted	20	5
4	No. of sessions (auditory training & speech and language evaluation and intervention)	236	280
5	No. of BERA assessments	51	30
6	No. of ear surgeries performed	15	23

Source – District data

In 2024–25, ear and hearing care services showed focused activity. A total of 1,334 patients were screened for deafness, with 130 referred for rehabilitation. Hearing aid fittings declined to 5, while auditory and speech therapy sessions increased to 280. BERA assessments dropped to 30, but ear surgeries rose significantly from 15 to 23.

11. 16 National Programme on Climate Change and Human Health (NPCCHH)

The National Programme on Climate Change and Human Health (NPCCHH) is an initiative by the government of India aimed at addressing the health impacts of climate change. The program focuses on assessing and managing risks related to climate-sensitive diseases, such as vector-borne infections, heat-related illnesses, and respiratory disorders. It promotes research, surveillance, capacity building, and public awareness to strengthen the health system's resilience against climate change effects. NPCCHH seeks to integrate climate and health policies to protect vulnerable populations and ensure sustainable health outcomes in the face of environmental changes.

Table 11.16.1: Sustainability and resource management initiatives

Sl. no	Particular/Institutions	No.
1	No. of health facilities – completed energy auditing	1
2	No. of health facilities – completely replaced non-LED lighting with LED lighting.	54
3	No. of health facilities - installed solar panels for all day-to-day use (completely solarized/off-grid).	0
4	No. of health facilities – installed solar panels for limited/critical area use only (partially dependent on the electric grid).	1
5	No. of health facilities – installed solar panels for emergency backup use only (partially dependent on the electric grid).	2
6	No. of health facilities – installed solar panels for water heating only (largely dependent on the electric grid).	1

7	No. of health facilities – completed water audit.	1
8	No. of health facilities– formed water management committees	2
9	No. of health facilities – installed rainwater harvesting system (storage only).	24
10	No. of health facilities – installed rainwater harvesting system (storage with groundwater recharge facility).	3
11	No. of health facilities - functioning effluent treatment plan	0
12	No. of health facilities – established sustainable procurement committee for the facility	7
13	No. of health facilities - health facility specific disaster management plan	17

Source – District data

LED lighting replacement was completed in 54 facilities, enhancing energy efficiency. However, full solarisation remains pending, with only partial installations for critical areas, emergency backup, and water heating in a few facilities. One facility completed energy and water audits, and two formed water management committees. Rainwater harvesting systems were installed in 27 facilities, including three with groundwater recharge; 7 facilities established sustainable procurement committees, and 17 developed disaster management plans.

11.17: National Programme for Palliative Care (NPPC)

Effective palliative care requires a broad multidisciplinary approach that includes the family and makes use of available community resources. It can be provided in tertiary care facilities, major hospitals, community health centres, family health centers and even in patients' homes. It improves the quality of life of patients and families who face life-threatening illness by providing pain and symptom relief and spiritual and psychosocial support from diagnosis to the end of life and bereavement.

The goal of the programme Availability and accessibility of rational, quality pain relief and palliative care to the needy, as an integral part of Health Care at all levels, in alignment with the community requirements.

In Idukki district, 54 primary palliative care units in 52 panchayats and 2 municipalities provide all kinds of care, including home care, to patients requiring palliative care.

In addition, in 13 community health centres, 4 taluk hospitals, and 2 district hospitals in the district, expert palliative care is provided to patients requiring further care under the leadership of the district panchayat and block panchayats. Physiotherapy OP facilities and physiotherapy home care are ensured in the community health centres. In addition, all necessary comfort equipment is provided. All units are conducting home visits 20 days in a month. Currently, there are 7894 patients requiring continued care in primary units and 1569 patients requiring further care in secondary units. Various training programmes are being conducted for doctors, nurses and volunteers at the Thodupuzha District Hospital, which is the district palliative training centre. 589 house surgeons were given 10 days of palliative training. Doctors from Chhattisgarh were given 10 days of training. 11 palliative care units are functioning under the leadership of volunteers. The units are doing very exemplary work. 16 projects are being implemented in the district as part of the "Arike" comprehensive palliative elderly care project. Student palliative activities are being carried out in 12 schools and colleges in the district. Palliative primary and secondary unit services are being provided in 52 care homes operating in the district. 460 people have been trained as part of vocational rehabilitation activities for those who have lost mobility below the waist due to spinal degeneration or congenital deformities, and about 76 people are self-employed. In addition, a model programme is being implemented in association with Kudumbashree from this year. Doctors visit all Ayurvedic and Homoeopathic institutions in the district once a month for home care. In addition, the Secretary Palliative Unit is being implemented at 2 District Ayurvedic Hospitals, and the Secondary Homoeopathic Palliative Unit is being implemented at the District Homoeopathic Hospital, including IP. All nursing school and college students have been provided with 3-day palliative care training. It is being ensured that all the nurses who graduate have completed this training.

A home care unit of Vayomitram project based in Thodupuzha Municipality is providing home care five days a week. Day care centres (for the elderly) in the district are ensuring a visit by a palliative team once a month. Student palliative care activities are being carried out under the leadership of students at Idukki Al-Azhar Medical Colleges. In order to organise a neighbourhood system that takes care of each patient, the Neighbourhood

Network in Palliative Care has given great importance to the system and provided training to the necessary volunteers. Palliative Care IP activities are being carried out in five private hospitals in the district.

Accidental injuries and road traffic accidents were consistently reported, with 28 deaths from injuries across 2023 and 2024. Renal failure cases declined, and congenital heart disease showed one death each year. Mental health disorders were documented, with common disorders more prevalent than severe ones. Obesity cases tripled by 2024, and snake bites remained low.

11.18 Quality Programmes under NHM

National Quality Assurance Standards have been developed keeping in mind the specific requirements for public health facilities as well as global best practices. NQAS are currently available for District Hospitals, CHCs, FHCs and Urban FHCs. Standards are primarily meant for providers to assess their own quality for improvement through predefined standards and to bring up their facilities for certification. In Idukki district, eight hospitals were accredited for National Quality Assurance standards.

1. FHC kanchiyar (91%) in 2017 and recertified in May 2022
2. FHC Kumaramangalam (94%) in March 2020
3. FHC Udumbanchola on 14/05/2021 and recertified in February 2024
4. UFHC Parakkadavu on 19/02/2021 and recertified in April 2022
5. FHC Kumily on 14/09/2024
6. FHC KP colony on 18/09/2024
7. FHC Peruvanthanam on 19/09/2024
8. FHC Chinnakkanal on 30/01/2025

In the year 2024-25 Thodupuzha District Hospital, Taluk Hospital Peermade, Family Health Centres – Elappara, Bisonvalley, Kanthalloor, Pampadumpara, Vazhathop, Kudayathur, Konnthadi, Chembakpara, Kumaramangalam, Alakode, UFHC Vazhavara and 110 Health and Wellness Centres (HWC) have been selected for NQAS accreditation. A core committee was formed at the district level and block level for its timely activities, and training was provided for the implementation at the block level. Completed training

for HWC NQAS certification in all 7 blocks of the district. Internal assessment has been completed in all institutions, and based on the internal assessment score, 26 HWC for District assessment and 23 institutions completed the district assessment. From that, 10 HWCs applied for the NQAS state assessment, and HWC Attappallam completed the state assessment in March 2025.

The NQAS rapid assessment was conducted at DH Thodupuzha and DH Idukki on 3rd and 4th December, and the surveillance assessment was completed at FHC Kanchiyar and UFHC Parakkadavu.

11.18.1 KAYAKALP

Cleanliness and hygiene in hospitals are critical not only for preventing infections but also for providing patients and visitors with a positive experience. They also help encourage behaviours that support a clean and safe environment.

The aim of the Kayakalp initiative is to improve and promote cleanliness, hygiene, waste management, and infection control practices in public healthcare facilities while incentivising facilities that demonstrate exemplary performance.

In Idukki district, many hospitals have achieved this award over the years. Internal and peer assessments under the Kayakalp initiative have been completed in all institutions. The following institutions successfully completed the state-level assessment:

- District Hospital: Thodupuzha
- Taluk Hospitals: Peermade,Nedumkandam
- Community Health Centres (CHCs): Marayoor,Karunapuram, Elamdhesham

11.18.2 National Quality Assurance Standards (NQAS):

NQAS sets benchmarks for public health facilities to ensure consistent, high-quality care across primary, secondary, and tertiary levels. Facilities are regularly assessed and certified based on standards covering patient rights, infection control, infrastructure, and service delivery.

Muskaan:

Muskaan focuses on reducing congenital defects and child mortality through early detection and intervention. It involves screening newborns and children for birth defects and ensuring timely treatment and rehabilitation services.

LaQshya:

LaQshya (Labour Room Quality Improvement Initiative) aims to improve the quality of care in labour rooms and maternity operation theatres. It focuses on enhancing infrastructure, clinical practices, infection control, and respectful maternity care to reduce maternal and neonatal mortality.

11.19 IEC (Information, Education, and Communication) / BCC (Behaviour Change Communication)

IEC / BCC under the National Health Mission (NHM) plays a crucial role in improving public health outcomes by promoting awareness and encouraging healthy behaviours.

IEC/BCC activities aim to educate communities about key health issues such as maternal and child health, nutrition, sanitation, immunization, family planning, and prevention of communicable and non-communicable diseases. Through various channels like mass media, community meetings, posters, and interpersonal communication, these programs work to:

Increase knowledge and awareness about health services and rights.

Promote adoption of healthy practices (e.g., institutional deliveries, breastfeeding, hygiene).

Reduce stigma and myths around diseases like TB, HIV/AIDS, and mental health.

Encourage timely utilization of healthcare services.

Support behaviour change at individual, family, and community levels.

Effective IEC/BCC under NHM strengthens community participation, empowers individuals, and improves the overall impact of health interventions, contributing to better health indicators across the country.

11.20 Delivery Services

Delivery Services refers to medical & Support services provided to a woman during labour and childbirth, ensuring safe delivery for both mother and baby. Services include monitoring of labour and foetal heartbeat, pain relief management, emergency care for complications, immediate newborn care, and post-delivery observation. Provide JSY, JSSK, and referral transport.

11.21 Child Health

Child health encompasses the physical, mental, and social well-being of individuals from birth through adolescence. It includes preventive, promotive, curative, and rehabilitative health services aimed at ensuring optimal development and well-being.

Key components of child health services include:

Nutrition: Promotion of exclusive breastfeeding for the first six months of life, followed by appropriate complementary feeding to prevent malnutrition and micronutrient deficiencies. Iron and Folic Acid (IFA) supplementation and Vitamin A supplementation are integral to this effort.

Immunisation: Routine and targeted immunisation to protect children from vaccine-preventable diseases.

Growth Monitoring: Regular tracking of growth parameters to identify and address nutritional or developmental concerns.

Prevention and Treatment of Common Childhood Illnesses: Timely management of infections and other health conditions prevalent among children.

Newborn Care: Essential newborn care services to reduce neonatal morbidity and mortality.

Adolescent Health: Focused interventions to support the physical and emotional well-being of adolescents.

Early Detection and Intervention: Screening for diseases, disabilities, and developmental delays through the Rashtriya Bal SwasthyaKaryakram (RBSK), enabling timely referral and management.

11.22 National Tobacco Control Programme (NTCP)

The National Tobacco Control Program in Idukki district painted a yellow line on the road within 100 yards of schools and put up anti-tobacco message boards in all government and private institutions. Create awareness about the harmful effects of tobacco consumption. Reduce the production and supply of tobacco products. Facilitate the implementation of strategies for the prevention and control of tobacco advocated by the WHO Framework Convention on Tobacco Control.

Table 11.22 .1: Status of Implementation of COTPA Provisions in Schools, Offices,

COTPA report		**2023-2024**	**2024-2025**
Total number of schools	Govt/Aided	2970	2927
	Private	966	720
No. of schools where statutory warnings are displayed (sec: 4)	Govt/Aided	2616	2861
	Private	843	684
Reason(s) for not exhibiting		0	0
Offices/Workplaces		0	0
Total number of offices	Govt/Public sector	6493	7981
	Private	4066	477
No. of offices where statutory warnings are displayed (sec: 4)	Govt/Public sector	5336	651
	Private	3381	333
Reason(s) for not exhibiting		0	0
Action taken on COTPA section		0	0
VI (a)	No. of persons booked	0	0
	Fine collected	0	0
	Court cases	0	0

	Remarks	0	0
VII	No. of persons booked	0	0
	Fine collected	0	0
	Court cases	0	0
	Remarks	0	0
Total number of anti-tobacco hoardings in public places		1195	158
No. hoardings exhibited		768	142
No. of schools where statutory warnings are displayed		2599	293
No. of public institutions where statutory warnings are displayed		4113	555

Source – District data

The Cigarettes and Other Tobacco Products Act (COTPA), 2003, is a comprehensive piece of legislation in India aimed at reducing tobacco consumption and protecting public health. It prohibits smoking in public places, bans advertisement and promotion of tobacco products, mandates statutory warnings on tobacco packaging, and regulates the sale of tobacco products to minors. The 2023–24 and 2024–25 data show that most schools and several public institutions complied with statutory warnings, while a number of anti-tobacco hoardings were displayed in public places.

CHAPTER 12

NATIONAL URBAN HEALTH MISSION

12.1 National Urban Health Mission

The National Urban Health Mission (NUHM) aims to address the health needs of the urban poor, particularly slum dwellers, by ensuring access to essential primary healthcare services. In Idukki district, two Urban Family Health Centres (UFHCs) are operational, of which one has been upgraded to function as a Polyclinic. Out of six sanctioned Urban Health and Wellness Centres (UHWCs), four are operational as of March 2025. Under NHM, four Medical Officers, nine Staff Nurses, and four Pharmacists have been posted to strengthen service delivery in these UHWCs.

Table 12.1.1: Number of Urban Health Facilities under NHM in Idukki

Type of Facility	Number
No of UFHCs operational	2
No of UFHCs where Polyclinic is operationalized	1
No of UHWCs sanctioned	6
No of UHWCs operationalized as on March 2025	4
Recruitment status for the post under UHWCs	NHM Posted 4 Medical officers, 9 Staff Nurses & 4 Pharmacists.

Source – District data

12.2 Institution level activities

- Out Patient department Mon– Sat
- All services are free of cost
- Client friendly care for patients
- No complex administrative procedures for patient care
- Special precautions and confidentiality maintained for cases with social stigma
- Public health services under all National Health Programmes

- Immunization Programme (Wednesday)
- Non-Communicable Diseases Clinic (Monday, Thursday)
- Antenatal Clinic (Tuesday)
- Geriatric Clinic (Friday)
- Adolescent Health Clinic (Saturday)
- Vision center Clinic (Saturday/Thursday)

12.2.1 Patient Services under NUHM:

Table 12.2.1: Patient Services under NUHM – Idukki (2024-25)

Patient Service	2024-25
Total OP	39755
Total NCD	25592
Total Lab	44128
Total Outreach labour camps	0

Source: District Report

During 2024-25, a total of 39,755 outpatients were served under the National Urban Health Mission (NUHM) in Idukki district. Of these, 25,592 patients availed services through NCD clinics. The laboratory services recorded a total of 44,128 investigations, with an average daily OP of 110 and average daily lab tests of 120. No outreach labour camps were conducted during the period.

12.3 KEY ACTIVITIES OF 2024-25

At the Urban Family Health Centre, Parakkadavu, Kayakalp training and fire and safety training were provided to the staff.

Community Services: Mahila Arogya Samithies (MAS) have been formed as part of community-level interventions. Each MAS consists of a group of lady health volunteers selected from each ward to strengthen community health activities with the support of ASHA workers at the grassroots level. An untied fund of ₹5,000 is provided annually to each Mahila Arogya Samithi to support field-level activities.

Various health services such as NCD clinics, antenatal clinics, geriatric clinics, adolescent clinics, mental health clinics, and immunization

12.4 Expenditure of NUHM ROP

Table 12.4.1 Expenditure of NUHM ROP

ROP	Approval	Expenditure	%
2024-25	**363.96 lakh**	**lakh** **176.89**	**48%**
Community process		**Approved**	**In position**
No. of Mahila Arogya Samithi (MAS) constituted		**30**	**30**
No. of MAS Accounts opened		**30**	**27**
No. of MAS trainings/ orientations held		**0**	**0**
No. of ASHAs		**33**	**29**
No. of UHNDs held in 2024-25 with frequency (Weekly, Monthly, Quarterly)		**396**	**394**
No. of special outreach medical camps		**0**	**0**
2023-24		**0**	**0**
2024-25		**0**	**0**
Population and households assigned per ASHA		**1000**	**1500**
Population and households assigned per JPHN		**3000**	**4500**
NGO Support in Community process if any		**0**	**0**

Source – District data

12.5 NUHM Idukki-Achievements

Urban FHC Vazhavara was inaugurated on 08.09.2016 at Kattappana municipality and Urban FHC Parakkadavu was inaugurated on 10.08.2014 at Thodupuzha Municipality, for meeting the primary health care need of urban poor under National Urban Health Mission (NUHM).

Vazhikatty: - A centre for first aid treatment and emergency inaugurated on 10.03.2018 at kattappana municipal bus stand. A staff nurse is posted for handling all the emergencies, services like BP checking, sugar test, etc are available at the centre.

Laboratory: - Laboratory at UFHC Parakkadavu was inaugurated on 11.02.2018 and UFHC Vazhavara was inaugurated on 10.03.2018. The laboratory services are absolutely free of cost.

DMCs: - Both UFHC laboratories were upgraded to Designated Microscopic centres under NTEP programme.

FICTC: - Both Laboratories are functioning as FICTC Centres, HIV tests and counselling is given as per consent.

Vision centre: - Vision centre at UFHC Parakkadavu was inaugurated on 22.06.2019 and vision centre at UFHC Vazhavara was inaugurated on 08.06.2019. Service of An Optometrist working under NPCB is available weekly once.

HWC: - Both UFHCs are upgraded to Health and Wellness Centres providing better infrastructure and services for the beneficiaries.

Community services: - Mahila Arogya Samithies (MAS)- A group of lady health Volunteers are selected from each ward for strengthening the community services with the help of ASHA workers at grass root level. An untied fund of rupees 5000/- is given annually to Mahila Arogya Samithies for strengthening the field activities.

NCD clinics, antenatal clinics, geriatric clinics, Adolescent clinics, mental health clinics, Immunization programs etc are conducted every week at UFHCs

CHAPTER 13

NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME

13.1 National Tuberculosis Elimination Programme (NTEP)

National Tuberculosis Elimination Program (NTEP) is being implemented in Idukki district since 1991. Idukki is a hilly district with 1.1 million population and 52 grama panchayats and 2 municipalities. There are a total of 4 sub-district level TB Units through which activities are coordinated. Diagnostic infrastructure consists of 53 Designated Microscopy Centres (DMC), 2 CB- NAAT and 2 TRUENAT. We have succeeded in providing upfront molecular testing for a large proportion of cases and universal UDST.

13.2 Components of NTEP

The information from notification to treatment completion of TB patients is timely updated through 'Nikshay' software. Health worker visits the house of the newly identified patients and makes necessary arrangements to do contact tracing and timely follow up. Treatment is commenced under the direct supervision of the health worker. Measures to disburse financial assistance as per the entitlement of the patient through the bank account are initiated promptly after the patient is identified.

Highlights:

Contact tracing, field level referral for the first time in India in 2008

DMC accessible anywhere in Idukki

Vulnerable population were mapped

Treatment under strict supervision was ensured for all patients

Treatment after examination is made available to the patient in all government hospitals and the selected private hospitals and clinics.

Address special needs of migrants and cross-border issues

Undertake screening for active TB and latent TB infection in TB contacts and selected high-risk groups, and provide appropriate treatment

NTEP activities are effectively implemented under the supervision of district health authorities.

Table 13.2.1 Components of NTEP

DISTRICT TB CENTRE	1
TB UNITS	4
NO OF PHI	65
NO. OF DESIGNATED MICROSCOPY CENTERS	53
NO. OF DESIGNATED X-RAY UNITS	12
NO. OF NAAT LABS	4
STEPS CENTRES	12
IGRA LABS	0
NO OF FACILITIES WITH PROVISIONS FOR IP ADMISSION FOR DRTB PATIENTS	4 BED AT MCH IDUKKI.
NO OF DRTB WARDS	0
NO. OF MEDICAL COLLEGES	2 (MCH IDUKKI, AL AZHAR THODUPUZHA)

Source – District data

13.3 Programme Implementation

NTEP activities are reviewed in the district by the District Medical Officer and Programme Officers. The District TB Officer and the Medical Officer – Tuberculosis give leadership to the activities at the district and the treatment unit levels. The Senior Treatment Supervisor, the Senior TB Lab Supervisor and DRTB Supervisor, conduct field work and tuberculosis awareness at district level. Medical Officers, Health Inspectors, Junior Health Inspectors, Junior Public Health Nurses, ASHAs and other community volunteers are important links in the NTEP activities in the district. The DOTS process in the district has effectively been implemented through specially assigned 'Treatment Supporter'.

The employees of all private health institutions, clinics, private practitioners and medical shops have been given special training to notify all those who seek treatment for tuberculosis through 'Nikshay'. All patients have been provided financial assistance through D.B.T. within the treatment period. Contact tracing for TB patients and all household contacts for a period of 2 years is diligently conducted in a systematic manner

Active Case Finding (ACF).

Work Place intervention: - Systematic and routine screening covering in Migrant workers, shelter homes, jail, plantations and Tribal kudies.

Educational Level TB Screening – **Yes! Campaign I** – at school level TB Screening programme – completed 336 schools and 60500 students in 2023. **Yes! Campaign II**- at college level Screening- going on.

Woman empowerment: - Women empowerment is a result of knowledge dissemination- through a woman we are empowering the family itself.12, 536 NHGs covering a population of approximately 1,88,000 women which were screened with the help of Kudumbasree,

100 days TB campaign program started from December 2024.

Passive Case finding (PCF)

The goal of Passive Case Finding is 5% of OP patients were done TB testing from every institution.

Intensive Case finding (ICF)

Screening camps conducted with the help of NCD, ART, SWAS clinic etc.

Review meetings conducted at State level, District level-DMO Level, DTC Level and Block Level in every month.

Table 13.3.1 TB Tests conducted – 2015-2024

Year	No of presumptive TB patients tested with smear (A)	No of presumptive TB patients tested with CBNAAT (B)	No of presumptive TB patients tested with TRUENAT (C)	Total no of presumptive TB examination done in the year (D=A+B+C)	No. of TB patients diagnosed out of A (E)	No. of TB patients diagnosed out of B (F)	No. of TB patients diagnosed out of C (G)	Total positive (H)	No. needed to test for the year (I=D/H)
2015	15895	-	-	15895	250	-	-	250	64
2016	15689	549	-	16238	237	40	-	277	59
2017	15195	1748	-	16943	228	114	-	342	50
2018	15230	3918	-	19148	196	211	-	407	47
2019	14410	7027	-	21437	155	248	-	403	53
2020	7627	5728	366	13721	124	161	2	287	48
2021	4504	4570	1911	10985	114	184	23	321	34
2022	6891	8368	1629	16888	99	232	23	354	48

2023	12301	12309	2198	26808	89	177	32	298	88
2024	11850	6144	3796	21790	88	116	40	244	89
2025	3211 (upto march)	4322	1423	8956	22	56	18	96	93

Source – District data

13.4 Progress in the Tuberculosis Eradication in the District

Nikshay Poshan Yogna: - With the objective to ensure adequate nutritional support and to reduce TB related morbidity and mortality, Government of India provide Nutritional Assistance through Nikshay Poshan Yogna (DBT NPY) to all TB patients for an amount of 1000 per month during the period of TB treatment.

Nikshay Mitra: - provide Nutritional food kits to TB patients by the support of Nikshay Mitra during the period of treatment.

LSGD level Nutritional support to TB Patients

Community level support to TB patients - Merchants association, Red Cross Society, Etc.

Silver medal in SNC Survey in 2022.

20 Panchayats are selected for TB Mukt Panchayat in 2023.

29 Panchayats are selected for TB Mukt Panchayat in 2024.

1 Municipality is selected for TB Mukt Panchayat in 2024. (Kattappana)

Table 13.4.1 LIST OF TB MUKT PANCHAYAT

SL.NO	LIST OF TB MUKT PANCHAYAT		
1	EDAMALAKUDY	16	MUTTAM
2	VATTAVADA	17	PURAPUZHA

3	PALLIVASAL	18	KUDAYATHOOR
4	ADIMALI	19	BAISONVALLY
5	KUMILY	20	CHINNAKANAL
6	PEERMEDU	21	MANKULAM
7	PERUVANTHANAM	22	SANTHANPARA
8	KOKKAYAR	23	VANDIPERIYAR
9	AYYAPPANKOVIL	24	SENAPATHY
10	VAZHATHOPE	25	PAMPADUMPARA
11	NEDUMKANDAM	26	VANDANMEDU
12	KARUNAPURAM	27	KARIMKUNNAM
13	UDUMBANCHOLA	28	CHAKKUPALLAM
14	RAJAKAD	29	KATTAPPANA
15	RAJAKUMARI	30	VATHIKUDY

Source – District data

Table 13.4.2 CB-NAAT Testing

Year	No. of tests conducted	Positive cases	Percentage
2020-21	4937	176	
2021-22	4940	138	
2022-23	10967	228	
2023-24	9058	148	
2024-25	9104	153	

Source – District data

13.5 Challenges in NTEP

- Lack of adequate IP beds and absence of ICU beds for TB Patients.
- HR shortage – STS and LT post vacant.
- Shortage of NAAT sites. Only 5 sites at present.
- Lack of Four-wheel drive vehicle which is very much needed considering the terrain of Idukki.

Table 13.6.1 Fund allocation for NTEP

Sl. No	Year	Amount (in lakhs)
1	2020-21	97.30
2	2021-22	111.25
3	2022-23	135.15
4	2023-24	143.59
5	2024-25	118.20

Source – District data

CHAPTER 14

NATIONAL AIDS CONTROL PROGRAM (NACP) IMPLEMENTATION

14.1 Overview of HIV/AIDS Prevalence

The NACP Phase-V will take the national AIDS and STD response till Financial Year 2025-26 towards the attainment of United Nations' Sustainable Development Goals 3.3 of ending the HIV/AIDS epidemic as a public health threat by 2030 through a comprehensive package of prevention, detection and treatment services. The Phase-V builds upon the game changer initiatives of the HIV/AIDS Prevention and Control Act (2017), Test and Treat Policy, Universal Viral Load Testing, Mission Sampark, Community-Based Screening, transition to Dolutegravir-based Treatment Regimen etc and introduces newer strategies consolidating and augmenting the gains. This includes setting-up of Sampoorna Suraksha Kendras (SSK) for providing services through a single window model for those "at risk" for HIV and STI covering prevention-test-treat-care continuum. It includes a holistic set of services customized as per clients' needs, with strong linkages and referrals within and outside of health systems.

NACP has the following service facilities operational in Idukki

Table 14.1.1 HIV Service Facilities

Name of HIV service centres	No. of HIV Service centres
Targeted interventions	3
Integrated counselling and testing centres	6
Designated STI & RTI clinic	1
ART Centre	1
Link ART	1
Blood Banks (Government)	1
Blood Banks (Private)	9

Source – District data

14.2 Status of awareness and Prevention Programs

Implementing an HIV awareness program in Idukki is a critical step in tackling the challenges of HIV stigma, prevention, and treatment access in this district. Given Idukki's unique geographic and demographic factors, such as its rural, hilly terrain and diverse population, the program needs to be tailored to address local needs, promote open discussion, and ensure accessibility to information for everyone.

Comprehensive plan for an HIV awareness program in Idukki:

- Increase knowledge about HIV/AIDS, its transmission, and prevention.
- Reduce stigma and misconceptions associated with HIV.
- Promote HIV testing and encourage people to seek treatment.
- Educate people on the importance of safe sexual practices and the role of ART in controlling the virus.
- Highlight the importance of early diagnosis and consistent adherence to ART for people living with HIV.

Table 14.2.1 HIV status

District	ICTC	FICTC	PPP	Total	ANC positive
Idukki	5634	5895	0	11529	1

Source – District data

Table 14.2.2 PALS Data

Year	Male	Female	Total
24-25	31	9	40

Source – District data

Table 14,2,3 Blood Collection

Year	No. of Blood Units Collected
2024 - 2025	12076

Source – District data

14.3 Care and support services for HIV- Positive Patients

Table 14.3.1 HIV screening

Indicator	FSW	Migrant
Total No. of TI Projects	2	1
Total registration till March 2025	1942	10258
New registration 2024-25	291	6008
New registration for the 1st quarter	26	2103
Total HIV Screening during 2024-25	2326	2113
HIV Positive found	0	3
Total no. of alive HRG Currently registered at ART Centers	7	3
Total HRG Positive currently on ART	7	3
Total STI Screening during 2024- 25.	5112	6002
STI Cases diagnosed and treated	92	40
Total syphilis screening during 2024-25	2421	267
Syphilis positive cases	0	0

Source – District data

Table 14.3.2 Testing of General Clients (at ICTCs in Idukki District) –

General Clients April-March 2025						
ICTC	FICTC	CBS	PPP	TOTAL	General clients positive	% positive
21251	17583	1150	0	39984	39	0.09%

Source: SIMS Data

14.4 Implementation of ART centers and Counselling services

Implementing ART centers and Counselling services in Idukki District (located in Kerala, India) would require a localized approach, taking into account the district's specific geographic, cultural, and healthcare context. Idukki, which has a significant rural and hilly landscape, presents unique challenges and opportunities for healthcare delivery. The goal would be to ensure that individuals living with HIV in Idukki can access both ART (antiretroviral therapy) and mental health support services in a manner that is both effective and sustainable.

Adherence Counselling:

Hire trained counsellors and psychologists who specialize in HIV/AIDS care. They should provide adherence counselling for new patients, ensuring they understand the importance of ART for viral load suppression and long-term health.

Offer follow-up adherence support via phone calls, SMS reminders, or home visits, especially for those in remote areas where consistent follow-up may be challenging.

Psychosocial Support & Mental Health Services:

Set up individual and group counselling services to address the emotional, mental, and social challenges of living with HIV. This is particularly crucial in regions like Idukki, where there may be heightened stigma surrounding HIV.

Offer family counselling to help patients' family members understand HIV, reduce stigma, and offer emotional support.

CHAPTER 15

AARDRAM PROGRAMME IMPLEMENTATION IN THE DISTRICT

15.1 Overview of the Aardram Mission and its goals

The Aardram Project is an initiative by the Kerala government aimed at upgrading and transforming the public health care system, especially the primary and community health centers, to provide patient-friendly and quality health services. The civil work under this project involves the renovation, expansion, and modernization of health care infrastructure across the state.

This includes:

- Upgrading Primary Health Centers (PHCs) to Family Health Centers (FHCs) with improved facilities.
- Renovating Community Health Centers (CHCs) to meet enhanced standards.
- Modernizing outpatient departments (OPDs) in Taluk and District Hospitals.
- Ensuring better sanitation, patient wards, diagnostic facilities, and emergency care setups.
- Incorporating infrastructure to support digital health services and smooth patient flow.

The civil work is a crucial component to physically transform the health care delivery points and enhance overall service quality and accessibility for the public.

The following lists four healthcare projects along with their respective statuses regarding allocation and progress. For each project, the number of units allocated, completed, ongoing, and not started is recorded.

- P H C to F H C: Out of 45 units allocated, 33 are completed, 2 are ongoing, and 10 have not yet started.
- CHC to BFHC: From 7 units allocated, 2 have been completed, 1 is ongoing, and 4 are not started.
- OPD Transformation Taluk Hospital: All 3 allocated units have not yet started.
- OPD Transformation District Hospital: The single unit allocated has been completed.

15.2 Progress made in converting PHCs to Family Health Centres

Out of the 45 PHCs allocated for conversion into Family Health Centers under the project, significant progress has been made. A total of 33 centers have been successfully completed, demonstrating substantial advancement toward the project goals. Currently, 2 centers are in the process of ongoing work, while 10 centers have yet to be started. This indicates that while the majority of the allocated centers have either been completed or are underway, there is still some work remaining to fully achieve the targeted transformation.

Table 15.2.1 PHCs to Family Health Centres

Sl	Name of the Project	Allocated	Completed	Ongoing	Not Stared
1	P H C to F H C	45	33	2	10

Source – District data

15.3 Improvements in patient services and facility infrastructure under the program

The Aardram Project focuses on upgrading healthcare facilities in Kerala to improve patient care and welfare. The data shows progress across different components of the project:

Conversion of PHCs to Family Health Centers (FHCs): Out of 45 centers allocated, 33 have been completed, 2 are ongoing, and 10 are yet to start. This upgrade aims to provide more comprehensive and accessible primary healthcare services to the community.

Upgrading CHCs to Block Family Health Centers (BFHCs): From 7 allocated centers, 2 are completed, 1 ongoing, and 4 not started. This enhancement ensures better infrastructure and service delivery at the block level.

- OPD Transformation at Taluk Hospitals: All 3 allocated OPD transformations are yet to start, indicating a pending focus on improving outpatient services at the taluk hospital level.
- OPD Transformation at District Hospitals: The single allocated district hospital OPD transformation is completed, reflecting progress in enhancing outpatient services at the district level.

Overall, the project is steadily progressing, with significant upgrades already improving healthcare infrastructure, which is expected to enhance patient experience, reduce waiting times, and provide better quality care across Kerala.

Table 15.3.1 Conversion to Family Health Centres

Sl	Name of the Project	Allocated	Completed	Ongoing	Not Stared
1	P H C to F H C	45	33	2	10
2	CHC to BFHC	7	2	1	4
3	OPD Transformation Taluk Hospital	3	0	0	3
4	OPD Transformation District Hospital	1	1	0	0

Source – District data

15.4 Key achievements and ongoing projects

The National Health Mission (NHM) is actively involved in enhancing healthcare infrastructure through several construction projects:

THQH Peerumade: Construction of an Eye Operation Theatre (OT) and a separate 3-bedded postoperative ward for males and females is underway. About 75% of the work is completed, with expected completion by December 2025.

PHC Kanthallor: A new OP (Outpatient) Block building has been completed, featuring two OP rooms, pharmacy, lab, observation room, ECG room, dressing room, injection room, and a waiting area, significantly improving outpatient services.

PHC Seanapathy: A new OP (Outpatient) Block building has been completed, featuring two OP rooms, pharmacy, lab, observation room, ECG room, dressing room, injection room, and a waiting area, significantly improving outpatient services.

PHC Kallar Vattayar: Construction work is 85% completed, with anticipated completion by December 2025, indicating substantial progress in improving facility infrastructure.

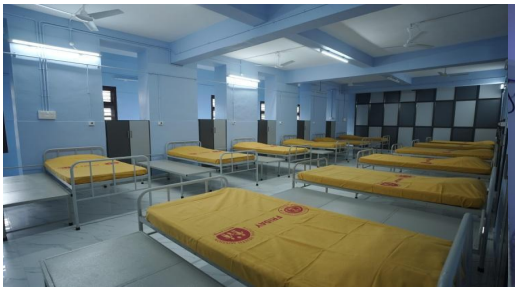
District TB Centre & Drug Store: Construction of a new block for the TB unit has just started, marking the beginning of infrastructure enhancement for TB control services.

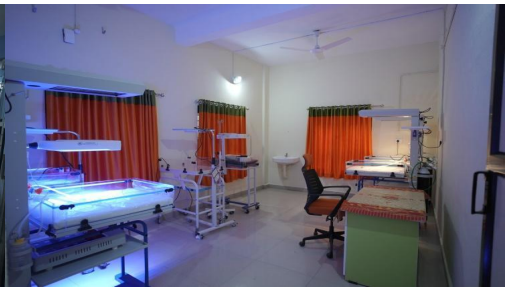
15.4.1 Images of Achievments

INSTITUTIONAL IMAGES

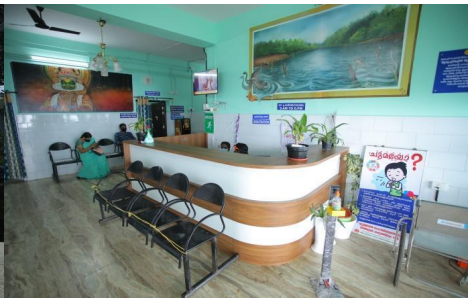
FHC ELAPPARA

THQH PEERMEDU

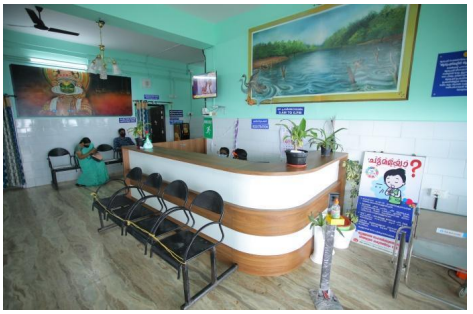




FHC KUMILY



FHC PERUVANTHANAM



THQH ADIMALI

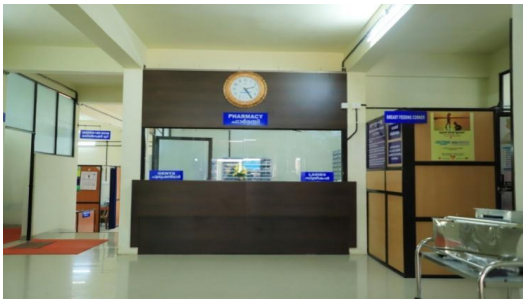
FHC BISON VALLEY

FHC CHINNAKKANAL

FHC MANKULAM

FHC EDAMALAKUDY

FHC UDUMBANCHOLA



FHC KARUNAPURAM

FHC RAJAKUMARI

FHC KP COLONY

FHC KANCHIYAR

FHC KONNATHADY

FHC KAMKSHY

FHC VAZHATHOPE

CHC MUTTOM

FHC KARIMANNOOR

FHC KODIKKULAM

FHC KUMARAMANGALAM

CHAPTER 16

NEW INITIATIVES OF THE DISTRICT

16.1 Race to Health Campaign

Race to Health is a campaign designed by health department of Idukki along with Non communicable disease control programme and NHM Idukki in drug addiction among students of the district through games, physical activities, awareness sessions, and essential counselling services. The campaign designs in a collective participation including NSS, NCC, Physical education departments, health service and other stake holders that can contribute with the student's movement.

Fig 16.1.1Race to Health Campaign

16.1.1 Rationale

The increase in use of drugs among students is a growing concern in Kerala, affecting their wellbeing and academic performance. Physical education and other activities scan be a potential intervention to reduce the use of drugs among students. With the rising numbers of drug usage among students, a campaign called – "RACE to Health" – which is an anti-drugs campaign launched to address this issue. The programme will be implemented in colleges which is expected to bring a great result.

16.1.2 Description of the Model

"RACE TO HEALTH" – An anti-drug abuse campaign was planned to be implemented in 56 colleges of Idukki district. District inauguration of the campaign was held at Kuttikkanam Marian College on 26th June 2023. This was inaugurated by the District Collector, Sheeba George, IAS. As part of the inauguration an antidrug pledge was taken along with a flash mob. The campaign was implemented as part of Non communicable

disease programme. The campaign was implemented to bring awareness among students about the problems which affects them due to use of drugs and also to involve them into sports activities which can be a substitute to drug usage. As part of the program, the district conducted awareness classes, seminars in Muttom health Block along with football, volleyball and badminton competition among colleges of the health blocks. In partnership with government & private colleges, NSS units, physical education department of the colleges, NHM and DMO the campaign was implemented and the program is still going on.

16.1.3 Human Resources

Department of Health service including public health wing, NCD staffs, NHM Officials, NSS program coordinators, staffs of Physical Education department of colleges and staff of government and private colleges of Idukki district are the major human recourse pool for the programme.

16.1.4 Design of Campaign

- District level Planning meeting at District Collectors Chamber
- Planning workshop with District level Officials
- Capacity Building for Block level officials and College level nodal officers
- District Level Launch by Collector
- Block Level Launch with Local leaders and Eminent personalities
- Intercollegiate Game competitions including Football, Badminton and Volley Ball at Block level
- Anti-Drug message Flag Designing by students from all colleges those who are participating with the campaign
- Graffiti Wall making at colleges which provides awareness among students regarding drug abuse
- Annual conclusion of the campaign every year with sports meet, pledge, anti=drug flag rising with Block level winners.
- NCD Screening, mental health awareness sessions and Adolescent health counselling are scheduled with the campaign

Fig 16.1.2 Race to Health Campaign

16.1.5 Capacity Building

A meeting was held at District Collector's chamber along with DMO, NHM and other officials and decided to conduct an antidrug abuse campaign called–"RacetoHealth".

Fig 16.1.3 Race to Health Campaign

16.1.6 Evidence of Effectiveness

The campaign details are updated in facebook page of NHM Idukki along with Instagram and Twitter. Along with the various media were reported the programme through dailys and channels.

Fig 16.1.4 Race to Health Campaign

16.1.7 Cost of Implementation

Fund from National Tobacco Control Programme was utilized for the campaign.

16.1.8 Summary of Lessons and Challenges

The major challenge faced during implementation of the campaign was acceptance of campaign and its motive among students.

Fig 16.1.5 Race to Health Campaign


16.1.9 Partners involved in implementation

Government and private colleges, NSS units and physical education department of colleges, NCD wing, DMO(H) and NHM

Fig 16.1.6 Race to Health Campaign



"Race to Health"
"Race to Health"
"Race to Health"

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