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

Kerala HEALTH

HEALTH@KOZHIKODE

December 2025

HEALTH@KOZHIKODE

KERALA.HEALTH

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KERALA.HEALTH

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Annexures

Message

GOVERNMENT OF KERALA

Pinarayi Vijayan

CHIEF MINISTER

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

MESSAGE

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

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

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

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

Pinarayi Vijayan

The Addl. Chief Secretary (Health)
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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 Kozhikode. 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 Kozhikode.

I appreciate the works done by the District Medical Officer, District Project Manager and health functionaries of Kozhikode 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@Kozhikode** 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@Kozhikode** will be a resource book for health functionaries, researchers, students as well as to people to understand the developments in health sector in Kozhikode. 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 Rajaram Kizhakkekkandiyil, DMO Kozhikode, Dr Shaji C K, DPM Kozhikode 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 Kozhikode 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

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സന്ദേശം

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

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

ആത്മാർത്ഥതയോടെ,

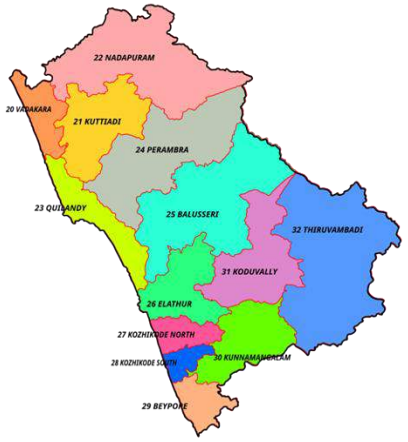
ഡോ. റീന. കെ. ജെ

CHAPTER 1
DISTRICT OVERVIEW

1.1 Introduction

Kozhikode District was the capital of the erstwhile kingdom of the mighty Zamorins and was once a renowned commercial centre. Today, Kozhikode is one of the best cities in Kerala. Endowed with lush green countryside, serene beaches, historic sites, wildlife sanctuaries, rivers, and hills, this city enchants both its inhabitants and its guests. With its unique culture and friendly ambience, Kozhikode is a wondrous destination for all.

The city of Calicut, the Anglicised form of Kozhikode, is the headquarters of the district. The district of Kozhikode is 38.25% urban and is bordered by Kannur district to the North, Wayanad to the East, and Malappuram to the South. To the West lies the mighty Arabian Sea. The district is situated between latitudes 11° 08'N and 11° 50'N and longitudes 75° 30'E and 76° 8'E.



1.2 Administrative division

The division of the district into four taluks came into effect in 2001. They are Kozhikode, Vadakara, Koyilandy and Thamarassery. As per the Census of 2011, 12 block panchayats make up the district of Kozhikode, namely, Balussery, Chelannur, Koduvally, Kozhikode, Kunnamangalam, Kunnummal, Melady, Panthalayani, Perambra, Thodannur, Thuneri, and Vadakara.

Table 1.2.1 Kozhikode Geography

Parameter	Details
Area	2,345 sq. km
Rural Area	2,005 sq. km
Urban Area	340 sq. km
Density	1,316 per sq. km
Coastal Length	80 km

The district covers a total area of 2,345 square kilometres, of which 2,005 square kilometres constitute the rural area and 340 square kilometres form the urban area. The population density of the district is 1,316 persons per square kilometre. The district also has a coastal length of 80 kilometres.

1.3 Demographic Profile of the District

District Population (2011 Census)	**30,86,293**
Male Population	**14,70,942**
Female Population	**16,15,351**
Rural Population	**10,12,721**
Urban Population	**20,72,572**
Population aged <5 years	**2,29,975**
Population aged >60 years	**3,60,880**
Literacy Rate – Males	**97.42%**
Literacy Rate – Females	**92.99%**
Scheduled Tribe Population	**15,228**
Scheduled Caste Population	**1,99,191**

As per the 2011 Census, the district has a total population of 30,86,293, comprising 14,70,942 males and 16,15,351 females. The rural population accounts for 10,12,721, while the urban population stands at 20,72,572. The district has a tribal population of 15,228 and a scheduled caste population of 1,99,191. Among the total population, 2,29,975 belong to the age group below 5 years, and 3,60,880 are aged above 60 years. The literacy rate among males is 97.42%, while it is 92.99% among females.

1.3.1 Population size and density

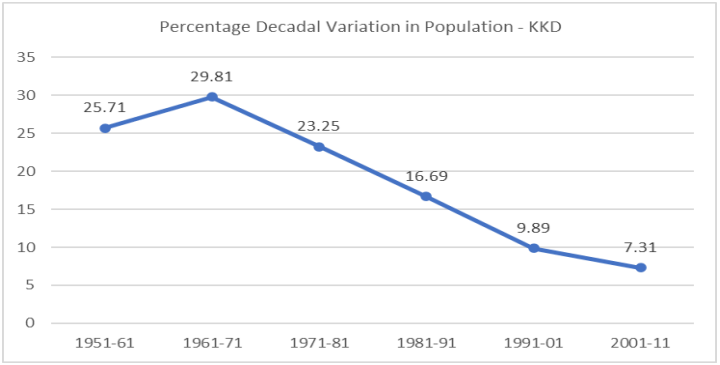
Table 1.3.1 Population Distribution of District (1911-2011)

District	Census Year	Males	Females
Kozhikode	1901	3,03,662	3,06,396
	1911	3,23,897	3,30,949
	1921	3,32,771	3,45,351
	1931	3,92,117	4,04,764
	1941	4,36,503	4,55,575
	1951	5,53,029	5,63,362
	1961	6,99,388	7,04,025
	1971	9,09,037	9,12,697
	1981	11,11,409	11,33,856
	1991	12,92,765	13,27,176
	2001	13,99,358	14,79,773
	2011	14,70,942	16,15,351

Data Source: census of India

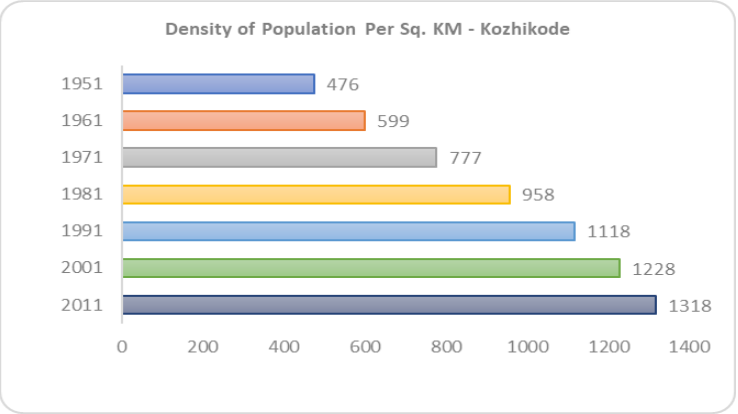
The total population increased from approximately 0.61 million to about 3.09 million — nearly a fivefold growth over 110 years. Both male and female populations grew steadily, with females remaining slightly higher throughout. Kozhikode has consistently had a female-majority population, unlike the national average. The sex ratio improved notably in recent decades, rising from 1,004 in 1971 to 1,098 in 2011.

Figure 1.3.1 Decadal Population Growth of District.



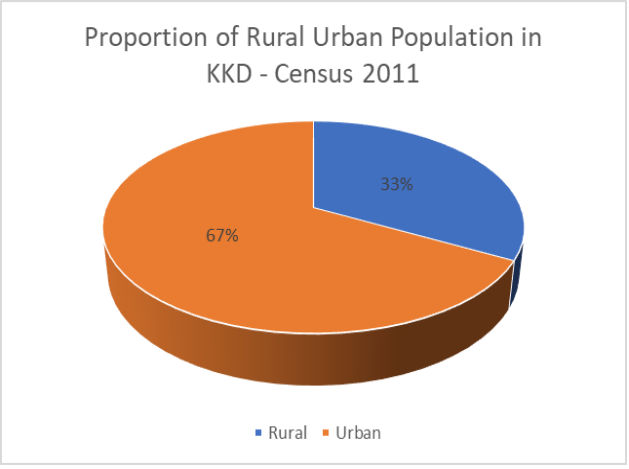
The population growth rate slowed after 1991, consistent with Kerala's demographic transition characterised by lower fertility and higher literacy levels.

Figure 1.3.2 Density of population per sq. km (1951 -2011)



Overall growth (1951–2011): Population density increased from 476 persons per sq. km to 1,318 persons per sq. km, marking an increase of 842 persons per sq. km — almost 2.8 times over sixty years. The fastest growth occurred between 1961 and 1981, likely due to urbanisation and migration to Kozhikode city. After 1991, the rate of increase slowed, indicating that population growth was stabilising, possibly due to lower birth rates and space constraints.

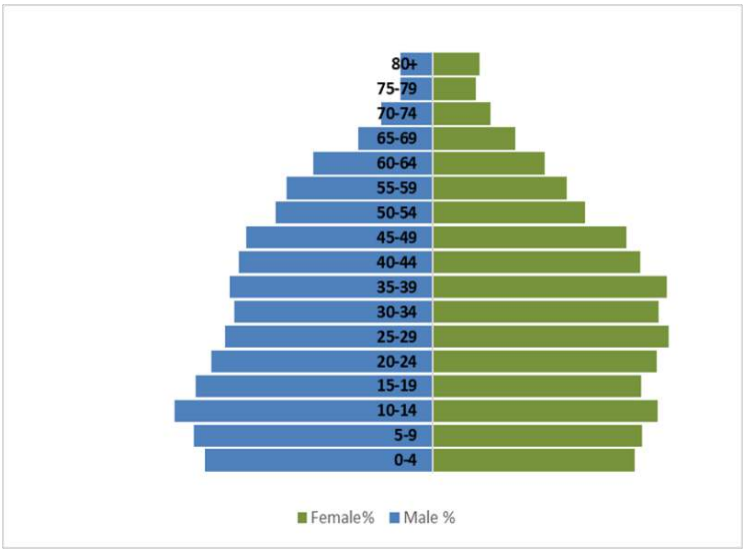
Figure 1.3.3 Rural Urban Difference in Population based on Census 2011.



About 67.2% of the population lives in urban areas, confirming Kozhikode as a highly urbanised district. The rural population (32.8%) accounts for nearly one-third of the total. The urban population (2.07 million) is roughly double the rural population (1.01 million), reflecting the strong urban influence of Kozhikode city and its surrounding municipalities.

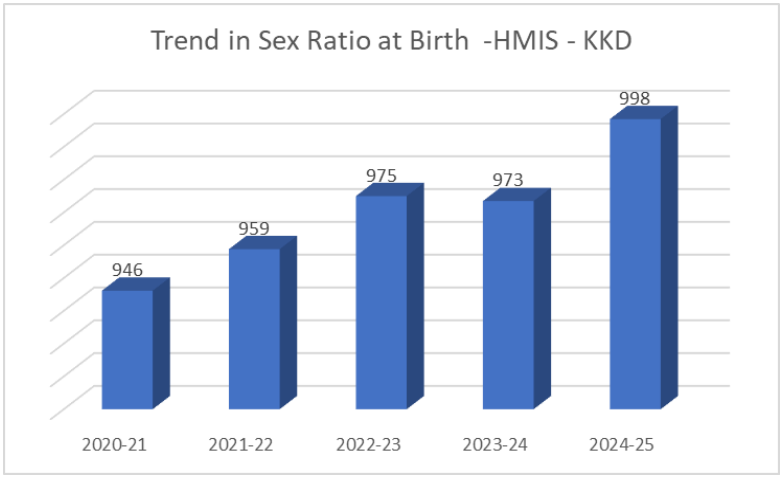
1.4 Age and sex distribution

Figure 1.4.1 Age and Sex distribution of the population based on the Census 2011 population



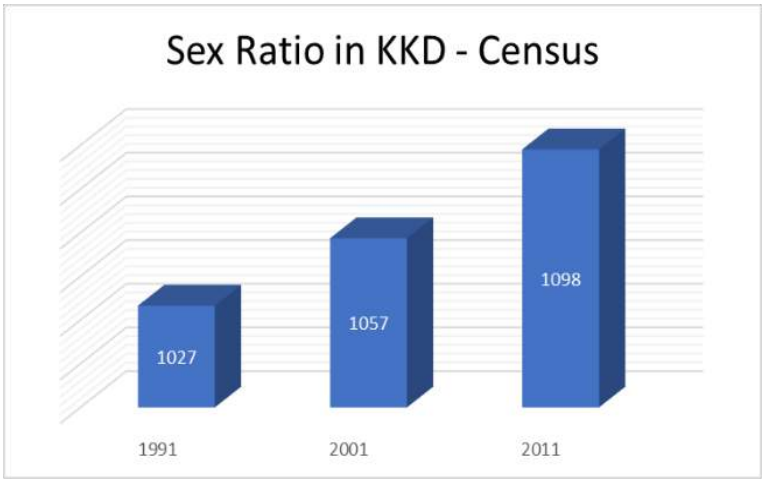
The base of the population pyramid, representing younger age groups, is relatively broad, indicating a fair number of children and young adults. The middle-aged groups (25–49 years) form the largest portion, suggesting a strong working-age population. The upper section, representing older age groups, gradually narrows — a typical pattern, as fewer people survive into older age. The male and female distribution appears fairly balanced, with only slight differences in the older age brackets, where females are marginally more numerous (especially in the 70+ category).

Figure 1.4.2 Sex Ratio at Birth.



The sex ratio at birth has shown a steady improvement over the years, increasing from 946 in 2020–21 to 998 in 2024–25. The slight dip observed in 2023–24 (from 975 to 973) was minor and recovered in the following year.

Figure 1.4.3 Sex Ratio

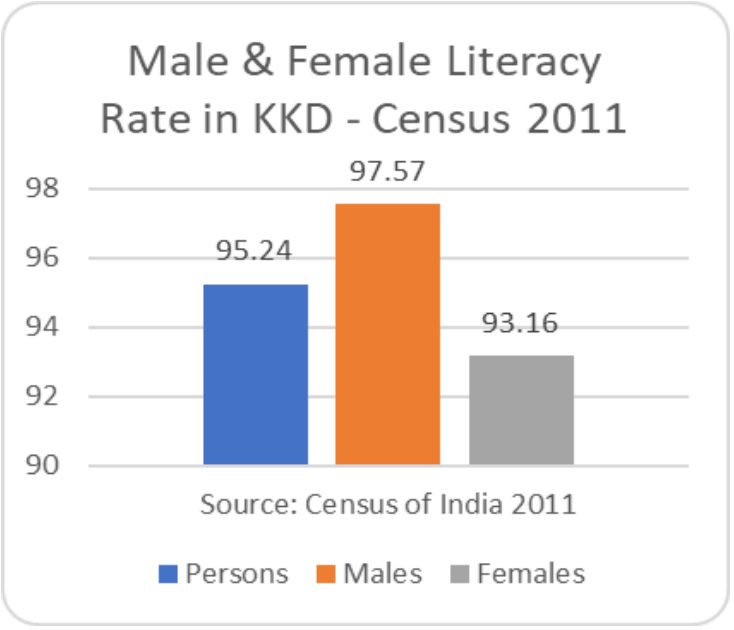


The data suggests that Kozhikode has a favourable sex ratio, consistently above 1000, indicating more females than males. Possible contributing factors include better health and education outcomes for women, lower female mortality rates, and effective social

awareness and gender equity programmes. When compared with the sex ratio at birth (2020–2025), Kozhikode shows a long-term positive trajectory, sustaining its trend toward gender balance. The recent near-parity at birth (998 in 2024–25) indicates that the district is maintaining this balance in newer generations as well. This reflects a consistent improvement in the female population share relative to males.

1.5 Literacy rate

Figure 1.5.1 Literacy rate for male, female and all based on the 2011 census data.



Kozhikode shows a very high overall literacy rate of 95.24%, well above both the national and state averages in most years. The gender gap in literacy is relatively small, with male literacy at 97.57% and female literacy at 93.16%, reflecting a difference of only 4.41 percentage points. This demonstrates strong educational access and gender inclusion across the district. Kozhikode continues to maintain excellent literacy outcomes, which support its positive demographic indicators, such as a favourable sex ratio and a balanced population structure.

1.6 Vulnerable population groups

Table 1.6.1 SC/ST population of the district based on the 2011 census population.

District-wise population (2011 census)									
DISTRICT	**General**			**Sch. castes**			**Sch.tribes**		
	Male	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Kozhikode	**14,09,422**	**16,15,351**	**30,86,293**	**97,279**	**1,01,912**	**1,99,191**	**7,429**	**7,799**	**15,228**

The table shows the 2011 Census population distribution of Kozhikode by social group. STs form about 0.49% of the total population, with a sex ratio of 1,049 females per 1,000 males. The district demonstrates a balanced demographic pattern with good gender representation across all social groups.

CHAPTER 2
DISTRICT HEALTH DASHBOARD

2.1 District AT A GLANCE

Administrative Divisions

Thaluks – 4
Villages – 118
Municipalities – 7
Corporations – 1
Block Panchayath-12
Grama Panchayath - 70

Population

Population As per Census 2011 – 3086293
Male – 1470942
Female – 1615351

Area

Total Area (Sq. K) – 2345

Population Density (No per Sq K) - 1316

Decadal Population Growth Rate - 7.31

2.2 Healthcare Infrastructure under DHS

District-Level Hospitals

DH – 1
GH – 1
W&C – 1

3

Sub-District Level Hospitals

THQH – 1
TH – 6

7

Community Health Centres (CHC)

Total CHC – 15
Converted to FHC - 1

16

Primary Health Centres (PHCs)

Total PHC – 64
Converted to FHC – 58

64

Janakeeya Arogya Kendram (JAK)

Janakeeya Arogya Kendram

- 401

401

Other Institutions

School of Nursing – 1
Training Center – 1
PH Lab – 1
DVC Units – 14
Offset Press - 1

Blood Bank – 20
Public – 4
Private -16
Blood Storage Unit – 15

2.3 Reproductive, Maternal, and Child Health Services 2024-25

Pregnant Women Registration: 2024-25

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

38127

Pregnant Women – Anaemia 2024-25

27% of pregnant women were identified as anaemic through VIVA testing.

23%

Rising C-Section Rates in the district 2024-25

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

44%

Maternal Deaths 2024-25

Total Maternal Deaths Reported in the District -

13

Preterm Births 2024-25

The proportion of preterm births in the district –

13%

Underweight Newborns 2024-25

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

15%

Delivery 2024-25

Home Delivery 2024-25

Live Birth 2024-25

Institutional Delivery in the district – 36718

Public – 11205

Private – 25513

Home Delivery Reported in the district – 24

No. of Migrant Home Deliveries -2

Total Live Birth Reported –

Male – 18784

Female – 18395

Sex Ratio at Birth - 1021

2.4 CHILD IMMUNIZATION 2024-25

% Birth Dose

Hep B0 – 99
OPV 0 – 99
BCG - 99

6 Weeks Vaccines Coverage (%)

OPV1 - 96
Pentavalent 1 - 96
Rotavirus 1 - 96
PCV1 - 96
IPV 1 - 96

10 Weeks Vaccines Coverage (%)

OPV2 - 95
Pentavalent 2 - 95
Rotavirus 2 - 95

% 14 Week Vaccines

OPV3 - 94
Pentavalent 3 - 94
Rotavirus 3 - 94
IPV 2 - 94
PCV2-91

% Children Fully Immunized

MR1 - 94
FULLY IMMUNISED - (children aged between 9 and <12 months)

MR 2 Coverage (%)

MR2 - 86

2.5 Communicable diseases reported in the District 2024

Cases Reported
Dengue- 1235
Malaria- 67
Chikungunya- 3
West Nile-21
Zika- 0
JE-7

11
Dengue Death

Cases Reported
Kala Azar-0
Scrub Typhus - 27
Leptospirosis- 334

33
Leptospirosis Death

Cases Reported
Cholera - 0
Typhoid- 33
Acute Diarrheal Disease - 53754

0
ADD Death

Communicable diseases reported in the District 2024

Chicken Pox Cases – 1622
MPox Cases – 1

0
Chickenpox Death

Rabies Cases Reported – 0

Shigella cases- 39 Amoebic Meningoencephalitis- 3

0
Rabies Death

Cases Reported
Hepatitis A -2185
Hepatitis B-59
Hepatitis C-36
Hepatitis E - 0

29
Hepatitis A Death

Source: NFHS-V and DHS data

Health at a Glance: In the district, 67.7% of currently married women aged 15–49 use any contraceptive method, which is higher compared to 53% in Kerala. The percentage of mothers who received at least four ANC visits for their last birth is 91.8%, slightly above the state average of 90%. Births delivered in public health facilities account for 42.2% in the district, higher than the state's 38.4%, while births in private facilities are 56.8%, lower than Kerala's 61.5%. Births of birth order three or more are only 1.0% in the district compared to 12.9% in Kerala.

Among children aged 12–23 months, 88.8% received all basic vaccinations in the district, higher than the state average of 82.1%. The percentage of children who received most vaccinations in a public health facility is also higher in the district at 81.2% compared to 77.6% in Kerala. Breastfeeding within one hour of birth is practised by 85% in the district, much higher than the state average of 63.3%.

The prevalence of anaemia among children is 32.1% in the district compared to 35.6% in the state. Among women, anaemia is 30% in the district versus 34.2% in Kerala. The percentage of women with BMI less than 18.5 is 4% in the district, lower than the state average of 9.6%, while overweight women with BMI above 25 make up 30.7% in the district, slightly lower than Kerala's 32.4%.

The Infant Mortality Rate is the same for both the district and the state at 5, while the Maternal Mortality Rate is lower in the district at 30 compared to 33 in Kerala. Life expectancy for males is 72 in the district compared to 72.19 in Kerala, and for females, it is 77 in the district compared to 78.15 in the state. The TB mortality rate in the district is 10. The Total Fertility Rate is equal in both the district and the state at 1.6.

Chapter 3
Health Infrastructure Profile of the District

3.1 Details of Health Facilities in District

Table 3.1.1 Number of Health Facilities in District

Type of Facility	Numbers
24×7 PHC	1
24×7 PHC Converted to FHC	5
PHC Converted to FHC	58
UPHC	12
CHC	15
CHC Converted to FHC	1
UCHC	0
TH	6
THQH	1
DH	1
GH	1
W&C	1
DTBC	1
MHC	1
Speciality (Leprosy)	1
JAK	401
UHWC	40
Total	546

Data Source: District Report

Kozhikode has a well-established network of primary health facilities, which include 58 Primary Health Centres (PHCs) that have been converted into Family Health Centres (FHCs), 401 Jan Arogya Kendras (JAKs), and 40 Urban Health and Wellness Centres (UHWCs). Secondary care services are delivered through six Taluk Hospitals and one District Hospital. The district also has a Women and Children Hospital, as well as specialised centres such as the District Tuberculosis Centre (DTBC) and a Speciality (Leprosy) Centre.

3.2 Availability of Specialised Centres

(i) The Government Women and Children Hospital, Kozhikode (Calicut), Kerala, is a government-run healthcare institution specialising in maternity and paediatric care. It focuses on Obstetrics and Gynaecology and Paediatrics, offering services such as neonatology and maternity care. It is accredited by the National Accreditation Board for Hospitals and Healthcare Providers (NABH) and has received the Kayakalp Award under the Swachh Bharat Mission.

(ii) The Government Mental Health Centre, Kozhikode (GMHC), commonly known as the Kuthiravattom Mental Hospital based on its location, is a specialised psychiatric institution providing comprehensive mental health care. The centre delivers psychiatry services through Consultants and Junior Consultants, and also offers Clinical Psychology (psychological assessments, counselling, and psychotherapy) and Psychiatric Social Work (social history taking, family counselling, and community-based reintegration) services. The centre also operates the E-MoJen Clinic, a specialised facility that provides care for children, adolescents, and adults experiencing behavioural concerns related to excessive internet use.

3.3 Bed Strength in Different Health Facilities

Table 3.3.1 Bed Strength in Different Levels of Facilities

Facility Type	Sum of Functional Bed	Sum of Sanctioned bed
CHC	288	289
DH	610	760
DH(W&C)	295	295
PHC	152	168
SDH	577	577
Grand Total	**1922**	**2089**

Data Source: District Delivery Report

The district has a total of 498 health institutions and facilities with a combined sanctioned bed strength of 1,620. Among them, there is one General Hospital in Kozhikode with 550 beds and one District Hospital in Vadakara with 210 beds. There are seven Taluk Headquarters Hospitals with a total of 577 beds, distributed across Kozhikode, Koyilandy, Thamarassery, and Vadakara.

3.4 Health Facilities in Rural and Urban Areas

Table 3.4.1 Distribution of Health Facilities in Rural and Urban Areas

Facility Type	Rural	Urban	Grand Total
CHC	13	3	16
DH	-	2	2
DH(W&C)	-	1	1
PHC	57	7	64
SDH	5	2	7
Grand Total	**75**	**15**	**90**

Data Source: District Report

The district also has 16 CHCs with 283 sanctioned beds, of which 13 are in rural areas and 3 in urban areas. In addition, there are 56 FHCs, with 50 located in rural areas and 6 in urban areas. The district has 6 PHCs functioning 24×7 and 9 regular PHCs, with most of them concentrated in rural regions. Sub-Centres form the largest network, with 401 facilities, of which 339 are in rural areas and 62 in urban areas.

Overall, the health infrastructure of the district is spread across both urban and rural areas, with a higher concentration of facilities in rural regions, ensuring access to healthcare services at various levels of care.

3.5 Health Facilities Converted to FHC

Table 3.5.1 Total Number of Facilities Converted to FHC

District	24x7 PHC Converted to FHC	CHC Converted to FHC	PHC Converted to FHC	Grand Total
Kozhikode	5	1	58	64

Data Source: District Report

The Aardram Mission

The Aardram Mission is one of the four key initiatives under the *Nava Kerala Mission* launched by the Government of Kerala, aimed at achieving impactful grassroots-level outcomes. It was introduced with the goal of transforming the public health sector in alignment with the United Nations' Sustainable Development Goals (SDGs) for 2030. The mission primarily focuses on SDG 3: *"Good Health and Well-being".*

The Aardram Mission functions are organized into ten key modules, which mainly include civil

works, the State Health Application Initiative for Lifestyle Intervention (SHAILI), Nirnaya laboratory services, palliative care (Arike), isolation wards, disease elimination (covering malaria, leprosy, filaria, kala-azar, tuberculosis, and HIV), One Health initiatives, cancer care, awareness campaigns, and research activities.

AS for Kozhikode District (Health Facilities)

Civil Work:

PHC transformed into FHC:

Out of the total 64 Primary Health Centres (PHCs), 60 have been successfully converted into Family Health Centres (FHCs).

- In Phase 1, thirteen PHCs have been converted into FHCs.
- In Phase 2, thirty-four out of thirty-seven PHCs have been completed. The remaining three centres — Keezhariyoor, Kattipara, and Pannikottur — are currently undergoing major civil works.
- In Phase 3, thirteen out of fourteen PHCs have been fully converted and are functioning as FHCs. The remaining one, Kakkayam PHC, is expected to be completed by August 2025.

CHC transformed to Block FHC:

- Phase 1**:** Of the planned institutions, Olavanna, Thiruvangoor, and Valayam have been inaugurated. Construction at Narikkuni and Melady is complete, and progress at Ulliyeri stands at approximately forty percent.
- Phase 2**:** At Kunnumel and Thiruvallur, the work has reached ninety-five per cent completion, and the DPR has been completed. At Cheruvady, the ROP work amounting to one crore eighty-two lakh rupees is ongoing, with an expected completion by May 2025. Following this, an additional thirty-four lakh will be utilised, and the overall completion is expected by October 2025. WAPCOS is overseeing the work, while the DPR is under preparation by HLL. At Mukkom, the proposal has been accepted by NABARD, with an approved amount of thirteen crore sixty lakh rupees.

Major Hospitals OP Transformation:

GGH Kozhikode and MCH work were completed in 2022, and the works at TH Kuttiyady, TH Nadapuram, and TH Farooq are ongoing.

Isolation Wards:

A total of thirteen Legislative Assembly constituencies in the district have been identified for

setting up isolation wards. Land has been made available in nine locations. Out of these, two isolation wards — at the Mental Health Centre and the Dermatology Hospital — have already been inaugurated. Construction has been completed in five centres, namely Kunnumel, Narikkuni, Mukkom, Melady, and Orkattery, which were inaugurated in February 2024. At Koorachund, the work has reached about sixty-five per cent completion but has remained at a standstill for the past year. At Olavanna, the construction work is yet to commence.

A total of four multipurpose halls were proposed for isolation wards. Out of these, two — at Kakkodi and Avala — have been kept in abeyance due to non-availability of land. For Avala, Peruvannamuzhi is being considered as an alternative site, but KMSCL has not yet conducted a site visit. For the remaining two — at Chekkiyad and Ramanattukara — land has been identified, and KMSCL has already visited the sites.

3.6 Delivery Points in the District

Table 3.6.1 Number of Delivery Points in the District

Type of Facility	Public	Private
CHC	0	42
SDH	4	
DH/GH	2	
W&C	1	
MCH	1	

Data Source: District Delivery Report

Kozhikode District has a total of 50 identified delivery points (sum of public and private facilities). The private sector dominates delivery services — 42 out of 50 (84%) are private CHCs. Public sector delivery points (8 in total) are concentrated at secondary and tertiary care levels:

- 4 Sub-District Hospitals
- 2 District/General Hospitals
- 1 Women and Children Hospital

- 1 Medical College Hospital

This indicates that while public institutions handle complex and referral deliveries, private hospitals play a major role in providing accessible maternal healthcare across the district.

3.7 Other Specialized Care Centres

3.7.1 Number of Other Specialized Care Centres

No Specialized Care Centres in the district

3.8 NQAS Accredited Facilities

Table 3.8.1 NQAS Accredited Facilities as on 31st March 2025

Level / Type of Facility	Number
DH Level (District Hospital)	1
TH Level (Taluk Hospital)	1
CHC (Community Health Centre)	1
FHC (Family Health Centre)	10
UPHC (Urban Primary Health Centre)	3
AAM (Ayushman Arogya Mandir / Alternative Medicine Centre)	1

Data Source: District Report

There are 17 public health facilities in total, with FHCs (10) forming the majority, reflecting the district's emphasis on primary-level care.

Balanced structure: One facility at each higher level (DH, TH, CHC), ensuring a referral hierarchy for maternal and general health services.

Urban coverage: 3 UPHCs enhance healthcare access in city areas.

Inclusion of AAM (Makkada) adds an integrated health approach through traditional and alternative systems.

CHAPTER 4

HEALTH HUMAN RESOURCE PROFILE OF THE DISTRICT

4.1 Health Human Resource – Major Indicators

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

Indicator	Ratio
The bed population ratio (based on Census 2011 population)	1:1093
The average Doctor bed ratio	1:6
Doctor population ratio (based on Census 2011 population)	1:6768

Data source: Census 2011

The total sanctioned strength of health staff in the district is 3,287, of which 2,707 posts are filled, leaving 344 vacancies. This reflects an overall staffing position of 82%. Among the institutions, the District Medical Office has 101 sanctioned posts, with 84 filled (79% staff strength). The General Hospital, Kozhikode, functions with 383 staff against 448 sanctioned posts (85%). At the District Hospital, Vadakara, 155 out of 183 posts are filled (85%). Taluk Hospitals show 92% staff strength, with 480 posts filled out of 520. Community Health Centres (CHCs) record 94% staff strength, with 488 out of 517 posts filled. Family Health Centres (FHCs) have 1,054 staff against 1,208 sanctioned posts (87%), while Primary Health Centres (PHCs) have 63 out of 71 posts filled (88%). In addition, newly created posts include 5 Medical Officers, 22 Pharmacists (Grade II), 18 Laboratory Technicians, and 18 Staff Nurses, with appointment processes currently underway.

4.2 Availability of Medical Officers

Table 4.2.1 Details of Medical Officers Sanctioned under DHS in the District (As on 31/12/2025)

Medical Officers Sanctioned	Sanctioned under DHS
Doctors (Administrative Cadre)	23
Addl Director	1
Asst. Director	13
Deputy Director	5
JAMO	4
Doctors (General Cadre)	278
Assistant Surgeon	256
Civil Surgeon	13
Dental Assistant Surgeon	8
Dental Civil Surgeon	1
Doctors (Speciality)	155
Anaesthesia	11
Blood Bank	2
Dental	2
Dermatology & Venerology	8
ENT	13
Forensic Medicine	1
General Medicine	16

General Surgery	10
Obstetrics & Gynaecology	26
Ophthalmology	11
Orthopaedic Surgery	9
Paediatrics	20
PH Lab	2
Physical Medicine & Rehabilitation	3
Psychiatry	13
Radiodiagnosis/Radiotherapy	3
TB & Chest (Resp. Medicine)	5
Total	**912**

Data Source: District Report

4.3 Sanctioned Strength of Health Personnel under DHS

Table 4.3.1 Category-wise Sanctioned Strength of Health Personnel under DHS

Category-wise Sanctioned Strength of Health Personnel under DHS	
Category/Division	**Sanctioned Strength**
Doctors (Administrative Cadre)	23
Doctors (General Cadre)	278
Doctors (Speciality)	155
Doctors (Super Speciality)	0

Nursing Service	719
JPHN To MCH Officer	502
JPHN/Nursing School	15
Dental	10
Lab (General)	118
Pharmacy & Medical Supply	168
Leprosy	4
Public Health	428
TB	7
Ophthalmology	24
Transport	4
Others	1336
Grand Total	**3791**

Data Source: District Report

A total of 3,791 sanctioned posts for health personnel exist under the DHS in Kozhikode district. There are currently no super-speciality doctors available in the district. At present, 456 doctors and 719 nursing officers are serving in various health institutions across the district.

4.4 Health Human Resources under NHM

Table 4.4.1 Number of Health Personnel Working under NHM (As on 31/12/2025)

Sl No	Category	In Position
1	DPMSU	27
2	PRO	25
3	AYUSH MO	57
4	MLSP	361
5	Pharmacist - NUHM	12
6	Pharmacist - NHM	9
7	Palliative Care Nurse	23
8	Physiotherapist	24
9	Others	89
10	RBSK Nurse	91
11	NHM Medical Officer	30
12	NCD Medical Officer	8
13	Dental Surgeon	6
14	Specialist MO	4
15	NUHM Medical Officer	12
16	NUHM Part-Time Mo	6
17	NUHM Part-Time Speciality	5
18	NHM - Lab Technician	19

19	NUHM - Lab Technician	16
20	Microbiologist	3
21	Lab Attender	2
22	DEO - Others	10
23	DEO - NCD	9
24	Staff Nurse - NHM	143
25	Staff Nurse – NUHM	26
26	JPHN - FPMMR	6
27	JPHN - NUHM	55
28	UHWC- Medical Officer	12
29	UHWC – Staff Nurse	24
30	UHWC – Deo Cum Accountant	10
31	UHWC- Specialist Mo	3
32	UHWC-JHI	13
33	UHWC-Pharmacist	16
Total		**1156**

Data Source: District Report

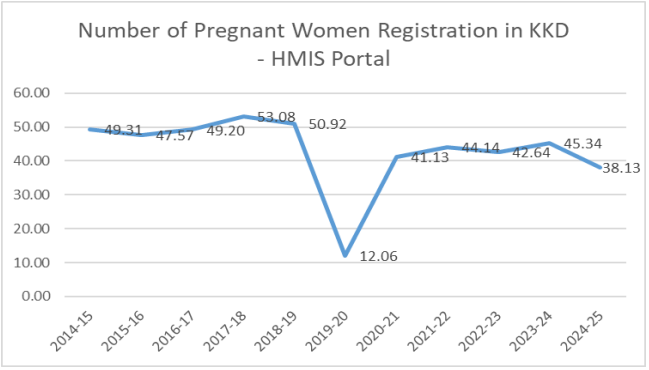
There are 1,979 ASHAs in the district under the NHM, including 1,425 in rural areas, 529 in urban areas, and 25 in hamlets.

CHAPTER 5

MATERNAL AND CHILD HEALTH

5.1 Number of Pregnant Women Registration

Figure 5.1.1 Pregnant Women Registration

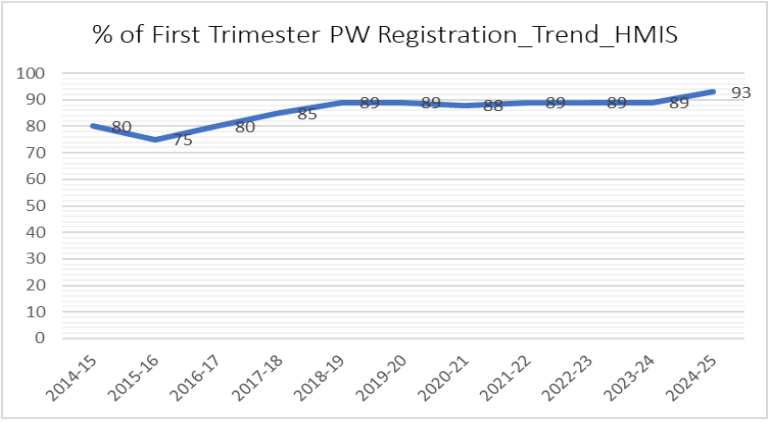


**Data Source: HMIS Report*

This data represents the number of pregnant women registered in Kozhikode district as per the HMIS portal, measured in thousands for each financial year from 2014–15 to 2024–25. The trend shows stable registration figures from 2014 to 2019, followed by a sharp decline to 12.06 thousand in 2019–20. Subsequently, the numbers show a gradual recovery, reaching 45.34 thousand in 2022–23, before slightly declining again to 38.13 thousand in 2024–25.

5.2 Early Initiation of Antenatal Care

Figure 5.2.1 Percentage of first-trimester pregnant women registration



**Data Source: HMIS Report*

The graph illustrates the percentage of pregnant women registered during the first trimester in Kozhikode district, as recorded in the HMIS portal from 2014–15 to 2024–25. There is a slight dip in 2015–16 to 75%, followed by a steady improvement from 2016–17 onwards. The highest value is observed in 2024–25 at 96%, indicating significant progress.

5.3 Immunization Status of Pregnant Women

Table 5.3.1 Td Immunization Status of Pregnant Women – 2024-25

Td Immunization Status of Pregnant Women – (HMIS) 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**
Kozhikode	38127	28688	25141	2287

** Data Source: HMIS*

A majority of pregnant women in the district, approximately 75%, received at least one dose of the Td vaccine.

5.4 Abortion

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

Year	PW	Total (spontaneous + Induced)	Spontaneous	Induced
2014-15	49,307	1,690	1,445	245
2015-16	47,572	1,838	1,557	281
2016-17	49,195	1,249	958	291
2017-18	53,077	1,730	678	1,052
2018-19	50,915	1,786	648	1,138
2019-20	12,058	1,828	652	1,176
2020-21	41,133	1,765	699	1,066
2021-22	44,143	1,970	654	1,316
2022-23	42,644	2,188	783	1,405
2023-24	45,340	2,439	794	1,645
2024-25	38,127	3,395	893	2,502

**Data Source: HMIS*

5.5 Family Planning

Table 5.5.1 Male and Female Sterilisations Reported in HMIS (2014-15 to 2024-25)

Year	NSV	Laparoscopic sterilisations	Mini-lap sterilisations	PPS	PAS
2020-21	0	201	137	4,318	8
2021-22	5	255	77	4,156	49
2022-23	25	621	164	4,776	65
2023-24	27	627	251	4,058	135
2024-25	43	719	362	4,118	116

**Data Source: HMIS*

Non-scalpel vasectomy shows a steady increase from 0 in 2020–21 to 43 in 2024–25, reflecting growing male participation. Laparoscopic sterilisations have risen significantly from 201 in 2020–21 to 719 in 2024–25, more than tripling over five years. Mini-lap sterilisations show fluctuations but an overall increase from 137 in 2020–21 to 362 in 2024–25. Post-partum sterilisations remain consistently high, with slight year-to-year variations around 4,000 annually, peaking at 4,776 in 2022–23. Post-abortion sterilisations, though comparatively low, show a clear upward trend from 8 in 2020–21 to 116 in 2024–25.

Table 5.5.2 IUCD Insertions Reported in HMIS (2014-15 to 2024-25)

Period	No. of IUCD Insertions
2020-21	1,687
2021-22	1,894
2022-23	2,518
2023-24	2,484
2024-25	2,553

**Data Source: HMIS*

Intrauterine contraceptive device (IUCD) insertions show a consistent increase from 1,687 in 2020-21 to 2,553 in 2024-25. Although there is a slight dip in 2023-24 compared to 2022-23, the overall trend remains positive. IUCD uptake increased by about 51% over the five years.

Table 5.5.3 Distribution of Family Planning Commodities (Public Sector) Reported in HMIS (2014-15 to 2024-25)

Period	Number of Combined Oral Pill cycles distributed	Number of Condom pieces distributed	Number of Centchroman (weekly) pill strips distributed	Number of Emergency Contraceptive Pills (ECP) given
2020-21	7,608	88,014	469	1,369
2021-22	10,970	86,806	768	1,693
2022-23	10,674	1,60,771	266	566
2023-24	11,130	2,26,994	592	1,128
2024-25	12,120	2,41,608	2,463	1,910

**Data Source: HMIS*

Combined Oral Pill Cycles show a steady increase from 7,608 in 2020–21 to 12,120 in 2024–25, marking an overall rise of about 59%. Condom distribution initially fluctuated but later surged from 86,806 in 2021–22 to 241,608 in 2024–25, reflecting a significant 178% increase. Centchroman (Weekly Pill) distribution varied over the years, showing a drop in 2022–23 but a sharp rise to 2,463 in 2024–25. Emergency Contraceptive Pill (ECP) usage increased from 1,369 in 2020–21 to 1,910 in 2024–25, with a temporary dip in 2022–23 but an overall upward trend.

5.6 Delivery

Table 5.6.1 Trend in Total Deliveries (2014-15 to 2024-25)

Period	Public	Private	Home Deliveries	All
2020-21	16,189	28,391	14	44,594
2021-22	15,671	27,549	20	43,240
2022-23	15,589	27,937	22	43,548
2023-24	13,525	27,201	24	40,750
2024-25	11,205	25,513	24	36,742

**Data Source: HMIS*

Total deliveries in Kozhikode district have shown a consistent decline from 44,594 in 2020–21 to 36,742 in 2024–25, marking an overall decrease of approximately 17.6%.

Deliveries in the public sector dropped more sharply—from 16,189 in 2020–21 to 11,205 in 2024–25 — a decline of about 30.8%. Private sector deliveries also decreased but at a slower rate, around 10.2% over the same period. Home deliveries, though minimal in absolute numbers, have gradually increased from 0.031% in 2020–21 to 0.065% in 2024–25. While still rare, the proportion of home deliveries has effectively doubled over the past five years.

5.7 Caesarean Section Deliveries

Table 5.7.1 C-Section Rate in Public and Private Hospitals (2014-15 to 2024-25)

Period	Public (%)	Private (%)	All (%)
2020-21	43.08	39.11	40.55
2021-22	43.34	38.38	40.18
2022-23	41.89	43.46	42.90
2023-24	43.98	43.56	43.70
2024-25	44.89	43.93	44.22

**Data Source: HMIS*

Public sector delivery percentages in Kozhikode district have shown a slight overall increase from 43.08% in 2020–21 to 44.89% in 2024–25, despite a dip to 41.89% in 2022–23. Private sector percentages initially declined but later rose sharply, increasing from 38.38% in 2021–22 to 43.93% in 2024–25. Overall, the combined percentage of institutional deliveries has shown a steady upward trend, improving from 40.55% in 2020–21 to 44.22% in 2024–25.

5.8 Maternal Deaths

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

District	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Kozhikode	17	14	7	30	20	13	13	14	15	8	13

**Data Source: HMIS*

Maternal deaths in Kozhikode district showed a significant decline in 2016–17, with only 7 reported deaths. However, a sharp peak was observed in 2017–18, recording 30 deaths — the highest during the period. Following this, the numbers fluctuated between 8 and

15 annually, indicating no consistent downward trend but some degree of stabilisation in recent years. The lowest figure after the peak was recorded in 2023–24, with 8 maternal deaths.

5.9 Childbirth

Table 5.9.1 Trend of Live Births by Gender (Male, Female & Total) – 2014-15 to 2024-25

Period	Male	Female	Total
2014-15	29.29	28.43	57.72
2015-16	28.47	26.69	55.16
2016-17	25.97	25.18	51.15
2017-18	27.05	25.58	52.62
2018-19	27.97	26.40	54.36
2019-20	26.83	25.55	52.38
2020-21	23.02	21.78	44.80
2021-22	22.23	21.31	43.54
2022-23	22.25	21.70	43.95
2023-24	20.83	20.28	41.12
2024-25	18.78	18.40	37.18

**Data Source: HMIS*

Over the decade from 2014–15 to 2024–25, both male and female live births in Kozhikode show a steady decline. The number of male live births decreased from approximately 29.3 to 18.8, while female live births dropped from about 28.4 to 18.4. This represents an overall reduction in total live births by roughly 35%, indicating a significant decline in birth rates across both genders. The male-to-female ratio has remained relatively stable throughout the period, with male births consistently slightly higher than female births each year.

5.10 Infant Mortality

Table 5.10.1 Number of Neonatal Deaths Reported (2014-15 to 2024-25)

District	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Kozhikode	170	182	175	181	181	147	108	130	141	132	112

**Source: District Report*

Neonatal deaths remained fairly consistent at around 170–182 from 2014–15 to 2018–19. However, a notable reduction occurred after 2019–20, when neonatal deaths dropped from 181 in 2018–19 to 147 in 2019–20, and further declined to 108 in 2020–21 — the lowest during the period. Although slight fluctuations were observed in subsequent years, the numbers have generally remained lower than in earlier years. By 2024–25, neonatal deaths stand at 112, indicating an overall positive downward trend over the decade.

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

District	2014-15	2015-16	206-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Kozhikode	255	261	220	101	274	215	139	195	212	202	170

**Source: District Report*

Infant deaths in Kozhikode district fluctuated significantly over the years, with a sharp drop to 101 deaths in 2017–18, followed by a spike to 274 in 2018–19. After 2018–19, the numbers generally declined, reaching 170 in 2024–25. Despite these fluctuations, the overall trend from 2014–15 to 2024–25 shows a downward trajectory.

Table 5.10.3 Number of Child Deaths (Under 5) Reported (2014-15 to 2024-25)

District	2021-22	2022-23	2023-24	2024-25
Kozhikode	234	231	230	197

**Source: District Report*

The number of child deaths under five years remained relatively stable from 2021–22 to 2023–24, averaging around 230 annually. A notable decline was observed in 2024–25, with deaths falling to 197, representing an approximate 15.8% decrease compared to the previous year. This indicates positive progress in reducing under-five mortality in recent years.

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

District	2019-20		2020-21		2021-22		2022-23		2023-24		2024-25	
	IMR	NMR	IMR	NMR	IMR	NMR	IMR	NMR	IMR	NMR	IMR	NMR
Kozhikode	4	3	3	2	4	3	5	3	5	3	5	3

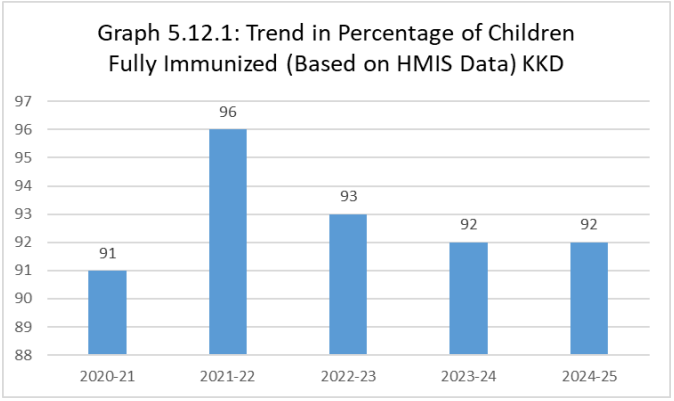
** Source: Monthly District Death Reports and HMIS Live Birth Data*

Infant Mortality Rate (IMR): The IMR was lowest at 3 in 2020–21, but it increased to 5 in 2022–23 and remained stable through 2024–25.

Neonatal Mortality Rate (NMR): The NMR dropped to 2 in 2020–21 but has mostly remained at 3 from 2019–20 onwards.

5.11 Child Immunisation

Figure 5.11.1 Trend in Percentage of Children Fully Immunised



**Source: HMIS*

The trend in the percentage of fully immunised children in Kozhikode district shows fluctuations over the five-year period from 2020–21 to 2024–25. Immunisation coverage peaked at 96% in 2021–22. In the subsequent years, there was a slight decline, stabilising around 92–93% over the last three years. Overall, Kozhikode maintains a high full immunisation coverage rate above 90%, indicating strong performance in routine immunisation.

Table 5.11.2 Antigen-wise Immunisation Coverage

Antigen	Percentage
BCG	99
OPV0	99
HEP0	99
OPV1	96
OPV2	95
OPV3	94
MR1	93
Full IMMN	92
PENTA1	96
PENTA2	95
PENTA3	94
Rota1	96
Rota2	95
Rota3	94
IPV1	96
IPV2	94
PCV1	96
PCV2	91
PCVB	84
MR2	86

**Source: RCH Portal*

Initial vaccines such as BCG, OPV0, and HEP0 show 99% coverage. Subsequent doses of OPV, Penta, Rota, and IPV vaccines also maintain strong coverage, ranging between 94% and 96%. Overall, full immunisation coverage stands at 92%. Some vaccines, such as PCV (84%) and MR2 (86%), have relatively lower coverage, indicating potential areas for improvement.

CHAPTER 6

COMMUNICABLE AND NON-COMMUNICABLE DISEASES

6.1 Disease Burden Overview: Common Communicable Diseases

From January to December 2022, Kozhikode district reported a total of 77,78,042 outpatients. Fever cases numbered 3,98,440, resulting in 1 death. Acute Respiratory Infection (ARI) accounted for 9,07,654 cases, while 46,882 cases of Acute Diarrhoeal Disease (ADD) were recorded. Confirmed malaria cases stood at 38. Hepatitis A had 215 probable cases and 34 confirmed cases with 2 deaths. Typhoid recorded 51 probable and 3 confirmed cases. Leptospirosis reported 330 probable cases with 28 deaths and 129 confirmed cases with 14 deaths. Dengue recorded 533 probable cases with 1 death and 44 confirmed cases with 2 deaths. Scrub typhus had 26 probable cases with 1 death and 27 confirmed cases with 2 deaths. H1N1 reported 25 probable and 18 confirmed cases with 2 deaths.

From January to December 2023, a total of 87,85,284 outpatients were reported. Fever cases were 3,30,921, ARI cases 8,01,674, and ADD cases 53,968. Confirmed malaria cases remained at 38. Hepatitis A had 1,169 probable cases and 170 confirmed cases with 4 deaths. Typhoid recorded 71 probable and 4 confirmed cases. Leptospirosis reported 390 probable cases with 36 deaths and 201 confirmed cases with 18 deaths. Dengue had 2,167 probable cases with 2 deaths and 834 confirmed cases with 2 deaths. Scrub typhus showed 22 probable cases and 38 confirmed cases with 1 death. H1N1 recorded 201 probable cases and 16 confirmed cases with 5 deaths.

From January to December 2024, 86,07,155 outpatients were reported. Fever cases numbered 2,69,469 with 1 death; ARI cases were 9,70,954; ADD cases totalled 53,754. Confirmed malaria cases were 67. Hepatitis A had 4,843 probable cases with 1 death and 2,185 confirmed cases with 29 deaths. Typhoid reported 225 probable and 33 confirmed cases. Leptospirosis accounted for 312 probable cases with 17 deaths and 334 confirmed cases with 33 deaths. Dengue recorded 4,467 probable cases with 2 deaths and 1,235 confirmed cases with 11 deaths. There were 3 confirmed Chikungunya cases. Scrub typhus reported 9 probable and 27 confirmed cases with 3 deaths. H1N1 cases were 143 probable and 99 confirmed, with 3 deaths.

Between January and March 2025, a total of 17,36,345 outpatients were reported. Fever

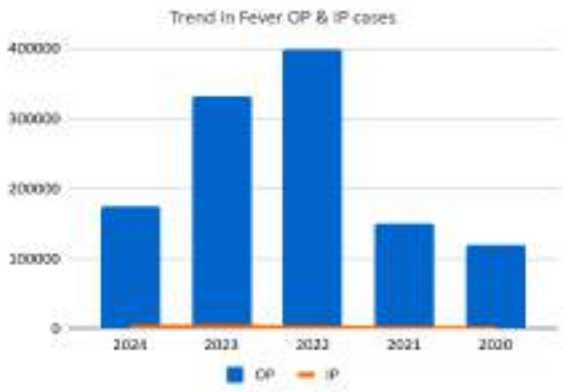
cases numbered 41,799, ARI accounted for 2,01,252, and ADD totalled 9,728 cases. Confirmed malaria cases were 4. Hepatitis A recorded 1,090 probable cases and 554 confirmed cases with 2 deaths. Typhoid showed 31 probable and 13 confirmed cases. Leptospirosis accounted for 53 probable cases with 1 death and 45 confirmed cases. Dengue had 275 probable cases and 95 confirmed cases. Scrub typhus reported 3 probable and 15 confirmed cases. H1N1 recorded no probable cases and 10 confirmed cases.

Table 6.1.1 Communicable Diseases – Cases Reported

Sl No	Name of Diseases	2024	2023	2022	2021	2020
1	Dengue Fever: Confirmed	1,235	834	44	209	69
3	Malaria	67	38	38	23	19
4	Chikungunya	3	0	0	0	0
5	Acute Encephalitis Syndrome	2	1	1	0	1
6	Japanese Encephalitis (JE)	7	2	1	0	0
7	Leptospirosis: Confirmed	334	201	129	174	73
9	Hepatitis A: Confirmed	2,185	170	34	16	90
11	Hepatitis B	59	49	63	56	28
12	Hepatitis C	36	35	30	29	7
13	Hepatitis E	0	0	0	0	0
14	Cholera	0	0	0	1	0
16	Typhoid	33	4	3	10	0
17	Acute Diarrhoeal Disease	53,754	53,968	46,882	22,114	22,883
19	Shigella	39	35	36	45	6
20	Scrub Typhus	27	38	27	19	16
21	Kala Azar	0	0	0	0	0
22	Kyasanur Forest Disease	0	0	0	0	0
23	Influenza (H1N1, H3N2, Infl A, Infl B)	504	16	18	0	19
24	Rabies: Confirmed	0	0	1	3	0
26	Zika	0	0	0	1	0
27	West Nile	21	0	0	0	0
30	Nipah	0	6	0	1	0
33	Chickenpox	1,622	1,379	158	172	782

2024 marked a notable increase in communicable diseases, especially Hepatitis A, Dengue, Influenza, Leptospirosis, and ADD. The disease burden is shifting from sporadic infections to large-scale water- and vector-borne outbreaks. Continuous public health surveillance, vector control, and safe water initiatives are essential to manage future risks.

Figure 6.1.1 Trend in Fever Outpatient and Inpatient Cases

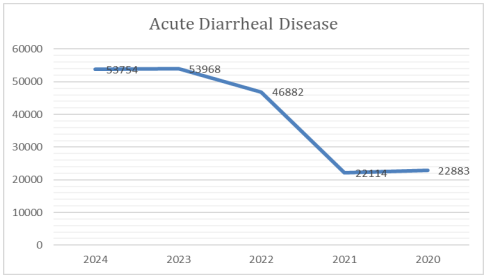


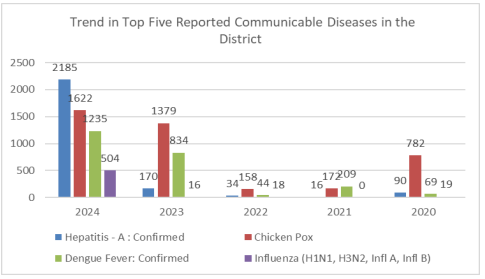
**Source: Monthly District Fever Data*

Outpatient (OP) Fever Cases: There was a steady rise from 1,19,857 in 2020 to 3,98,440 in 2022, representing a 232% increase. This was followed by a sharp decline in 2023 (−17%) and 2024 (−47%) compared to the previous year. This pattern suggests a post-pandemic rebound in OP reporting until 2022, followed by stabilisation or control of fever-related illnesses.

Inpatient (IP) Fever Cases: Hospitalisations gradually rose from 807 in 2020 to 3,333 in 2023, indicating a fourfold increase in hospitalisations. A slight decrease occurred in 2024 (−15%), which may reflect improved early detection and outpatient management or a genuine decline in severe cases.

Figure 6.1.2 Trend in Top Five Reported Communicable Diseases in the District





**Source: District Reports*

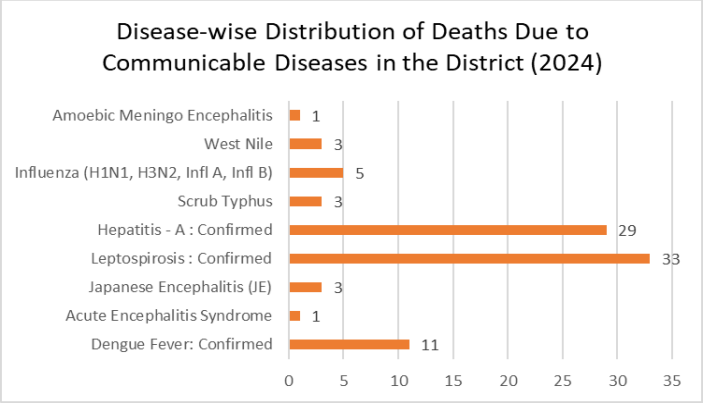
Table 6.1.2 Major Communicable Diseases – Deaths Reported (2024)

Disease-wise Distribution of Deaths Due to Communicable Diseases (2024)

Name of Diseases	Number of deaths
Dengue Fever: Confirmed	11
Acute Encephalitis Syndrome	1
Japanese Encephalitis (JE)	3
Leptospirosis: Confirmed	33
Hepatitis A: Confirmed	29
Scrub Typhus	3
Influenza (H1N1, H3N2, Infl A, Infl B)	5
West Nile	3
Amoebic Meningoencephalitis	1

**Source: District Reports*

Figure 6.1.3 Distribution of communicable disease death by type, 2024



**Source: District Reports*

Table 6.1.3 Burden of Non-Communicable Diseases in the District

Disease	2022		2023		2024		2025 (Jan-March)	
	Case	Death	Case	Death	Case	Death	Case	Death
Accidental injuries	-	-	6733	0	4329	1	858	0
Cancers								
Cancer Cervix	3	-	22	-	28	-	7	-
Breast Cancer	21	-	42	-	83	-	16	-
Lung Cancer	-	-	24	0	226	10	1	0
Oral Cancer	8	-	36	-	56	-	10	-
Cardiovascular disease								
Rheumatic fever	-	-	0	0	0	0	0	0
Hypertension	23397	-	31648	0	29764	3	5726	0
Ischemic Heart disease	296	-	1143	0	1671	81	389	30
Congenital Heart disease	-	-	11	0	2036	0	413	0
Others	-	-	3	0	0	0	0	0
Diabetes	-	-	-	-	-	-	-	-
Type 1	-	-	0	0	0	0	0	0
Type 2	13944	-	19872	-	17532	-	3244	-
Neurological disorders								
Cerebrovascular disorders	0	0	0	0	0	0	0	0
Chronic neurological disorders	-	-	2846	0	791	0	0	0
Others	-	-	-	-	-	-	-	0
Obesity	-	-	3605	0	1985	0	172	0
Psychic disorders	-	-	0	0	0	0	0	0
Common Mental disorders	-	-	1355	0	9345	0	1665	0
Severe mental disorders	-	-	191	0	116	0	3	0
Renal Failure								
Acute	-	-	2	0	3148	25	5	0
Chronic	-	-	238	18	8126	20	1	0
Road Traffic Accident	-	-	7571	0	2160	0	468	0
Snakebite	-	-	175	0	154	0	15	0

**Source: District Reports*

In 2022, hypertension recorded 23,397 cases, ischaemic heart disease 296 cases, and type 2 diabetes 13,944 cases. Cancer cases included 3 of cervix, 21 of breast, and 8 of oral cancer.

During 2023, hypertension increased to 31,648 cases, ischaemic heart disease to 1,143 cases, and type 2 diabetes to 19,872 cases. Eleven congenital heart disease cases were reported. Severe mental disorders accounted for 191 cases, chronic neurological disorders 2,846, common mental illness 1,355, and obesity 3,605 cases. Chronic renal failure was 238 cases, with 2 acute renal failure cases. Cancer cases included 22 of cervix, 42 of breast, 24 of lung, and 36 of oral cancer. Road traffic accidents stood at 7,571 and snake bites at 175.

In 2024, there were 29,764 hypertension cases with 3 deaths, 1,671 ischaemic heart disease cases with 81 deaths, and 17,532 type 2 diabetes cases. Severe mental disorders accounted for 116 cases, chronic renal failure 8,126 cases with 20 deaths, and acute renal failure 3,148 cases with 25 deaths. Road traffic accidents were 2,160 cases. Cancer cases included 28 of cervix, 83 of breast, 226 of lung with 10 deaths, and 56 of oral cancer. Common mental disorders were 9,345, obesity 1,985, and chronic neurological disorders 791 cases. Snake bites were reported in 154 cases.

Between January and March 2025, hypertension recorded 5,726 cases, ischaemic heart disease 389 cases with 30 deaths, and type 2 diabetes 3,244 cases. Road traffic accidents were 468 cases. Cancer cases included 7 of cervix, 16 of breast, 1 of lung, and 10 of oral cancer. Chronic renal failure had 1 case, and acute renal failure had 5 cases, with no deaths. Common mental disorders were 1,665 cases, severe mental disorders 3 cases, obesity 172 cases, and snake bites 15 cases.

6.2 District-Specific Outbreaks and Health Concerns

Table 6.2.1 Communicable and Non-Communicable Diseases

Communicable diseases	Non-Communicable Diseases
Leptospirosis	Stroke
Hepatitis A	Cardiovascular Disease
Nipah	

The district shows a higher incidence of leptospirosis, Hepatitis A, and Nipah compared to the state. Stroke and cardiovascular diseases are also reported at rates above the state average.

CHAPTER 7

CRITICAL OBSERVATIONS IN NFHS 5 DATA AND APPROPRIATE

Table 7.1: Critical observations of Kozhikode district, NFHS 4 & 5

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	**Total**	**Total**
1. Female population aged 6 years and above who have ever attended school	97.7	96.2
2. Population below age 15 years	19.9	20.2
3. Sex ratio of the total population (females per 1,000 males)	1,112	1,033
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,000	954
5. Children under 5 years of age whose birth was registered with the civil authority (%)	98.9	97.2
6. Deaths in the last 3 years registered with the civil authority	98.6	N/A
7. Population living in households with electricity	99.6	99.2
8. Population living in households with an improved drinking-water source (%)	93.3	96.8
9. Population living in households that use an improved sanitation facility	99.6	99.5
10. Households using clean fuel for cooking	73.8	51.8
11. Households using iodised salt	99.8	98.4
12. Households with any usual member covered under a health insurance/financing scheme	61.1	59.7
13. Children aged 5 years who attended pre-primary school during the school year 2019-20 (%)	36.5	N/A
Characteristics of Women (age 15-49 years)		
14. Women who are literate	99.1	N/A
15. Women with 10 or more years of schooling (%)	84.3	73.3
Marriage and Fertility		
16. Women aged 20-24 years married before age 18 years (%)	4.2	7.1
17. Births in the 5 years preceding the survey that are third or higher order (%)	1	0
18. Women aged 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.8	3.5
19. Women aged 15-24 years who use hygienic methods of protection during their menstrual period	96.5	87.4
Current Use of Family Planning Methods (currently married women aged 15–49 years)		

20. Any method (%)	67.7	57.5
21. Any modern method (%)	58.5	53.5
22. Female sterilisation	52.5	50.4
23. Male sterilisation	0	0
24. IUD/PPIUD (%)	1.4	0.9
25. Pill (%)	0.3	0
26. Condom (%)	3.4	2.1
27. Injectables (%)	0	0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need (%)	9.6	13.3
29. Unmet need for spacing	5.9	8.8
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	14.4	21.4
31. Current users ever told about side effects of current method (%)	71.5	63
Indicators	**NFHS-5 (2019-20)**	**NFHS-4 (2015-16)**
Maternal and Child Health	**Total**	**Total**
Maternity Care (for the last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester	98.3	95.1
33. Mothers who had at least 4 antenatal care visits	91.8	94.4
34. Mothers whose last birth was protected against neonatal tetanus	96.7	98.1
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	85.7	74.6
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	76.1	60.4
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card	96.6	83.8
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	91	84.3
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	4,734	5,068
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth	N/A	N/A
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery	89	N/A

Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	100	100
43. Institutional births in public facilities	42.2	45.5
44. Home births that were conducted by skilled health personnel (%)	0	0
45. Births attended by skilled health personnel	100	100
46. Births delivered by caesarean section	45.7	33.8
47. Births in a private health facility that were delivered by caesarean section (%)	48.8	40.6
48. Births in a public health facility that were delivered by caesarean section	41.4	25.7
Child Vaccinations and Vitamin A Supplementation		
49. Children aged 12-23 months fully vaccinated based on information from either the vaccination card or the mother's recall (%)	88.8	70
50. Children aged 12-23 months fully vaccinated (based on information from vaccination card only (%)	92.3	77.3
51. Children aged 12-23 months who have received BCG	98.1	100
52. Children aged 12-23 months who have received 3 doses of polio vaccine (%)	96.2	86.2
53. Children aged 12-23 months who have received 3 doses of the penta or DPT vaccine	90.7	86.9
54. Children aged 12-23 months who have received the first dose of measles-containing vaccine (MCV)	90.7	84.7
55. Children aged 24-35 months who have received a second dose of measles-containing vaccine (MCV)	12.9	N/A
56. Children aged 12-23 months who have received 3 doses of rotavirus vaccine (%)	16.5	N/A
57. Children aged 12-23 months who have received 3 doses of the penta or hepatitis B vaccine	89.4	84.9
58. Children aged 9-35 months who received a vitamin A dose in the last 6 months (%)	80.9	66
59. Children aged 12-23 months who received most of their vaccinations in a public health facility (%)	81.2	82.9
60. Children aged 12-23 months who received most of their vaccinations in a private health facility (%)	18.8	17.1
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey	2.3	2.7
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS)	N/A	N/A
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	N/A	N/A
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	N/A	N/A

65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey	1.2	0.4
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	91.2	N/A
Indicators	**NFHS-5 (2019-20)**	
Child Feeding Practices and Nutritional Status of Children	**Total**	**Total**
67. Children under age 3 years breastfed within one hour of birth (%)	85.6	68.6
68. Children under age 6 months exclusively breastfed	N/A	N/A
69. Children aged 6-8 months receiving solid or semi-solid food and breastmilk (%)	N/A	N/A
70. Breastfeeding children aged 6-23 months receiving an adequate diet (%)	26.7	11.3
71. Non-breastfeeding children aged 6-23 months receiving an adequate diet (%)	N/A	N/A
72. Total children aged 6-23 months receiving an adequate diet (%)	25.1	11
73. Children under 5 years who are stunted (height-for-age)	21.3	18
74. Children under 5 years who are wasted (weight-for-height)	14.1	13.5
75. Children under 5 years who are severely wasted (weight-for-height)	3.4	5.4
76. Children under 5 years who are underweight (weight-for-age)	18.9	18.5
77. Children under 5 years who are overweight (weight-for-height)	4.4	7.4
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)	8.4	12.3
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)	30.7	27.1
80. Women who have a high-risk waist-to-hip ratio (≥0.85)	74.2	N/A
Anaemia among Children and Women		
81. Children aged 6-59 months who are anaemic (<11.0 g/dl)	32.1	39.7
82. Non-pregnant women aged 15-49 years who are anaemic (<12.0 g/dl)	30.2	43.4
83. Pregnant women aged 15-49 years who are anaemic (<11.0 g/dl)	23.2	32
84. All women aged 15-49 years who are anaemic (%)	29.8	42.9
85. All women aged 15-19 years who are anaemic (%)	32.6	46.5
Blood Sugar Level among Adults (age 15 years and above)		
Women		

86. Blood sugar level - high (141-160 mg/dl)	7.7	N/A
87. Blood sugar level - very high (>160 mg/dl)	11.7	N/A
88. Blood sugar level – high or very high (>140 mg/dl) or taking medicine to control blood sugar level (%)	22.5	N/A
Men		
89. Blood sugar level - high (141-160 mg/dl)	10.2	N/A
90. Blood sugar level - very high (>160 mg/dl)	11.7	N/A
91. Blood sugar level – high or very high (>140 mg/dl) or taking medicine to control blood sugar level (%)	23.9	N/A
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)	16	N/A
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg)	6	N/A
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	29.6	N/A
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg)	18.9	N/A
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg)	4	N/A
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure	28.4	N/A
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	2.3	N/A
99. Ever undergone a breast examination for breast cancer (%)	1.6	N/A
100. Ever undergone an oral cavity examination for oral cancer (%)	1.1	N/A
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women aged 15 years and above who use any kind of tobacco (%)	0.8	N/A
102. Men aged 15 years and above who use any kind of tobacco (%)	11.3	N/A
103. Women aged 15 years and above who consume alcohol (%)	0	N/A
104. Men aged 15 years and above who consume alcohol (%)	13.5	N/A

Data Source: NFHS 4 & NFHS 5

Major Improvements

1. Female education and literacy
2. Gender equity (sex ratio at birth)
3. Universal institutional deliveries and ANC coverage
4. Iron–folic acid consumption and postnatal care
5. Child vaccination coverage
6. Reduction in anaemia among women and children
7. Use of clean cooking fuel and electricity access
8. Improved menstrual hygiene and reduced early marriage

Areas of Concern

1. High and rising caesarean section rate (45.7%)
2. Slight increase in child stunting
3. Increasing NCD risk factors (hypertension, diabetes)
4. Marginal drop in improved drinking-water access
5. Limited male involvement in family planning

CHAPTER 8

DISTRICT MENTAL HEALTH PROGRAMME

The District Mental Health Programme (DMHP) is a key component of India's National Mental Health Programme (NMHP). Launched in 1996, it aims to provide mental health services at the district level by integrating them into the existing general healthcare system. The DMHP focuses on early detection, treatment, and community-based care for mental illnesses. It also includes training for healthcare professionals, public awareness campaigns, and monitoring of mental health services.

Table 8.1 Mental Health Clinic Activities in Kozhikode District

SL . NO	Year	Total No. of Clinics conducted	No. of New Cases	No. of Follow-Ups	No. of counselling/ psychotherapy sessions done	No. of psychoeducation given	No. of Patients Rehabilitated
1	2023-24	305	1190	18286	945	993	6
2	2024-25	279	1271	1635	1237	1217	2

Data Source: DMHP Monthly Report

In 2023-24, the DMHP conducted 305 clinics in CHCs and Taluk Hospitals, serving a total of 1,190 new patients and 18,286 follow-ups. Among these, 945 patients received counselling, and 993 were provided psycho-education. In 2024-25, DMHP conducted 279 clinics with 1,271 new patients and 1,635 follow-ups per month. Counselling and psycho-education services were provided to 1,237 and 1,217 patients, respectively. There was a relative increase in both the number of patients and services during 2024-25.

8.1 Post-Flood activities & Training Programmes

Disaster mental health programmes provide mental health, substance abuse, and stress management services to individuals affected by disasters or emergencies. These programmes help people and families identify and express emotions, develop coping strategies, build resilience, address immediate mental health crises, and connect with community resources.

Table 8.1.1 Psychosocial intervention – Disaster management

Psychosocial intervention – Disaster management					
Total No. of relief camps in the district	**No. of Camps Visited**	**No. of Houses Visited**	**Number of Participants in Group Counselling Sessions**	**Number of Psychosocial Intervention given**	**Number of Pharmacotherapy Done**
85	21	4	307	63	20

Data Source: DMHP Monthly Report

In 2024, the DMHP team visited 21 flood relief camps and conducted 4 house visits. Psychosocial interventions were provided to 63 people, and pharmacotherapy was administered to 20 individuals. Additionally, various group counselling sessions were conducted, with a total participation of 307 people.

8.2 DHMP Targeted Intervention

Tribal Mental Health Programme

Focuses on medical camps and field activities addressing substance abuse prevention, adolescent mental health, treatment gaps, and dropouts. Aims to create awareness in the tribal community about the physical, psychological, and social consequences of substance abuse, along with available treatment options.

Coastal Mental Health Programme

Conducts medical camps and field activities emphasising substance abuse prevention and adolescent mental health. Works to raise awareness in coastal communities about the physical, psychological, and social effects of substance abuse and the treatments available.

Suicide Prevention Programme

Provides training, camps, and awareness classes for community gatekeepers such as doctors, health workers, police personnel, LSG elected representatives, and religious leaders. Focuses on suicide prevention, DSH reporting, and the identification of high-risk individuals at the community level through programmes like ASWASAM.

Stress Management Programme

Raises awareness about stress symptoms and the importance of stress management. Establishes regular workplace screening, provides interventions for those in need, and

improves interpersonal relationships and productivity. Includes trainings, camps, awareness classes, and IEC materials for community gatekeepers such as health workers, police, teachers, religious leaders, and other LSGD members.

School Mental Health Programme

Aims at the holistic development of children by promoting awareness of mental health alongside physical wellbeing. Includes suicide prevention training, stress management training, life skills education, family interventions, parent management training, and adolescent mental health support. Maintains liaison with stakeholders such as DDE, DEO, DCPU, WCD, and ORC associated with school children in the district.

Table 8.2.1 Mental Health Programme Activities in Kozhikode District

Year	Tribal Mental Health Camps	Coastal Mental Health Camps	Suicide Prevention Trainings	Stress Management Programme	School Mental Health Trainings	Amma Manas Trainings
2023-24	2	2	9	6	31	0
2024-25	0	0	4	6	27	0

**Data Source: DMHP Monthly Report*

Tribal mental health camps were conducted at Karassery and Kodenchery FHCs. The coastal mental health camp was held at Beypore and attended by 17 patients. In 2023-24, the district conducted 9 suicide prevention trainings, 6 stress management trainings, and 31 school mental health trainings, benefiting a total of 2,216 participants. In 2024-25, 4 suicide prevention trainings, 6 stress management trainings, and 27 school mental health trainings were conducted.

8.3 Sampoorna Manasika Aarogyam (SMA):

To strengthen the availability and accessibility of minimum mental health care for all, the DMHP introduced primary integration through the *Sampoorna Manasika Arogya* training, which was implemented in 64 FHCs. Following its implementation, FHC medical officers began conducting monthly mental health clinics at their respective centres. To ensure continuous improvement of the programme, review camps were organised twice a year, at six-month intervals.

Table 8.3.1 Sampoorna Manasika Aarogyam

Year	No. of FHCs where SMA implemented	Total Number of Camps/review camps conducted	New Cases	Follow-Ups	ASHAs Trained	Number of FHCs conducting regular Follow Up Clinics	Total Number of Follow-Up Cases per month
2023-24	63	63	575	844	165	63	1439
2024-25	1	82	636	1455	79	63	1528

***** *Data Source: DMHP Monthly Report*

In 2023–2024, the *Sampoorna Manasikarogyam* Programme was implemented in 63 FHCs, and 63 review camps were conducted. Across these camps, 575 new cases and 844 follow-up cases received treatment. To support the implementation of the programme, 165 ASHAs were trained during the year. The 63 FHCs conducted regular follow-up clinics, treating an average of 1,439 patients per month.

In 2024–2025, the *Sampoorna Manasikarogyam* Programme was implemented in one additional FHC, and 79 ASHAs were trained. A total of 82 review camps were conducted, during which 636 new cases and 1,455 follow-up cases were treated. The 63 FHCs continued to conduct regular follow-up clinics, with an average of 1,528 patients per month receiving treatment.

8.4 Amma Manas:

The Maternal Mental Health Programme in Kerala, India, aims to address psychiatric disorders in women during and after pregnancy. It includes training and awareness sessions for Medical Officers, Public Health Nurses, Paediatricians, and Gynaecologists, conducted alongside the Perinatal Clinic under the District Mental Health Programme (DMHP).

Table 8.4.1 Amma Manas

Month	Total No of cases		Total Screened		Found any behavioural/psychological problems		No. of cases started on treatmentnt by FHC/PHC MO		No. of cases referred to DMHP/psychiatristsin TQH/DH/GH		No. of cases started on treatmentent in DMHP/TQH/DH/GH	
	*AN	*PN	AN	PN	AN	PN	AN	PN	AN	PN	AN	PN
April	2997	2518	2863	2376	150	158	4	1	3	0	1	0
May	3269	2954	3213	2748	5	2	2	0	2	0	0	0
June	3321	2796	3157	2622	5	4	2	0	3	1	2	0
July	3926	2999	3926	2999	2	2	0	0	2	1	2	1
Aug	3644	2641	3634	2636	5	3	3	0	3	0	3	0
Sept	3370	2603	3370	2603	7	6	2	1	3	1	2	1
Oct	3617	2947	3556	2935	2	4	0	2	2	3	1	3
Nov	4541	3981	4541	4411	4	2	2	1	3	1	1	0
	28,685	**23,439**	**28,260**	**23,330**	**180**	**181**	**15**	**5**	**21**	**7**	**12**	**5**

***** *Data Source: DMHP Monthly Report* ** AN – Antenatal *PN-Postnatal*

As part of the *Amma Manas* – Maternal Mental Health Programme, from April to July 2024, a total of 28,685 antenatal cases and 23,439 postnatal cases were reported. Of these, 28,260 antenatal and 23,330 postnatal cases were screened through the programme.

Among the screened cases, 180 antenatal and 181 postnatal women were identified with behavioural or psychological problems.

Of these, 15 antenatal and 5 postnatal cases were initiated on treatment by FHC/PHC Medical Officers. Additionally, 21 antenatal and 7 postnatal cases were referred to the DMHP/Psychiatrists in Taluk, District, or General Hospitals, and 12 antenatal and 5 postnatal cases subsequently started treatment at these higher centres.

CHAPTER 9

TRIBAL HEALTH PROGRAMME

9.1 Tribal Health Programme in Kozhikode district

The total tribal population in Kozhikode district is 11,308. In 2020, there were 22 probable and 4 confirmed deaths due to leptospirosis in the general population. There were no deaths due to Acute Diarrhoeal Disease (ADD) or cholera; however, 204 confirmed deaths were reported due to tuberculosis (TB). Among the Scheduled Tribe (ST) population, there were no deaths reported due to leptospirosis, ADD, cholera, or TB.

In 2021, within the general population, 34 probable and 9 confirmed deaths occurred due to leptospirosis, along with 213 confirmed TB deaths. In the ST category, no deaths were reported due to leptospirosis, ADD, or cholera, while one confirmed TB death was recorded.

In 2022, the general population reported 36 probable and 7 confirmed deaths due to leptospirosis and 222 confirmed TB deaths. No deaths were reported due to ADD or cholera. In the ST category, no deaths were reported due to leptospirosis, ADD, cholera, or TB.

In 2023, 36 probable and 18 confirmed deaths due to leptospirosis were reported in the general population. There were no deaths due to ADD or cholera, while 204 confirmed TB deaths were recorded. Among the ST population, one confirmed TB death was reported.

Table 9.1.1 Total number of deaths in the general population and tribal population due to Communicable diseases

Year	Total Deaths (General Population)								Total Deaths (ST Population)							
	Leptospirosis		ADD		Cholera		TB		Leptospirosis		ADD		Cholera		TB	
	Prob	Con	Prob	Con	Prob	Con	Prob	Con	Prob	Con	Prob	Con	Prob	Con	Prob	Con
2020	22	4	0	0	0	0	-	204	0	0	0	0	0	0	-	0
2021	34	9	0	0	0	0	-	213	0	0	0	0	0	0	-	1
2022	36	7	0	0	0	0	-	222	0	0	0	0	0	0	-	0
2023	36	18	0	0	0	0	-	204	2	0	0	0	0	0	-	1

**Data Source: District Tribal Report*

9.2 Malnutrition

Medical camps are conducted in tribal areas, and necessary interventions are given.

The indices for children having birth weights below 2.5kg in the district are detailed below.

Table 9.2.1 Birth Weight status

Year	Number of live births	No. of children having weight <2.5kg	Percentage
2024-2025	44	5	11.36

**Data Source: District Tribal Report*

As of 2024-2025, 44 live births were reported in institutions (24 institutions) catering to the tribal population, of which 5 children were reported to be under weight (11.36%).

9.3 Maternal Health

Medical camps are conducted on a monthly basis. Hamlet ASHAs visit the houses and provide the needed interventions. 26 hamlet ASHAs are working at present.

9.4 Child Health

RBSK screenings are conducted in Anganwadi centres and in hospitals. Medical officers conducting camps in these areas provide necessary services.

9.5 Details of Patients' Availed Services in the Cancer Unit

Table 9.5.1 Details of Patients Availed Services in Cancer Unit

Year	Total OP	Total ST	Total Chemo	New Cancer Patient	Total RT
2020			222		117
2021			174		16
2022			180		18
2023	1187		289	49	49
2024	773		159	17	52
2025-jan - march	470		64	11	

**Data Source: District Tribal & Cancer Report*

In 2020, a total of 222 patients received chemotherapy, and 117 patients underwent radiotherapy. In 2021, chemotherapy was provided to 174 patients and radiotherapy to 16 patients. In 2022, chemotherapy was availed by 180 patients and radiotherapy by 18 patients. In 2023, a total of 1,187 outpatients were registered, with 289 patients receiving chemotherapy, 49 new cancer patients identified, and 49 undergoing radiotherapy. In 2024, there were 773 outpatients; 159 patients availed chemotherapy, 17 new cancer cases were reported, and 52 patients received radiotherapy. From January to March 2025, 470 outpatients were recorded, 64 patients underwent chemotherapy, and 11 were new cancer patients, while radiotherapy data were not reported.

9.6 Alcoholism and Tobacco Usage – Social Issues

Alcoholism and tobacco usage are prevalent in this area. The district administration, in collaboration with Government Medical College, Kozhikkode, is implementing necessary interventions to address these issues.

9.7 Sustainable Livelihood Issues

FHC Puthupady, FHC Karassery, FHC Vanimel and CHC Kodenchery have reported issues.

9.8 NGO Support

Of the 24 institutions providing services for the tribal population, 14 have NGO support.

CHAPTER 10

FINANCIAL ALLOCATION AND UTILISATION FOR THE LAST FOUR YEARS

Table 10.1 Allocation and utilisation of funds for the last 4 years

Source	2022		2023		2024		2025		Total	
	Allocation	Utilisation	Allocation	Utilisation	Allocation	Utilisation	Allocation	Utilisation	Allocation	Utilisation
DHS- Plan Fund	11203897	6003354	10553461	10304716	5310513	3324384	8005353	7759424		
NHM (in lakhs)	4904.19	3371.73	6574.40	5461.89	6617.96	4088	8743.62	5690.07	26840.20	18611.69
LSGD(in lakhs)	5510000	4936613	9300000	3068761	6065000	63930				
FW Plan(in lakhs)	627071	601279	567069	567069	198406	196210	796362	796362		
Tribal fund(in lakhs)	-	-	-	-	1269608	Under proceedings				
MSDP fund	-	-	-	-	-	-				

**Data Source: NHM Monthly Report*

In the DHS Plan, an allocation of Rs.11,203,897 was made in 2022, out of which Rs.6,003,354 was utilised. In 2023, the allocation slightly decreased to Rs.10,553,461, with utilisation reaching Rs.10,304,716, indicating efficient fund use. In 2024, Rs.5,310,513 was allocated, but only Rs.3,324,384 was utilised, reflecting underutilisation. In 2025, the allocation rose again to Rs.8,005,353, with utilisation recorded at Rs.7,759,424, showing effective fund management.

Under NHM, the SNA system has been implemented since the financial year 2021- 22 onwards. Limit sanctioned from SPMSU. For the financial year 2024-25, as per ROP, an

amount of Rs. 87.44 crore was sanctioned to Kozhikode district, of which Rs.56.83 crore was utilised – reflecting 65% utilisation against the ROP and 100% utilisation against the Limit sanctioned.

Regarding LSGD funds, in 2022, the allocation was Rs. 5,510,000, with utilisation of Rs.4,936,613. In 2023, the allocation increased to Rs. 9,300,000, but utilisation was only Rs.3,068,761. The spillover amount was carried forward and utilised for the following year's activities. In 2024, Rs.6,065,000 was allocated, while utilisation was reported as Rs.63,930. For 2025, the spillover amounts are currently being utilised for two projects and four other major projects, run with 15 lakhs for the CDMC project – Enabling Kozhikode, 40 lakhs for HIV patients' nutrition kits (request for an additional 11 lakhs submitted as the number of participants increased), 10 lakhs for the Total cancer care project and "Roga Prathirodha Pravarthanagalkulla Shakteekaranam" (Communicable Disease Prevention and Awareness Project).

In the FW Plan, the allocation in 2022 was Rs.627,071, with utilisation of Rs.601,279. In 2023, the allocation was Rs.567,069, and the same amount was utilised. In 2024, the allocation was Rs.198,406, with utilisation of Rs.196,210. In 2025, the allocation rose to Rs.796,362, and the entire amount was utilised.

The tribal fund allocations were introduced only by 2024, amounting to Rs.12,69,608, which is still under process.

CHAPTER 11

NHM ACTIVITIES IN THE DISTRICT

11.1 Rashtriya Bal Swasthya Karyakram (RBSK) & Arogya Kiranam (AK)

RBSK aims at the early identification and early intervention of Defects at birth, Deficiencies, Diseases, developmental delays, including disabilities, among children from birth to 18 years. RBSK Nurses are the key persons involved in screening of children of different age groups – 6 weeks to 3 years in immunisation sessions and Anganwadi Centres (AWCs), 3-6 years in AWCs and Preschools and 6-18 years in schools. As part of improving the quality of survival of children from birth to 18 years, the following activities are conducted under child health programmes during the year 2024-2025.

Table 11.1.1 RBSK screening status

Age group	Target	Screening 2024-2025	% of achievement
0-6	216888	215142	99%
6-18	329425	215277	66%

Data Source: RBSK monthly Report

During the financial year 2024-2025, 99% of children in the age group 0-6 years had been screened, and 66% of children in the age group 6-18 had been screened.

NewbornScreening (Visible Birth Defect – VBD Screening)

Shalabham- Comprehensive New Born Screening Programme implemented for early identification of children with birth defects (1. Screening for Visible Birth Defects - Before 24 hours post delivery, 2. Pulse Oximetry screening for CHD – 24-48 hours post delivery, 3. OAE (Otoacoustic emission) screening for hearing – 24-48 hours and before discharge & 4. Invasive blood spot examination for inborn errors of metabolism – around 48 hours and before discharge), prompt referral, service access and community/institutional level follow-up.

Table 11.1.2 Comprehensive Newborn Screening Report (April 2024-March 2025)

Comprehensive Newborn Screening	Cumulative
Number of delivery points in the district	8
Number of live births in the facility	11312
Outborn babies came for screening.	775
Babies screened for Defects at Birth	11502
Visible Birth Defect (VBD +ve)	411
Number of babies screened for Pulse oximetry	11314
Pulse oximetry Failed	50
Focused Physical Examination	11502
positive in focused physical Examination	165
Number of babies screened for OAE	11343
OAE failed / refer	1233
Number of babies screened for IEM	11497
IEM failed	22

Data Source: RBSK Monthly Report

The Comprehensive Newborn Screening (CNBS) report shows that screening services were carried out across 8 delivery points in the district. A total of 11,312 live births were recorded in facilities, and 775 outborn babies also came for screening. Overall, 11,502 babies were screened for defects at birth, of which 411 were identified with visible birth defects (VBD positive).

For pulse oximetry, 11,314 babies were screened, and 50 failed the test. A focused physical examination was conducted on 11,502 babies, with 165 found positive. Hearing screening using OAE covered 11,343 babies, of whom 1233 failed/were referred. Screening for Inborn Errors of Metabolism (IEM) included 11,497 babies, with 22 failures

reported.

11.2 District Early Intervention Centre (DEIC)

The early intervention centres are established at the District Hospital level across the country as District Early Intervention Centres (DEIC). These centres were started as part of the RBSK programme for accelerated implementation of the programme. The purpose of DEIC is to provide referral support to children detected with health conditions during health screening, primarily for children up to 6 years of age. DEIC should be aiming at early detection and early intervention so as to minimize disabilities among growing children. A team consisting of Pediatrician, Medical officer, Dental Surgeon, Staff Nurses, paramedics (Audiology, Clinical Psychologist, Special Educator, Physiotherapist, Dental Hygienist, Optometrist) are engaged to provide services. The District Early Intervention Centre (DEIC) is located at Ward no. 78 of Government General Hospital, Kozhikode. The cases referred from peripheries through RBSK Nurses, ASHA workers and delivery points will come to DEIC for further services. DEIC directly provides services to children with developmental delays and disabilities. For other cases DEIC will act as a referral centre.

Table 11.2.1 Monthly Report of New and Follow-Up Cases at DEIC, Kozhikode

Month	New cases	Follow up	Total
April	151	258	409
May	204	294	498
June	138	270	408
July	154	299	453
August	139	212	351
September	131	187	318
October	172	226	398
November	232	320	552
December	174	274	448

January	245	339	584
February	218	418	636
March	127	284	411
Total	**2085**	**3381**	**5466**

Data Source: DEIC Monthly Report

In DEIC, the total number of new cases reported during the year was 2,085, while 3,381 cases were follow-ups, making a total of 5,466 cases. In April, there were 151 new cases and 258 follow-ups, totalling 409. In May, 204 new cases and 294 follow-ups were reported, making 498 in total. June recorded 138 new cases and 270 follow-ups, totalling 408. In July, there were 154 new cases and 299 follow-ups, amounting to 453. In August, 139 new cases and 212 follow-ups were reported, totalling 351. September recorded 131 new cases and 187 follow-ups, making 318. In October, there were 172 new cases and 226 follow-ups, totalling 398. In November, 232 new cases and 320 follow-ups were reported, making 552. December recorded 174 new cases and 274 follow-ups, totalling 448. In January, there were 245 new cases and 339 follow-ups, making 584. In February, 218 new cases and 418 follow-ups were reported, totalling 636. In March, 127 new cases and 284 follow-ups were recorded, making 411 in total.

11.3 Hridyam:

Table 11.3.1 Congenital Heart Disease (CHD) Cases in the District

Year	No. of registered cases	No. of cases done surgery/intervention
2023-24	344	49

Data Source: Hridyam Monthly Report

A unique initiative by the Government of Kerala to support children with Congenital Heart Disease (CHD). This initiative can serve as a web-based registry for CHD cases across Kerala, monitor the progress of the programme envisaged for the management of children with CHD, identify the bottlenecks for implementing protocols established at any point, and understand the case status and response time for systems in place and ultimately assess the outcome of the programme.

11.4 Mobile Intervention Unit (MIU)

The district has two Anuyatra Mobile Intervention units, which consist of a total of 4 staff in place. The positions of two clinical psychologists, two Development Therapists, one Audiologist and one Special Educator are vacant. Both the vehicles used for the MIU are stationed at the NHM office compound at Civil Station. The working station of the staff is at Government General Hospital, Kozhikode. The timing of all MIUs is from 9.00 am to 4.00 pm. MIU caters services to 12 centres across the district. At MIU 1, the client load consisted of 838 new cases and 1911 follow-up sessions. At MIU 2, there were 316 new cases and 769 follow-up sessions.

Table 11.4.1 Anuyatra Mobile Intervention Units (MIUs) – Client Load Report

No. of MIU approved	No. of MIU functional	Vacant HR	MIU 1 Client load			MIU 2 Client load		
			New	Follow up	Sessions	New	Follow up	Sessions
2	2	Clinical Psychologist - 2 Development Therapist-2 Audiologist - 1	838	1911	3842	316	769	2263

MIU 1 handled 838 new cases, 1,911 follow-ups, and 3,842 sessions, while MIU 2 managed 316 new cases, 769 follow-ups, and 2,263 sessions.

Table 11.4.2 Anuyatra Mobile Intervention Units (MIUs) – Staff-wise Client Load

	Anuyatra MIU 1			Anuyatra MIU 2	
	Audiologist	Special Educator	Physiotherapist	Special Educator	Physiotherapist
New Cases	808	500	633	261	220

Follow-Up Cases	1053	579	390	599	184
Follow-Up Sessions	2116	1099	875	1644	664

Data Source: Anuyathra Monthly Report

At MIU 1, the Audiologist managed 808 new cases, 1053 follow-up cases, and conducted 2116 follow-up sessions. The Special Educator handled 500 new cases, 579 follow-up cases, and 1099 follow-up sessions, while the Physiotherapist recorded 633 new cases, 390 follow-up cases, and 875 follow-up sessions.

At MIU 2, the Special Educator managed 261 new cases, 599 follow-up cases, and 1644 follow-up sessions. The Physiotherapist attended 220 new cases and 184 follow-up cases and conducted 664 follow-up sessions.

11.5 Rashtriya Kishore Swasthya Karyakrama (RKSK)

The RKSK programme expands the scope of adolescent health programming. From being limited to sexual and reproductive health, it now includes nutrition, injuries and violence (including gender-based violence), non-communicable diseases, mental health, substance misuse and cyber safety . The strength of the programme lies in its health promotion approach. It represents a paradigm shift from existing clinic-based services to promotion and prevention, reaching adolescents in their own environments, such as schools, families, and communities. Key drivers of the programme are community-based interventions such as outreach by counsellors, facility-based counselling, social and Behavior Change Communication, and the strengthening of Adolescent Friendly Health Centers across levels of care. In Kozhikode district the following activities are conducted during the financial year 2024-2025.

11.5.1 Adolescent Friendly Health Centres (AFHCs)

Counsellors play a crucial role in the operationalisation of Adolescent Friendly Health Centers (AFHCs). They Inform, educate and counsel clients on Adolescent Health issues. Adolescent Friendly Health Centers have strong linkages with Peer Education

Programme. Adolescent Health Day and Adolescent Friendly Clubs work as a platform for referral of clients to the Adolescent Friendly Health Centre.

Table 11.5.1.1 Cases attended by counsellors in different centres

Name of AFHCs	GH Kozhikode	TH Thamarassery	CHC Valayam	CHC Thalakulathur
Total no. of cases 2024-2025	1743	1886	1787	1868
Outreach programme	145	146	136	157

Data Source: AFHC Monthly Report

11.5.2 Peer educator programme

Table 11.5.2.1 Peer educator programme

Year	Total Peer Educators selected	Trained
2024-2025	200	200

Data Source: AFHC Monthly Report

A total of 200 peer educators were selected and screened in the year 2024-2025.

11.5.3 Weekly Iron Folic Supplementation Programme (WIFS)

Table 11.5.3.1 WIFS Program Coverage (2024–2025)

Year	Target population	Total covered	%	No. of school programmes initiated
2024-25	282082	282082	100	824

Data Source: AFHC Monthly Report

During the 2024–2025 financial year, the Weekly Iron Folic Supplementation (WIFS) programme targeted 282,082 students. Tablets were issued to the beneficiaries, and a total of 824 school programmes were initiated to implement the supplementation

11.6 Biomedical Equipment Maintenance Program (BEMP)

Table 11.6.1 Biomedical Equipment Maintenance Program (BEMP) Performance (2024–2025)

Description	Total Call Registered	Total Call rectified	Pending calls	Percentage of rectified calls
April 2024-March 2025 Total institutions under BEMP Programme – 108 Total RBER-69 ESV-2 Total standby -2 Total Pending -2	5152	5082	2	99.96%

Data Source: BEMP Cyrix Portal

Under the Biomedical Equipment Management Programme (BEMP) from April 2024 to March 2025, a total of 108 institutions were covered. The programme reported 69 RBER, 2 ESV, and 2 standby equipment, with 2 pending cases. During the period, 5152 calls were registered, of which 5082 calls were rectified, leaving 2 pending calls. The overall percentage of rectified calls stood at 99.96%.

- Compliance with the norms of AERB for equipment under Radiology department
- The Radiology department achieved 100% compliance with AERB norms, with all 13 AERB ELORA-registered facilities adhering to the required standards (13/13 AERB ELORA registered facilities).
- Procurement of Equipment at State level through KMSCL – NHM

Table 11.6.2 State-Level Equipment Procurement through KMSCL – NHM (2024–2025)

Year	Details	Sanctioned Amount (Rs)	Status
2024-2025	Laqshya 24-25	9,19,874	Supply progressing

2024-2025	Maternal Health 24-25	59,50,487	Supply progressing, Delivery kit pending
2024-2025	SNCU/NBSU	16,68902	supply Progressing
2024-2025	Blood Bank	40,00,000	Pending
2024-2025	Others	16,68,902	Supply progressing

Data Source: NHM Monthly Reports

Under the National Health Mission (NHM), procurement of equipment at the State level through KMSCL for 2024–2025 included several key areas. For Laqshya 2024–25, an amount of ₹9,19,874 was sanctioned, with supply progressing. In Maternal Health 2024–25, ₹59,50,487 was sanctioned, with supply progressing and the delivery kit pending. For SNCU/NBSU, a sanctioned amount of ₹16,68,902 was allocated, with supply progressing. In the case of the Blood Bank, ₹40,00,000 was sanctioned, with the status pending. Under Others, ₹16,68,902 was sanctioned, with supply progressing.

11.7 Janani Shishu Suraksha Karyakaram (JSSK)

Janani Shishu Suraksha Karyakram (JSSK) was introduced to provide free transport, free drugs, free diagnostics, free blood, and free diet to pregnant women who come for delivery in public health institutions and sick infants up to one year.

Table 11.7.1 JSSK – Government Hospital Deliveries and Benefits Provided (2021–2025)

Year	Govt Hospital Delivery	No. of JSSK Given
2021-22	16375	8289
2022-23	15586	7,343
2023-24	13522	7,258
2024-25	7948	3935

Data Source: JSSK Monthly Report

Between 2021–22 and 2024–25, government hospital deliveries in the district showed a declining trend, from 16,375 deliveries in 2021–22 to 7,948 deliveries in 2024–25.

Similarly, the number of JSSK benefits provided also decreased from 8,289 to 3,935 during the same period, reflecting the reduction in institutional deliveries and programme utilisation over the years.

11.8 Janani Suraksha Yojana (JSY)

Janani Suraksha Yojana (JSY) is a safe motherhood intervention scheme implemented by the Government of India. It was launched on 12 April 2005 by the Prime Minister of India. It aims to promote institutional delivery among poor pregnant women and to reduce neonatal mortality and maternal mortality. It is operated under the Ministry of Health and Family Welfare as part of the National Rural Health Mission. The Scheme integrates cash assistance with delivery and post-delivery care, particularly in states with low institutional delivery rates.

Table 11.8.1 JSY – Government Hospital Deliveries and Benefits Provided (2021–2025)

Year	Govt Hospital Delivery	No. of JSY Given
2021-22	16375	12521
2022-23	15586	13,335
2023-24	13522	5,836
2024-25	7948	7632

Data Source: JSSK Monthly Report

From 2021–22 to 2024–25, government hospital deliveries showed a declining trend, decreasing from 16,375 to 7,948 deliveries. The number of JSY benefits given fluctuated, peaking at 13,335 in 2022–23 before decreasing to 7,632 in 2024–25, reflecting variations in programme utilisation relative to institutional deliveries.

11.9 National Programme for Palliative Care (NPPC)

Palliative care is an approach for the early identification of pain and socio-psycho-spiritual problems in patients suffering from chronic diseases, aiming at prevention and resolution through proper assessment and improving the quality of life for both the patient and their family.

The programme is implemented through home care by a team of public representatives, health workers and Palliative Care Nurses . In the district, there are 86 Primary Palliative care units in 78 local self-government institutions, 24 secondary palliative care units in CHCs, Taluk, District and General hospitals and 17 physiotherapy units in 16 CHCs and 1 Taluk Hospital, all operating under the government system.

Palliative policy was announced in Kerala for the first time in 2008. The New policy of 2019 has been formulated as it is realised that the Palliative care Policy needs to be revised to take into account the current circumstances. The said programme is being implemented in the annual plan of all the local self-government bodies.

Achievements & Accolades Received

Palliative care, home-based patient care and physiotherapy services have greatly reduced the burden of inpatients and long-term patients. Also, due to the continuous interventions of the volunteers and the community, the quality of life of these patients and their families has improved to some extent.

Table 11.9.1 Home care days performed and number of patients receiving care

Financial year	Total home care days	Beneficiaries
2021-22	14676	124980
2022-23	15324	143990
2023-24	16124	150879
2024 April to December	17130	110410

Data Source: Palliative Care Monthly Report

From 2021–22 to 2024 (April to December), the home care services under the Palliative Care program showed a steady increase in total home care days, rising from 14,676 days in 2021–22 to 17,130 days in 2024. The number of beneficiaries also increased over the years, reaching 150,879 in 2023–24, reflecting the expanding reach and impact of the programme.

11.10 Quality Assurance Programmes

The district quality assurance wing monitors and ensures the Quality Assurance

Programmes of the District. It develops the plan and monitors the compliance of National Quality Assurance Standards (NQAS), Kerala Accreditation Standards for Hospitals (KASH), Kayakalp – Clean Hospital Campaign (Swacch Bharath Abhiyan), LaQshya (to reduce MMR), MusQan (ensuring child-friendly services), and MBFHI (Mother & Baby Friendly Hospital Initiative) activities of the selected Government Hospitals in Kozhikode district. The wing assists in the preparation of hospital manuals and standard operating procedures for these hospitals. It also arranges the skill development and training programmes for all categories of staff to provide better-quality services for its clients. The following are the Major achievements of the quality assurance wing of Kozhikode during the financial year of 2024-2025.

11.10.1National Quality Assurance standards (NQAS)

National Quality Assurance Standards (NQAS) is a National Accreditation Program developed for the government hospitals in our country with the aim of improving the quality of services provided in the government institutions. NQAS standards are accredited by the International Society for Quality in Health Care (ISQua). NQAS provides accreditations for all tiers of institutions, including Primary health centres, Urban primary health centres, Community health centres, Taluk Hospitals, District hospitals and General hospitals. Standards are primarily meant for providers to assess their own quality for improvement through predefined standards and to bring up their facilities for certification. The National Quality Assurance Standards are broadly arranged under 8 "Areas of Concern" – Service Provision, Patient Rights, Inputs, Support Services, Clinical Care, Infection Control, Quality Management and Outcome.

NQAS National level Accreditation during the financial year 2024-2025

1) AAM SC Makkada

Following are the institutions which have attained the NQAS State level Accreditation during the financial year 2024-2025:

1. GGH Kozhikode
2. FHC Kunnamangalam
3. FHC Arikulam
4. FHC Eramangalam

5. FHC Perumanna
6. FHC Chaliyam
7. AMM SC Pullurampara
8. AAM SC Koombara
9. AAM SC Ponnamkayam
10. AAM SC Kakkadampoil
11. UPHC Kallunnira
12. UPC Payyoli
13. UPHC Payyanakkal

Following are the institutions which have attained National level certification for MusQan:

1) W&C Hospital Kozhikode

CHAPTER 12
NATIONAL URBAN HEALTH MISSION

12.1 National Urban Health Mission (NUHM)

The National Urban Health Mission (NUHM) is a sub-mission of the National Health Mission that aims to meet the healthcare needs of the urban population, with a focus on the urban poor, by making essential primary health care services available to them and reducing their out-of-pocket expenses for treatment.

In line with this objective, Urban Primary Health Centers (UPHCs) and Urban Health and Wellness Centers (UHWCs) are functioning to provide comprehensive primary healthcare services.

Table 12.1.1 NUHM details

Community process	Approved	In position	Remarks
No. of Mahila Arogya Samithi (MAS) constituted	168	168	
No. of MAS Accounts opened	168	168	
No. of ASHAs	552	529	
No. of UHNDs held in 2024-25 with frequency (Weekly, Monthly, Quarterly)	864 (Monthly)	846 (Monthly)	
No. of special outreach medical camps			
2023-24	48	15	

2024-25	0	0	No. of special outreach medical camps sanctioned due to the implementation of speciality clinics in Urban Primary Health Centres
Population and households assigned per ASHA	5000	5000	
Population and households assigned per JPHN	10000	10000	
NGO Support in Community process if any	-	-	

Data Source: NUHM Monthly Reports

Community Process Initiatives

As part of the strengthening of the community process initiative, Urban ASHAs (Accredited Social Health Activists) and MAS (Mahila Arogya Samitis) are functioning under the NUHM. There are 529 Urban ASHAs and 168 Mahila Arogya Samitis functioning at the grassroot level of the urban population. These groups are effectively used for improving public health activities and providing health education on the ground.

UHND (Urban Health and Nutrition Days) are conducted to deliver maternal and child health care, nutrition and WASH (Water, Sanitation and Hygiene) services to the urban poor population. During the year 2024-25 NUHM Kozhikode conducted 846 UHNDs in the district.

12.1.1 Institutional Level Activities

There are 12 Urban Primary Health Centers (UPHCs) and 34 Urban Health and Wellness Centers (UHWCs) in the district. UPHCs have been upgraded to Urban Polyclinics, incorporating more than two speciality services.

Average OP (Per Day): 79

Average Lab (Per Day): 44

Table12.1.1.1 Institutional Level Activities

Items	2024-25
Total OP	344453
Total NCD	116404
Total Lab	194264
Total Outreach labour camps	0

Data Source: NUHM Monthly Report

During 2024–25, the urban health facilities in the district provided services to 3,44,453 outpatients, managed 1,16,404 NCD cases, and conducted 1,94,264 laboratory tests, while no outreach labour camps were held during the year.

CHAPTER 13

NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME

13.1 Components of NTEP

The NTEP (National Tuberculosis Elimination Programme) in India has several key components focusing on early detection, treatment, prevention, and strengthening TB care and control services. These include Universal Drug Susceptibility Testing (UDST), a free diagnosis and treatment system, the Nikshay case-based information system, and private sector engagement. The programme also emphasises advocacy, communication, social mobilisation, and community engagement.

13.2 Programme Implementation

Table 13.2.1 TB diagnostic and treatment facilities

Number of PHIs	89 + 18 (12 UPHC, 6 UHC)
No. of Designated Microscopy Centres	32 (including 7 in the private sector)
No. of CBNAAT machines	4 (DH Vadakara with 4 modules, DTC with 16 modules, and C&DST with 2 machines with 4 modules each)
Number of Truenat machines	5 (THQH Koyilandy with 2 machines with 2 and 4 modules each, TH Balussery and TH Thamarassery have 1 machine with 2 modules, and Govt. General Hospital has 1 machine with 4 modules)
Number of IGRA Sites	3 (TH Balussery, RPH-Kkd, Perambra TH)
No. of X- Ray testing facilities	9
No. of STEPS (System for TB Elimination by Private Sector) Centres	31

Data Source: Monthly TB Report

Table 13.2.2 Designated Microscopy Centres in Kozhikode

Designated Microscopy Centres in Kozhikode		
Name of TB Unit	**Name of Microscopy Centre**	**Whether public or Private**
DTC TU	District TB Centre	Public
	Govt. General Hospital, Kozhikode	Public
	Community Health Centre, Cheruvannur	Public
	Aswini Diagnostics	Pvt.
	Chest Hospital, Pavamani Road	Pvt.
Vadakara TU	Dist. Hospital, Vadakara	Public
	Taluk Hospital, Kuttiadi	Public
	Community Health Centre, Orkatteri	Public
	Taluk Hospital, Nadapuram	Public
	Community Health Centre Valayam	Public
	Co-op Hosp. Vadakara	Pvt.
Koyilandy TU	THQH Koyilandy	Public
	Community Health Centre Melady	Public
	Taluk Hospital, Perambra	Public
	Community Health Centre, Thiruvallur	Public

Balussery TU	Taluk Hospital, Balussery	Public
	Community Health Centre Ulliyeri	Public
	Community Health Centre, Thalakulathur	Public
	Community Health Centre, Thiruvangur	Public
	Malabar Medical College, Modakkallur	Pvt.
Mukkam TU	Community Health Centre Mukkam	Public
	Community Health Centre, Narikkuni	Public
	Taluk Hospital, Thamarassery	Public
	Community Health Centre, Koduvally	Public
	Santhi Hospital, Omassery	Pvt.
	KMCT MCH, Manassery	Pvt.
Medical College TU	Community Health Centre, Olavanna	Public
	Institute of Chest Diseases, Kozhikode	Public
	Microbiology Lab, Govt. MCH	Public
	MCH Unit Cheruppa	Public
	Community Health Centre, Cheruvady	Public
	Nirmala Hospital, Vellimadukunnu	Pvt.

Data Source: District data

CTBT Idiyangara and ESI Feroke were not working as DMCs in 2024.

Table 13.2.3 Name of the Private Provider (Institution)

Sl. No.	Name of the Private Provider (Institution)
1	Baby Memorial Hospital
2	Aster MIMS Hospital
3	IQRAA Hospital
4	Meitra Hospital
5	Star Care Hospital
6	District Cooperative Hospital, Kozhikode
7	Malabar Hospital, Eranhipalam
8	PVS Hospital
9	Fathima Hospital
10	National Hospital
11	Manohar Hospital
12	Rajendra Hospital
13	Chest Hospital
14	Koyas Hospital
15	Comtrust Eye Hospital
16	Ascent ENT Hospital

17	Puthalath Eye Hospital
18	Dr Sreekanth Eye Care Hospital
19	Nirmala Hospital
20	Metro Cardiac Centre
21	Shifa Hospital
22	Red Crescent Hospital
23	MVR Cancer Care and Research Institute
24	Santhi Hospital
25	Lisa Hospital
26	CEEYEM Hospital, Vatakara
27	Asha Hospital, Vatakara
28	Cooperative Hospital, Vatakara
29	PARCO Hospital, Vatakara
30	EMS Cooperative Hospital, Perambra
31	Co-Op Hospital, Atholi

Data Source: District data

Two Private Medical Medical Colleges in the district, i.e., Malabar Medical College and KMCT Medical College, also cooperate with all activities related to NTEP.

13.3 TB Units:

Table 13.3.1 – List of TB units

1. Balussery
2. Koyilandy
3. Kozhikode DTC
4. MCH
5. Mukkam
6. Vatakara

Data Source: Monthly TB Report

13.4 NTEP Human Resource

Table 13.4.1 NTEP Human Resource

Sl. No.	Designation	Sanctioned Post	In position	Vacant
1	District TB Officer	1	1	
2	Senior consultant (Respiratory Medicine)	1	1	
3	Consultant (Respiratory Medicine)	1	1	
4	Statistical Assistant	1	1	
5	Head clerk	1	1	
6	Senior Clerk	2	2	
7	Typist Clerk	1	1	

8	Pharmacist	1	1	
9	Radiographer	1	1	On deployment
10	X-ray Attender	1	0	Retired
11	Driver	1	1	On deployment
12	Lab Technician	2	2	
13	Nursing Officer Gr 1	3	3	
14	Nursing Assistant	2	2	
15	Hospital Attendant Grade 2	3	2	1
16	Office Attendant	1	1	
	DTC TB Unit			
17	Senior Treatment Supervisor	3	2	1 Retired
18	Senior Treatment Lab Supervisor	1	1	
	Balussery TB Unit			
19	Senior Treatment Supervisor	1	1	
20	Senior Treatment Lab Supervisor	1	1	
	Koyilandy TB Unit			
21	Senior Treatment Supervisor	1	0	1

22	Senior Treatment Lab Supervisor	1	1	
	Mukkam TB Unit			
23	Senior Treatment Supervisor	1	1	
24	Senior Treatment Lab Supervisor	1	1	
	Vatakara TB Unit			
25	Senior Treatment Supervisor	1	1	
26	Senior Treatment Lab Supervisor	1	1	
27	NHM Staff			
28	Senior Treatment Supervisor	1	0	Resigned
29	Senior Treatment Lab Supervisor	1	1	
30	TBHV	9	9	
31	Lab Technician	2	1	
32	Data Entry Operator	1	1	

Data Source: Monthly TB Report

Baluseery TB Unit has a population of 5,27,640 and a demographical area with 16 Gram Panchayaths. Koyilandy have 17 LSGds with Koyilandy and Payyoli Municipalities population is 5,41,077. The DTC Tb Unit works in Kadalundi and a major part of the Kozhikode Corporation. Medical College has a demographic area in 9 Grama Panchayaths and in a portion of Kozhikode Corporation. Mukkam with a population of 5,16,127 and 12 GPs and Mukkam and Koduvally Municipalities. Vatakara has 19 Gps and Vatakara

Municipality. Population: 619497 (Projected Population is taken from the statistical wing of CRS).

13.5 Progress in the Tuberculosis Eradication in the District

Table 13.5.1 CB-NAAT Testing

Year	No. of tests conducted	Positive cases	Percentage
2020-21			
2021-22			
2022-23	18392	1328	07.22
2023-24	15172	1009	06.65
2024-25	20059	957	04.77

Data Source: Monthly TB Report

From February to May 2024, CB Naat tests in the district were not done due to a shortage of cartridges, except in the microbiology MCH 2020-21 and 2021-22 data, which are not available.

13.6 Fund allocation for NTEP

Table 13.6.1 year wise fund allocation

Sl. No.	Year	Amount (in lakhs)
1	2020-21	13758663
2	2021-22	14470000
3	2022-23	51385000
4	2023-24	19834000
5	2024-25	20602000

Data Source: Monthly TB Report

2020-2021

Table 13.6.2expenditure 2020-2021

Expense Item	Amount (INR)
Civil works	1,03,114
Lab consumables purchased	6,86,633
TB patients' honorarium paid	79,07,500
ACSM - TB day-related activities done	7,09,032
Equipment maintenance charge	72,424
Training	54,047
Vehicle operation	73,825
Vehicle hiring	1,100
NGO/PP Support	18,49,182
Medical College	6,29,926
Contractual staff's salary	12,25,689
Printing banners and IEC materials	1,52,007
Drugs purchased	2,63,813
Miscellaneous	1,31,791
Procurement of equipment	2,98,158

Supervision & monitoring	3,26,423
Patient support & transportation	56,864
TOTAL EXPENDITURE	1,45,41,528

Data Source: District data

2021-2022

Table 13.6.3 Expenditure 2021-2022

Expense Item	Amount (INR)
Civil works	3,100
Lab consumables purchased	4,52,216
TB patients' honorarium paid	52,18,950
Treatment supporters Honorarium	20,000
ACSM - TB day-related activities done	1,10,409
Equipment maintenance charge	35,471
Training	73,196
Vehicle operation	1,08,350
Vehicle hiring	6,000
NGO/PP Support	37,850
Medical College	6,29,926

Contractual staff's salary	12,25,689
Printing banners and IEC materials	1,64,835
Drugs purchased	78,553
Miscellaneous	1,84,256
TBHVs salary	2,96,268
Procurement of equipment	2,53,535
Supervision & monitoring	3,94,803
Patient support & transportation	33,566
TOTAL EXPENDITURE	1,00,91,358

Data Source: District data

2022-2023

Table 13.6.4 Expenditure 2022-2023

Expense Item	Amount (INR)
DBT - Treatment supporters' honorarium	1,06,000
DBT NPY	63,27,000
Equipment	77,034
Drugs	4,15,818
Diagnostics	5,93,589

Capacity building incl. Training	3,15,588
OOC	2,55,264
Planning M&E	5,18,577
OOC	54,525
ACSM	5,01,249
Contractual staffs Salary	30,96,384
TOTAL EXPENDITURE	1,22,61,028

Data Source: District data

2023-2024

Table 13.6.5 Expenditure 2023-2024

Expense Item	Amount (INR)
Diagnostics	5,53,423
Treatment supporter honorarium	74,000
DBT NPY	52,98,000
ACSM	59,388
Equipment (General)	79,314
Training	2,37,318
Vehicle operation	67,348

NGO/PP	97,510
Planning M&E	2,83,835
Printing	2,14,935
Procurement of Drugs	5,77,808
Procurement of Equipment	1,42,350
Patient support & transportation	1,49,941
Supervision & monitoring	1,40,830
77-DRTB (Drug-Resistant TB)	67,000
TOTAL EXPENDITURE	80,43,000

Data Source: District data

2024-2025

Table 13.6.6 Expenditure 2024-2025

Expense Item	Amount (INR)
Civil works	1,14,281
Equipment maintenance	62,189
Procurement of equipment	3,83,311
Drugs & Supplies	5,27,501
DBT NPY	74,61,000

Lab consumables	6,39,948
Patient support & Transportation	12,07,973
Training	1,99,280
Vehicle operation	4,47,946
Vehicle hiring	7,600
Office operation	3,39,425
Printing	6,02,147
Supervision & monitoring	4,08,280
Diagnostics	7,24,196
TB Harega Desh Jeetega (ACSM)	1,15,213
NGO/PP	52,319
TOTAL EXPENDITURE	1,32,92,609

Data Source: District data

Mrs Sheeja Shahi, the District Panchayath President Inaugurates the World TB Day District-level inauguration at Kodanchery, Kozhikode, on 24/03/2025.

CHAPTER 14

NATIONAL AIDS CONTROL PROGRAM IMPLEMENTATION IN DISTRICT

14.1 National AIDS Control Programme (NACP) Implementation in Kozhikode

The Kerala State AIDS Control Society's efforts under the National AIDS Control Programme have contributed significantly to the state's progress in HIV/AIDS prevention, treatment, and care.

The main objectives of the programme are

- Reduce the spread of **HIV/AIDS**.
- Provide **comprehensive care and support** to **People Living with HIV/AIDS (PLHIV)**.
- Strengthen the **health systems**.
- Strengthen **community engagement**.

Table 14.1.1 HIV service centres

Name of HIV service centres	No. of HIV Service centers
Targeted interventions	6
Integrated counselling and testing centres	6 - SAICTC and 55 FICTC
Designated STI & RTI clinic	2
ART Centre	1
Link ART	0
Blood Banks (Government)	4
Blood Banks (Private)	17

Data Source: KASCS Monthly Report

The National AIDS Control Programme (NACP) has the following service facilities

operational in Kozhikode:

- Currently, there are 6 Targeted Intervention (TI) projects functioning in the district, focusing on high-risk and vulnerable populations.
- For HIV testing and counselling, the district has 6 Stand-Alone Integrated Counselling and Testing Centres (SAICTCs) and 55 Facility Integrated Counselling and Testing Centres (FICTCs), ensuring wide accessibility of services.
- To address sexually transmitted and reproductive tract infections, 2 Designated STI/RTI Clinics are operational.
- For treatment and care of people living with HIV, the district has 1 Anti-Retroviral Therapy (ART) Centre, although no Link ART Centre is presently functional.
- In terms of safe blood transfusion services, there are 4 Government Blood Banks and 17 Private Blood Banks functioning under quality and safety guidelines.

14.2 Targeted Intervention projects in Kozhikode

Table 14.2.1 indicators in high-risk groups

Indicator	FSW	Migrant	MSM	IDU	TG
Total No. of TI Projects	2	1	1	2	1
Total registration till March 2025	2270	9879	1549	1045	306
New registration 2024-25	200	9879	96	110	24
New registration for the 1st quarter	77	2499	24	22	16
Total HIV Screening during 2014-25	4262	6340	3019	1940	591
HIV Positive found	1	10	1	1	0
Total no. of alive HRG Currently registered at ART Centres	1	10	11	1	0

Total HRG Positive currently on ART	1	10	11	1	0
Total STI Screening during 2024-25.	7965	6335	4715	3778	614
STI Cases diagnosed and treated	27	28	10	1	0
Total syphilis screening during 2024-25	3754	46	2230	1398	470
Syphilis-positive cases	0	0	3	0	0

Data Source: KASCS Monthly Report

The Targeted Intervention (TI) projects under the National AIDS Control Programme (NACP) are implemented in the district to address the needs of high-risk groups (HRGs) such as Female Sex Workers (FSW), Migrants, Men who have Sex with Men (MSM), Injecting Drug Users (IDU), and Transgender persons (TG). At present, there are 6 TI projects operational in the district, with 2 projects for FSW, 1 for Migrants, 1 for MSM and TG combined, and 2 for IDU.

As of March 2025, a total of 2270 FSW, 9879 Migrants, 1549 MSM, 1045 IDU, and 306 TG has been registered under the programme. In the year 2024–25, new registrations included 200 FSW, 9879 Migrants, 96 MSM, 110 IDU, and 24 TG, while during the first quarter, 77 FSW, 2499 Migrants, 24 MSM, 22 IDU, and 16 TG were newly registered.

A total of 4262 FSW, 6340 Migrants, 3019 MSM, 1940 IDU, and 591 TG underwent HIV screening in 2024–25. HIV-positive cases detected were 1 FSW, 10 Migrants, 1 MSM, and 1 IDU. Among them, the number of alive HRGs currently registered at ART Centres is 1 FSW, 10 Migrants, 11 MSM, and 1 IDU, with the same numbers currently on ART.

For STI screening during 2024–25, 7965 FSW, 6335 Migrants, 4715 MSM, 3778 IDU, and 614 TG were screened, out of which 27 FSW, 28 Migrants, 10 MSM, and 1 IDU were diagnosed and treated. Syphilis screening was conducted for 3754 FSW, 46 Migrants, 2230 MSM, 1398 IDU, and 470 TG, and 3 MSM were found positive.

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

Table 14.3.1 Testing of General Clients

General Clients April-March 2025						
ICTC	FICTC	CBS	PPP	TOTAL	General clients positive	% positive
62124	100488	4155	0	166767	117	0.07

Data Source: KASCS Monthly Report

As for the testing of general clients at ICTCs in the district, 166767 were tested in total, of which 117 were positive (0.07%).

14.4 Prevention of Parent-to-Child Transmission of HIV

Table 14.4.1 Prevention of Parent-to-Child Transmission of HIV

District	ICTC	FICTC	PPP	Total	ANC positive
Kozhikode	7742	20866	0	28608	1

One ANC tested positive.

Data Source: KASCS Monthly Report

14.5 PALS Data

Table 14.5.1 PALS Data

Year	Male	Female	Total
2025	1430	931	5

Data Source: KASCS Monthly Report

14.6 Blood Collection

Table 14.6.1 Number of Blood Units Collected in the year 2024-2025

Year	Number of Blood Units Collected
2024-2025	86516

Data Source: KASCS Monthly Report

Annexures

1. TB Elimination activities

Mr. Snehil Kumar Sing IAS hands over TB free Panchayath Award to Nadapuram Panchayath President

Consortium of Private Hospitals Meeting for TB Elimination as part of hundred day campaign, held at Baby Memorial Hospital on 27/01/2025

2. Health Facilities in Kozhikode district

MCH Kozhikode

IMCH

GGH Kozhikode

DH Vatakara

Taluk hospital Koyilandy

Taluk hospital Thamarassery

Taluk hospital Nadhapuram

Taluk hospital Balussery

Taluk hospital Feroke

Taluk hospital Perambra

Taluk hospital Kuttiyadi

FHC Valayam

BFHC Narikunni

BFHC Kunnummal

CHC Cheruvannur

CHC Olavanna

CHC Mukkom

CHC Thiruvangoor

CHC Thiruvallur

CHC Thalakulathur

CHC Cheruvady

CHC Koduvally

CHC Ulliyeri

CHC Orkattery

CHC Melady

3. Activities & Achievements under R B S K

1. Shalabham - Mobile Health
2. Child Health activity

RBSK Capacity Building – Refresher Training for Nurses

The **Rashtriya Bal Swasthya Karyakram (RBSK)** aims at the early identification and intervention of birth defects, deficiencies, diseases, and developmental delays, including disabilities, among children from birth to 18 years. RBSK Nurses play a key role in screening children across different age groups: 6 weeks to 3 years during immunisation sessions and at AWCs, 3–6 years at AWCs and preschools, and 6–18 years in schools.

As part of improving the quality of survival of the children from birth to 18 years, the following activities are conducted under child health programmes in the year 2024-2025.

Capacity building, including training

1. Refresher training for RBSK Nurses

As part of improving **child health outcomes**, **district-level refresher training** for **RBSK Nurses** was conducted in **two batches** from **19th to 22nd October 2024** at the **Nipah One Health Conference Hall, GMHC Kozhikode**. A total of **90 RBSK Nurses** participated (55 in the first batch and 35 in the second batch).

2. Orientation for MO/Other Staff at Delivery Points for CNBS

A district-level training and orientation on the Comprehensive Newborn Screening (CNBS) programme was conducted for paediatricians, Superintendents, and Nursing Officers from 8 delivery points on 12th December 2024 at Silver Jubilee Hall, IMCH Kozhikode. The sessions were led by doctors from the Department of Neonatology and Department of Paediatrics, IMCH Kozhikode. The training covered visible birth defect screening, pulse oximetry, OAE, and metabolic screening, following the existing CNBS protocols.

3. Training on Family participatory care (KMC)

District-Level Kangaroo Mother Care (KMC) Training

Kangaroo Mother Care (KMC) is a method of care for low birth weight infants that involves early and prolonged skin-to-skin contact with the mother or a substitute carer, along with exclusive and frequent breastfeeding. A district-level KMC training was conducted for paediatricians, gynaecologists, and Nursing Officers from all delivery points on 26th October 2024 at Silver Jubilee Hall, IMCH Kozhikode.

4. MUSQAN District level Sensitization Training

MusQan Standards focus on Quality in Child health care services – Paediatric

OPD/SNCU/NBSU Paediatric Wards. It is essential that we understand the use and application of Specialized Quality improvement Methods and tools in critical areas like Child health care facilities and further utilise them for delivering better quality and reliable health care services.

Conducted a One-day Orientation training programme on 26/10/2024 at IMCH Kozhikode for paediatricians, gynaecologists and Nursing officers. The aim of the training programme is to equip participants with the necessary knowledge and practical skills required for the effective implementation of **MusQan Standards**.

5. SAANS Campaign – District Level TOT Training

The SAANS (Social Awareness and Action to Neutralise Pneumonia Successfully) campaign is observed annually to accelerate action against childhood pneumonia by generating awareness on protection, prevention, and treatment; enhancing early identification and care-seeking behaviours among parents and carers; and promoting the Pneumococcal Conjugate Vaccine (PCV).

As part of this initiative, a one-day district-level SAANS TOT training was conducted for Medical Officers and paediatricians from CHCs, FHCs, and Taluk hospitals on 12th December 2024 at Silver Jubilee Hall, IMCH Kozhikode. A total of 60 Medical Officers participated in the training to build skills for managing childhood pneumonia cases effectively.

6. District-level sensitisation for JPHN/PHN

Public health staff play a key role in the SAANS campaign, focusing on educating people about the early signs of pneumonia. The National Health Mission organised a half-day sensitisation programme for JPHNs/PHNs at the Regional Health and Family Welfare Training Center, Malaparamba, on 16th October 2024. A total of 104 JPHNs/PHNs participated in the programme.

7. Block-level ½ Day SAANS orientation for ASHAs

Organized Block level ½ Day SAANS orientation for ASHA workers as detailed below:

Sl.no	Name of block	Date of training	Total no of participants
1	Balussery	16/01/2025	**78**
2	Cheruvannur	18/02/2025	**69**
3	Cheruppa	24/01/2025	**58**
4	Cheruvadi	16/12/2024	**86**
5	Kuttiyadi	16/12/2024	**103**
6	Melady	31/12/2024	**87**
7	Mukkom	08/12/2025	**94**
8	Narikkuni	17/12/2024	**93**
9	Olavanna	17/01/2025	**91**
10	Orkkatery	04/01/2025	**86**
11	Perambra	16/01/2025	**110**
12	Thalakulathur	20/01/2025	**90**
13	Thiruvangoor	04/01/2025	**60**
14	Thiruvallur	09/12/2024	**81**
15	Ulliery	31/12/2024	**87**
16	Valayam	08/12/2024	**84**
17	Vadakara	04/01/2025	**39**

Autism Awareness Day – 5th April 2024

An Autism Awareness Day programme was conducted on 5th April 2024 for all health workers and ASHA workers at FHC Kunnamangalam to raise awareness about autism spectrum disorders, early identification, and intervention strategies.

Disability Day – 5th December 2024

Disability Day was observed on 5th December 2024 and inaugurated by Honourable District Collector Shri Snehil Kumar Singh IAS to promote awareness and inclusion of persons with disabilities.

4. Activities and Achievements under Rashtriya Kishor Swasthya Karyakram (RKSK)

Adolescent Health Day Celebration

Adolescent Health Day

- Conducted a total of 20 AHWDs at various schools
- 4 AHWDs under each AFHC
- Topics covered were the 7 rainbow components of RKSK.
- Adolescent Health Club meetings
- Total 300 club meetings were conducted.
- 60 club meetings per AFHC

Club meetings were conducted at various schools by the AH Counsellor, RBSK Nurse, MLSP, JHI, and JPHNs.

Day Observances by AFHC

The AFHC celebrated a total of seven international days during the year. These included Women's Day, AIDS Day, Mental Health Day, Nutrition Day/Week, Environment Day, Blood Donation Day, and the International Day against Drug Abuse and Illicit Trafficking, aiming to raise awareness and promote health and social well-being.

Training Sessions for RKSK Trainers

Capacity-building programmes under RKSK (Rashtriya Kishor Swasthya Karyakram) were conducted to strengthen the skills of trainers.

Capacity building programmes under RKSK

Program Name	Date	No of Participants	Type of mode
6 days PE Training -5 batch	17/09/2024-22/09/2024 5 Batches simultaneously	40 per batch	Physical
16 batches block-level WIFS Training for teachers	November 2024-Feb 2025	45 per batch	physical
Block level RKSK Orientation for JPHN/MLSP/LHI/LHS	16 batches block-level WIFS Training for teachers	50 per batch	Physical
District level RKSK Training for MO (one day)	12/12/2024	45	Physical
District-level RKSK Training for JPHN	25/02/2025	60	Physical
District-level convergence meeting	20/06/2024 21/12/2024 18/03/2024	23	physical
District-level school health programme training	21/03/2025	48	Physical

PHC KAKKAYAM

HWC Madathompoyil

5. IEC Activities

"Arogyam Anandam Akattam Arbudham " – Kozhikode Campaign Period: 4th February to 8th March 2025

Introduction

The State Health & Family Welfare Department has launched an exclusive cancer prevention campaign titled "Arogyam Anandam" for the prevention and treatment of

cancer. The campaign is being organised with the cooperation of government, private, and cooperative sectors, volunteers, organisations, and the general public. The first phase of the year-long campaign is aimed at women, running from World Cancer Day, February 4, to International Women's Day, March 8.

The campaign was launched in the State on 4th February 2025 by Honourable Chief Minister Sri Pinarayi Vijayan. In Kozhikode district, pre-launch and launch activities were conducted at the district level, and campaign activities were carried out across all health institutions. Various awareness activities and screening for breast and cervical cancer were conducted for women during this campaign period.

Specific Objectives

- To impart awareness of breast and cervical cancer screening among women.
- To screen all women above 30 years in the district.
- To ensure the visibility of the campaign in the district.
- To execute IEC activities at the grassroots level in a timely manner.
- To equip health facilities for the screening process.

Pre-Launch Activities

- On 3rd February, a flash mob was conducted at the Collectorate premises in the morning, facilitated by Dr Shaji C. K., DPM.
- In the evening, another flash mob was organised at the beach, facilitated by Dr Rajendran N., DMO(H). The students of the Govt. Nursing School performed both flash mobs to promote the campaign.

- District-level TOT on the women's cancer screening programme for Medical Officers of peripheral institutions was conducted at Govt. Mental Health Centre, Kozhikode hall, on 1st February 2025.
- Sensitisation of private hospitals with hospital-based cancer registries was held on 1st February 2025 at 4:30 PM via online mode.

- The District Cancer Control Committee (DCCC) meeting, chaired by the District Collector, was held at the District Collector's Chamber on 1st February 2025 at 5:00 PM.

District Level Launch

The district-level launch was conducted at Govt. General Hospital, Kozhikode, on 4th February from 4:00 PM onwards. The following major events were held:

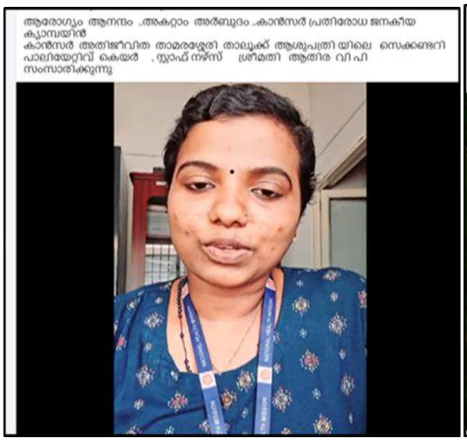
1. Live telecasting of the State-level inauguration of the campaign by Hon. Chief Minister Sri Pinarayi Vijayan.
2. District-level inauguration of the campaign by the Hon. Mayor of Kozhikode Corporation, Dr Beena Philip. The campaign logo release was also conducted during the programme.
3. Radio talks (2 Nos.) were arranged and aired through Akashavani Kozhikode.

Institutional Level IEC

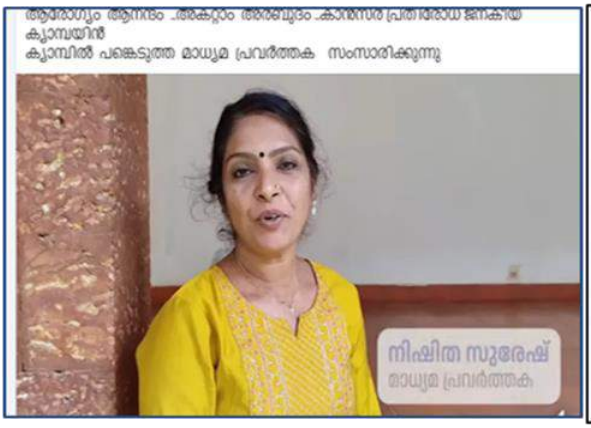
Standees were installed in FHCs and major hospitals, and foam boards were installed in HWCs as well as in 4 empanelled private hospitals.

- Total number of FHCs and major hospitals with standees: 111
- Total number of HWCs with foam boards: 210
- Posters/Banners exhibited in HWCs and higher institutions: 194

Video bytes of two cancer survivors were recorded to promote early detection



Video bytes featuring women media persons and Gender Park staff were recorded to promote the screening process



Awareness Session and Screening Camp for Women Staff at Civil Station, Kozhikode

An awareness session for women staff working at the Civil Station, Kozhikode, was conducted on 25th February 2025. The session focused on breast cancer detection and cervical cancer screening, led by Dr Archana V., Medical Officer, FHC Kunnamangalam, and Dr Aneena Shahnavas, Radiotherapy Department, Govt Women & Children Hospital, Kozhikode, respectively. A total of 180 persons attended the session.

The programme was inaugurated by District Collector Sri Snehil Kumar Singh IAS. Following the awareness class, a mega screening camp was organised on March 4, 5, and 6 at the Urban Health & Wellness Centre, Civil Station. A total of 311 women were

screened during the camp.

Awareness session in Soorya Silks, Kozhikode

An awareness session for the lady staff working in Soorya Silks was conducted, followed by a screening camp. Dr Resmi K. P., Oncologist, Govt General Hospital, Kozhikode, facilitated the session. A total of 150 women attended the session, and 140 women were screened during the programme.

Online sensitisation for ICDS supervisors & CDS chairpersons

Online sensitisation sessions were organised at the district level for ICDS supervisors and CDS chairpersons of Kudumbashree. The sessions aimed to enhance awareness and strengthen community-level interventions related to public health activities.

The sessions were facilitated by Dr Dhinesh, Additional District Medical

Officer, and Dr Archana. V, Medical Officer, Family Health Centre, Kunnamangalam.

Sensitisation for students of Equivalency classes

Sensitisation sessions were organised for participants of equivalency classes in association with the District Literacy Mission. During these sessions, messages related to the campaign were read out in the classes to create awareness among learners.

IEC Activity	Number
Banners printed	**194**
Number of Private Health Institutions where Standees/ boards/ banners displayed (district level)	**412**
Number of NHGs where awareness sessions were conducted	**4384**
Number of AWWs sensitised online/offline	**2452**
Number of MGNREGS workers sensitised online/offline	**31621**
Number of Awareness sessions for ASHA workers conducted	**310**
Number of ASHA Workers Sensitised	**1983**
Number of Advocacy with Workplaces	**1882**
Number of Advocacy with Employees unions	**388**
Number of advocacy with Other trade Unions	**308**
Number of local celebrity videos produced	**16**
Number of cancer survivor videos produced	**5**
Number of videos of lady medical officers produced	**15**

In the Media

'ആരോഗ്യം ആനന്ദം, അകറ്റാം അർബുദം' കാൻസർ പ്രതിരോധ ജനകീയ ക്യാമ്പയിൻ തുടങ്ങി

കോഴിക്കോട്: കാൻസർ പ്രതിരോധ ചികിത്സാരംഗത്തെ ഏറ്റവും വലിയ ജനകീയ ക്യാമ്പയിനു ജില്ലയിൽ തുടക്കമായി. സംസ്ഥാന ആരോഗ്യ വകുപ്പ് നടപ്പാക്കുന്ന 'ആരോഗ്യം ആനന്ദം അകറ്റാം അർബുദം' ക്യാമ്പയിന്റെ സന്ദേശം കൂടുതൽ ആളുകളിലേക്ക് എത്തിക്കണമെന്ന് ക്യാമ്പയിന്റെ ജില്ലാതല ഉദ്ഘാടനം ജനറൽ ആശുപത്രിയിൽ നിർവഹിച്ച മേയർ ബീന ഫിലിപ്പ് പറഞ്ഞു.

പരിപാടിയിൽ ജില്ലാ മെഡിക്കൽ ഓഫീസർ ഡോ. എൻ രാജേന്ദ്രൻ അധ്യക്ഷത വഹിച്ചു. കോഴിക്കോട് ഗവ. മെഡിക്കൽ കോളേജ് പ്രിൻസിപ്പൽ ഡോ. കെ ജി സജീത്ത് കുമാർ, മെഡിക്കൽ കോളേജ് ക്യാൻസർ രോഗ ചികിത്സ വിഭാഗം തലവൻ ഡോ. അജയകുമാർ ടി, ആരോഗ്യ കേരളം ജില്ലാ പ്രോഗ്രാം മാനേജർ ഡോ. ഷാജി സി കെ, റീജ്യണൽ പബ്ലിക് ഹെൽത്ത് ലാബ് സീനിയർ മെഡിക്കൽ ഓഫീസർ ഡോ. ലീന പി, കോഴിക്കോട് ഗവ. ജനറൽ ആശുപത്രി സൂപ്രണ്ട് ഡോ. ലാലു ജോൺസ് എന്നിവർ സംസാരിച്ചു. വാർഡ് കൗൺസിലർ റംലത്ത് കെ, കട്ടം ബ്രാഞ്ച് ജില്ലാ മിഷൻ കോഡിനേറ്റർ കവിത പി സി, നഗരസഭ ഹെൽത്ത് ഓഫീസർ ഡോ. മനുവർ റഹ്മാൻ, ആരോഗ്യ വകുപ്പ് ജീവനക്കാർ, ആരോഗ്യ കേരളം ജീവനക്കാർ, നഴ്സിങ് വിദ്യാർഥികൾ, ഇടങ്ങിയവർ പരിപാടിയിൽ സംബന്ധിച്ചു.

30 വയസ് കഴിഞ്ഞ സ്ത്രീകളിൽ സ്തനാർബുദം, ഗർഭാശയഗള ക്യാൻസർ എന്നിവയ്ക്ക് സ്ക്രീനിംഗ് നടത്തി പരിശോധനയും ചികിത്സയും ഉറപ്പുവരുത്തുന്നതിനാണ് ക്യാമ്പയിൻ ലക്ഷ്യമിടുന്നത്. ലോക ക്യാൻസർ ദിനമായ ഫെബ്രുവരി 4 മുതൽ അന്താരാഷ്ട്ര വനിത ദിനമായ മാർച്ച് 8 വരെയാണ് സ്ത്രീകൾക്കായുള്ള പ്രത്യേക ക്യാൻസർ സ്ക്രീനിങ് എല്ലാ സർക്കാർ ആരോഗ്യ സ്ഥാപനങ്ങളിലും സംഘടിപ്പിക്കുന്നത്.

കാൻസർ പ്രതിരോധ ജനകീയ ക്യാമ്പയിൻ ജില്ലാതല ഉദ്ഘാടനം മേയർ ബീന ഫിലിപ്പ് നിർവഹിക്കുന്നു

ആരോഗ്യം ആനന്ദം

വനിതാ ജീവനക്കാർക്ക് അർബുദ നിർണയം

കോഴിക്കോട്

ആരോഗ്യം ആനന്ദം... അകറ്റാം അർബുദം... ക്യാമ്പയിന്റെ ഭാഗമായി സിവിൽ സ്റ്റേഷനിലെ വനിതാ ജീവനക്കാർക്ക് അർബുദ നിർണയ ക്യാമ്പ് സംഘടിപ്പിച്ചു. മാറിടത്തിലെ അർബുദവും ഗർഭാശയഗള അർബുദവും നേരത്തെ കണ്ടെത്തി പരിശോധനയും ചികിത്സയും ഉറപ്പാക്കുന്ന പദ്ധതിയാണിത്. 4, 5, 6 തീയതികളിൽ പ്രത്യേക സ്ലോട്ട് നൽകിയാണ് നഗര ആരോഗ്യ കേന്ദ്രത്തിൽ ക്യാൻസർ സ്ക്രീനിങ് നടത്തുന്നത്. ദേശീയ നഗരാരോഗ്യ ദൗത്യത്തിലെ മെഡിക്കൽ ഓഫീസർമാർ, സ്റ്റാഫ് നഴ്സുമാർ, എൻയുഎച്ച്എം കോ ഓർഡിനേറ്റർമാർ, ലേഡി ഹെൽത്ത് വിസിറ്റർ എന്നിവരടങ്ങുന്ന സംഘം ക്യാമ്പിന് നേതൃത്വം നൽകി. കൗൺസിലർ എം എൻ പ്രവീൺ ഉദ്ഘാടനം ചെയ്തു. ആരോഗ്യ കേരളം ജില്ലാ പ്രോഗ്രാം മാനേജർ ഡോ. സി കെ ഷാജി അധ്യക്ഷനായി. വി എം മഞ്ജു സ്വാഗതവും സത്യജിത്ത് നന്ദിയും പറഞ്ഞു.

Mathrubhumi
മാതൃഭൂമി

ജനകീയ കാമ്പയിൻ ഉദ്ഘാടനം

വില്യാപ്പള്ളി ഗ്രാമപ്പഞ്ചായത്ത് സംഘടിപ്പിച്ച സ്ത്രീകളിലെ കാൻസർ പ്രതിരോധപരിപാടിയായ 'ആരോഗ്യം ആനന്ദം, അകറ്റാം അർബുദം' ജനകീയ കാമ്പയിനിൽനിന്ന്

വില്യാപ്പള്ളി▸ സ്ത്രീകളിലെ കാൻസർ പ്രതിരോധപരിപാടിയായ 'ആരോഗ്യം ആനന്ദം, അകറ്റാം അർബുദം' ജനകീയ കാമ്പയിൻ ഉദ്ഘാടനം പഞ്ചായത്ത് പ്രസിഡന്റ് കെ.കെ. ബിജുള നിർവഹിച്ചു. ആരോഗ്യ സ്റ്റാൻഡിങ് കമ്മിറ്റി ചെയർപേഴ്സൺ സുബിഷ അധ്യക്ഷത വഹിച്ചു. മെഡിക്കൽ ഓഫീസർ കെ.എം. ജ്യോതി വിഷയാവതരണം നടത്തി. ഇ.കെ. ബാബു, സവിത, എ. സുഷി കുമാർ എന്നിവർ സംസാരിച്ചു. സി.ഡി.എസ്. പ്രവർത്തകർ, ആയുർവേദ ആശുപത്രി നഴ്സ്, ആശാവർക്കർമാർ, കുടുംബാരോഗ്യകേന്ദ്രം ജീവനക്കാർ എന്നിവർ പങ്കെടുത്തു.

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'ആരോഗ്യം ആനന്ദം' ക്യാമ്പയിന്റെ ഭാഗമായി സാക്ഷരത മിഷനും

കോഴിക്കോട്

ആരോഗ്യവകുപ്പിന്റെ 'ആരോഗ്യം ആനന്ദം' ക്യാൻസർ പ്രതിരോധ പദ്ധതിയുടെ ഭാഗമായി ക്യാൻസർ പ്രതിരോധ ക്യാമ്പയിൻ സംഘടിപ്പിച്ച് ജില്ലാ സാക്ഷരതാ മിഷൻ. പത്താംതരം, ഹയർ സെക്കൻഡറി തുല്യതാ പഠനകേന്ദ്രങ്ങളിൽ ക്യാൻസർ പ്രതിരോധ ബോധവൽക്കരണക്കുറിപ്പ് വായിച്ചു. മേപ്പയിൽ സംസ്കൃതം സ്കൂൾ പഠനകേന്ദ്രത്തിൽ ക്ലാസ് ലീഡർ വി നിജ ലഘുകുറിപ്പ് വായിച്ച് ക്യാമ്പയിൻ ജില്ലാതലത്തിൽ ഉദ്ഘാടനം ചെയ്തു. ജില്ലാ സാക്ഷരതാ മിഷൻ കോ ഓർഡിനേറ്റർ പി വി ശാന്തപ്രസാദ് അധ്യക്ഷനായി.

ഹയർ സെക്കൻഡറി തുല്യതാ കോ ഓർഡിനേറ്റർ എം ഷാജി, പത്താംതരം തുല്യത കോ ഓർഡിനേറ്റർ കെ കെ നിന എന്നിവർ സംസാരിച്ചു.

Conclusion

The awareness campaign conducted in connection with Arogyam Anandam covered all media platforms capable of sensitising and influencing the women population in the district. Print media, digital media, and influencer talks were utilised effectively to spread key health messages and create public awareness. These activities were regularly published and promoted through the official social media handles of the District Medical Office (Health) and the National Health Mission (NHM), ensuring wide outreach and consistent engagement with the community.

Dengue Campaign

"Let's join hands to prevent dengue fever" – Intensified Source Reduction Campaign

As part of the intensive source destruction campaign, a source reduction and awareness campaign for *Aedes* mosquitoes was organised in and around the offices of the Civil Station. The initiative was conducted under the auspices of the District Administration, Health Department, and National Health Mission. The field section of the District Vector Control Unit and Junior Health Inspector students of the Health and Family Welfare Training Center (Diploma Course) identified *Aedes* mosquito breeding sites inside and around office premises. Source destruction and awareness activities were subsequently carried out.

District Collector Sri Snehil Kumar Singh IAS inaugurated the programme at a function held at the Collectorate premises. District Medical Officer Dr N. Rajendran was present on the occasion. The work was executed by more than 100 field staff organised into 30 squads. The programme was coordinated by Senior Biologist S. Sabitha, District Vector Borne Disease Control Officer Sri Riyaz K. P., and Technical Assistant Grade-II Officer Sri Joy. Thomas and Sri Prabhakaran N.

Aedes mosquitoes lay their eggs and breed in freshwater stored in various types of containers, either those kept for special purposes or discarded. Dengue can be prevented by removing the water from such containers once a week and observing a "dry day" to destroy mosquito breeding sources.

In view of intermittent rains, it was decided to observe a weekly dry day as follows: Friday – Homes, Saturday – Institutions, and Sunday – Homes (with the involvement of residents' associations and voluntary organisations). The District Medical Officer requested the active participation of all, including residents' associations and voluntary organisations, in ensuring the success of these preventive activities.

Doxy Van

Doxy Van – Raising Awareness about Leptospirosis

The Doxy Van campaign was organised in response to the increased number of leptospirosis (lepto) cases reported from certain blocks of the district. The initiative aims to educate the public about the prevention and control of leptospirosis, emphasising preventive measures and the importance of doxycycline tablets. As part of the campaign, doxycycline tablets were also distributed directly to individuals at high risk of contracting leptospirosis.

The district-level programme was held at Olavanna Grama Panchayath. Various activities were conducted, including awareness classes, mike campaigns, and the distribution of doxycycline to high-risk populations in different areas of the panchayath. To enhance public engagement, pamphlets were distributed, and a flash mob was organised by the students of PVS Nursing College to promote the campaign.

The event saw active participation from the Haritha Karma Sena, auto drivers, sanitation workers, and health workers. The programme was inaugurated by Olavanna Grama Panchayath President Mrs P. Sharuthi. The awareness class was led by Health. and Family

Welfare Training Center Principal Dr Shamin. Block Family Health Center Medical Officer Dr Sindhu Kala, Deputy Education and Media Officers Shri B. S. Manilal and Dr Muhasin K. T., along with Health Supervisor Sreepadmanabhan, also led the programme.

IEC Activities for Migrant Labourers

In order to effectively disseminate Information, Education, and Communication (IEC) materials among migrant workers, several targeted awareness initiatives were undertaken. IEC materials in Hindi were developed and distributed to ensure better understanding and participation from the migrant community. Banners in Hindi were displayed in six areas where migrant populations frequently gather. In addition, social media posters focusing on Malaria, Dengue, and Filaria were prepared and shared with the Labour Department, which further disseminated them to migrant workers during the registration process and awareness sessions.

To promote hygiene practices, a handwashing demonstration video in Hindi was also produced and circulated among migrant workers, emphasizing the importance of personal hygiene and disease prevention.

Fest/Exhibition

1. Integrated Communication & Outreach Programme at Vadakara

An exhibition was organised as part of an Integrated Communication and Outreach Programme held in conjunction with the display of centrally sponsored schemes at the Vadakara Municipal Town Hall from 2nd to 6th September 2024. As part of the lifestyle disease control programme, diabetes and hypertension screening, dietary counselling, and anaemia screening for women under the VIVA campaign were conducted. Lifestyle diseases were identified in 341 people, and 223 individuals were screened for anaemia. Those requiring treatment were referred to various hospitals, and medicines were

administered. Additionally, 95 people were registered for UHID cards.

Officials from District Hospital Vadakara, Taluk Hospital Kuttiadi, Taluk Hospital Balussery, Taluk Hospital Koyilandy, Family Health Center Velam, Family Health Center Maruthonkara, and UPHC Kallunira provided services at the exhibition. The programme was led by National Health Mission District Programme Manager Dr. Shaji C.K., and NHM district-level officials visited the exhibition.

2. Beypore fest

The Beypore International Water Fest was held on January 4th and 5th.Health Department staff, NHM staff and ASHA workers also participated.Puppet show and IEC were also organized in connection with the TB 100 days program.

List of Contributors - District Health Intiative

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