HEALTH@MALAPPURAM

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

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Message

GOVERNMENT OF KERALA

Pinarayi Vijayan

CHIEF MINISTER

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

MESSAGE

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

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

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

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

Pinarayi Vijayan

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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 Malappuram. 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 Malappuram.

I appreciate the works done by the District Medical Officer, District Project Manager and health functionaries of Malappuram 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@Malappuram** 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@Malappuram** will be a resource book for health functionaries, researchers, students as well as to people to understand the developments in health sector in Malappuram. 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 Renuka, DMO Malappuram, Dr Anoop T N, DPM Malappuram 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 Malappuram 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

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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

MALAPPURAM DISTRICT- AN OVERVIEW

1.1 Introduction

Bounded by the Nilgiris Hills on the east and the Arabian Sea on the west, the district of Malappuram, literally meaning "the land atop the hills," is remarkable for its natural beauty. Perched among undulating hills and meandering rivers that flow toward the coconut-fringed seacoast, the district conceals a unique and eventful history. The hill country has contributed significantly to the cultural and artistic traditions of Kerala. The mosques and temples of Malappuram are known for their spectacular festivals. Home to great poets, writers, political and religious leaders, the district has carved a distinct place in the history of the state. The birthplace of the Khilafat Movement and the Mappila Revolts which questioned British authority in India, Malappuram was also the military headquarters of the Zamorins of Kozhikode in ancient times. Malappuram District was formed on 16 June 1969, with the Nilgiris (Tamil Nadu) in the east, the Arabian Sea in the west, Kozhikode and Wayanad districts in the north, and Palakkad and Thrissur districts in the south. The district has a geographical area of 3,554 sq. km, which is 9.13% of the total area of Kerala, and it ranks third in the state in terms of area.

Malappuram District lies between 75°00' and 77°00' East longitude and 10°00' to 12°00' North latitude. The district is divided into three natural regions: lowland, midland, and highland. The lowland stretches along the coast, the midland occupies the central part, and the highland region lies toward the east and northeast. The topography is highly undulating, beginning with the forest-covered hilltops along the Nilgiris range in the east, gradually sloping down to valleys and small hills before ending in the sandy plains and luxuriant coconut groves along the western coast.

The district experiences a dry season from December to February, a hot season from March to May, and the Southwest monsoon from June to September, followed by the Northeast monsoon during October and November. The Southwest monsoon is usually very heavy, contributing nearly 75% of the annual rainfall. The climate is generally hot and humid, with temperatures ranging between 20°C and 35°C. The average annual rainfall is approximately 2,900 mm.

Four important rivers of Kerala flow through Malappuram District — Chaliyar, Kadalundipuzha, Bharathapuzha, and Tirurpuzha.

- Chaliyar River (169 km long) originates from the Ilambaleri Hills in the Nilgiris of Tamil Nadu. Its major tributaries include Chalippuzha, Punnapuzha, Pandiyar, Karimpuzha, Cherupuzha, and Vadapurampuzha. It flows through Nilambur, Mampad, Edavanna, Areekode, and Vazhakkad, and joins the sea at Beypore in Kozhikode district.
- Kadalundipuzha River (130 km long) is formed by the confluence of Olipuzha and Veliyar, originating from the Cherakomban and Erattakomban hills respectively, near the Silent Valley. It traverses Ernad and Valluvanad regions, passing through Melattur, Pandikkad, Malappuram, Panakkad, Parappur, Kooriyad, and Tirurangadi, before entering the sea at Kadalundi Nagaram.
- Bharathapuzha River, the second-longest river in Kerala, forms the southern boundary of the district and drains into the sea at Ponnani. Its main tributary, Thoothapuzha, originates from the Silent Valley, flows through Thootha, Elamkulam, and Pulamanthole, and joins the main river at Pallippuram. After passing through Palakkad and Thrissur districts, it re-enters Malappuram at Thiruvegappura, and from Kuttippuram onwards flows entirely within the district.
- Tirurpuzha River (48 km long) originates from the Athavanad Hills in Tirur Taluk, flows southwest up to Thirunavaya, then encircles Tirur town, and finally joins the Bharathapuzha near Ponnani Port.

Among these rivers, only the Chaliyar is perennial, while the others tend to dry up during summer, making parts of Malappuram prone to drought. In Tirur and Ponnani taluks, kayals (backwaters) such as Biyyam, Veliyancode, Manur, and Kodinhi offer opportunities for fishing and inland navigation.

The district has a total forest area of 758.87 sq. km, of which 325.33 sq. km are reserve forests and 433.54 sq. km are vested forests. The major forested areas are concentrated in the Nilambur and Wandoor blocks, as well as parts of Melattur, located along the Western Ghats. About 80% of the forests are deciduous, while the rest are evergreen.

The important tree species include Teak (Tectona grandis), Rosewood (Dalbergia latifolia), Venteak (Lagerstroemia lanceolata), Choropin (Hopea parviflora), and Mahogany (Swietenia macrophylla). Other varieties such as Kulamavu (Persea macrantha) and Vella pine (Alnus nepalensis) are commonly used in the plywood industry. Bamboo is extensively found throughout the forested regions.

The district also has several man-made plantations, mainly of teak, which have contributed to the region's timber economy. Wildlife in the district includes elephants, deer, tigers, bonnet macaques (blue monkeys in local parlance), bears, wild boars, rabbits, and a rich diversity of birds and reptiles. The forests serve as the primary source of raw materials for a number of wood-based industrial units. In addition to timber, firewood, and green manure, forest products such as honey, medicinal herbs, and spices are also collected. Tribal communities are engaged in the collection of minor forest produce. Bamboo from the Nilambur forests is a major raw material for pulp and paper industries.

The forests are managed and protected by two administrative divisions: Nilambur North and Nilambur South Forest Divisions. A Social Forestry Division is also active in promoting the planting of trees outside forest lands to protect and regenerate natural resources. Approximately 50 acres of mangrove forests are spread over the Kadalundi Estuary in Vallikkunnu Grama Panchayat, providing important ecological and coastal protection functions.

Figure 1.1: Geographic map of the district

*Source: Census book

1.2 Administrative Division

Malappuram, one of the 14 districts of Kerala, covers a geographical area of 3,554 sq. km, which accounts for about 9.1% of the total area of the state. Of this, 2,654 sq. km

constitute the rural area, while 900 sq. km fall under urban limits. Administratively, the district is divided into two Revenue Divisions, seven Taluks, and 138 Revenue Villages. The district has a robust system of local governance, comprising one District Panchayat with 32 divisions, 15 Block Panchayats with 223 divisions, and 94 Grama Panchayats consisting of 1,778 wards. In the urban sector, there are 12 Municipalities with a total of 479 municipal wards, covering 42 towns. Politically, the district is represented by two Parliamentary constituencies and 16 Assembly constituencies.

Table 1.2.1: Administrative divisions of Malappuram

Geographical area (KM2)	3554
Rural area (KM2)	2654
Urban area (KM2)	900
Revenue Divisional Offices	2
Taluk	7
Villages	138
House of Parliament Constituencies	2
Assembly Constituencies	16
District panchayath	1
Number of DP Divisions	32
Block Panchayath	15
Number of BP Divisions	223
Grama Panchayath	94
Number of GP wards	1778
Municipality	12
Number of Municipal wards	479
Revenue Villages	138
Town	42

*Source: Census data

1.3 Demographic Profile of the District

According to the 2011 Census, Malappuram had a total population of 4,112,920, comprising 1,960,328 males and 2,152,592 females. The sex ratio of 1,098 women per 1,000 men is significantly higher than the state average, reflecting Kerala's favourable gender balance. The urban population stands at 1,729,522, while the rural population accounts for 2,383,398, indicating that the district continues to have a predominantly rural character, despite increasing urbanization.

Table 1.3.1 Population distribution of the district (1911-2011)

Population (2011 Census)	Male	1,960,328
	Female	2,152,592
	Total	4,112,920
Urban Population		1,729,522
Rural Population		2,383,398
Sex Ratio (Census 2011)	Total	1098 women to 1000 men
	Urban	1102 women to 1000 men
	Rural	1090 women to 1000 men
SC Population	Total	308,266
	Male	151,557
	Female	156,709
ST Population	Total	22,990
	Male	11,272
	Female	11,718
0 to 6 Population (Census of India)	Total	574,041
	Male	292,132
	Female	281,909
	Sex Ratio (child)	965
Density of Population (2011 Census)	Total	1158 persons per KM
Literacy Rate (2011 Census)	Total	93.55
	Male	95.78
	Female	91.55
*Source: Census book		

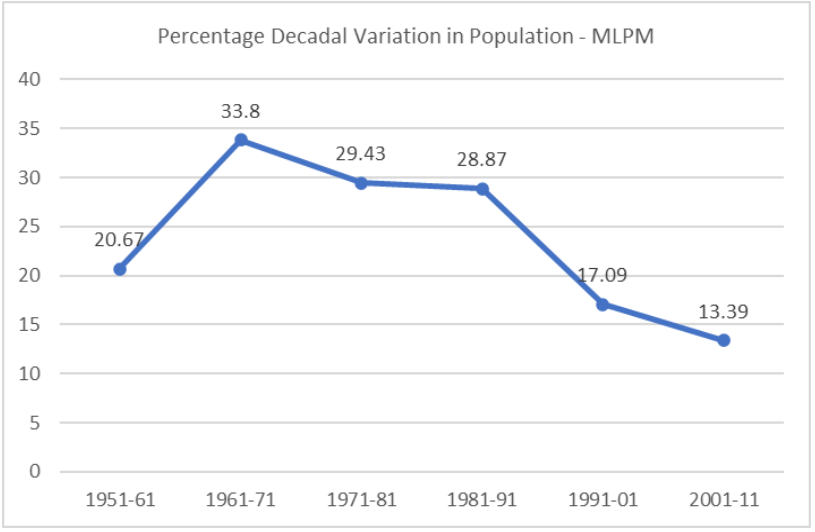
1.3.1 Population Size and Density

The Scheduled Caste (SC) population of the district is 308,266 (7.5% of the total), with 151,557 males and 156,709 females, whereas the Scheduled Tribe (ST) population is 22,990, comprising 11,272 males and 11,718 females. Children aged 0–6 years number 574,041, representing about 14% of the total population. The child sex ratio stands at 965 girls per 1,000 boys, which, although lower than the overall sex ratio, remains above the national average.

With a population density of 1,158 persons per sq. km, Malappuram is one of the most densely populated districts in the state. The density is considerably higher in urban areas, reaching around 2,000 persons per sq. km, compared to the rural average.

Education levels in the district are high, consistent with Kerala's overall literacy achievements. The literacy rate in Malappuram, as per the 2011 Census, is 93.55%, with male literacy at 95.78% and female literacy at 91.55%. The narrowing literacy gap between men and women reflects the district's progress in educational inclusion.

Graph 1.3.1: Decadal Population growth of the district



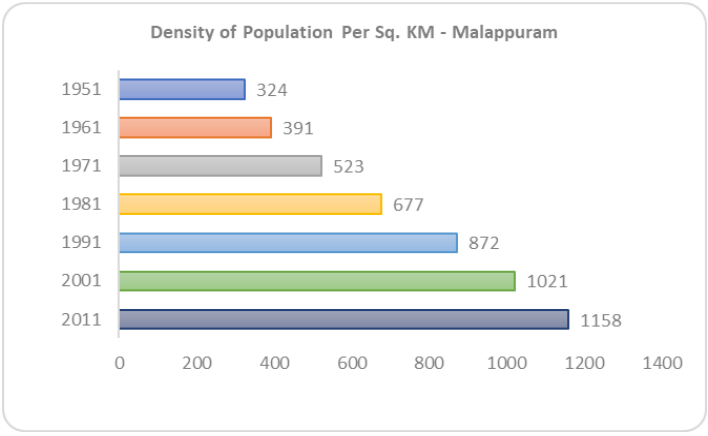
** Source: Census 2011*

The population of Malappuram district has shown a steady and consistent increase across all census decades from 1901 to 2011. In 1901, the district had a population of

338,217 males and 343,934 females, which gradually rose to 1,960,328 males and 2,152,592 females by 2011. The most significant growth was observed after 1961, coinciding with improvements in healthcare, education, and living standards. The district's population more than doubled between 1961 and 1991, reflecting rapid demographic expansion during this period. The female population has consistently remained higher than that of males, contributing to a favourable sex ratio throughout

the decades. Overall, the data indicate a continuous upward trend in both male and female populations, demonstrating sustained demographic growth and social development in Malappuram district over the past century.

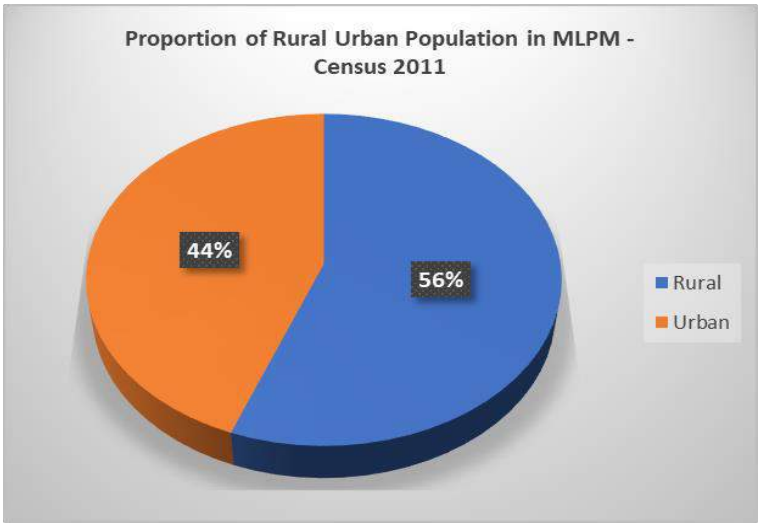
Graph 1.3.2: Density of Population (per sq. km) 1951-2011



**Source: Census 2011*

The population density of Malappuram district has shown a continuous rise over the six decades from 1951 to 2011, reflecting rapid population growth and urban expansion. In 1951, the district recorded a density of 324 persons per sq. km, which increased steadily to 391 in 1961 and 523 in 1971. The trend continued with densities of 677 in 1981, 872 in 1991, and 1,021 in 2001, reaching 1,158 persons per sq. km by 2011. This consistent increase highlights the district's demographic pressure, development of settlements, and improvements in living conditions, leading to greater population concentration over time.

Graph 1.3.3 Rural-Urban difference in Population based on Census 2011



**Source: Census 2011*

As per the latest data, the total population of Malappuram district stands at 41,12,920. Of this, a majority of 22,95,709 people reside in rural areas, while 18,17,211 live in urban areas. This indicates that Malappuram continues to have a significant rural population, though urbanization is steadily increasing. The district's large population highlights the need for balanced development strategies, ensuring adequate infrastructure, health, and social services across both rural and urban regions.

1.4 Age and Sex distribution

The population of Malappuram district shows a balanced age and sex composition, reflecting both demographic stability and social progress. The district has a relatively young population, with a significant proportion belonging to the working-age group (15–59 years), indicating a strong potential for economic productivity. The child population (0–14 years) remains considerable, emphasizing the need for continued focus on health, education, and child development services.

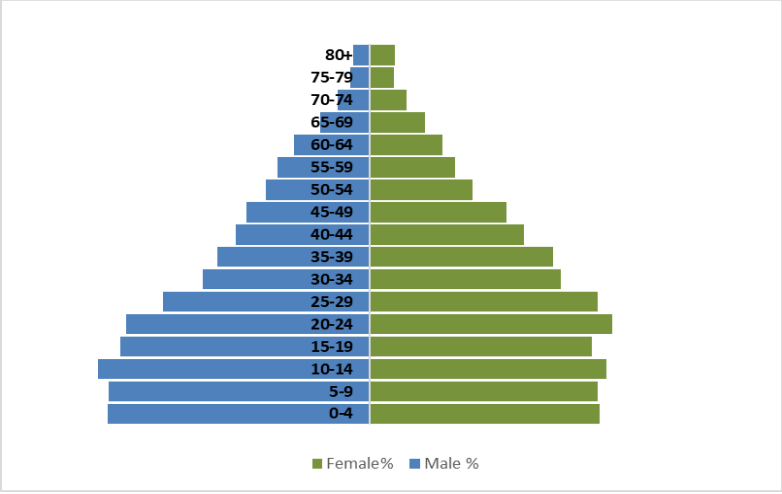
In terms of sex distribution, Malappuram records a favourable sex ratio, showing gradual improvement over the years. The female population is nearly equal to the male population, highlighting positive trends in gender equity and healthcare access.

Continued efforts toward women's empowerment, education, and employment will further strengthen the district's social and economic structure.

1.4.1 Age and sex distribution of Population based on Census 2011 Population

The age and sex distribution of a population provides vital insights into the demographic structure of a region. It reflects the number of people in different age groups and their gender composition, which is crucial for understanding population dynamics, dependency ratios, and planning social and economic services. Data from theCensus 2011for districts like Malappuram helps identify patterns such as the proportion of children, working-age population, and elderly, as well as the sex ratio across age groups. This information forms the basis for policy-making in health, education, employment, and social welfare, and highlights gender-specific trends in population growth and demographic balance.

Graph 1.4.1 Age Pyramid of the population.



*Source: Census data

The age pyramid of Malappuram district shows a broad base and a narrow top, indicating a predominantly young population. The largest proportion is seen in the 0–14 years age group, reflecting high birth rates and population growth. The middle section, representing the working-age population (15–49 years), is moderately wide, suggesting a strong labour force potential. In contrast, the upper part of the pyramid, representing

those aged 50 years and above, is narrow, showing a smaller elderly population. The distribution of males and females appears fairly balanced across most age groups. Overall, the pyramid reveals an expanding population pattern typical of developing regions, with a youthful demographic that offers opportunities for future socio-economic development if effectively managed.

Table 1.4.1.1: Sex Ratio at birth

District: Malappuram	
Year	Sex Ratio at Birth
2020-21	972
2021-22	975
2022-23	961
2023-24	960
2024-25	999
*Source -HMIS	

The sex ratio at birth in Malappuram district has shown slight year-to-year variation over the past five years. In 2020–21, the ratio stood at 972 females per 1,000 males, which improved marginally to 975 in 2021–22. However, a decline was noted in the subsequent two years, with 961 in 2022–23 and 960 in 2023–24, indicating a short-term downward trend. Encouragingly, the ratio increased significantly to 999 in 2024–25, reflecting positive progress toward gender balance at birth. Overall, the data suggest that while fluctuations exist, the district has maintained a relatively stable and favourable sex ratio compared to many regions, with recent improvements pointing toward better gender equity outcomes.

Table 1.4.1.2: Sex Ratio

Year	Sex Ratio
1991	1053
2001	1066
2011	1067
*Source: Census of India 2011	

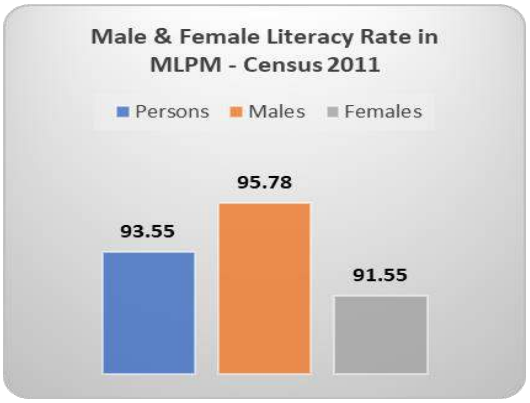
The sex ratio of Malappuram district has shown a consistent improvement over the years. In 1991, the district recorded a sex ratio of 1053 females per 1000 males, which increased to 1066 in 2001 and further to 1067 in 2011. This upward trend indicates a

positive demographic shift, reflecting better status and survival of females in the population. The steady improvement over the decades also suggests progress in women's health, education, and social awareness, as well as effective implementation of gender-focused welfare programmes in the district

1.5 Literacy Rate

1.5.1 Literacy Rate Male, Female, and all based on 2011 census data.

Graph 1.5.1 Literacy Rate Male, Female and all based on census 2011 data



*Source: Census 2011

The literacy rate in Malappuram district stands at 93.55%, reflecting a high level of educational attainment among the population. The male literacy rate is 95.78%, while the female literacy rate is 91.55%. This shows that although the district has achieved commendable progress in education, a gender gap of around 4% still exists between males and females. The overall high literacy level demonstrates the effectiveness of educational initiatives and community participation in promoting learning. Continued focus on female education, digital literacy, and skill development will further strengthen the district's human resource base and contribute to inclusive growth.

1.6 Vulnerable population groups

The table presents the population distribution of Malappuram district by social groups—General, Scheduled Castes (SC), and Scheduled Tribes (ST)—broken down by gender. The total population of the district is 4,112,920, with 1,960,328 males and 2,152,592 females, indicating a higher number of females in the general population. The

Scheduled Castes population stands at 308,266 (151,557 males and 156,709 females), while the Scheduled Tribes population is 22,990 (11,272 males and 11,718 females). Across all social groups, the female population exceeds the male population, reflecting a favourable sex ratio in the district. Overall, SC and ST communities together form a small portion of the district's total population, highlighting the predominance of the general category in Malappuram.

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

DISTRICT	General			Sch. castes			Sch. tribes		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Malappuram	1960,328	2152,592	4112,920	151,557	156,709	308,266	11,272	11,718	22990
*Source: Census of India 2011									

CHAPTER 2

DISTRICT HEALTH DASHBOARD

District AT A GLANCE

Administrative Divisions

Thaluks –7
Villages – 138
Municipalities–14
Corporations – 0
Block Panchayath-15
Grama Panchayath - 94

Population

Population as per Census 2011 – 4112920
Male – 1960328
Female – 2152592

Area

Total Area (Sq. K) – 3554

Population Density (No per Sq K) - 1158 per sq.Km

Decadal Population Growth Rate - 13.39

Healthcare Infrastructure under DHS

District Level Hospitals

Total 5

DH – 3
GH – 1
W&C – 1

Sub District Level Hospitals

Total 7

THQH – 4
TH – 3

Community Health Centres

Total 21

Total CHC – 16
Converted to FHC - 5

Primary Health Centres

Total PHC – 84
Converted to FHC – 65

Janakeeya Arogya Kendram

Janakeeya Arogya Kendram - 589

Other Institutions

School of Nursing – 1
Training Center – 0
PH Lab – 1
DVC Units – 1
Offset Press - 0

Blood Bank – 12
Public – 4
Private -8
Blood Storage Unit – 11

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

69774

Pregnant Women- Anaemia 2024-25-

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

Rising C-Section Rates in the District 2024-25

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

35%

Maternal Deaths 2024-25

Total Maternal Deaths Reported in the District -

14

Preterm Births 2024-25

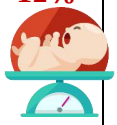
The proportion of preterm births in the district -

5.57%

Underweight Newborns 2024-25

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

12%



Delivery 2024-25

Institutional Delivery in the district – 68573

Public – 10671

Private – 57902

Home Delivery 2024-25

Home Delivery Reported in the district – 192

No of Migrant Home Delivery- 8

Live Birth 2024-25

Total Live Birth Reported – 69449

Male – 35258

Female – 34191

Sex Ratio at Birth - 1031.2

CHILD IMMUNIZATION 2024-25

% Birth Dose

Hep B0 – 95%
OPV 0 – 96%
BCG - 99%

6 Weeks Vaccines Coverage (%)

OPV1 - 92%
Pentavalent 1 - 91%
Rotavirus 1 - 92%
PCV1 - 92%
IPV 1 - 92%

10 Weeks Vaccines Coverage (%)

OPV2 - 90%
Pentavalent 2 - 90%
Rotavirus 2 - 89%

% 14 Week Vaccines

OPV3 - 88%
Pentavalent 3 -88%
Rotavirus 3 - 86%
IPV 2 - 86%
PCV2 - 82%

% Children Fully Immunized

MR1 - 89%
FULLY IMMUNIZED - 86%
(children aged between 9 and <12 months)

MR 2 Coverage (%)

MR2 - 72%

Communicable diseases reported in the District 2024

Cases Reported Dengue- 1614
Malaria- 57
Chikungunya- 5
West Nile- 14
Zika- 0
JE- 2

1
Dengue Death

Cases Reported Kala Azar-0
Scrub Typhus - 29
Leptospirosis-312

24
Leptospirosis Death

Cases Reported Cholera -1
Typhoid- 17
Acute Diarrheal Disease - 87370

0
ADD Death

Communicable diseases reported in the District 2024

Chicken Pox Cases-6604 **MPox Cases-1**	**4** **Chicken Pox Death** 	**Rabies Cases Reported-0** **Shigella cases-15** **Amoebic Meningo Encephalitis - 4**	**0** **Rabies Death** 	**Cases Reported** **Hepatitis A - 3048** **Hepatitis B - 106** **Hepatitis C - 21** **Hepatitis E - 1**	**27** **Hepatitis A Death** 

CHAPTER 3

HEALTH FACILITIES IN THE DISTRICT

3.1 Details of Health Facilities in Malappuram

Table 3.1.1 Number of Health Facilities in District

Type of Facility	MLPM
24X7 PHC	1
24x7 PHC Converted to FHC	18
PHC Converted to FHC	65
UPHC	14
CHC	16
CHC Converted to FHC	5
TH	3
THQH	4
DH	3
GH	1
W&C	1
DTBC	1
General Dispensary	6
Mobile Unit	1
TBC	1
Grand Total	**140**
JAK	589
UHWC	41

The district has a diverse healthcare infrastructure comprising a total of 140 health facilities. This network includes various types of centres aimed at providing comprehensive healthcare services. 1 fully operational 24x7 Primary Health Centre (PHC) and 18 24x7 PHCs converted to Family Health Centres (FHCs). A significant number of 65 PHCs have also been upgraded to FHCs, reflecting efforts to enhance primary healthcare delivery. There are 14 Urban Primary Health Centres (UPHCs), 16 Community Health Centres (CHCs), and 5 CHCs converted to FHCs. Secondary and tertiary care facilities include 3 Taluk Hospitals (TH), 4 Taluk Headquarters Hospitals (THQH), 3 District Hospitals (DH), and 1 General Hospital (GH). Specialized facilities include 1 Women & Children Hospital (W&C), 1 District TB Centre (DTBC), and 1 TB Centre (TBC). Additional services are provided by 6 General Dispensaries and 1 Mobile Unit for outreach.

The district also benefits from a strong workforce, including 589 Junior Auxiliary Nurses and Midwives (JAK) and 41 Urban Health & Wellness Centres (UHWC), contributing to accessible and community-based healthcare.

This broad network highlights the district's commitment to delivering accessible and quality healthcare across urban and rural areas.

3.2 Bed Strength in Different Health Facilities

Table 3.2.1 Bed Strength in Different Levels of Facilities

Type of facilities	Sum of Functional Bed	Sum of Sanctioned Beds
CHC	297	468
DH	1222	984
DH(W&C)	200	135
PHC	85	408
SDH	542	521
Others	0	88
Grand Total	**2346**	**2604**

*Source: District data

The Table presents data on sanctioned and functional hospital beds across different types of health facilities in the district. Out of a total of 2,604 sanctioned beds, 2,346 beds are functional, indicating an overall functionality rate of about 90%. District Hospitals (DH) have the highest number of functional beds (1,222) out of 984 sanctioned, showing a strong bed capacity utilization. Sub-District Hospitals (SDH) have 542 functional out of 521 sanctioned beds, maintaining near-full functionality. Community Health Centres (CHC) report 297 functional of 468 sanctioned beds, while Primary Health Centres (PHC) have 85 functional out of 408 sanctioned, suggesting a gap in operational capacity at the PHC level. The District Hospital (Women & Children) has 200 functional beds out of 135 sanctioned, showing an expansion beyond sanctioned capacity.

Overall, the data reflect good hospital bed utilization, though PHCs and CHCs may require strengthening to improve functional capacity.

3.3 Health Facilities in Rural and Urban Areas

Table 3.3.1 Distribution of Health Facilities in Rural and Urban Areas

Type of Facility	**Rural**	**Urban**	**Grand Total**
CHC	18	3	21
DH		4	4
DH(W&C)		1	1
PHC	80	4	84
SDH	3	4	7
Other	4	5	9
Grand Total	**105**	**21**	**126**
	Rural	**Urban**	**Grand Total**
Count of Rural/Urban SC	**524**	**65**	**589**

*Source: District data

The table shows the distribution of various health facilities across rural and urban areas of the district. Out of a total of 126 health facilities, the majority (105) are located in rural areas, while 21 are in urban areas, reflecting a strong rural healthcare network. Primary Health Centres (PHCs) form the largest group, with 80 in rural and 4 in urban areas. Community Health Centres (CHCs) include 18 in rural and 3 in urban regions. Sub-District Hospitals (SDHs) are fairly balanced, with 3 in rural and 4 in urban areas. District Hospitals (DHs) and Women & Children Hospital (DH-W&C) are exclusively in urban areas. Other facilities account for 9 units, with 4 rural and 5 urban. Additionally, there are 589 Sub-Centres (SCs) in total — 524 in rural and 65 in urban areas — ensuring last-mile healthcare service delivery.

Overall, the data highlights that rural areas hold the majority of healthcare institutions, ensuring accessibility for the larger rural population.

3.4 Health Facilities Converted to FHC

Table 3.4.1 Total Number of Facilities Converted to FHC

District	24x7 PHC Converted to FHC	CHC Converted to FHC	PHC Converted to FHC	Grand Total
MLP	18	5	65	88

*Source: District data

The table shows the progress of health facility upgradation in Malappuram district under the Family Health Centre (FHC) initiative. A total of 88 health facilities have been converted to FHCs, strengthening the delivery of comprehensive primary healthcare services.

This includes 18 former 24x7 Primary Health Centres (PHCs), 5 Community Health Centres (CHCs), and 65 PHCs that have been upgraded to FHCs. The conversion reflects the district's commitment to enhancing accessibility, quality, and continuity of care, aligning with the state's goal of transforming primary healthcare into a more patient-friendly and efficient system.

3.5 Delivery Points in the District

Table 3.5.1 Number of Delivery Points in the District

Type of Facility	Public	Private
CHC	0	88
SDH	3	
DH/GH	4	
W&C	1	
MCH	0	1

*Source: District data

The table presents the distribution of delivery points—health facilities providing childbirth services—across public and private sectors in the district.

In total, 8 public sector facilities and 89 private facilities serve as delivery points. Among public institutions, 3 Sub-District Hospitals (SDHs), 4 District/General Hospitals (DH/GH), and 1 Women & Children Hospital (W&C) provide maternity services. Additionally, there is 1 private Medical College Hospital (MCH) functioning as a delivery point.

The data highlights that while the public sector ensures institutional delivery coverage through key hospitals, the private sector plays a major role in providing maternity services, especially through the large number of private facilities (88 under DH category).

CHAPTER 4

HEALTH HUMAN RESOURCE PROFILE

4.1 Health Human Resource – Major Indicators

The Malappuram district health system is supported by a robust human resource base encompassing doctors, nurses, and public health professionals across various levels of care. With dedicated personnel under both the state health services and the National Health Mission, the district ensures effective service delivery through Family Health Centres, Community Health Centres, and hospitals and UPHC.

Malappuram benefits from a strong base of ASHA workers and NHM contract staff who ensure grass roots service delivery and community mobilization. At the same time, gaps remain in the availability of specialist doctors and the unequal distribution of staff across blocks, which affects the quality of services. Interventions such as flexible recruitment through NHM and enhanced use of ASHAs in maternal and child health follow-up have been adopted to manage shortages and to sustain outreach.

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)	1:1579
The average Doctor bed ratio	1:4
Doctor population ratio (based on Census 2011 population)	1:7031
*Source: Census 2011	

The table presents key health infrastructure indicators for the district based on the Census 2011 population. The bed-to-population ratio is 1:1579, indicating that there is one hospital bed available for every 1,579 people, which provides a measure of the accessibility of inpatient care. The average doctor-to-bed ratio is 1:4, reflecting the availability of medical professionals relative to hospital capacity. The doctor-to-

population ratio is 1:7031, meaning there is one doctor for every 7,031 residents, highlighting the human resource capacity in healthcare. These indicators collectively help assess the adequacy of healthcare facilities and personnel in the district.

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)

Category	Sanctioned
Administrative	19
Additional Director	0
Deputy Director	4
Assistant Director	14
JAMO	1
General	360
Assistant Surgeon	332
Assistant Surgeon Dental	12
Civil Surgeon	16
Civil Surgeon Dental	0
Speciality	206

*Source: District data

The table presents the human resource structure in the health administration of the district. Under the administrative category, there are 19 sanctioned posts, including 4 Deputy Directors, 14 Assistant Directors, and 1 JAMO (Joint Administrative Medical Officer), with no Additional Director at present. The general medical category has 360 sanctioned posts, of which 332 are Assistant Surgeons, 12 are Assistant Surgeon Dental,

and 16 are Civil Surgeons, while there are no Civil Surgeon Dental posts filled. In the speciality category, there are 206 sanctioned posts, indicating specialized medical staff positions. This distribution reflects the organization of health personnel across administrative, general, and speciality roles, highlighting areas of staffing strengths and potential gaps for healthcare service delivery in the district.

Table 4.2.2 Number of Speciality and Super speciality under DHS

Type	Sanctioned
Speciality	206
Anaesthesia	20
Blood Bank	5
PH Lab	1
Dental	4
Dermatology & Venerology	8
ENT	10
Forensic Medicine	1
General Medicine	23
General Surgery	10
Micro Biology	0
Obstetrics & Gynaecology	38
Ophthalmology	15
Orthopaedic Surgery	19
Paediatrics	32

Physical Medicine & Rehabilitation	4
Psychiatry	4
Radio Diagnosis/Radio Therapy	6
TB & Chest (Resp. Medicine)	7
Super Speciality	0
Cardiology	0
Nephrology	0
Neurology	0
Neurology	0
Urology	0

*Source: District data

The table shows the number of sanctioned speciality and super-speciality doctors under the Directorate of Health Services (DHS) in the district. A total of 206 speciality doctor posts are sanctioned across various departments, with the highest numbers in Obstetrics & Gynaecology (38), Paediatrics (32), and General Medicine (23). Other departments, such as Anaesthesia (20), Orthopaedic Surgery (19), and Ophthalmology (15) also have notable sanctioned posts. In contrast, there are no sanctioned posts for super-speciality doctors, including Cardiology, Nephrology, Neurology, and Urology. The district also has sanctioned blood bank post (5) and a sanctioned post in the PH Laboratory. Overall, the table highlights the availability of speciality doctors, the concentration in key clinical areas, and the absence of super-speciality medical personnel in the district.

4.3 Sanctioned Strength of health personnel under DHS

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

Category/Division	Number
Doctors (Administrative Cadre)	19
Doctors (General Cadre)	360
Doctors (Speciality)	206
Doctors (Super Speciality)	0
NURSING SERVICE	699
JPHN to MCH Officer	706
JPHN/NURSING SCHOOL	9
DENTAL	11
LAB (GENERAL)	147
PHARMACY & MEDICAL SUPPLY	213
LEPROSY	6
PUBLIC HEALTH	483
TB	8
OPHTHALMOLOGY	31
TRANSPORT	1
OTHERS	1390
Grand Total	4289
*Source: District Report	

The table presents the staffing distribution across various categories and divisions under the Malappuram Health Department (MLP). The medical workforce includes 19 doctors in the administrative cadre, 360 in the general cadre, 206 in speciality posts, and currently no super-speciality doctors. The nursing service comprises 699 staff

members, supported by 706 Junior Public Health Nurses (JPHN) to MCH Officers and 9 staff in nursing schools. Other professional cadres include 11 dental staff, 147 laboratory personnel, 213 in pharmacy and medical supply, 6 in leprosy services, 483 in public health, 8 in TB services, 31 in ophthalmology, and 1 in transport services. Additionally, 1,390 staff are classified under "Others," covering miscellaneous roles. The total workforce amounts to 4,289 personnel, reflecting the comprehensive human resource distribution supporting health services across administrative, medical, nursing, and technical divisions in the district.

4.4 Health Human Resources under NHM

Table 4.4.1 Number of Health Personnel Working under NHM (As on31/03/25)

Category	In Position
ANM (JPHN Delivery Points)	9
Staff Nurse	189
Lab Technician	52
Pharmacist - RCH	25
X-Ray Technician/Radiographer	8
Physiotherapist/Occupational Therapist	28
Nutritionist/Dietician	1
Specialist Contract Doctors	
Ob & Gynec	3
Paediatricians	2
Anaesthetics	2

Dental Surgeon	3
Medical Officers (MBBS) Full-time	68
AYUSH staff	
MO (Ayurveda)	30
MO (Homeo)	37
MO (Unani)	6
MO (Sidha)	2
RBSK Mobile teams	
ANM (RBSK Nurse)	127
DEIC	
Paediatrician	1
Medical Officer, MBBS	1
MO, Dental Surgeon	1
Staff Nurse	1
Physiotherapist	1
Audiologist & Speech Therapist	1
Clinical Psychologist/ Psychologist	1
Ophthalmic Assistant/Optometrist	1
Early interventionist cum Special Educator	1

Lab Technician	1
Dental Hygienist	1
Staff for Obstetric ICUs/HDUs	
Staff Nurses	6
Others	4
Staff for MMU/MHV	
Medical Officer (MIST & Endosulphan)	1
Lab Technician Mobile Immigrant Screening Team under NVBDCP	1
Others (JHI MIST)	2
Staff for Health & Wellness Centre (H&WC)	
Mid-level service provider	484
Other Staff	
Counsellor	
AH Counsellor (ARSH)	13
GBVM Coordinator	1
Dietician NCD	6
Counsellor(NMHP)	2
Psychologist	1

Microbiologists	1
Audiologist/Audiometrician	5
TB Health Visitor	16
Ophthalmic Assistant/Refractionist	3
Audiometric Assistant	1
Instructor for Young Hearing Impaired	1
Support Staff for Health Facilities - 4	
General duty attendant/Hospital worker	0
Hospital attendant	0
Sanitary Attendant	0
Facility based DEO	8
Programme Managers	
Nodal Officer H&WC	1
District Programme Manager	1
District Accounts Officer	1
MIS Manager /Assistant	1
District RBSK Manager (DEIC)	1
Consultants/ Programme Officers	

Jr. Consultant (Asst. Bio Medical Engg.)	1
Jr. Consultant (Asst. Quality Assurance) & Additional - Asst. Quality Assurance	2
Jr.C Documentation & Communication	1
JC (M&E)	1
Consultant (Dist. Engineer)	2
IT Services for FPLMIS	0
Programme Coordinators	
Project Manager eVin VCCM	0
District Office Public Relation Officer	1
District School Health & ARSH Coordinator (RBSK Coordinator)	1
District Coordinator (ASHA)	1
District Field Coordinator (Palliative Care Project)	1
Sr. Accountant	2
Office Secretary	1
Clerk cum DEO / DEO	4
Support Staff - 4	

Office Attendant / Office Assistant /Peon / Helper	1
Night Watchman/Security Guard	2
Supportive Staff (Cleaning) - Office	0
Data Entry Assistant	1
District Epidemiologist	1
Addl - VBD Consultant	1
Programme Coordinators	
Sr. DOTS plus TB HIV Supervisor (Coordinator)	1
Sr. Treatment Supervisor	4
STLS	3
District PPM Coordinator	1
District Data Manager	1
Accountant RNTCP	1
Data Entry Operator (RNTCP & IDSP)	2
Programme Managers -Accountant -	1
Data Entry Operator	
NCD & NPCB	2
Programme Manager/ Public Relations Officer	35

UPHCs	
UPHC JPHN	62
DPMSU LHV	2
UPHC Staff Nurse	29
Staff nurse for UHWC	30
360-degree NCD staff nurse	1
NPHCE staff nurse	1
Lab Technician	14
Pharmacist	14
UPHC Dental Assistants	0
Other Specialists/radiation physicist	2
Epidemiologist for UPHU	0
UPHC Specialists (Polyclinic)	9
NPHCE Specialists	0
UPHC Dentists	3
UPHC Dental Specialist for Dental Polyclinic	0
UPHC Medical Officer Full-time	14
UPHC Medical Officer Part-time	14
UHWC (MO)	36

Staff nurse for UHWC	13
Public Health Manager/Facility Manager	1
UPHC Supporting Staff	14
UHWC Other Support Staff UHFWCS (Pharmacist)	36
UPHC Other Support Staff UHFWCS (JHI)	14
UPHC Other Support Staff UHFWCS (DEO cum Accountant)	14
NUHM Coordinator	1
Accountants	2
District Data Manager (for Urban Public Health Unit)	0
Epidemiologist	12
Entomologist	0
Data Manager	10
Lab Technician	6
Total	**1593**
Migrant Link workers	3
TG link workers	2

*Source: District Reporting

The National Health Mission (NHM) in Malappuram district has a well-structured workforce across administrative, medical, nursing, technical, and programmatic divisions. Frontline health personnel, including ANMs, staff nurses, lab technicians, pharmacists, X-ray technicians, and physiotherapists, are largely in position, ensuring the delivery of essential services. Specialist contract doctors and AYUSH medical officers are mostly filled, with minor vacancies in Paediatrics, Obstetrics & Gynaecology, and Anaesthetics. Key program-specific teams such as RBSK mobile teams, DEIC staff, obstetric ICU/HDUs, and Health & Wellness Centre personnel are functioning effectively, although some gaps exist among mid-level service providers. Administrative, managerial, and support staff**,** including programme managers, consultants, data entry operators, and facility attendants, are largely in place, supporting smooth operations. Urban Public Health Units (UPHCs), along with specialized technical staff for NCD, NPCB, and other programs, are mostly staffed, with only minor vacancies in certain roles such as lab technicians and epidemiologists. Overall, out of the total sanctioned posts across NHM Malappuram, the majority are filled, reflecting a robust workforce with a few areas needing targeted recruitment to strengthen specialized and mid-level health services.

CHAPTER 5
MATERNAL AND CHILD HEALTH

5.1 Pregnant Women Registration

The graph depicts the trend in the number of pregnant women registered in Malappuram district over the period from 2014-15 to 2024-25 based on HMIS data. Overall, the registration shows a fluctuating pattern with a gradual decline in recent years, reflecting the general reduction in the number of pregnancies and live births in the district.

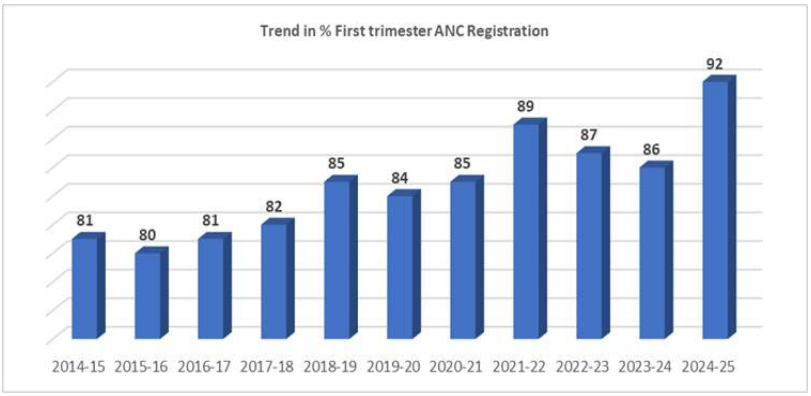
Graph 5.1.1: Trend in Pregnant Women Registration in Malappuram (2014-15 to 2024-25)

Source: HMIS Data

5.2 Early Initiation of Antenatal Care

The trend in pregnant women registration shows a steady improvement across all districts from 2014-15 to 2024-25. Malappuram district recorded consistent progress, increasing from **81% in 2014-15 to 92% in 2024-25**, indicating strengthened early registration and better service coverage.

Graph 5.2.1: Trend in Percentage of First Trimester ANC Registration (2014-15 to 2024-25)



**Source: HMIS*

5.3 Immunization Status of Pregnant Women

During 2024-25, a total of **69,774 pregnant women** were registered for antenatal care in the district.**65,593** received the first dose of Td vaccine, **59,395** received the second dose, and **8,374** received the Td booster.

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

Year	No of PW registered for ANC	No of PW given Td1	No of PW given Td2	No of PW given Td Booster
2024-25	69774	65593	59395	8374
Source: HMIS data				

5.4 Abortion

The table shows the trend in spontaneous and induced abortions reported in the district from 2014-15 to 2024-25 based on HMIS data. Over the years, the total number of abortions has shown fluctuations, with a noticeable rise in induced abortions compared

to spontaneous ones in recent years. In 2024-25, a total of **3,784 abortions** were reported, including **1,692 spontaneous** and **2,092 induced** cases.

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

Period	PW	Total (spontaneous + Induced)	spontaneous	Induced
2014-15	94879	3087	3080	7
2015-16	92305	3179	3171	8
2016-17	95597	2656	2645	11
2017-18	109983	3438	2148	1290
2018-19	100022	3898	2345	1553
2019-20	43093	4084	2287	1797
2020-21	85714	2936	1907	1029
2021-22	96756	3268	2074	1194
2022-23	89729	3806	1994	1812
2023-24	90693	3645	1708	1937
2024-25	69774	3784	1692	2092
Source: HMIS Data				

5.5 Family Planning

The table presents the trend in different types of sterilization procedures reported in the district from 2020-21 to 2024-25. Female sterilizations, including laparoscopic and mini-lap procedures, continue to form the major share of family planning methods, while male sterilizations (NSV) remain very low. Post-partum sterilizations (PPS) consistently account for the highest number of cases each year, though a gradual decline

is noted in 2024-25 compared to previous years. The data reflects the continued preference for female-oriented permanent methods and the need to promote male participation in family planning.

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

Period	NSV	Laparoscopic sterilizations	Mini-lap sterilizations	PPS	PAS
2020-21	7	536	399	5620	261
2021-22	11	829	548	5851	236
2022-23	35	964	633	6490	194
2023-24	23	1233	689	5650	207
2024-25	3	1018	713	4796	324

Source: HMIS

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

Period	IUCD	Number of IUCD Insertions
2020-21	IUCD	3863
	PPIUCD	244
	PAIUCD	71
2021-22	IUCD	4566
	PPIUCD	447
	PAIUCD	63
2022-23	IUCD	5770

	PPIUCD	437
	PAIUCD	13
2023-24	IUCD	5160
	PPIUCD	306
	PAIUCD	52
2024-25	IUCD	4835
	PPIUCD	319
	PAIUCD	155
Source: HMIS		

The table presents the trend of IUCD insertions reported in the district from 2020-21 to 2024-25. The total number of IUCD insertions shows minor year-to-year variation, with the highest insertions recorded in 2022-23. Post-partum (PPIUCD) and post-abortion (PAIUCD) insertions contribute a smaller share but indicate steady service availability. In 2024-25, a total of 4,835 IUCD, 319 PPIUCD, and 155 PAIUCD insertions were reported. The data reflects sustained use of IUCD as an effective long-term spacing method under the family planning program.

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	10861	80105	2368	2512

2021-22	8912	89701	727	664
2022-23	8779	200702	98	691
2023-24	12905	170136	321	190
2024-25	9278	151263	1225	771

*Source: HMIS Data

The table shows the distribution of family planning commodities through the public sector from 2020-21 to 2024-25 based on HMIS data. Condom distribution remains the most widely used spacing method, though the quantity shows some year-to-year fluctuation. The distribution of oral pills and centchroman (weekly) pills also varies annually, while the use of emergency contraceptive pills remains comparatively low. Overall, the data reflects a continued demand for spacing methods, with condoms being the preferred choice among beneficiaries.

5.6 Delivery

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

Period	Pubic	Private	Home Delivery	All
2020-21	14403	68257	258	82918
2021-22	16221	70835	274	87330
2022-23	17236	71716	266	89218
2023-24	13749	63771	252	77772
2024-25	10671	57902	191	68764
*Source: HMIS				

The table shows the trend in total deliveries reported in the district from 2020-21 to 2024-25 based on HMIS data. A gradual decline in total deliveries is observed over the years, decreasing from 82,918 in 2020-21to 68,764 in 2024-25. Private institutions

account for the majority of deliveries, while public sector and home deliveries form a smaller share. The steady reduction in total deliveries aligns with the declining trend in the number of pregnancies and overall fertility in the district.

Table 5.6.2: Trend in Home Deliveries (2020-21 to 2024-25)

Period	Inst. Delivery Public	Inst. Delivery Private	Home Delivery	Total Delivery	% of Home deliveries in total delivery
2020-21	14403	68257	258	82918	0.31
2021-22	16221	70835	274	87330	0.31
2022-23	17236	71716	266	89218	0.30
2023-24	13749	63771	252	77772	0.32
2024-25	10671	57902	191	68764	0.28
*Source: HMIS & District Report					

The table highlights the trend in institutional and home deliveries from 2020-21 to 2024-25. Institutional deliveries consistently account for more than 99% of total deliveries, with private facilities contributing a major share. Home deliveries remain very low and show a slight decline over the years, reducing from0.31% in 2020-21 to 0.28% in 2024-25. The data indicates strong institutional delivery coverage and effective implementation of maternal health programs in the district.

5.7 Caesarean Section Deliveries

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

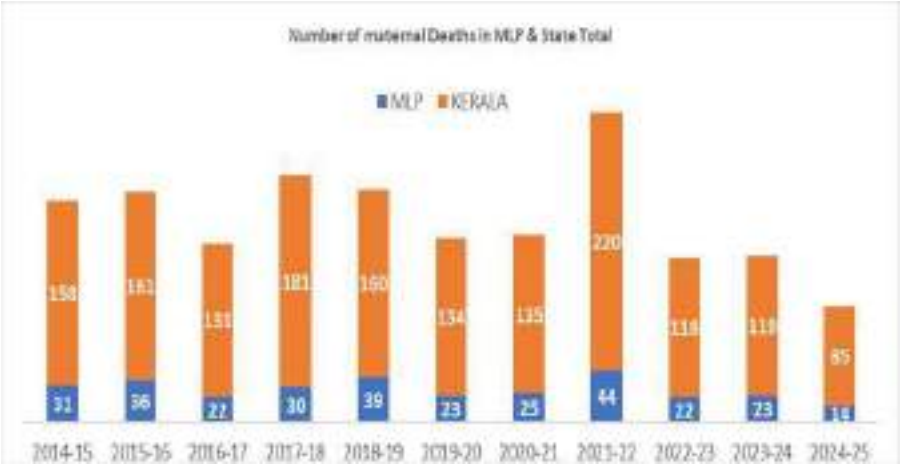
Period	Pub	Pvt	All
2020-21	33.1	32.0	32.2
2021-22	32.9	33.9	33.7
2022-23	32.9	34.2	33.9
2023-24	32.9	35.0	34.6
2024-25	35.2	35.0	35.0
Source: HMIS			

The table shows the trend in Caesarean section rates in public and private hospitals from 2020-21 to 2024-25 based on HMIS data. The overall C-section rate shows a gradual increase from 32.2% in 2020-21 to 35.0% in 2024-25. Both public and private sectors report similar rates in recent years, indicating a rising preference for surgical deliveries across all facility types.

5.8 Maternal Deaths

The graph shows the number of maternal deaths reported in Malappuram district and Kerala state from 2014-15 to 2024-25. The figures indicate year-to-year variations, with a comparatively lower number reported in 2024-25. However, this reduction needs to be viewed in the context of a decline in the number of live births during the same period. At the state level, a similar trend is observed. The data highlights the importance of considering maternal deaths in relation to total births to accurately assess progress in maternal health outcomes.

Graph 5.8.1: Trend of Maternal Deaths Kerala Vs MLP (2014-15 to 2024-25)

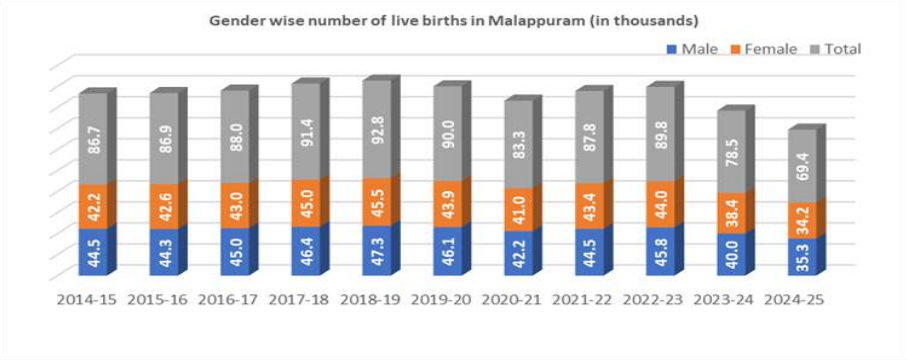


Source: District Report

5.9 Child birth

The graph shows the gender-wise distribution of live births in Malappuram district from 2014-15 to 2024-25. The data indicates a gradual decline in total live births over the years, decreasing from 86.7 thousand in 2014-15 to 69.4 thousand in 2024-25. Male births consistently remain slightly higher than female births across all years. The overall decline in live births reflects the ongoing demographic transition in the district, with reduced fertility levels and changing reproductive patterns.

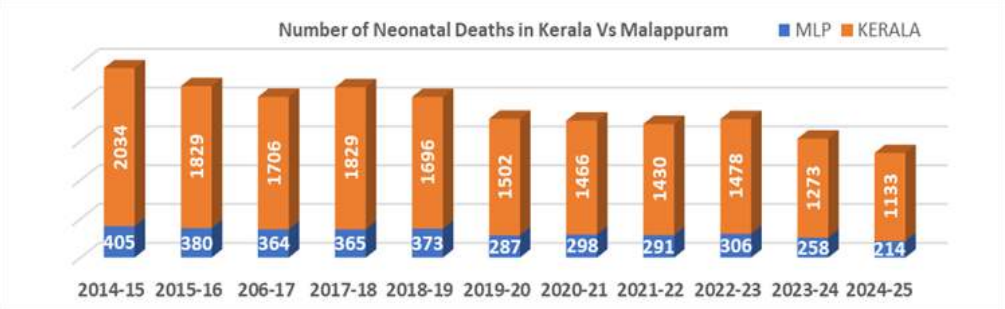
Graph 5.9.1: Trend of Live Births by Gender (Male, Female & Total) – 2014-15 to 2024-25



*Source: HMIS

5.10 Infant Mortality

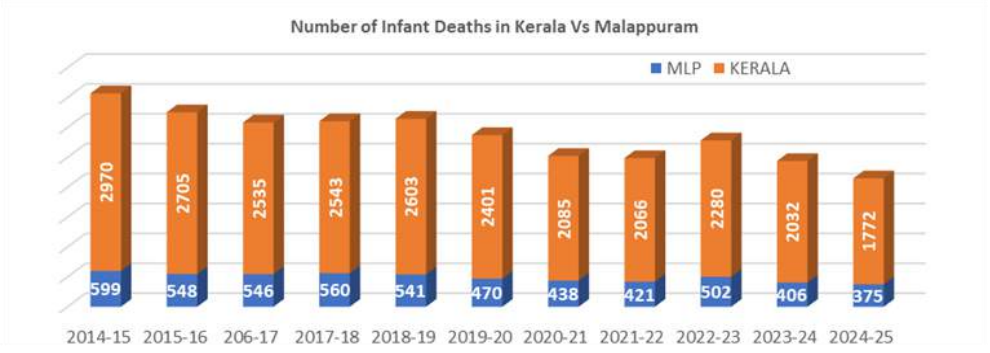
Graph 5.10.1: Number of Neonatal Deaths Reported (2014-15 to 2024-25) Kerala Vs MLP



*Source: District Report

The graph shows the number of neonatal deaths reported in Malappuram district and Kerala state from 2014-15 to 2024-25. The figures indicate a gradual reduction in neonatal deaths over the years, with Malappuram reporting a decline from 405 in 2014-15 to 214 in 2024-25. A similar downward trend is noted at the state level. However, the decrease in neonatal deaths should be interpreted in the context of the overall reduction in live births during the same period. The trend reflects improvements in newborn care, institutional deliveries, and early neonatal management services.

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



*Source: District Report

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

*Source: District Reporting

The graph shows the number of under-five child deaths reported in Malappuram district and Kerala state from 2021-22 to 2024-25. The data indicates fluctuations over the years, with Malappuram recording 488 child deaths in 2024-25, a slight decrease compared to the previous year. A similar declining pattern is observed at the state level.

Table 5.10.4: Infant and Neonatal Mortality Rates – Kerala Vs MLP (2019-20 to 2024-25)

	2019-20		**2020-21**		**2021-22**		**2022-23**		**2023-24**		**2024-25**	
District	**IMR**	**NMR**	**IMR**	**NMR**	**IMR**	**NMR**	**IMR**	**NMR**	**IMR**	**NMR**	**IMR**	**NMR**
MLP	5	3	5	4	5	3	6	3	5	3	5	3
State	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**4**	**5**	**3**	**5**	**3**

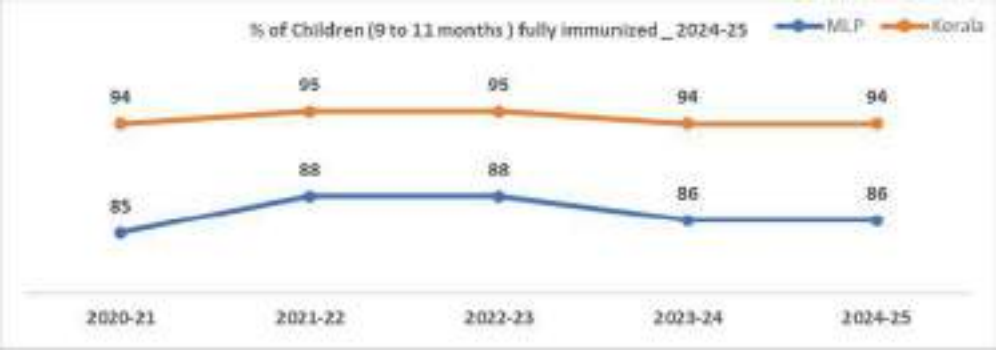
*Source: Monthly District Death Reports and HMIS Live Birth Data

The table shows the trend in Infant Mortality Rate (IMR) and Neonatal Mortality Rate (NMR) in Malappuram district compared with the state average from 2019-20 to 2024-25. The data indicate that both IMR and NMR in Malappuram have remained almost

similar to the state level throughout the period. In 2024-25, the district reported an IMR of **5** and an NMR of **3**, matching the overall state performance.

5.11 Child Immunization

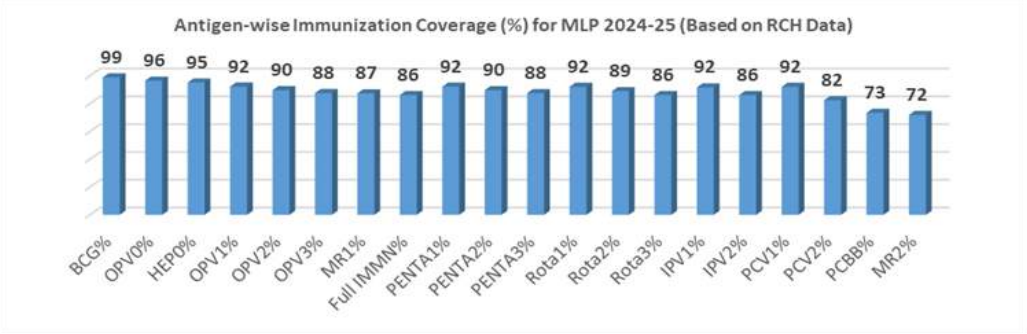
Graph 5.11.1: Trend in Percentage of Children Fully Immunized – Based on HMIS Data – Kerala Vs MLP – 2024-25



*Source: District data

The graph shows the trend in the percentage of children fully immunized in Malappuram district compared with the state average from 2020-21 to 2024-25. The data indicate that Kerala has consistently maintained high immunization coverage of around 94–95% during this period. Malappuram shows slightly lower coverage, remaining between 85% and 88%, with no major variation over the years.

Graph 5.11.2: Antigen-wise Immunization Coverage (Based on RCH Data) – 2024-25 – MLP



Source: RCH Portal

5.12 Pradhan Mantri Surakshit Matritva Abhiyan programme (PMSMA)

Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) has been launched by the Ministry of Health & Family Welfare (MoHFW), Government of India. The program aims to provide assured, comprehensive and quality antenatal care, free of cost, universally to all pregnant women on the 9th of every month.

5.13 Janani Suraksha Yojana (JSY)

Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Health Mission. It is being implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among poor pregnant women. The scheme, launched on 12 April 2005 by the Hon'ble Prime Minister, is under implementation in all states and Union Territories (UTs), with a special focus on Low Performing States (LPS).

The Yojana has identified Accredited Social Health Activist (ASHA) as an effective link between the government and pregnant women.

- 8 Govt delivery points and 67 Private accredited hospitals are providing JSY benefits
- Rural -7737 and Urban -1668 beneficiaries

5.14 Janani Shishu Suraksha Karyakram (JSSK)

Janani Shishu Suraksha Karyakram (JSSK) has been launched with the objective to eliminate out of pocket expenses for both pregnant women and sick infants accessing public health institutions for treatment.

Entitlements for Pregnant Women under JSSK:

Free Drugs and Consumables.

- Free Essential Diagnostics
- Free Diet
- Free Provision of Blood
- Free Transport from Home to Health institutions
- Free Transport between facilities in case of referral
- Drop Back from institutions to home after 48 hrs stay
- Exemption from all kinds of User Charges

Entitlements for Sick infants under JSSK till one year after birth:

- Free Drugs and Consumables
- Free Diagnostics
- Free Provision of Blood
- Free Transport from Home to Health institutions
- Free Transport between facilities in case of referral
- Drop back from institutions to home
- Exemption from all kinds of user charges
- There are 8 delivery points in Malappuram district
- 10669 beneficiaries were given the services
- 6277 beneficiaries have availed Mathruyanam transport service from 8 delivery points.

5.15 Surakshit Matritva Aashwasan (Suman)

The Surakshit Matritva Aashwasan (SUMAN) program is a maternity benefit initiative launched by the Ministry of Health and Family Welfare to provide quality healthcare to pregnant women, new mothers, and newborns. The program aims to achieve zero preventable maternal and newborn deaths in India.

In Malappuram district, 18 health institutions have been approved under the SUMAN initiative. These include facilities offering the Basic Package, Basic Emergency Obstetric Care (BEmOC), and Comprehensive Emergency Obstetric Care (CEmOC) services.

SUMAN Approved 18 institutions

Table 5.15.1 Details of SUMAN Facilities

SUMAN Package	Health Facilities
Basic Package	CHC Chungathara, FHC Chaliyar, FHC Vazhakkad, FHC Athanikkal, UPHC Mangalassery, UPHC Vettekkode, UPHC Ponnani, UPHC Biyyam, UPHC Eravimangalam, UPHC Nilambur
BEmOC	DH Nilambur, DH Perinthalmanna, DH Tirur

Package	
CEmOC Package	Women & Children Hospital Ponnani, Government Medical College Hospital Manjeri

*Source: District data

5.16 Interventions on Severe Acute Malnutrition and Moderate Acute Malnutrition

The comprehensive strategy to address child nutritional status involves several coordinated steps. Key measures include monthly weight monitoring to ensure timely detection of growth faltering, with cases of concern immediately directed to paediatricians for clinical assessment and intervention. To tackle the issue at the source, parents are provided with a nutrition awareness session to empower them with knowledge on proper feeding practices. Furthermore, tangible support is offered by providing food supplements with the assistance of the Integrated Child Development Services (ICDS) scheme. Finally, any severe or complex cases are referred to the District Early Intervention Centre (DEIC) for specialized, multidisciplinary management and follow-up.

Table 5.16.1Treatment of Childhood Diseases (children under 5 years)

Children under age 3 years breastfed within one hour of birth	87 %
Breastfeeding children age 6-23 months receiving an adequate diet	89 %

*Source: District data

CHAPTER 6

COMMUNICABLE & NON-COMMUNICABLE DISEASES

6.1 Disease Burden Overview: Common Communicable Diseases

Between 2020 and 2024, Malappuram district experienced varying trends in common communicable diseases. Acute diarrheal Disease remained the most significant health concern, with consistently high case numbers ranging from approximately 47,800 in 2020 to over 87,000 in recent years, highlighting persistent challenges related to water and sanitation.

Dengue Fever cases showed a sharp rise, peaking in 2023 at 2,035 confirmed cases before slightly declining in 2024. Hepatitis A saw a dramatic increase in 2024, with cases reaching 3,048, indicating potential outbreaks and the need for enhanced preventive measures. Other diseases such as Leptospirosis and Malaria showed moderate but steady occurrences throughout this period.

Emerging and less common diseases like Nipah, West Nile, and Japanese Encephalitis were occasionally reported, reflecting ongoing surveillance and the district's vulnerability to new infectious threats. The data emphasizes the importance of sustained public health interventions, surveillance, and community awareness programs to manage and reduce the burden of communicable diseases in Malappuram.

6.1.1 Communicable Diseases – Cases Reported

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

Sl No	Name of Diseases	2024	2023	2022	2021	2020
1	Dengue Fever: Confirmed	1614	2035	267	169	60
3	Malaria	57	39	38	25	27
4	Chikungunya	5	2	0	0	1

5	Acute Encephalitis Syndrome	35	6	2	1	5
6	Japanese Encephalitis (JE)	2	0	0	0	0
7	Leptospirosis: Confirmed	312	249	185	124	32
9	Hepatitis - A: Confirmed	3048	525	85	30	112
11	Hepatitis - B	106	126	80	14	18
12	Hepatitis - C	21	14	18	6	1
13	Hepatitis - E	1	1	0	0	0
14	Cholera	1	24	0	0	2
16	Typhoid	17	13	1	0	2
17	Acute Diarrheal Disease	87370	88166	87660	50558	47893
19	Shigella	15	27	30	12	5
20	Scrub Typhus	29	38	37	2	1
21	Kala Azar	0	2	11	0	0
22	Kysanur Forest Disease	0	0	0	0	0

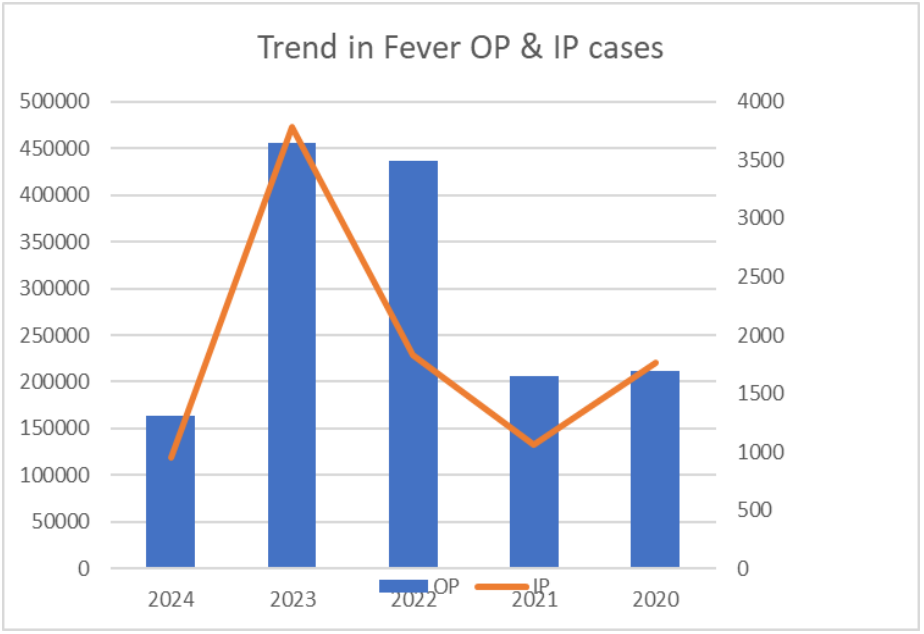
23	Influenza (H1N1, H3N2, Infl A, Infl B)	270	194	10	0	8
24	Rabies: Confirmed	0	0	0	1	0
26	Zika	0	0	0	0	0
27	West Nile	14	0	0	1	0
30	Nipah	2	0	0	0	0
33	Chicken Pox	6604	6601	2397	784	3135

*Source: District report

The data shows the trends of various communicable diseases in the district from 2020 to 2024. Acute Diarrheal Disease consistently has the highest cases, exceeding 87,000 in recent years. Hepatitis A cases surged sharply in 2024, reaching over 3,000. Dengue fever cases peaked in 2023 and decreased in 2024 but remain significantly higher than earlier years. Diseases like Malaria, Leptospirosis, and Chicken Pox show fluctuating but notable case numbers. Emerging infections such as Nipah, West Nile, and Japanese Encephalitis have occasional reported cases, indicating ongoing surveillance. Overall, the data highlights the importance of continuous disease monitoring and public health interventions.

6.1.2 Trend in Fever Outpatient and Inpatient Cases

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

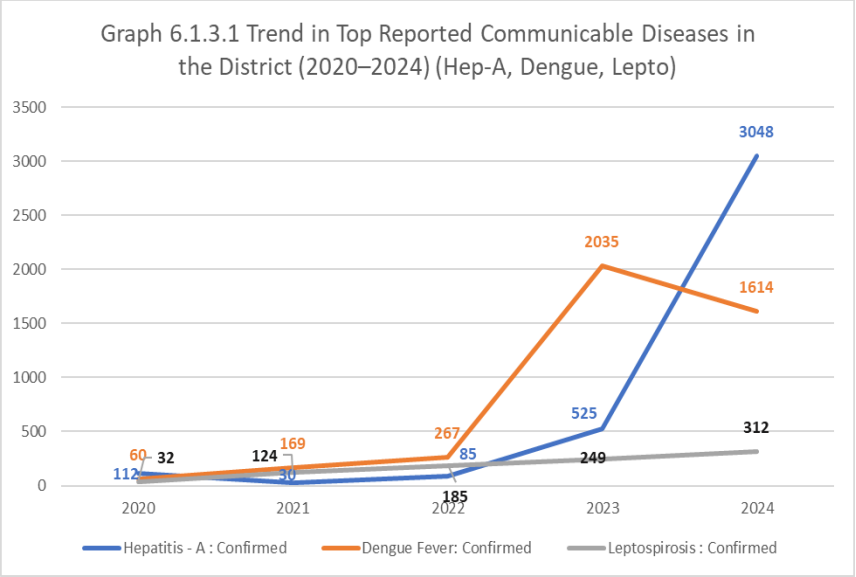


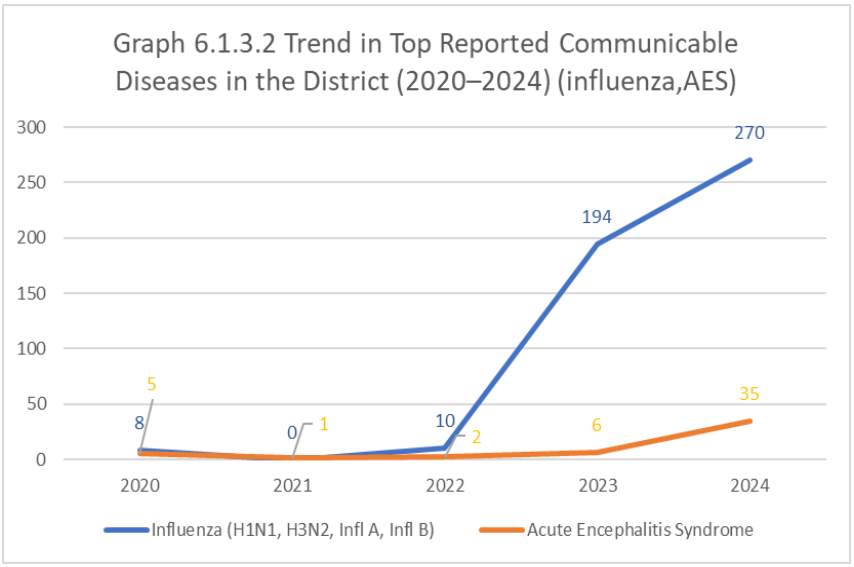
*Source: District data

The graph shows the yearly trend of outpatient (OP) and inpatient (IP) fever cases from 2020 to 2024. The blue bars represent OP cases, measured on the left vertical axis, while the orange line represents IP cases, measured on the right vertical axis. OP cases show a sharp increase from 2020 to 2023, peaking in 2023 at around 450,000 cases, before dropping significantly in 2024 to about 160,000. IP cases follow a similar pattern, rising steeply from 2020 to 2023 (reaching nearly 4,000 cases), then declining sharply in 2024 to around 1,200.

Overall, both OP and IP fever cases showed a rising trend from 2020 to 2023, followed by a notable decline in 2024. This may suggest an improvement in fever control measures or seasonal/epidemic variation affecting case numbers.

6.1.3 Trend in Top Five Reported Communicable Diseases in the District





The graph shows the trend of selected communicable diseases from 2020 to 2024, highlighting confirmed cases for Hepatitis A, Dengue Fever, Leptospirosis, Influenza, and Acute Encephalitis Syndrome (AES). Hepatitis A cases show a sharp and continuous increase, rising from 112 cases in 2020 to a significant 3048 cases in 2024, indicating a possible outbreak or increased detection in recent years. Dengue Fever shows a steady

rise from 2020 to 2023, peaking at 2035 cases in 2023, followed by a slight decline to 1614 cases in 2024. Leptospirosis cases also show an upward trend, increasing from 32 cases in 2020 to 312 cases in 2024, with gradual year-on-year growth. Influenza (H1N1, H3N2, Influenza A, Influenza B) remained low from 2020 to 2022, but saw a sudden surge in 2023 (194 cases) and 2024 (270 cases), suggesting increased transmission or improved surveillance. Acute Encephalitis Syndrome (AES) had very few cases until 2023, but saw a notable rise to 35 cases in 2024.Overall, the data shows a significant rise in most disease cases between 2023 and 2024, particularly for Hepatitis A and Influenza, pointing toward possible public health concerns that may require enhanced monitoring, preventive measures, and outbreak response actions.

6.1.4 Major Communicable Diseases – Deaths Reported (2024)

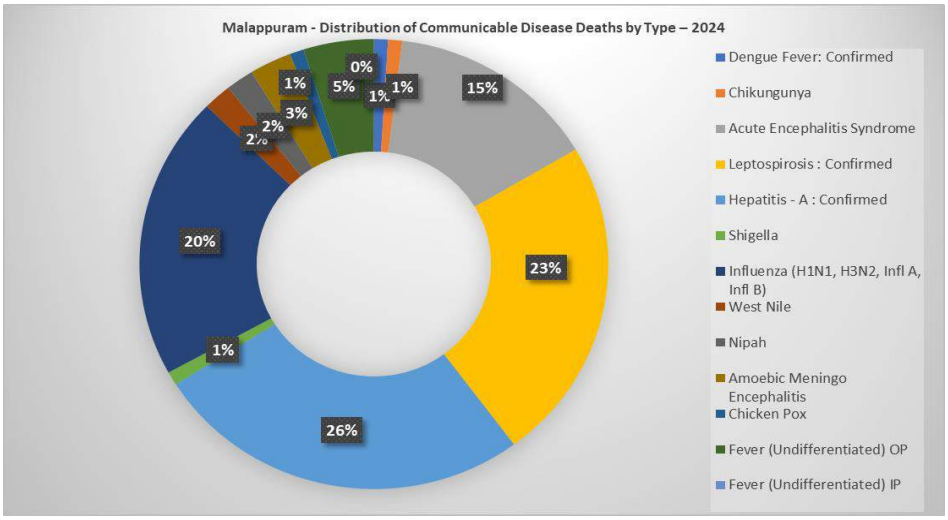
Table 6.1.4.1: Disease-wise Distribution of Deaths Due to Communicable Diseases in the District (2024)

Name of Diseases	No. of Deaths
Dengue Fever: Confirmed	1
Dengue Fever: Probable	1
Chikungunya	1
Acute Encephalitis Syndrome	15
Leptospirosis: Confirmed	24
Leptospirosis: Probable	14
Hepatitis - A: Confirmed	27
Hepatitis - A: Probable	5
Shigella	1
Influenza (H1N1, H3N2, Infl A, Infl B)	21
West Nile	2

Nipah			2
Amoebic Meningo Encephalitis			3
Chicken Pox			1
Fever (Undifferentiated)		OP	5
		IP	

*Source: District report

Graph 6.1.4.1: Distribution of Communicable Disease Deaths by Type – 2024



The Pie chart illustrates the proportion of deaths caused by various communicable diseases in Malappuram district during 2024. Hepatitis A accounts for the highest share (26%) of communicable disease deaths, indicating a major public health concern in the district. Leptospirosis contributes to 23% of the total deaths, making it the second most significant cause. Influenza (H1N1, H3N2, Infl A, Infl B) follows closely, responsible for 20% of the deaths. Acute Encephalitis Syndrome contributes 15%. Other diseases such as Amoebic Meningoencephalitis (3%), Nipah (2%), West Nile (2%), Chicken Pox (1%), and Shigella (1%) contribute smaller proportions.In 2024, Hepatitis A, Leptospirosis, Influenza, and Acute Encephalitis Syndrome collectively accounted for nearly 84% of communicable disease-related deaths in Malappuram. This pattern highlights the need

for strengthened preventive measures, vaccination drives, sanitation improvements, and enhanced surveillance for these major diseases.

6.2 Burden of Non-Communicable Diseases in the District

Table 6.2.1: Burden of Non-Comminicable Diseases

Disease	2022	2023	2024	2025 (Jan-March)
	Case	Case	Case	Case
Accidental injuries	4062	53325	94787	19107
Road Traffic Accident	837	6929	9734	2165
Snake bite	737	976	1036	167
Cancers				
Cancer Cervix	243	472	314	21
Breast Cancer	1114	1469	2021	240
Lung Cancer	89	617	820	72
Oral Cancer	30	435	703	58
Other Cancer	770	7434	3838	344
Cardiovascular disease				
Rheumatic fever	155	109	476	110
Hypertension	213234	467497	334983	31465
Ischemic Heart disease	1119	15121	16925	3243
Congenital Heart disease	128	1761	2232	327
Diabetes				

Type 1	132	15260	5389	205
Type 2	17727	21866	181154	16952
Neurological disorders				
Cerebrovascular disorders	1234	8372	9490	1252
ronic neurological disord	26	650	1557	354
Other neurological disorders	22	2410	26819	251
Psychic disorders				
Common Mental disorders	1367	3897	61214	6864
Severe mental disorders	146	304	1606	138
Renal Failure				
Acute	68	NA	NA	58
Chronic	1094	1747	7873	1013

*Source: District report

The table presents the trend of major non-communicable and injury-related diseases in Malappuram district from 2022 to 2025 (January–March). Accidental Injuries show a sharp increase from 4,062 cases in 2022 to 94,787 cases in 2024, with 19,107 cases already reported in the first quarter of 2025 - indicating a major public health concern. Road traffic accidents and snake bites show moderate but steady numbers, indicating continued emergency health challenges.Cancers of all types show consistent reporting, with breast cancer being the most common (2,021 cases in 2024), followed by lung and oral cancers. Cardiovascular diseases show significant prevalence - Hypertension dominates with 334,983 cases in 2024, while ischemic heart disease and congenital

heart disease also show increasing trends.Diabetes (Type 2) cases surged dramatically from 21,866 (2023) to 181,154 (2024), reflecting rising lifestyle-related health burdens. Neurological disorders, particularly Cerebrovascular and Chronic neurological disorders, are steadily increasing. Mental health disorders have shown marked rises, suggesting growing lifestyle and psychosocial health issues. Renal failure (Chronic) cases increased notably to 7,873 in 2024, while acute renal failure remains relatively low.Between 2022 and 2024, Malappuram experienced a substantial increase in non-communicable diseases, especially hypertension, diabetes, and mental health disorders, along with a surge in accidental injuries. The early data from 2025 (Jan–Mar) already suggests the continuation of these upward trends, emphasizing the need for enhanced preventive healthcare, lifestyle interventions, and trauma care preparedness.

6.3 District-Specific Outbreaks and Health Concerns

Malappuram has experienced Nipah virus outbreaks in recent years, leading to health alerts, contact tracing, and public health measures. The district has implemented containment measures, monitored contacts, and set up medical facilities in response to cases. As of July 2025, containment measures were lifted after a period with no new cases, though surveillance continued.

Key events and measures:

Recent outbreak (July 2025): A 42-year-old resident of the Valanchery municipality area tested positive for Nipah in May 2025. This was followed by a wider alert with cases reported in Malappuram, Palakkad, and Kozhikode.

Deaths: An 18-year-old girl from Malappuram died from the virus, and another woman from the district, a 38-year-old woman from Thachanattukara, tested positive and battled the virus in the ICU.

Contact tracing and surveillance: Thousands of contacts were traced and placed under surveillance, with some considered high-risk. Containment measures were put in place in affected areas.

Containment measures lifted: In July 2025, containment measures were lifted in Malappuram as no new cases were reported. Monitoring and surveillance continued.

CHAPTER 7

CRITICAL OBSERVATIONS IN NFHS 5 DATA AND APPROPRIATE INTERVENTIONS NEEDED

Table 7.1.1: Critical observations of Malappuram district, NFHS 4 &; 5

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	94.9	94.7
2. Population below age 15 years (%)	27	25.9
3. Sex ratio of the total population (females per 1,000 males)	1,101	999
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	807	936
5. Children under age 5 years whose birth was registered with the civil authority (%)	99.7	97.6
6. Deaths in the last 3 years registered with the civil authority (%)	97.3	na
7. Population living in households with electricity (%)	99.7	99.5
8. Population living in households with an improved drinking-water source1 (%)	97.7	93.6
9. Population living in households that use an improved	99.9	98.5

sanitation facility2 (%)		
10. Households using clean fuel for cooking (%)	59	45.7
11. Households using iodized salt (%)	99.4	99.3
12. Households with any usual member covered under a health insurance/financing scheme (%)	42.8	37.3
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	24.7	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate (%)	99.2	na
15. Women with 10 or more years of schooling (%)	69.5	65.5
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	15.3	23.3
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.3	0.4
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.6	4
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period (%)	88.7	88.6

Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method (%)	58.6	43.1
21. Any modern method (%)	41.5	39.7
22. Female sterilization (%)	36.8	36.6
23. Male sterilization (%)	0	0
24. IUD/PPIUD (%)	0.8	1.1
25. Pill (%)	0.4	0.3
26. Condom (%)	1.9	1.7
27. Injectables (%)	0	0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need (%)	13.8	17.4
29. Unmet need for spacing (%)	8.5	11.3
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	10.9	14.3
31. Current users ever told about side effects of current method (%)	61.3	58
Maternal and Child Health		
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	95.3	96.9

33. Mothers who had at least 4 antenatal care visits (%)	90.4	93.2
34. Mothers whose last birth was protected against neonatal tetanus (%)	99.6	96.6
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	92.3	64
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	71.1	41.7
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	91.5	74.9
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	96.9	93.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	6,760	6,202
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	*
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	95.1	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	100	99.6

43. Institutional births in public facility (%)	25.6	32.7
44. Home births that were conducted by skilled health personnel10 (%)	0	0.4
45. Births attended by skilled health personnel10 (%)	100	100
46. Births delivered by caesarean section (%)	25.5	24
47. Births in a private health facility that were delivered by caesarean section (%)	26.8	24.2
48. Births in a public health facility that were delivered by caesarean section (%)	21.7	23.9
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall11 (%)	80.3	70.6
50. Children age 12-23 months fully vaccinated based on information from vaccination card only12 (%)	-82.6	-77.4
51. Children age 12-23 months who have received BCG (%)	100	95.1
52. Children age 12-23 months who have received 3 doses of polio vaccine13 (%)	86.3	77.1
53. Children age 12-23 months who have received 3 doses of Penta or DPT vaccine (%)	82.3	80.8

54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	86.3	78.8
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	18.4	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine14 (%)	3.5	na
57. Children age 12-23 months who have received 3 doses of Penta or hepatitis B vaccine (%)	82	77.1
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	74.2	75.6
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	79.6	-79.9
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	20.4	-20.1
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.5	3.2
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in	*	*

the 2 weeks preceding the survey who received zinc (%)		
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.6	0.9
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	88.5	*
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth15 (%)	69.6	66.1
68. Children under age 6 months exclusively breastfed16 (%)	*	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk16 (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet16, 17 (%)	26.8	37.1
71. Non-breastfeeding children age 6-23 months receiving an adequate diet16, 17 (%)	*	*
72. Total children age 6-23 months receiving an adequate diet16, 17 (%)	26.1	36.6

73. Children under 5 years who are stunted (height-for-age)18 (%)	29.4	26.3
74. Children under 5 years who are wasted (weight-for-height)18 (%)	18.2	22.3
75. Children under 5 years who are severely wasted (weight-for-height)19 (%)	6.5	9.9
76. Children under 5 years who are underweight (weight-for-age)18 (%)	21.4	17.3
77. Children under 5 years who are overweight (weight-for-height)20 (%)	3.3	3.2
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m2)21 (%)	10.3	8.8
79. Women who are overweight or obese (BMI ≥25.0 kg/m2)21 (%)	36.6	34.1
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	69.1	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)22 (%)	47.2	54.6
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)22 (%)	34.5	39.5
83. Pregnant women age 15-49	-41.1	-15.7

years who are anaemic (<11.0 g/dl)22 (%)		
84. All women age 15-49 years who are anaemic22 (%)	34.7	38.6
85. All women age 15-19 years who are anaemic22 (%)	38.1	44.5
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)23 (%)	6.9	na
87. Blood sugar level - very high (>160 mg/dl)23 (%)	12.1	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level23 (%)	21.4	na
Men		
89. Blood sugar level - high (141-160 mg/dl)23 (%)	10.1	na
90. Blood sugar level - very high (>160 mg/dl)23 (%)	11.8	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level23 (%)	24	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.3	na

93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.9	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	25.4	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	18.5	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.9	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	27.4	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	1.4	na
99. Ever undergone a breast examination for breast cancer (%)	0.4	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		

101. Women age 15 years and above who use any kind of tobacco (%)	1.5	na
102. Men age 15 years and above who use any kind of tobacco (%)	12.5	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	7.7	na
*NFHS 4 data not available from 86 to 104		

The National Family Health Survey-5 data for Malappuram district reveals significant progress in several demographic and health indicators when compared with NFHS-4, while also highlighting emerging concerns that require targeted interventions.

The population and household profile shows that Malappuram continues to perform well in terms of education and living conditions. Female literacy remains exceptionally high, with 94.9 percent of women aged six years and above having attended school. Almost all households have access to electricity, improved drinking water, and sanitation facilities, marking the district's success in achieving near-universal coverage of basic amenities. The use of clean cooking fuel has improved from 45.7 percent to 59 percent, reflecting growing awareness and adoption of cleaner energy sources. Health insurance coverage has also risen from 37.3 percent to 42.8 percent, though it remains below desirable levels. However, one of the most concerning findings is the sharp decline in the sex ratio at birth—from 936 in NFHS-4 to 807 in NFHS-5—indicating possible gender bias that warrants urgent attention through social and behavioural interventions.

Women's education and empowerment indicators show encouraging trends. The proportion of women with ten or more years of schooling increased from 65.5 percent to 69.5 percent, and the percentage of women marrying before 18 years dropped from 23.3 percent to 15.3 percent. Adolescent pregnancy also declined from 4 percent to 2.6 percent. These improvements suggest better access to education and awareness among

young women, though the persistence of early marriage in some areas still calls for community-level sensitization and enforcement of child protection laws.

Family planning indicators reveal progress in the use of contraceptive methods, with overall usage increasing from 43.1 percent to 58.6 percent. The unmet need for family planning has declined from 17.4 percent to 13.8 percent. However, female sterilization remains the predominant method, and the use of temporary or male methods continues to be low. This pattern underscores the need for strategies promoting spacing methods and encouraging male participation in reproductive health decisions.

Maternal health indicators demonstrate sustained achievements. Early registration of pregnancy, antenatal and postnatal care coverage, and institutional deliveries remain high. Nearly all mothers receive at least four antenatal visits, and 97 percent receive postnatal care within two days of delivery. There has been remarkable improvement in iron and folic acid consumption—women consuming IFA for 100 days or more increased from 64 to 92 percent, and for 180 days or more from 41 to 71 percent. Institutional deliveries are universal, though the share of deliveries in public facilities has declined from 32.7 to 25.6 percent, showing increasing reliance on the private sector. Caesarean section rates have slightly risen to 25.5 percent, indicating the need to monitor and rationalize unnecessary surgical deliveries.

Child health and nutrition outcomes show mixed results. Full immunization coverage among children aged 12–23 months improved significantly from 70.6 percent to 80.3 percent, and coverage for individual vaccines such as BCG, polio, and measles has also increased. However, nutritional outcomes have deteriorated slightly. The prevalence of stunting has increased from 26.3 percent to 29.4 percent, and underweight children rose from 17.3 to 21.4 percent, though wasting was reduced from 22.3 to 18.2 percent. The proportion of children receiving an adequate diet has dropped from 36.6 to 26.1 percent, indicating the need for stronger interventions to improve infant and young child feeding practices through community and Anganwadi-based programs.

Anaemia continues to be a significant public health issue. Although anemia among children and women has declined compared to NFHS-4, it remains widespread, with 47 percent of children and 35 percent of women affected. These findings emphasize the continued importance of nutrition supplementation, dietary diversification, and health education. On the other hand, the proportion of women who are overweight or obese

has increased from 34.1 percent to 36.6 percent, suggesting a gradual transition toward lifestyle-related health challenges.

Non-communicable diseases are emerging as a growing concern in Malappuram. Around 21 percent of women and 24 percent of men have high or very high blood sugar levels, while hypertension affects approximately 25 percent of women and 27 percent of men. These data underscore the urgent need to strengthen early screening, lifestyle modification programs, and continuum of care for chronic diseases through Family Health Centres and outreach clinics.

Cancer screening coverage remains extremely low, with only 1.4 percent of women undergoing cervical screening, 0.4 percent undergoing breast examinations, and none reported for oral cavity screening. Expanding cancer screening and integrating it with routine health services under the NPCDCS program is essential. The use of tobacco and alcohol remains minimal among women but moderate among men—12.5 percent and 7.7 percent respectively—highlighting the need for continued awareness and de-addiction initiatives.

In summary, the NFHS-5 findings for Malappuram reflect commendable progress in education, sanitation, maternal care, and immunization. However, critical gaps persist in gender equity, child nutrition, and the prevention of non-communicable diseases. Strengthening interventions to address declining sex ratio, improving dietary diversity and child feeding practices, enhancing male participation in family planning, promoting rational delivery practices, and expanding NCD and cancer screening will be crucial for sustaining the district's health gains and achieving equitable health outcomes for all.

CHAPTER 8

DISTRICT MENTAL HEALTH PROGRAMME

Malappuram has integrated psychiatric care into primary health services and initiated special projects such as Amma Manasu for maternal mental health, along with school-based programmes and post-flood rehabilitation support. These are important achievements, though a shortage of trained mental health professionals and continued social stigma remain significant barriers. Training of health workers, community awareness drives, and dedicated counselling sessions have been scaled up to address these gaps. Monthly DMHP is conducting 35 regular clinics in Taluk hospitals (THs), and Community Health Centres (CHCs). A multi-disciplinary team including Psychiatrists, Medical officers, Clinical psychologist, Psychiatric social worker, Nursing officers and Project officer are conducting the clinics free medications are also the part of the program.

8.1 DMHP Targeted Interventions

As part of the District Mental Health Programme (DMHP), a series of targeted interventions were implemented across Malappuram to strengthen mental health awareness, prevention, and early intervention efforts.

During the reporting period, the DMHP team conducted 8 suicide prevention trainings reaching 582 participants, focusing on building gatekeeper skills, early identification of warning signs, and crisis response strategies. In addition, 8 stress management sessions were organized for 349 participants, aimed at promoting mental well-being and resilience through practical coping and relaxation techniques.

Recognizing the importance of mental health in educational settings, 9 school mental health trainings were conducted covering 671 participants, including teachers, students, and school counselors, to enhance psychosocial support within schools.

In total, 15 IEC and training programs were conducted, benefiting 847 participants across various sectors. These initiatives collectively contributed to improving community awareness, reducing stigma, and promoting proactive mental health care in the district.

8.2 Sampoorna Manasika Aarogyam (SMA)

Under the Sampoorna Manasika Aarogyam (SMA) initiative, the District Mental Health Programme (DMHP) continued its efforts to integrate mental health care into the primary health system through Family Health Centres (FHCs).

During the reporting period, SMA was implemented in 5 FHCs, where 5 mental health camps were conducted to provide screening, counselling, and treatment for individuals with mental health concerns. A total of 56 new cases were identified and managed through these camps, while 71 patients were provided with regular follow-up care.

Additionally, 8 FHCs across the district have been conducting regular follow-up clinics under the SMA framework, ensuring continuity of care and strengthening the mental health service delivery at the community level.

8.3 Post Flood activities & Training programs

Following the devastating floods, the District Mental Health Programme (DMHP) team in Malappuram undertook extensive field activities to address the psychosocial impact on the affected population. The team visited all flood-affected regions, providing individual counselling, group therapy sessions, and psychological first aid to those in distress. Special attention was given to vulnerable groups, including children, women, and the elderly.

8.4 Amma Manasu

The *Amma Manasu* programme is being implemented in Malappuram district with the objective of identifying and addressing psychological issues related to maternity. Under this initiative, Junior Public Health Nurses (JPHNs) have been provided with specialized training to recognize early signs of perinatal and postnatal psychological distress among women and to ensure timely referral to the District Mental Health Programme (DMHP) outpatient services. The programme is being carried out with the support of the Reproductive and Child Health (RCH) wing and is integrated into routine maternal health services across the district. Through this initiative, JPHNs are sensitized to mental health concerns during pregnancy and the postnatal period, thereby promoting early detection, counselling, and referral.

Table 8.4.1: Details of Amma Manassu Program

Total Number		Total screened		Any psychological /behavioural problems		No: of cases started on treatment by FHC/PHC MO		No: of cases referred to DMHP/Psychiatrists in THQH/DH/ GH		No: of cases started on treatment in DMHP/ Psychiatrists in THQH/DH/ GH	
Ante natal	Post natal	Ante natal	Post natal	Antenatal	Postnatal	Ante natal	Post natal	Ante natal	Post natal	Ante natal	Post natal
122211	76728	105425	73213	67	54	31	22	41	35	15	22
*Source: District report											

8.5 DMHP Child Psychiatry OP in Malappuram:

As part of the District Mental Health Programme (DMHP), a dedicated *Child Psychiatry Outpatient (OP)* service has been functioning in Malappuram district since 2022. The OP caters to children and adolescents from birth up to 18 years of age, providing comprehensive mental health care and support.

Each year, the Child Psychiatry OP records approximately 1,000 new cases and around 3,000 follow-up consultations, reflecting its pivotal role in addressing child and adolescent mental health needs in the district. The OP is staffed by a multidisciplinary team comprising a child mental health expert, counsellor, and palliative staff from the respective hospitals.

The patient flow is organized systematically: children are first registered by the palliative staff and undergo an initial assessment by the counsellor before consultation with the psychiatrist. Those requiring pharmacological management are advised to follow the prescribed treatment and attend monthly reviews. Cases identified as

needing remedial training or specialized interventions are referred to centres convenient for the families.

Currently, child psychiatry services are available in 12 centres across Malappuram district, operating in alignment with pre-determined DMHP guidelines.

Table 8.5.1 DMHP Child Psychiatry OP Schedule

Sl. No.	Day / Week	Health Facility	Type of Facility
1	1st Tuesday	Perinthalmanna District Hospital	District Hospital (DH)
2	1st Wednesday	Ponnani Taluk Headquarters Hospital	THQH
3	1st Thursday	Areekode Taluk Hospital	TH
4	2nd Tuesday	Triprangode Family Health Centre	FHC
5	2nd Wednesday	Valavannur Community Health Centre	CHC
6	2nd Thursday	Malappuram Taluk Headquarters Hospital	THQH
7	3rd Tuesday	Kondotty Taluk Hospital	TH
8	3rd Wednesday	Melattur Community Health Centre	CHC
9	3rd Thursday	Vengara Community Health Centre	CHC
10	4th Tuesday	Mankada Community Health Centre	CHC
11	4th Thursday	Pookottur Community Health Centre	CHC
12	Every Friday	Nilambur District Hospital	DH
Source: District report			

CHAPTER 9

TRIBAL HEALTH & SOCIAL ISSUES

9.1 Tribal Health Programme

The Tribal Health Programme in Malappuram district is designed to enhance the health and overall well-being of the tribal population, particularly those living in remote and forest fringe areas such as *Nilambur, Edavanna,* Kalikavuand *Urngattiri.* The programme emphasizes equitable access to quality healthcare services through sustainable and community-based interventions. In the tribal regions of Nilambur, Kalikavu, and Wandoor, Mobile Medical Units (MMUs) and ASHA workers play a crucial role in extending outreach services for maternal and child health (MCH), immunization, and nutrition. These efforts have significantly improved the availability and utilization of basic health services in otherwise hard-to-reach areas.

However, challenges persist in ensuring universal coverage, especially in the most remote tribal hamlets, where malnutrition rates and MCH-related vulnerabilities remain higher than the district average. To address these gaps, district-specific interventions such as nutrition supplementation programmes and the deployment of community-based tribal health workers have been initiated. These targeted efforts aim to strengthen last-mile service delivery and promote holistic health improvement among the tribal communities of Malappuram.

Population:

The table presents the Scheduled Tribe (ST) population in Malappuram district. The total ST population is 22,990, comprising 11,272 males and 11,718 females, with no individuals reported under the transgender category. The data indicates that the female population slightly exceeds the male population among the ST community, reflecting a favourable sex ratio within this group. Overall, STs constitute a small proportion of the district's total population, highlighting their minority status in the demographic composition of Malappuram.

Table 9.1.1 Details of Tribal Population

Scheduled Tribe (ST)	Male (M)	Female (F)	Transgender (T)	Total Population
	11272	11718	0	22990

*Source: Census data 2011

Colonies

Malappuram district has a total of 291 tribal colonies, with the largest concentration in Nilambur (143 colonies), followed by Perinthalmanna and Edavanna (74 colonies each). This distribution highlights Nilambur as the primary focus area for tribal health interventions and outreach programmes, given its higher number of settlements.

Key Components

The Tribal Health Programme in Malappuram district implements a range of targeted interventions to improve health and well-being among tribal communities, particularly in remote and forest-fringe areas. Key initiatives include:

- **Mobile Medical Units (MMU)**: Six MMUs conduct regular outreach camps and mobile clinics, delivering primary health care services directly at tribal settlements.
- **Community Health Volunteers**: Trained tribal promoters and Hamlet ASHAs serve as critical links between the community and the health system, facilitating awareness and access to services.
- **Maternal & Child Health (MCH) Services**: Special emphasis is placed on antenatal care, immunization, nutrition, and safe childbirth practices. The Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) is available to all pregnant women on the 9th working day of every month at CHC Chungathara.
- **Sickle Cell Elimination Programme**: Currently, 39 patients diagnosed with sickle cell anaemia are under treatment as part of this initiative.
- **Communicable Diseases**: Active surveillance, awareness campaigns, and timely treatment are conducted for communicable diseases, including vector-borne

infections. Quarterly meetings with all stakeholders focus on diseases such as Kyasanur Forest Disease (KFD) and Leishmaniasis.

- **Non-Communicable Diseases (NCDs):** Early detection and management of lifestyle-related diseases are integrated into outreach services.
- **Health Education & Awareness:** Regular health education sessions are conducted to promote hygiene, sanitation, nutrition, and overall well-being.
- **Integrated and Free Services:** All services are provided free of cost and implemented collaboratively with Health Services, National Health Mission (NHM), Local Self-Government Departments (LSGD), Tribal Departments, and NGOs.

CHAPTER 10

FINANCIAL ALLOCATION & UTILIZATION

The district has consistently achieved high levels of fund utilisation over the last four years, reflecting efficiency in planning and implementation of health programmes. Apart from this last two year fund shortage had also been addressed. Flexible NHM allocations and prioritisation of HR and infrastructure have been the district strategies to address funding shortfalls.

10.1 Financial allocation and utilization for the last four years(in Lakhs)

Table 10.1.1 Financial allocation and utilization for the last four years (DHS and NHM)

Source	2022		2023		2024		2025		Total	
	Allocation	Utilisation	Allocation	Utilisation	Allocation	Utilisation	Allocation	Utilisation	Allocation	Utilisation
DHS-Plan	134.43	123.40	145.37	106.11	165.99	154.08	113.17	17.63	445.79	322.34
NHM	7125.35	7193.12	8277.44	6902.28	9058.05	5795.29	11715.43	7813.02	36176.24	27703.21
*Source:District ROP Report										

Table 10.1.2: Details of 15th FC Grant Details 2021-2024

	2021-22				2022-2023				2023-2024			
	Allotted	**Expenditure**	**Balance**	**Percentage**	**Allotted**	**Expenditure**	**Balance**	**Percentage**	**Allotted**	**Expenditure**	**Balance**	**Percentage**
Scheme 1	0	0	0	0	284022000	91329000	192693000	32.16	960950000	0	Only amount received ,no expenditure	
Scheme 2	15300000	13579821	1720179	88.76	24813000	19589474	5223526	78.95	55323000	55054	55267946	0.099513765
Scheme 3	29312430	24103091	5209339	82.23	103768000	60848375	42919625	58.64	43778000	914037	42863963	2.09
Scheme 4	17092620	14266551	2826069	83.47	42679000	32662812	10016188	76.53	68063000	867432	67195568	1.27

**Source: Sulekha software*

CHAPTER 11

NATIONAL HEALTH MISSION PROGRAMMES

11:1 NHM Activities

National Health Mission programmes like JSY, JSSK, RBSK, RKSK, DEIC, Hridyam, and palliative care have been effectively implemented, improving maternal and child health coverage and supporting treatment for congenital heart disease. Still, challenges in screening under RBSK exist as HR cannot meet the target of screening population. Interventions such as the Biomedical Equipment Maintenance Programme and mobile health units provide additional support to strengthen outcomes.

11.2 National Programme for palliative care (NPPC)

The World Health Organization (WHO) defines palliative care as an approach that improves the quality of life of patients and their relatives facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual.

Table 11.2.1 NPPC Details (As of March 2025)

Number of Municipalities & Grama panchayaths	106
Primary Level Units	131
Secondary Level Units	34
No of Physiotherapy Unit	31
Number of Training centres	2
Active Patients	31003
Bed Bound Patients- Category 1	18708
Homebound patients Category 2 with Serious Health related Suffering (SHS)	12295

Table 11.2.2 Palliative care grid data: (As on March 2025)

Total No. of Patients Registered	12,136
Total No. of Visits	17705
Total Bed Bound	10699

*Source: Palliative Grid Portal

11.3 Rashtriya Bal Swasthya Karyakram (RBSK) & ArogyaKiranam (AK):

Table 11.3.1 Comparison of RBSK and AK

RBSK	AK
30 Disease conditions and manage	All other diseases except 30 conditions mentioned under RBSK
Free drugs consumables and investigations	Free investigation
RBSK Fund transferred to all major hospitals	Free inter institutional referral transportation. Pay ward fee shall be met by patients

11.3.1 Treatment expenditure of RBSK-AK

Table 11.3.1.1: Treatment expenditure of RBSK-AK (As of March 2025)

Year	RBSK
2023-24	19047188
2024-25	12380274

*Source: District Reporting

11.3.2 Newborn Screening (Visible Birth Defect-VBD Screening)

Newborn Screened by Delivery point Shalabham Nurse and seen by Paediatrician. Being documented in the CNBS register. Functional defects like vision impairment, hearing impairment and Congenital Heart Defects identified with the aid of non-invasive Instruments. Blood sample collected by heel prick onto blotting paper, and the dried

samples transported to Kozhikode Regional Labs. Neurodevelopmental defects associated with complications of prematurity are identified through neurological examination.

Table 11.3.2.1: Details of Newborn Screening (As of March 2025)

Year	Total no of deliveries	Total no of Newborns Screened	No of Conditions identified
2023-2024	13755	13793 & 43 out born	653
2024-2025	10702	10686 & 492 out born	476

*Source: District Reporting

Table 11.3.2.2 Details of Screening under RBSK

Indicators	23-24	24-25
0-6 Years	201030	299747
6-18 Years	244888	313622

*Source: District Reporting

11.3.3 District Early Intervention Centre (DEIC):

District Early Intervention Centre established for addressing the issues identified by the RBSK Nurse in their daily routine screening. All birth defects and developmental delays are managed from DEIC. DEIC is situated at THQH Thirurangadi.

Table 11.3.3.1 Details of DEIC

Year	Total case	Follow up
2023-24	1226	5973
2024-25	955	4660

**Source: District Reporting*

11.3.4 Hridyam:

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

Table 11.3.4.1 Details of Hridyam

Total Registration	Total Surgery Done
3418	1801

*Source: District Reporting

11.3.5 Mobile Intervention Unit (MIU)

The satellite unit of DEIC focused on the tribal belt and centre belt of Malappuram District. Two units, Mankada Unit and Chungathara Unit concentrated their service for the children aged up to 18 years.

Table 11.3.5.1 Details of MIU (2023-2025)

Name	2023-24		2024-25	
	New Cases	Follow-up cases	New Cases	Follow-up cases
MIU 1- Mankada	152	830	319	1081
MIU 2- Chungathara	474	1527	687	2285

**Source: District Reporting*

11.3.6 Mobile Health Team (MHT)

The RBSK Mobile Health Team (MHT), including doctors, reaches out to every child to facilitate primary screening from 6 weeks to 6 years at AWC, and to children in the age group of 6 to 18 years in schools in difficult to reach Tribal areas. The team also provides medications for the needy ones. The MHT covers the total 5 health blocks: Chungathara, Edavanna, Melattur, Thiruvali & Kalikavu health blocks.

Table 11.3.6.1 Details of MHT

Year	Total camp	Total screening
2023	247	26722
2024	167	11961

**Source: District Reporting*

The occurrence of the Nipah outbreak, the COVID-19 pandemic, and frequent floods significantly affected field activities, restricting community outreach and limiting the routine screening processes. As a result, the overall screening coverage during 2024 showed a noticeable decrease compared to previous year.

11.4 Rashtriya Kishor Swasthya Karyakram (RKSK)

The Rashtriya Kishor Swasthya Karyakram (RKSK) is a flagship initiative launched by the Ministry of Health & Family Welfare, Government of India, on January 7, 2014. It aims to address the health and development needs of adolescents aged 10–19 years through a holistic and inclusive approach.

1 Facility-Based Interventions

Adolescent Friendly Health Clinics (AFHCs): These clinics operate in major hospitals, including District Hospitals (DH), Taluk Headquarters Hospitals (THQH), and Community Health Centres (CHCs) in Malappuram. Trained Adolescent Health (AH) counsellors provide counselling services, and adolescents requiring clinical services are referred to appropriate specialists.

2. School-Based Interventions

Peer Educator Programme (Student Doctor Cadets/Kutty Doctors): Trained peer educators disseminate adolescent health awareness, observe peers for early detection of issues, provide assistance, and refer them to appropriate services when necessary.

1000 PE selected from all 15 block levels & Training given to all 878 PE`S.

3. Community-Based Interventions

Adolescent Health Days and Adolescent Friendly Clubs: Outreach programs are conducted focusing on adolescents to create awareness about available AFHC services.

11.5 Biomedical Equipment Maintenance Program (BEMP)

This Program is designed to ensure that the Medical Equipment are properly maintained, calibrated and repaired. The program typically includes scheduled maintenance such as Preventive maintenance and training as well as corrective maintenance which involves the repair of malfunctioned equipment. Cyrix Healthcare Pvt Ltd, Ernakulam entrusted for the BEMP Program of all the Institutions under Directorate of Health Services. They started to function from December 2021.

And also include the procurement of various medical Equipment through Quotation, Tender, E Tender and GeM procurement for various programs. Gap analysis and estimate preparation for PIP and other projects. Implementation and monitoring of projects, Coordination and supply of equipment under various schemes and monitoring of AERB Compliance of radiology equipment for the smooth functioning of all departments.

Table 11.5.1: Equipment complaint details

Description	TotalCallRegistered	TotalCall Rectified	Pending Calls	Percentage ofRectified Calls
Total Calls Registered from December 2021 to July 2025	15628	15419	13	98.6%

*Source: District report

11.6 Quality Assurance Programmes

National Health Systems Resource Centre (NHSRC) launched the National Quality Assurance Programme (NQAP) with the objective of improving health status through quality healthcare services in public health facilities. The program focuses on improving preventive, promotive, curative, palliative, and rehabilitative services offered by the public health sector. The NQAS, a comprehensive framework established by the Ministry of Health and Family Welfare (MoHFW), aims to ensure and enhance the quality of healthcare services provided at public health facilities.

District Quality Assurance Programmes

Total Accredited Institutions list are as follows, (including National & State accredited)

Table 11.6.1 Details of Quality Accreditation (As of March 2025)

Category	Institution Name	Accreditation Status
NQAS FHCs (10)	FHC Thirunavaya	Accredited
	FHC Chaliyar	Accredited
	FHC Amarambalam	Accredited
	FHC Pandikkad	Accredited
	FHC Kottakkal	Accredited
	FHC Chokkad	Accredited
	FHC Morayur	Accredited
	FHC Vazhikkadavu	Accredited
	FHC Athanikkal	Accredited
	FHC Karulai	Accredited
NQAS UFHCs (6)	UFHC Mummulli	Accredited
	UFHC Mangalassery	Accredited
	UFHC Eravimangalam	Accredited
	UFHC Vettekkode	Accredited

	UFHC Ponnani	Accredited
	UFHC Biyyam	Accredited
NQAS AAM-HWCs (6)	AAM HWC Athanikkal, Pookkottur block	Accredited
	AAM HWC Niramaruthur, Valavannur Block	Result Awaiting
	AAM HWC K Puram, Valavannur Block	State Accredited
	AAM HWC Anakkayam, Pookkottur Block	State Accredited
	AAM HWC Pokottumanna, Chungathara Block	State Accredited
	AAM HWC Melangadi, Kondotty Block	State Accredited
Major Institutions – NQAS	DH Nilambur	Accredited
	THQH Tirurangadi	State Accredited (National Awaiting)
MusQan Accreditation	GMCH Manjeri	Accredited
LaQshya Accreditation	W&C Ponnani	Accredited
	DH Nilambur	Accredited
	THQH Tirurangadi	State Accredited (National Awaiting)
**Source:District Reporting*		

11.7 e -Sanjeevani

Started on 16/06/2020, during the hardships of COVID-19.

Provides mainly two types of services:

1) Patient-to-doctor consultation
2) Doctor-to-doctor consultation

e-Sanjeevani - The National Telemedicine Service of MoHFW, Government of India has evolved into the world's largest documented telemedicine implementation in primary healthcare. The National Telemedicine Service of India has already served over 321,997,230 patients at over 130,110 Health & Wellness Centres (as spokes) through 16,627+ hubs and over 677 online OPDs serviced by more than 227,575 doctors, medical specialists, super-specialists and health workers as telemedicine practitioners *[as on 08 December 2024]*.

The cloud-based eSanjeevani platform is implemented in two modes: 1. eSanjeevani AB-HWC (a provider-to-provider telemedicine platform): this variant provides assisted teleconsultations for patients who walk into Health and Wellness Centres (HWCs), community health officers in Health & Wellness Centres facilitate the teleconsultation for the patient who are connected to the doctors and specialists in hubs established in secondary/tertiary level health facilities or medical colleges. This variant is based on a Hub-and-Spoke model. 2. e-Sanjeevani OPD (a patient to provider telemedicine platform): it empowers citizens to access health services in the confines of their homes through smartphones or laptops etc.

eSanjeevani - National Telemedicine Service of India - is providing health services remotely across the length and breadth of the country. It offers improved access to healthcare even in resource limited settings. This marvel of ICT is bridging the digital health divide in the country. With phenomenal adoption among patients and telemedicine practitioners and its mammoth network extending to all parts of the country including the islands of Lakshadweep and Andamans and peaks of Ladakh, eSanjeevani is seen as one of the crown jewels of Digital India.

OPD Services available under Patient to Doctor Consultation:

- Dermatology
- Psychiatry
- General medicine
- General surgery
- Paediatrics
- Gynaecology

- ENT
- Ophthalmology
- Pulmonology
- Physical medicine and rehabilitation
- Orthopaedics
- Pain and palliative care OPD

SPOKE STATUS

- a) Total number of active spokes in Malappuram – 635
- b) UPHC Status- 14/14 active
- c) District Hub Doctors in position- 6

Table 11.7.1: e-Sanjeevani consultations

Sl.No.	Month	No.of Op
1	Apr-24	2851
2	May-24	4463
3	Jun-24	2726
4	Jul-24	2961
5	Aug-24	3419
3	Jun-24	2726
4	Jul-24	2961
5	Aug-24	3419
6	Sep-24	4611
7	Oct-24	9196

Sl.No.	Month	No.of Op
1	Apr-24	2851
2	May-24	4463
8	Nov-24	8576
9	Dec-24	3647
	Total	**42450**

*Source: District report

CHAPTER 12

NATIONAL URBAN HEALTH MISSION (NUHM)

NUHM is a sub-mission of NHM to address the health care needs of urban population particularly urban poor. It mainly aims to provide accessible and affordable primary health care services mainly focused on slum dwellers and vulnerable populations.

In Malappuram, there are 12 municipalities with 14 UPHCs. The two municipalities, that is Manjeri and Ponnani are equipped with two UPHCs each. Rest of the 10 municipalities are with one UPHC's each. Each UPHC caters to urban population by providing OP services with speciality OP, Pre-check, NCD services, RCH services, LAB services, pharmacy services, Outreach services, CD programme, along with field activities & eSanjeevani services.

Each UPHC is sanctioned with three UHWC. Therefore 14 UPHC are sanctioned with 42 UHWC. Out of which 41 are operationalised. UHWC's provide services with a Medical Officer, two Staff Nurse, and a pharmacist along with supporting staff providing six hours OP services along with other National Health Programme activities.

Table 12.1 Details of MAS in the district

Community process	Approved	In position
No. of Mahila Arogya Samithi (MAS) constituted	166	166
No. of MAS Accounts opened	166	82
No. of MAS trainings/ orientations held	166	166
No. of ASHAs	169	169
No. of UHNDs held in 2024-25 with frequency (Weekly, Monthly, Quarterly)	185	185
Population and households assigned per ASHA		1800

Population and households assigned per JPHN		5000
*Source: District reporting		

OP DETAILS 2024-25

Table 12.2 NUHM OP Details

MUNICIPALITY	NAME OF UHWC	OP	LAB TEST	LAB OUTSOURCE
MALAPPURAM	UHWC ALATHURPADI	15133	206	0
KOTTAKKAL	UHWC AMAPARA	20695	189	165
MANJERI	UHWC ARYAMPADAM	17667	752	93
NILAMBUR	UHWC BEERAN COLONY	13178	140	0
KONDOTTY	UHWC CHEMMALAPARAMBU	28051	3539	1300
TIRURANGADI	UHWC CHULLIPARA	15646	342	6
TIRUR	UHWC ILLATHAPADAM	15073	141	427
PERINTHALMANNA	UHWC JUBILEE ROAD	11170	185	10
PONNNANI	UHWC KADAVANAD	15996	573	348
VALANCHERY	UHWC KANJIPPURA	24819	575	55
TANUR	UHWC KANNANTHALI	17228	16	0
TANUR	UHWC KARAD	13016	165	2
VALANCHERY	UHWC KATTIPARUTHI	28093	323	0

MALAPPURAM	UHWC KATTUNGAL	16186	229	0
VALANCHERY	UHWC KOLAMANGALAM	18068	295	182
PARAPPANAGADI	UHWC KOTTANTHALA	23811	151	12
TIRURANGADI	UHWC KOYILIPADAM	9606	15	0
PONNANI	UHWC KUTTIKKAD	15025	120	0
PERINTHALMANNA	UHWC MAMPRAPADI	10846	1565	0
KOTTAKKAL	UHWC MARAVETTAM	18078	175	14
KONDOTTY	UHWC MELEPARAMBU	8776	1400	268
TIRUR	UHWC NADUVILANGADI	13512	40	5181
KONDOTTY	UHWC NEERAD	11649	1277	0
MALAPPURAM	UHWC NOORENGALMUKKU	16674	143	0
KOTTAKKAL	UHWC PAPPAI	17500	198	179
TIRURANGADI	UHWC PATHINARUNGAL	16914	1036	0
NILAMBUR	UHWC PATTARAKKA	13417	231	0
MANJERI	UHWC PILAKKAL	24453	646	108
PARAPPANAGADI	UHWC PUTHANKADAPPURAM	21499	150	0
PONNANI	UHWC PUTHUPONNANI	8805	2097	17
NILAMBUR	UHWC RAMANKUTH	18309	113	0

MANJERI	UHWC THOTTUPOYIL	12720	894	0
PARAPPANAGADI	UHWC ULLANAM	17078	261	3
PONNANI	UHWC VANDIPETTA	14672	54	0
MANJERI	UHWC VATTAPPARA	17470	1365	5
MANJERI	UHWC VEEMBOOR	22432	1262	2109
**Source: District reporting*				

The National Urban Health Mission (NUHM) in Malappuram has demonstrated impressive progress in expanding access to urban primary healthcare. With 14 UPHCs and 41 functional UHWCs across 12 municipalities, outpatient services have recorded consistently high footfall, reflecting strong community trust in the system. Centres such as Kattiparuthi, Chemmalaparambu, and Kanjippura each registered more than 24,000 OP visits, showcasing their vital role in addressing urban health needs. Laboratory services are widely available, with several centres like Chemmalaparambu and Mamprapadi performing a large number of in-house tests, ensuring timely diagnostics at the community level. Where needed, select UHWCs have effectively utilized outsourcing arrangements to supplement laboratory services, thereby guaranteeing uninterrupted access to essential investigations. Overall, NUHM facilities in Malappuram are performing well, with strong utilization of OP and laboratory services, highlighting the mission's success in strengthening urban health delivery and improving healthcare accessibility for urban populations.

CHAPTER 13

NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME (NTEP)

13.1 Components of NTEP

The key components of the National Tuberculosis Elimination Programme (NTEP) include Universal Drug Susceptibility Testing (UDST) to identify drug-resistant TB, providing free diagnosis and treatment to all TB patients, utilizing a case-based web-enabled information system called Nikshay, and actively engaging the private sector in TB care. The program also focuses on active case finding, strengthening the private sector, addressing social determinants, and collaborating with other sectors to eliminate TB.

13.2 Programme Implementation

The National Tuberculosis Elimination Programme (NTEP) is implemented through a multi-faceted approach, focusing on early detection, comprehensive treatment, and prevention of TB. Key components include targeted interventions in high-burden areas, free diagnostics and treatment, and active case-finding campaigns. The programme also emphasizes private sector engagement, scaling up diagnostic labs, and providing nutritional support through the Nikshay Poshan Yojana

13.3 Progress in the Tuberculosis Eradication in the District

Table 13.3.1 Details of CB-NAAT Testing (2020-2024)

Year	No. of tests conducted	Positive cases	Percentage
2020-21	5472	318	5.8%
2021-22	2698	246	9.1%
2022-23	5517	472	8.6%
2023-24	6941	670	9.7%

2024-25	4748	356	7.5%

*Source: District reporting

100 Days Campaign

Goals and Importance

The campaign aims to:

1. Increase Case Detection: Raise community awareness and intensify screening/testing in high-risk populations.
2. Reduce TB Deaths: Provide early diagnosis, treatment, and nutritional support to reduce mortality.
3. Prevent New Cases: Strengthen preventive measures like contact tracing and treatment for latent TB infections.

This aligns with India's commitment to the Sustainable Development Goals (SDGs), addressing both social determinants and healthcare gaps.

As part of the 100 days campaign, TB screening of 86% of the people included in the vulnerability list was completed in Malappuram district from December 7, 2024 to March 17, 2025 as per the micro plan prepared by the PHIs and sub-centres of the district. Those with symptoms of tuberculosis were subjected to sputum examination and X-ray with the help of the JAK team.

Sample transportation was also increased as part of this campaign.

13.4 Challenges in NTEP

1. Lack of Official vehicle and fund shortage affect drug transportation and supervisory visits
2. OP referral and field referral of symptomatic cases have not improved. Instructions have been given to increase OP referral and field referral to medical officers and field staff through proper channels.

13.5 Fund allocation for NTEP

Table 13.5.1 Fund allocation for NTEP

Sl. No	Year	Amount (in lakhs)
1	2020-21	111.85
2	2021-22	141.65
3	2022-23	168.65
4	2023-24	171.95
5	2024-25	151.30
6	2025-26	221.4
*Source: District ROP Report		

CHAPTER 14

NATIONAL AIDS CONTROL PROGRAM (NACP)

India's response to the HIV/AIDS epidemic was initiated in the form of Sero-surveillance in 1985. While initial responses (1985-1991) focused on search for HIV in different population groups and locations, screening of blood before transfusion, and targeted awareness generation; the launch of National AIDS and STD Control Programme (NACP) in 1992 institutionalized beginning of a comprehensive response to the HIV/AIDS epidemic in India. Thirty-five years since then, NACP has evolved as one of the world's largest programmes through five-distinct phases. The first phase of NACP (1992-1999) focussed on awareness generation and blood safety. The second phase witnessed launch of direct interventions across the prevention-detection-treatment continuum with capacity building of States on programme management. The third phase (2007-2012) was a story of scale-up with programme management decentralised up to the district level. The fourth phase (2012-2017) was a period of consolidation and enhanced Government funding. The NACP Phase-IV (Extension) was first approved for the period of 2017-2020 and then further extended for one more year i.e., 2020-21. The formulation of NACP Phase-V was necessitated by the need for continuous action and the vigil in context of the country's commitment on ending the AIDS epidemic as a public health threat by 2030.

14.1 Overview of NACP Phase-V (2021-26)

NACP Phase-V is a Central Sector Scheme, fully funded by the Government of India, with an outlay of Rs 15471.94 crore. The NACP Phase-V aims to reduce annual new HIV infections and AIDS-related mortalities by 80% by 2025-26 from the baseline value of 2010. The NACP Phase-V also aims to attain dual elimination of vertical transmission, elimination of HIV/AIDS related stigma while promoting universal access to quality STI/RTI services to at-risk and vulnerable populations.

Goal 1: Reduce annual new HIV infections by 80%

Goal 2: Reduce AIDS-related mortalities by 80%

Goal 3: Eliminate vertical transmission of HIV and Syphilis.

Goal 4: Promote universal access to quality STI/RTI services to at-risk and vulnerable populations

Goal 5: Eliminate HIV/AIDS related stigma and discrimination.

NACP has the following service facilities operational in Malappuram

14.2 Operational NACP Service Facilities

Table 14.2.1 Operational NACP Service Facilities in Malappuram

Name of HIV service centres	No. of HIV Service centres
Targeted interventions	4
Integrated counselling and testing centres	7
Designated STI & RTI clinic	2
ART Centre	1
Link ART	0
Blood Banks (Government)	4
Blood Banks (Private)	8
*Source: District reporting	

14.3 Targeted Intervention projects in Malappuram

Table 14.3.1 Details of Targeted Intervention Projects in Malappuram

Indicator	FSW	MSM	TG	IDU	Migrant
Total No. of TI Projects	1	2	1	1	1
Total registration till March 2025	1023	2660	563	165	10024
New registration 2024-25	155	412	120	46	6008

New registration for the 1st quarter	35	116	27	17	1549
Total HIV Screening during 2024-25	1468	3592	867	224	3001
HIV Positive found	0	0	0	9	4
Total no. of alive HRG Currently registered at ART Centres	0	0	0	3	4
Total HRG Positive currently on ART	2	9	6	8	8
Total STI Screening during 2024- 25.	2535	6989	1603	316	6004
STI Cases diagnosed and treated	5	2	2	0	39
Total STI Screening during 2024-25	2535	6989	1603	316	6004
STI Cases diagnosed and treated	5	2	2	0	40
Total Syphilis screening during 2024-25	1533	3494	873	218	330
Syphilis positive cases	0	7	3	1	2
Total syphilis screening during 2024-25	1533	3494	873	218	330
Syphilis positive cases	0	7	3	1	2
*Source: District reporting					

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

Table 14.4.1 Testing of General Clients at ICTCs

General Clients April-March 2025					
ICTC	**FICTC**	**CBS**	**PPP**	**TOTAL**	**General clients positive**
39042	52994		92036	66	0.07%
*Source: District reporting					

14.5 Prevention of Parent to Child Transmission of HIV

Table 14.5.1 Details of Testing of Antenatal Women for HIV

District	**ICTC**	**FICTC**	**PPP**	**Total**	**ANC positive**
Malappuram	13082	33865		46947	2
*Source: District reporting					

14.6 Blood Collection

Table 14.6.1 Details of blood collection

Year	**No of Blood Units Collected**
2024-2025	45543
*Source: District reporting	

The district maintains a very low HIV prevalence of 0.02%, with functional ART centres, targeted interventions for high-risk groups, and wide ICTC coverage, which are notable achievements. However, gaps in routine testing and persistent stigma reduce the uptake of services. Interventions focus on expanding ICTC services, promoting awareness campaigns, and community mobilisation to ensure early detection and prevention. Malappuram district has made remarkable progress under the National AIDS Control Programme. HIV prevalence and positivity remain very low compared to the state

average, reflecting the success of preventive and awareness initiatives. Comprehensive services are available across the district through ICTCs, STI/RTI clinics, ART centres, and a strong blood safety network. Targeted Interventions effectively reach all key populations, including vulnerable and migrant groups, with active community participation. Screening and testing services are well-utilized, demonstrating wide coverage and early detection. Prevention of Parent-to-Child Transmission is highly effective, with antenatal care services ensuring timely testing and counselling.

Annexures

ANNEXURE I

IEC ACTIVITIES

1.Healthy Plate

The "Healthy Plate" initiative, launched by the Malappuram District Collector, collaborates with the health department. aims to promote healthier eating habits and reduce the risk of lifestyle diseases. It encourages incorporating a balanced mix of whole grains, vegetables, legumes, fruits, leafy greens, dairy, fish, meat, and eggs into meals. The goal is to make healthier food choices more accessible and convenient, particularly in restaurants. Healthy plate started in Malappuram civil station canteen.

Details of the initiative:

- **Purpose:**
  To address the high prevalence of lifestyle diseases in Malappuram and promote healthier eating.
- **Focus:**
  Encouraging the consumption of a variety of nutrient-rich foods, including whole grains, vegetables, legumes, fruits, leafy greens, dairy, fish, meat, and eggs.
- **Implementation**:
  The initiative is being implemented in restaurants and other food establishments in Malappuram, with the aim of making healthier options readily available to the public.
- **Key Components:**
  - Balanced Meals: Emphasizing the importance of including all food groups in appropriate proportions.
  - Reduced Sugar, Salt, and Oil: Encouraging restaurants to reduce the use of sugar, salt, and oil in their food preparations
  - Awareness Campaigns: Promoting healthy eating habits through various awareness programs.

Long-Term Goal:

To make Malappuram a place where healthy eating is the norm, reducing the burden of lifestyle diseases.

- **Collaborative Effort:**
  The initiative is a collaborative effort involving the district administration, health professionals, and the hospitality industry.

Key aspects highlighted by the District Collector:

- The need to make healthy food more accessible and convenient.
- The importance of educating the public about the benefits of a balanced diet.
- The potential of this initiative to improve the overall health of the population.

2. 10 Minutes Exercise

In Malappuram, government offices are introducing daily 10-minute warm-up sessions to promote employee health and combat lifestyle diseases. These sessions, which may be held before work or lunch, are part of a wider campaign to encourage healthy lifestyles. The government is also considering implementing information boards on

lifestyle disease control and anti-tobacco messages, as well as music systems for mental relaxation.

Detailed Breakdown:

Government Initiative:

- The Kerala government has launched a campaign to promote employee health, including daily 10-minute warm-up sessions in government offices.

Warm up sessions

- These sessions aim to combat lifestyle diseases and encourage a more active workday.

Time & Location:

- The warm-up sessions will be held either before work or before lunch.

Additional measures:

The government is also considering implementing information boards and music systems to further promote health and well-being.

Employee Incentives:

The government plans to recognize and encourage employees who commute to work by bicycle, further promoting a healthier lifestyle.

3. NIPAH Management

Initial Alert issued: - Alert Issuer: Kerala Health and Family Welfare Minister Smt. Veena George

Following the confirmation of a Nipah virus infection, District Collector V.R. Vinod had imposed special restrictions in Pandikkad, where the student's native place and in Anakkayam Grama Panchayat, where the infected student had studied. General restrictions were enforced across the district, with additional measures in these areas to curb the spread of the disease.

Index Case was already notified to the district authorities on 17/07/2024 as AES whose samples were sent for viral screening on 18/07/2024. The Medical Officer of Family

Health Centre Pandikkad was informed and public health measures initiated. Probable NIPAH case was informed to the District Medical Officer (H) by the Director Health Services at 6:30 am on 20/07/2024. The Medical Officer of Family Health Centre Pandikkad was notified by 08:15 am.

Case investigation was done by District Medical Officer (H), DSO, Dy DMO, Medical Officer of Family Health Centre Pandikkad. Intersectoral meeting of LSGD members and Thiruvali Block Medical Officer, and Medical Officer of Family Health Centre Pandikkad held at 11:30 am. Orientation of field level health staff of Thiruvali block done at FHC Pandikkad at 12 pm.

Case search was initiated by field staff of Thiruvali health block. Contact tracing was initiated at schools, tuition centres, private hospitals, and in the community. Contact tracing at private hospitals was initiated by the District Hospital Perinthalmanna team.

District level RRT meeting held by District Collector at 3:00 pm. Meeting of District Level department heads held by the Health Minister conducted at 05:00 pm at the District Collector Chamber.

State Level Monitoring Team

The State Level Health Monitoring Team supported the district in controlling Nipah in the district. The team consists of Additional Chief Secretary to H&FW Dr Rajan Namdev Khobragade IAS, Director of Health Services Dr Reena KJ, ADHS(Medical) Dr. Nandakumar, ADHS (PH) Dr Reetha KP, stayed at Malappuram and supported the Nipah Control cell activities in the district.

District Level Supporting Team

The District Level Health supporting Team constituted for controlling Nipah in the district. The team consists of Dr. Renuka R (District Medical officer(H), Dr. Anoop TN (District Programme Manager, National Health Mission, Dr. Noona Marja KM (Dy. District Medical officer(H), Dr. Shubin C (Dy. District Medical officer (H), Dr. Sheena Lal, (Superintendent GMCH Manjeri), District RCH Officer Dr, Pameeli, NN and Dr. Firoskhan V (Junior Administrative Medical officer)

Precautionary Measures: Residents of Malappuram district were advised to wear masks, and restrictions were implemented in certain areas.

Restrictions Imposed:

- In the affected panchayats of Pandikkad and Anakkayam: Schools, colleges, madrasas, Anganwadis, and tuition centres were ordered to remain closed.
- Social gatherings were limited to a minimal number of attendees.
- Shops, except medical stores, were allowed to operate only between 10 a.m. and 5 p.m.
- Cinema theatres were closed.

Health Advisory:

- The public was advised to avoid gatherings, including pre-scheduled functions, and to seek medical attention if they experienced fever or related symptoms.
- No public gatherings were permitted within the Grama Panchayat limits.
- Weddings and other functions were to be held with a restricted number of guests.

General Restrictions for Malappuram District:

1. Public gatherings were to be avoided as much as possible.
2. Wearing masks was made compulsory in public spaces, including travel and gatherings.
3. Students and teachers were required to wear masks during school hours.
4. Gatherings at weddings, funerals, and other celebrations were to be limited, with social distancing measures in place.
5. The public was advised to seek medical advice from registered practitioners for any symptoms, such as fever, and avoid self-medication.
6. Consumption of fruits bitten by birds, bats, or animals, or those fallen from trees, was discouraged. Fruits and vegetables were to be thoroughly washed before consumption.
7. Those experiencing symptoms like fever, vomiting, or other discomforts were instructed to consult a registered medical practitioner and report to the authorities through the helpline numbers 0483-2732010 or 0483-2732050.

Control Room:

After Nipah was confirmed, the Health Department established a control room in Malappuram. A 24-hour control room with a call centre was opened at the Malappuram Rest House on 21st July 2024. On that day, contact tracing commenced. The contact tracing and surveillance team identified the index case's route map and subsequently initiated contact tracing efforts.

Contact Tracing and Isolation Measures

Following the confirmation of Nipah cases, contact tracing was initiated immediately. High-risk contacts were identified, isolated, and their samples were sent for testing. The cumulative contact data, as illustrated in the provided table, include healthcare workers (HCWs) and community members categorized into high-risk and low-risk groups. The contact points and their corresponding total numbers are being continuously updated as the tracing progresses. The swift actions taken are aimed at minimizing the spread of the virus through early detection and quarantine measures.


Isolation Measures and Testing

The Health Department set up 30 isolation rooms and a six-bed ICU at Manjeri Medical College, isolating everyone who had contact with the infected boy. A strict observation was enforced within a three-kilometres radius from the epicentre at Pandikkad, and restrictions were imposed to limit movement and interactions in the area. Isolation wards are set up at CHC Karuvarakundu - 10 beds, Taluk Hospital Wandoor - 20 beds, DH Nilambur - 10 beds for persons with mild symptoms and contacts with no quarantine facility.

Testing & Treatment

Samples from all high-risk contacts were collected and sent for testing to identify any potential further cases. These actions were part of a comprehensive response to manage and contain the outbreak effectively.

Out of the total 934 samples tested, 866 were RT-PCR tests conducted across multiple laboratories including RVRDL KKD, MBSL3, VRDL Manjeri, GMC KKD, and GMC Manjeri. Within this, Truenat testing accounted for 68 samples under the MBSL3 + VRDL Manjeri setup. This reflects the laboratory testing capacity and coverage for Nipah virus surveillance in Malappuram district.

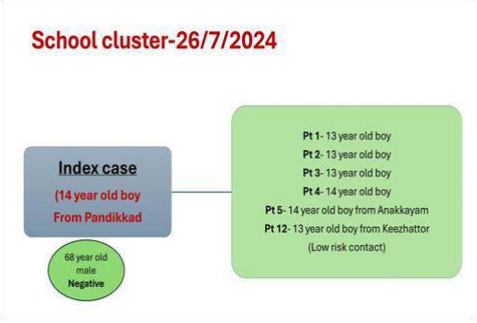
Index case Route map

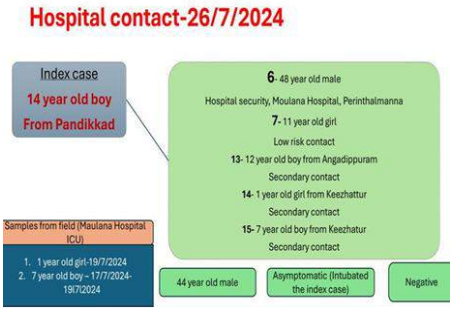
Index Case Route Map Published to Aid Nipah Contact Tracing

In an effort to enhance contact tracing and control the spread of Nipah, the health department has published the route map of the index case. To prevent potential contacts from leaving the area, authorities reviewed CCTV footage from Pandikkad and Perinthalmanna, where the child initially sought medical attention, with police assistance. This helped them create a route map to track the child's movements and identify potential contacts.

By identifying and managing clusters, authorities can effectively contain Nipah virus outbreaks and prevent further spread.

Clusters of Symptomatic Persons





Testing Protocols for Nipah Virus

Serum Test: Serum tests are being conducted to detect the presence of Nipah virus in individuals who came into contact with the infected boy

Lab Tests: In accordance with national guidelines and regulations, Nipah virus confirmation can only be declared at a Bio Safety Level 4 (BSL 4) laboratory. Such a facility was established at Kozhikode Medical College in 2021. All testing, including the confirmation of Nipah, was conducted at this lab in 2023. The official confirmation was subsequently received from the National Institute of Virology (NIV) in Pune.

ICMR Lab

A mobile laboratory has been established at Manjeri Medical College to expedite the testing and diagnosis of Nipah virus, with the support of the Indian Council of Medical Research (ICMR). This will help in quickly identifying and containing the spread of the virus.

Medical Supply Procurement

Essential monoclonal antibodies, required for the treatment of Nipah, were sourced from the Pune Virology Lab. Additionally, the Kerala Medical Services Corporation Limited (KMCL) was tasked with procuring necessary medical supplies, including:

- Medicines
- Masks
- Personal Protective Equipment (PPE) kits
- Testing kits

Medical Facility Preparedness

Manjeri Medical College was designated as a key treatment center. To handle Nipah cases, the following preparations were made

- 30 isolation rooms were established.
- A six-bed Intensive Care Unit (ICU) was set up to manage critically ill patients.

Surveillance and monitoring

Panchayath level RRT meeting held at FHC Pandikkad at 12:00 pm and District level RRT meeting held by District Collector at 3:00 pm. Meeting of District Level department heads held by the Health Minister conducted at 05:00 pm at the District Collector Chamber on 20 th July 2024.

Nipah Review Meeting on 20th July2024

A review meeting on the Nipah virus outbreak was held on 20th July at the District Collectorate, Malappuram. The meeting was attended by Wandoor Assembly MLA Shri. A.P. Anil Kumar, Manjeri Assembly MLA Shri. U.A. Latheef, and Malappuram Assembly MLA Shri. P. Ubaidulla, along with the Health Minister and other top officials.

During the meeting, discussions focused on the current status of the outbreak, ongoing contact tracing efforts, surveillance measures, and treatment protocols to be followed moving forward.

Key Decisions:

- Intensify contact tracing and surveillance activities.
- Ensure adequate infrastructure.

- Ensure adequate PPE and supplies for healthcare workers and field staff
- Enhance coordination among teams and health institution and LSGD
- Submit daily reports on the outbreak

Formation of Committees

In response to the Nipah outbreak, the district administration swiftly established 30 committees in line with government guidelines and Standard Operating Procedures (SOPs). These committees were activated to address various aspects of outbreak management and containment.

Daily Monitoring and Control Cell Operations

Daily monitoring of Nipah response activities commenced on 20th July 2024, under the direct supervision of the health minister. The district collector formed specialized teams to oversee various aspects of Nipah control efforts. A dedicated control cell was also set up on the same day, managing patient transportation and coordinating resources. The control cell operated for 15 days, with 25 staff members posted daily to ensure uninterrupted operation

A daily review meeting on the Nipah virus outbreak was conducted each day under the chairmanship of Health Minister Shri. Veena George at the District Collectorate, Malappuram. The meeting was attended by senior health officials, members of the surveillance and contact tracing teams, as well as other specialized teams constituted by the district collector to manage the outbreak response.

All meetings during this period concluded with a clear action plan and assigned tasks for the following 24 hours. The Health Minister directed officials to submit daily reports detailing the number of new cases, contacts traced, and surveillance activities.

The Health Minister was physically present at all meetings from 20th July 2024 to 24th July 2024. From 25th July 2024 onwards, the Health Minister chaired meetings in an online mode.

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Special fever clinics

In response to the outbreak, special fever clinics were established in Wandur, Nilambur, and Karuvarakundu, areas near the affected panchayats. These clinics were designed to

monitor and manage individuals exhibiting fever symptoms, ensuring that potential Nipah cases were quickly identified and isolated.

Dead Body Management

The district administration and health authorities implemented strict protocols for handling and managing dead bodies to prevent further transmission of the virus.

Patient & Sample Transportation

The district administration and health authorities implemented strict protocols for transporting and managing samples and patients for testing and treatment, in order to prevent further transmission of the virus.

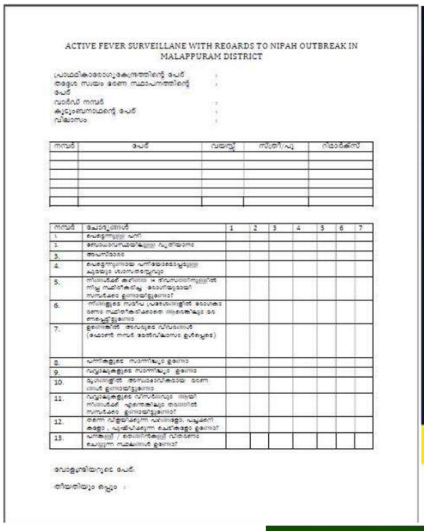
House visit for Surveillance

In response to the Nipah virus outbreak, the Health Department initiated a comprehensive field survey in Pandalur and Anakkayam panchayats. This survey was a significant effort in community surveillance and monitoring aimed at preventing and controlling the spread of the disease.

The field survey commenced on July 21, 2024, shortly after Nipah disease was first reported in the district. The survey was successfully completed on July 25, 2024.

A team of health professionals, including medical officers, health inspectors, and nurses from the Pandikkad and Anakkayam Family Health Centres, as well as Asha workers and other health staff from across the district, participated in the survey

The field survey set a new benchmark for the state in Nipah disease prevention and control, highlighting the effectiveness of swift and coordinated action by the Health Department. The efforts were instrumental in enhancing community surveillance and monitoring practices.



ACTIVE FEVER SURVEILLANE WITH REGARDS TO NIPAH OUTBREAK IN MALAPPURAM DISTRICT

NIPAH IEC activities

- In 2024 Nipah outbreak occurred twice in Malappuram district. The Malappuram district successfully managed this with the help of public participation and collaboration of local self-government representatives, private and government institutions.
- IEC- BCC activities done at grass root level. it also helps prevent the spread of disease
- Digital media and mass media were used at that time, it helped the public to get informed very easily and on time about the spread of disease

- Mike announcement, press release, FM Talk, video message, House to house visit were done
- IPC is another form of communication, done with the help of health workers and political persons. MLA Meeting, panchayat level meeting
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4. Arogyabheri

To combat lifestyle diseases, the 'Arogyabheri' project is jointly implemented in the district by the district administration, health department and Arogya Keralam under the leadership of the district panchayat with the support of local institutions. This innovative project includes creating awareness among people about non communicable diseases including cancer, conducting cancer detection camps and promote early diagnosis. In connection with Arogyabheri, two education materials were published, Arogyaposhanam and Arogyabheri. This is a mandatory project envisaged for NCD management and control at LSGD level. Through this, cancer awareness programs and screening camps are being conducted to ensure early diagnosis and management. All 94 – panchayats and 13 municipalities conduct this project

5. Swasthyam Snehitham Malappuram

The project was introduced to ensure the physical and mental health of the employees working under the Health Department in Malappuram district. District Medical Officer Dr. Renuka R released the logo of the project.

6. Tribal Antenatal Home at Nilambur

Tribal antenatal homes are facilities that provide care to pregnant tribal women, including antenatal care and safe home deliveries. These homes are often located in remote areas where hospitals are far away. In Malappuram tribal antenatal home situated at Nilambur.

7. Shelter Home at CHC Chungathara

The CUTE Charitable Trust has provided a temporary building at CHC Chungathara to function as a shelter home for the tribal population in Malappuram district. The shelter has been operational since December 2023 and currently accommodates 23 inmates. The home is staffed by one JPHN from NHM and one supporting staff provided by the Block Panchayat, Nilambur, while CHC Chungathara arranges a doctor and a staff nurse who are available on call to provide medical care. Tribal inmates are brought to the

shelter home by Hamlet ASHAs and Tribal Promoters, under the supervision of the JPHN in charge. Nutritional support is provided by the Block Panchayat Nilambur through a tie-up with Kudumbasree, and medicines are supplied by CHC Chungathara. In case of childbirth, deliveries are conducted at DH Nilambur or referred to appropriate facilities depending on the patient's condition.

8. Wayanad Landslide - Activities of Malappuram Health department

Wayanad Landslide

The 2024 Wayanad landslide was a series of landslides that occurred on July 30, 2024, in the Meppadi panchayat of Wayanad district, Kerala, India. The landslides affected several areas, including Mundakai, Chooralmala, Attamala, Poonchiramattam, and Kunjom. The disaster resulted in the confirmed deaths of 403 people.

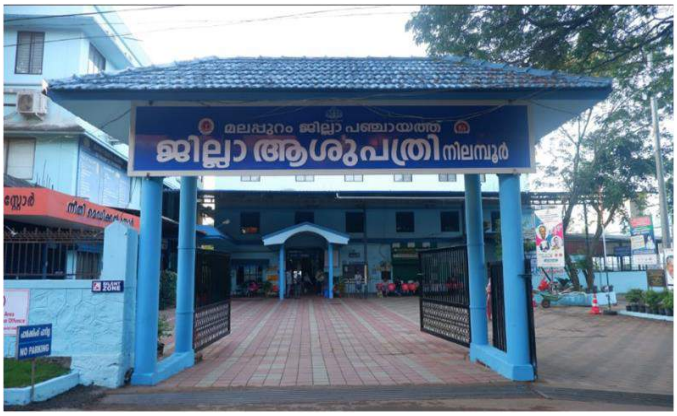
Affected Areas

The worst-hit areas are Mundakai and Chooralmala, where entire neighbourhoods have been buried under debris and mud. Several other villages have also been affected, leaving many families without access to basic necessities like food, water, and shelter.

A massive landslide occurred in Meppadi Mundakai town and Chooralmala, resulting in many people going missing and several deaths. Following the landslide, multiple bodies were found floating in the Pothukal Chaliyar rivers. The first body was spotted in the Chaliyar river on the morning of July 30, 2024. The body of a child was found stuck in the mud at Mulankattu

The body was then taken to the Nilambur District Hospital for post-mortem. Subsequently, bodies and body parts were recovered from various parts of the Pothukal

panchayath area from the Chaliyar river. All the bodies recovered from the Chaliyar river were taken to the Nilambur District Hospital for post-mortem.



The Health Department played a vital role in responding to the Wayanad landslide:

The doctors, public representatives, and volunteers at Nilambur District Hospital, who received those bodies and body parts brought in by the Chaliyar River with great respect, worked tirelessly for a week without rest. Nilambur District Hospital set an example for other hospitals with its outstanding efforts. Every moment, they managed the arriving bodies, decomposed and covered in mud, while maintaining the dignity of the deceased, showing how a government hospital and its management can effectively operate in a disaster scenario.

Special arrangements were made for those who came to identify the bodies, handing over the identified ones to their relatives, and sending the bodies back to Wayanad in ambulances, all done with precise discipline at Nilambur District Hospital.

Despite limitations, the Nilambur District Hospital functioned without any complaints during the disaster days. The hospital authorities did not expect the disaster to be of such magnitude. Seventy-six bodies and 163 body parts flowed through the Nilambur forest due to the Wayanad landslide. Two hundred and thirty-nine post-mortems were conducted within nine days. The mortuary had only 6 freezers. With an overwhelming number of bodies, it was a challenge to transport them, and there was an urgent need for more ambulances and freezers in the mortuary. Through social media, a campaign was launched, and within an hour, 53 freezers and around 70 ambulances arrived from

various locations. The hospital then functioned like a war zone. Existing patients were shifted towards, and 20 rooms in the mortuary pay ward with 28 beds were quickly prepared. Forensic experts and doctors, including the nursing superintendent, arrived from various government hospitals. The police outpost in the hospital was expanded for inquest procedures. While preparations were underway, bodies continued to arrive. The crisis was handled efficiently, and post-mortem procedures were conducted smoothly.

ദുരന്തമുഖത്ത് മാതൃകയായി വിയ്യൂർ ജില്ലാ ആശുപത്രി

Each ambulance transporting bodies to Wayanad was accompanied by at least two volunteers, as well as police escort vehicles and pilot vehicles.

സുപ്രഭാതം

രക്ഷാപ്രവർത്തനത്തിനു പോയ യുവാക്കൾ സൂചിപ്പാറയിൽ കുടുങ്ങി

ഒടുവിൽ എയർലിഫ്റ്റ് ചെയ്ത് രക്ഷപ്പെടുത്തി

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ആയിരങ്ങൾക്ക് ഭക്ഷണമൊരുക്കി നിലമ്പൂർ സി.എച്ച് സെന്റർ

Personnel from various defence units, including Kerala Police, NDRF, Army, NDMA rescue team, Delta Squad, SOG, Kerala and Tamil Nadu Fire Rescue teams, K9 dog squad, and Forest departments, actively participated in search and rescue missions across six zones.

Wayanad Land Slide
District Hospital Nilambur
Day wise Consolidated Report

Body Received Date	Total Bodies / Body Parts received	Bodies received					Body Parts received	PM Done	Bodies Identified at DH Nilambur	Issued to Relatives	Handed over to Wayanad District Administration			DNA Sample only	Remaining Bodies/ Body Parts (End of the day)
		Male	Male Child	Female	Female Child	Total					Bodies	Body Parts	Total		
30-07-2024	57	19	9	2	2	32	25	37	0	0	0	0	0	0	57
31-07-2024	80	11	10	0	1	22	58	81	3	3	44	42	86	0	48
01-08-2024	35	5	3	0	0	8	27	35	0	0	4	31	35	0	48
02-08-2024	17	2	4	1	1	8	9	33	0	0	12	12	24	1	40
03-08-2024	16	0	0	0	3	3	13	19	0	0	10	37	47	4	5
04-08-2024	28	1	2	0	0	3	25	17	0	0	1	10	11	1	21
05-08-2024	2	0	0	0	0	0	2	13	0	0	2	18	20	1	2
06-08-2024	2	0	0	0	0	0	2	2	0	0	0	0	0	0	4
07-08-2024	5	1	0	0	0	1	4	5	0	0	0	4	4	0	5
08-08-2024	2	1	0	0	0	1	1	2	0	0	1	4	5	0	2
09-08-2024	0	0	0	0	0	0	0	0	0	0	1	1	2	0	0
Total	244	40	28	3	7	78	166	244	3	3	75	159	234	7	0

The MCH Manjeri and MCH Thrissur teams, along with a multidisciplinary group of medical professionals including Dr. Manu, Dr. Asif, Dr. Pratheesha, Dr. Parthasarathy (Junior Consultant & Assistant Police Surgeon, DH Kollam), Dr. Azim Adhir M P (Junior Consultant & Assistant Police Surgeon, DH Tirur), and Dr. Mahuja C Fathima (Assistant Surgeon, DH Perinthalmanna), have been actively involved in providing relief and medical support to affected communities. The district administration, in coordination with the state government, has established relief camps to ensure the provision of shelter, food, and essential medical care for impacted families. In addition, public health surveillance has been strengthened to monitor disease outbreaks, with prompt

responses implemented to mitigate potential health threats. Measures have also been taken to prevent waterborne and airborne diseases within relief camps, ensuring the safety and well-being of displaced and affected populations.

To prevent leptospirosis in the disaster area, Doxycycline tablets were distributed to those involved in relief activities in the Chaliyar and other affected regions. Special "Doxy Corners" were set up in those areas. Leptospirosis prevention tablets were also given to people who came into contact with contaminated water, and awareness campaigns about leptospirosis were conducted. Additionally, preventive measures were communicated through microphone announcements and awareness classes.

Chlorination

Super chlorination was carried out in the wells of homes in the Pothukal panchayat and surrounding areas near the Chaliyar River.

Psychological Support: Provided counselling services to affected families, addressing trauma and stress.

Collaboration: Worked closely with other departments, NGOs, and local authorities to ensure a coordinated response.

Under the direction of the District Police Chief, inspections were carried out in areas such as Edavanna, Othayi, Mambad, Kunduthode, and Kollapad Pavan through the Chaliyar River. The Emergency Rescue Force conducted these inspections in these areas using the Edavanna unit's boat.

Health Education: Conducted health awareness programs, educating affected communities on preventive measures and hygiene practices.

9. Hub and Spoke Lab Networking

Due to the difficult terrains and huge population of Malappuram district, there are inadequacies in diagnostic infrastructure in the district. This triggered the discussions to start a hub and spoke lab networking system. A detailed gap assessment was done in all the facilities to identify the availability of diagnostic equipment, and logistics. The human resource gap was also assessed. District level meeting was held with the district Panchayath president and Presidents of all LSGD and Medical officers and superintendents of all Health Institutions. The plan and standard operating procedures of the lab networking system of Malappuram district was decided in the meeting. The first district level hub lab was set up at District Hospital Nilambur using district panchayath fund. The system started with Piloting of sample transportation from Community health centre Chungathara to District hospital Nilambur.

Meeting with block panchayat presidents and block medical officers conducted and decided to set up a two-level transportation system.

Block level- Samples from level I Lab transported to level II Lab. Staff with stipulated qualification were posted at level II lab. Samples are collected from level 1 labs under its jurisdiction. All the fifteen health blocks in Malappuram district have set up such level II

hub lab funds from different sources (health grant, LSGD fund, HMC fund) to be used for this purpose.

Vehicle for District level transportation with adequate branding and IEC to transport arranged by NHM. Samples from block hub lab (level II lab) and Level III Lab to district Hub Lab using funds from different schemes under NHM.

The vehicle was flagged off by hon. Sports minister V. Abdurahiman on 15th October 2022. Currently 5 vehicles are available for district level transportation. More than 30,000 samples(including cancer diagnostic samples) have been transported in this system till date

This system has helped in providing quality results and saving money and time. Hub and spoke Lab networking won silver skoch award in 2024.

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10. Immunization

Immunization awareness activities in Malappuram district involve various strategies to promote public health and increase vaccination coverage. These include interpersonal communication through healthcare providers, ASHAs, and Anganwadi workers; health education classes; IEC activities; immunization camps; and media outreach.

In Malappuram, we conducted these activities to create awareness and impart knowledge

- Immunization awareness class conducted.
- Healthy baby Competition
- House to house visit
- Personal letter- sneha dooth
- DTF
- Intersectoral meeting
- Awareness board fixing in highways
- Social media platforms
- Influencers byte - videos released
- IMI programme conducted
- BSNL OBD service
- Press meet

11. Sneha dooth

The health department in Malappuram has launched a targeted initiative to reach out to parents of partially immunized and unimmunized children, aiming to improve vaccination rates in the district. As part of this effort, personal letters are being sent to

parents highlighting the importance of completing the recommended vaccination schedule for their children.

The letters, signed by healthcare officials and LSGD president, emphasize the role of immunization in protecting children from life-threatening diseases and encourage parents to schedule appointments with local healthcare providers to ensure their child receives all necessary vaccinations. This proactive approach is part of a broader strategy to reduce vaccine hesitancy and ensure that all children in Malappuram are fully protected against vaccine-preventable diseases. The programme first started in FHC Trippanachi, then District replicated this.

Mathrubhumi
മാതൃഭൂമി

പുഞ്ചിരി മായാതിരിക്കാൻ ഒരു സ്നേഹദൂത്

ലോക രോഗപ്രതിരോധ ദിനാചരണത്തിന്റെ ഭാഗമായി കുത്തിവെപ്പ് മുടങ്ങിയ 500 കുട്ടികളുടെ രക്ഷിതാക്കൾക്ക് കത്തയച്ച് തുഷനച്ചി കുടുംബാരോഗ്യകേന്ദ്രം

മഞ്ചേരി▸ ലോക രോഗപ്രതിരോധ ദിനാചരണത്തിന്റെ ഭാഗമായി വ്യത്യസ്തമായ പ്രതിരോധ സന്ദേശവുമായി തുപ്പനച്ചി കുടുംബാരോഗ്യകേന്ദ്രം.

പുൽപ്പറ്റ പഞ്ചായത്തിൽ പ്രതിരോധ കുത്തിവെപ്പ് ഭാഗികമായി പൂർത്തിയാക്കിയ 450 പിഞ്ചുകുഞ്ഞുങ്ങളുടെ രക്ഷിതാക്കൾക്കും തീരെ കുത്തിവെപ്പ് നടത്തിയിട്ടില്ലാത്ത 50 കുട്ടികളുടെ രക്ഷിതാക്കൾക്കും കത്തയച്ചുകൊണ്ടാണ് ഈ വേറിട്ട മാതൃക.

'പുഞ്ചിരി മായാതിരിക്കാൻ സ്നേഹദൂത്' എന്ന പേരിൽ കുത്തിവെപ്പ് എടുത്ത് കുഞ്ഞുങ്ങൾക്ക് രോഗം വരാതിരിക്കാൻ ശ്രദ്ധിക്കണമെന്ന സ്നേഹപൂർണമായ സന്ദേശമാണ് അവരുടെ മേൽവിലാസത്തിൽ അയച്ചത്.

പഞ്ചായത്ത് പ്രസിഡൻറും മെഡിക്കൽ ഓഫീസറുമാണ് കത്തിൽ ഒപ്പിട്ടത്.

പഞ്ചായത്തിന്റെ ആരോഗ്യശലഭം പദ്ധതിയുടെ ഭാഗമായി ലോക രോഗപ്രതിരോധ ദിനത്തിൽ വീടുകളിൽ കത്തു ലഭിക്കുന്ന തരത്തിലാണ് ആരോഗ്യപ്രവർത്തകർ പോസ്റ്റ് ഓഫീസ് വഴി സ്നേഹദൂത് അയച്ചത്.

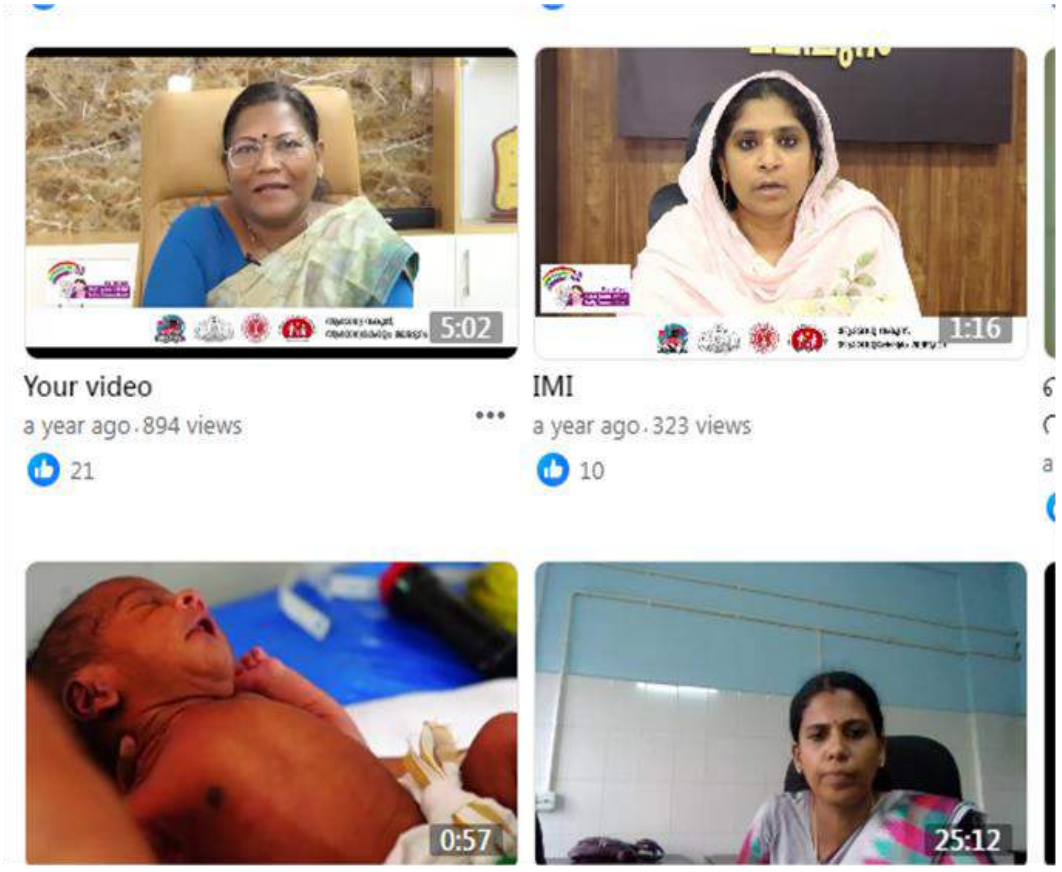
അടുത്ത ദിവസങ്ങളിൽ ഈ രക്ഷിതാക്കളെ വിളിച്ച് രോഗപ്രതിരോധ കുത്തിവെപ്പ് ക്യാമ്പിലേക്ക് ക്ഷണിക്കും.

മെഡിക്കൽ ഓഫീസർ ഡോ. എം.ടി. റഷീന, ഹെൽത്ത് ഇൻസ്പെക്ടർ സി.കെ. നാസർ അഹമ്മദ്, പബ്ലിക് ഹെൽത്ത് നഴ്സ് എം.പി. രജനി എന്നിവർ നേതൃത്വംനൽകി.

കുത്തിവെപ്പ് മുടങ്ങിയ കുട്ടികളുടെ രക്ഷിതാക്കൾക്കുള്ള കത്തുകൾ ജീവനക്കാർ തയ്യാറാക്കുന്നു

11/11/2024 NILAMBUR Pg 03

12. Short Videos Published in Media



13. Zoonoses Campaign

- Intersectoral Coordination Program Inaugurated by District Collector Sri. VR. Vinod IAS.
- Zoonoses Poster Released to DDE KP. Rameshkumar
- Zoonoses Workshop attended by officials from Forest, Agriculture, Dairy and Veterinary Departments

- Poster design given to the Education department for publication at schools.
- Session held by HI in the Masjid
- FM Talk done by DMO Dr. R. Renuka regarding Hepatitis
- Handwashing Demonstration by Staff Nurse for school Children
- Mime presented by College Students regarding Hepatitis
- Social media poster released.
- Awareness video published.
- Press release given

14. VIVA Campaign

- Rally and Flash mob conducted at Malappuram Town by MLSP of the district
- Skit on Anaemia Presented by Students of Unity Women's College Manjeri
- Signature Campaign for VIVA
- Anaemia Screening camps conducted with the participation of LSGD Members
- Awareness session for the mothers and women
- Special screening camp for Civil Station employees on International Women's Day
- Digital Posters are prepared regarding each specific subject of a balanced diet; HB, Anaemia, Testing.
- Posters prepared on importance of fruits, vegetables, iron rich foods.
- Messages shared through social media

15. Family Planning Awareness Activities

- Promotion of FP methods through Self-care Kit fixed in 98 Institution
- Awareness board fixed in Institution and major town areas
- Awareness video ads given in local channel
- Digital posters through our social media

- Family Planning awareness messages distributed in mothers
- Awareness messages through FM radio AIR Manjeri

16. Child Health Awareness Activities

- MBFHI awareness board
- Breastfeeding awareness activities
- Strengthening breast feeding corner
- KMC promotion
- Saans Campaign
- Laqshya awareness board fixing
- Hridyam awareness
- Promoting DEIC
- Clubfoot Awareness

17. Tobacco Free Youth-TOFEI Campaign

- Declaration of AR NAGAR as 100% TOFEI Panchayath
- Awareness Rally regarding effects of tobacco use
- Mental Health support for quitting tobacco usage
- Posters for schools Folk Art forms
- Puppet Shows conducted in the district as part of the campaign.
- Conducted at Higher secondary schools
- Twenty-Five shows conducted throughout the districts


സ്വാഗതം


AR NAGAR PANCHAYATH
എ ആർ നഗറിലെ മുഴുവൻ
വിദ്യാലയങ്ങളും പുകയിലരഹിതം


പുകയില രഹിത
പക്ഷാചരണം
2023 മെയ് 31 മുതൽ ജൂൺ 15 വരെ
നമുക്ക് ദക്ഷണമാണ് മതിയെന്ന് പുകയിലയല്ല
ആരോഗ്യ വകുപ്പ്, ആരോഗ്യ കേരളം, മലപ്പുറം

ANNEXURE- II

LIST OF INSTITUTIONS

INSTITUTION	INSTITUTION	INSTITUTION	INSTITUTION
FHC Chungathara-Nilambur	BFHC Pookkottur-Malappuram	BFHC Vengara	BFHC Vettom- Tirur
DH Nilambur	THQH Malappuram	FHC A R Nagar	DH Tirur
UPHC Mummuly	UPHC Kooriyad	FHC Edarikode	UPHC Annara, Tirur
GMD Nilambur	UPHC Panakkad	FHC Iringallur	CHC Purathur
FHC Chaliyar	FHC Anakkayam	FHC Kannamangalam	FHC Koottayi
FHC Edakkara	FHC Kodur	FHC Oorakam	FHC Thalakkad
FHC Kurumbalangode	FHC Kottakkal	FHC Thennala	FHC Thirunavaya
FHC Moothedam	FHC Morayur	BFHC Peruvallur-Tirurangadi	FHC Triprangode
FHC Pothukal	FHC Othukkungal	THQH Tirurangadi	FHC Koottayi Fisheries
FHC Vazhikadavu	FHC Ponmala	UPHC Parappanangadi	BFHC Maranchery-Perumpadappu
BFHC Kalikavu	Police Disp. Malappuram	UPHC Tirurangadi	FHC Alamkode
CHC Karuvarakundu	PH Lab Malappuram	CHC Neduva	FHC Maranchery (N)
FHC Amarambalam	BFHC Pallikkal - Kondotty	FHC Athanikkal	FHC Nannamukku
FHC Chokkad	THQH Kondotty	FHC Kadalundi Nagaram	FHC Palappetty

FHC Edapatta	UPHC Kondotty	FHC Moonniyur	FHC Perumpadappu
FHC Karulai	FHC Chelembra	FHC Nannambra	FHC Veliyancode
FHC Tuvvur	FHC Cherukavu	FHC Parappangadi	GFD Veliyancode
BFHC Thiruvaly-Wandoor	FHC Muthuvallur Vilayil	FHC Thenhippalam	BFHC Edappal- Ponnani
MCH Manjeri	FHC Nediyirippu	GFD Parappanangadi	THQH Ponnani
TH Wandoor	FHC Pulikkal	FHC Marakkara - Kuttippuram	W&C Ponnani
UPHC Vettekkode	FHC Vazhakkad	TH Kuttipuram	UPHC Ponnani
UPHC Mangalassery	FHC Vazhayoor	UPHC Valanchery	UPHC Biyyam
FHC Mampad	BFHC Mankada	BFHC Valanchery	BFHC Trikkanapuram
FHC Pandikkad	FHC Koottilangadi	FHC Athavanad	FHC Ezhuvathiruthy
FHC Porur	FHC Makkaraparamba	FHC Edayur	FHC Kalady
FHC Trikkalangode	FHC Moorkanad	FHC Irimbiliyam	FHC Vattamkulam
TBC Cherani	FHC Pang	FHC Kalpakanchery	TB Clinic Ponnani
Police Disp Pandikkad	FHC Puzhakkattiri	FHC Valavannur - Tanur	
BFHC Edavanna-Areekode TH Areekode	BFHC Melattur-Perinthalmanna DH Perinthalmanna	UPHC Tanur CHC Tanur	
CHC Omanur	UPHC Eravimangalam	FHC Cheriyamundam	
CHC Urngattiri	FHC Alipparamba	FHC Ozhur	

FHC Chathallur	FHC Angadippuram	FHC Perumanna Klari	
FHC Kavanur	FHC Chemmalasseri	FHC Ponmundam	
FHC Keezhuparamba	FHC Elamkulam	FHC Thanalur	
FHC Kuzhimanna	FHC Keezhattur	FHC Thevarkadapuram	
FHC Poovathikkal	FHC Thazhekode	Police Dis Perumanna clari	
FHC Trippanachi	FHC Vettathur		
Police Disp. Areekode			

List of Sub centres -589

Sl. No	Name of Health Block	Name of PHC	Sub Centre Name
1	CHC CHUNGATHARA	CHC Chungathara	FWC Chungathara
2	CHC CHUNGATHARA	CHC Chungathara	FWC Konnamanna
3	CHC CHUNGATHARA	CHC Chungathara	Main Centre Chungathara
4	CHC CHUNGATHARA	CHC Chungathara	FWC Pallikkuth
5	CHC CHUNGATHARA	CHC Chungathara	FWC Pookkottumanna
6	CHC CHUNGATHARA	CHC Chungathara	FWC Javahar Colony
7	CHC CHUNGATHARA	CHC Chungathara	FWC Ramankuth
8	CHC CHUNGATHARA	CHC Chungathara	FWC Aruvacode
9	CHC CHUNGATHARA	CHC Chungathara	FWC Pathippara
10	CHC CHUNGATHARA	CHC Chungathara	FWC Payyapally
11	CHC CHUNGATHARA	FHC Karulai	FWC Ambalappady
12	CHC CHUNGATHARA	FHC Karulai	FWC Chettiyil
13	CHC CHUNGATHARA	FHC Karulai	Main Centre Karulai
14	CHC CHUNGATHARA	FHC Karulai	FWC Mandan Mozhi

15	CHC CHUNGATHARA	FHC Pothukal	FWC Bhoothanam
16	CHC CHUNGATHARA	FHC Pothukal	Main Centre Pothukal
17	CHC CHUNGATHARA	FHC Pothukal	FWC Munderi
18	CHC CHUNGATHARA	FHC Pothukal	FWC Uppada
19	CHC CHUNGATHARA	FHC Vazhikadavu	FWC Karakkode
20	CHC CHUNGATHARA	FHC Vazhikadavu	Main Centre Vazhikkadavu
21	CHC CHUNGATHARA	FHC Vazhikadavu	FWC Mamankara
22	CHC CHUNGATHARA	FHC Vazhikadavu	FWC Manimooly
23	CHC CHUNGATHARA	FHC Vazhikadavu	FWC Marutha
24	CHC CHUNGATHARA	FHC Vazhikadavu	FWC Modapoika
25	CHC CHUNGATHARA	FHC Vazhikadavu	FWC Mundapotty
26	CHC CHUNGATHARA	FHC Vazhikadavu	FWC Narokkavu
27	CHC CHUNGATHARA	PHC Amarambalam	FWC Amarambalam (South)
28	CHC CHUNGATHARA	PHC Amarambalam	FWC Chettippadam
29	CHC CHUNGATHARA	PHC Amarambalam	Kavalamukkatta MC
30	CHC CHUNGATHARA	PHC Amarambalam	FWC Koottampara
31	CHC CHUNGATHARA	PHC Amarambalam	FWC Pottikkallu
32	CHC CHUNGATHARA	PHC Amarambalam	FWC Ulladu
33	CHC CHUNGATHARA	PHC Amarambalam	FWC Uppuvally
34	CHC CHUNGATHARA	FHC Chaliyar	FWC Elambilacode
35	CHC CHUNGATHARA	FHC Chaliyar	FWC Eranhimangad
36	CHC CHUNGATHARA	FHC Chaliyar	Main Centre Chaliyar
37	CHC CHUNGATHARA	FHC Chaliyar	FWC Mooleppadam
38	CHC CHUNGATHARA	FHC Chaliyar	FWC Peruvampadam
39	CHC CHUNGATHARA	PHC Edakkara	FWC Koukkad
40	CHC CHUNGATHARA	PHC Edakkara	Main Centre Edakkara
41	CHC CHUNGATHARA	PHC Edakkara	FWC Palemad
42	CHC CHUNGATHARA	PHC Edakkara	FWC Parly
43	CHC CHUNGATHARA	PHC	FWC Erumamunda

		Kurumbalangode	
44	CHC CHUNGATHARA	PHC Kurumbalangode	Main Centre Kurumbalangode
45	CHC CHUNGATHARA	PHC Kurumbalangode	FWC Vellimuttom
46	CHC CHUNGATHARA	PHC Moothedam	FWC Chemmanthitta
47	CHC CHUNGATHARA	PHC Moothedam	FWC Kalkulam
48	CHC CHUNGATHARA	PHC Moothedam	Main Centre Moothedam
49	CHC CHUNGATHARA	PHC Moothedam	FWC Palankara
50	CHC CHUNGATHARA	THQH Nilambur	PP Unit Nilambur
51	CHC EDAVANNA	TH Areacode	FWC Chemmrakkattur
52	CHC EDAVANNA	TH Areacode	FWC Mundambra
53	CHC EDAVANNA	TH Areacode	FWC Puthalam
54	CHC EDAVANNA	TH Areacode	FWC Ugrapuram
55	CHC EDAVANNA	CHC Edavanna	FWC Kunduthodu
56	CHC EDAVANNA	CHC Edavanna	Main Centre Edavanna
57	CHC EDAVANNA	CHC Edavanna	FWC Pathappiriyam
58	CHC EDAVANNA	CHC Edavanna	FWC Perakamanna
59	CHC EDAVANNA	CHC Edavanna	FWC Thuvvakkadu
60	CHC EDAVANNA	PHC Kavannur	FWC Alingapparamaba
61	CHC EDAVANNA	PHC Kavannur	FWC Elayoor
62	CHC EDAVANNA	PHC Kavannur	FWC Iruvetty
63	CHC EDAVANNA	PHC Kavannur	Main Centre Kavanoor
64	CHC EDAVANNA	PHC Kavannur	FWC Panampattachal
65	CHC EDAVANNA	PHC Kavannur	FWC Vakkalur
66	CHC EDAVANNA	PHC Chathallur	Main Centre Chathallur
67	CHC EDAVANNA	PHC Chathallur	FWC Othayi
68	CHC EDAVANNA	FHC Thrikkalangode	FWC Amayoor
69	CHC EDAVANNA	FHC Thrikkalangode	Cherankuth MC

70	CHC EDAVANNA	FHC Thrikkalangode	FWC Karakunnu
71	CHC EDAVANNA	FHC Thrikkalangode	FWC Karayil
72	CHC EDAVANNA	FHC Thrikkalangode	FWC Karikkad
73	CHC EDAVANNA	FHC Thrikkalangode	FWC Pelepram
74	CHC EDAVANNA	FHC Thrikkalangode	FWC Shapinkunnu
75	CHC EDAVANNA	PHC Thrippanachi	FWC Kallechal
76	CHC EDAVANNA	PHC Thrippanachi	FWC Karapparamba
77	CHC EDAVANNA	PHC Thrippanachi	Main Centre Trippanachi
78	CHC EDAVANNA	PHC Thrippanachi	FWC Olamathil
79	CHC EDAVANNA	PHC Thrippanachi	FWC Palakkad
80	CHC EDAVANNA	PHC Thrippanachi	FWC Pulpatta
81	CHC EDAVANNA	PHC Thrippanachi	FWC Trippanachi
82	CHC EDAVANNA	G G H Manjeri	PP Unit 1
83	CHC EDAVANNA	G G H Manjeri	PP Unit 2
84	CHC EDAVANNA	G G H Manjeri	FWC Narukara
85	CHC EDAVANNA	G G H Manjeri	FWC Payyanad
86	CHC KONDOTTY	CHC Kondotty	Main Centre Kondotty
87	CHC KONDOTTY	CHC Kondotty	FWC Melangadi
88	CHC KONDOTTY	CHC Kondotty	FWC Nayabazar
89	CHC KONDOTTY	CHC Kondotty	FWC Neeradu
90	CHC KONDOTTY	CHC Kondotty	FWC Thurakkal
91	CHC KONDOTTY	FHC Kuzhimanna	FWC Akkaparamba
92	CHC KONDOTTY	FHC Kuzhimanna	FWC Kuzhimanna
93	CHC KONDOTTY	FHC Kuzhimanna	FWC Kuzhincholam
94	CHC KONDOTTY	FHC Kuzhimanna	Main Centre Kuzhimanna
95	CHC KONDOTTY	FHC Kuzhimanna	FWC Puliyacode

96	CHC KONDOTTY	PHC Pallikkal	FWC Azhinchilasseri
97	CHC KONDOTTY	PHC Pallikkal	FWC Karipur
98	CHC KONDOTTY	PHC Pallikkal	FWC Kumminipparamba
99	CHC KONDOTTY	PHC Pallikkal	Main Centre Pallikkal
100	CHC KONDOTTY	PHC Pallikkal	FWC Palappetty
101	CHC KONDOTTY	PHC Pallikkal	FWC Puthurpallikkal
102	CHC KONDOTTY	FHC Chelembra	FWC Kakkancheri
103	CHC KONDOTTY	FHC Chelembra	FWC Kulakkattuchali
104	CHC KONDOTTY	FHC Chelembra	FWC Kuttipparamba
105	CHC KONDOTTY	FHC Chelembra	Paingottur (Main Centre Chelembra)
106	CHC KONDOTTY	FHC Chelembra	FWC Pullipparamba
107	CHC KONDOTTY	PHC Cherukavu	FWC Chevayoor
108	CHC KONDOTTY	PHC Cherukavu	FWC Kannenvettikavu
109	CHC KONDOTTY	PHC Cherukavu	FWC Pengad
110	CHC KONDOTTY	PHC Cherukavu	Peringavu MC
111	CHC KONDOTTY	PHC Nediyiruppu	FWC Kaloth
112	CHC KONDOTTY	PHC Nediyiruppu	Main Centre Nediyiruppu
113	CHC KONDOTTY	PHC Nediyiruppu	FWC Meleparamba
114	CHC KONDOTTY	PHC Nediyiruppu	FWC Musliarangadi
115	CHC KONDOTTY	PHC Nediyiruppu	FWC NH Colony
116	CHC KONDOTTY	FHC Pulikkal	FWC Aroor
117	CHC KONDOTTY	FHC Pulikkal	FWC Kodikuthipparamba
118	CHC KONDOTTY	FHC Pulikkal	Noonchalloor MC
119	CHC KONDOTTY	FHC Pulikkal	FWC Olavattoor
120	CHC KONDOTTY	FHC Pulikkal	FWC Valiyaparamba
121	TH Kuttippuram	TH Kuttipuram	FWC Chelloor
122	TH Kuttippuram	TH Kuttipuram	FWC Edachalam
123	TH Kuttippuram	TH Kuttipuram	Main Centre Kuttippuram
124	TH Kuttippuram	TH Kuttipuram	FWC Naduvattam
125	TH Kuttippuram	TH Kuttipuram	FWC Pazhoor

126	TH Kuttippuram	TH Kuttipuram	FWC Perasannur
127	TH Kuttippuram	FHC Edayoor	FWC Athippatta
128	TH Kuttippuram	FHC Edayoor	FWC Karekkad
129	TH Kuttippuram	FHC Edayoor	Main Centre Edayur
130	TH Kuttippuram	FHC Edayoor	FWC Mavandiyoor
131	TH Kuttippuram	FHC Edayoor	FWC Vadakkumpuram
132	TH Kuttippuram	PHC Athavanad	FWC Athavanadu
133	TH Kuttippuram	PHC Athavanad	FWC Karippol
134	TH Kuttippuram	PHC Athavanad	FWC Koodasseri
135	TH Kuttippuram	PHC Athavanad	FWC Kurumbathur
136	TH Kuttippuram	PHC Athavanad	FWC Parappuram
137	TH Kuttippuram	PHC Irimbiliam	FWC Mankeri
138	TH Kuttippuram	PHC Irimbiliam	FWC Mecheripparambu
139	TH Kuttippuram	PHC Irimbiliam	Puramannoor
140	TH Kuttippuram	PHC Irimbiliam	MC Valiyakunnu
141	TH Kuttippuram	PHC Irimbiliam	FWC Vendalloor
142	TH Kuttippuram	FHC Marakkara	FWC Edakkara
143	TH Kuttippuram	FHC Marakkara	Main Centre Marakkara
144	TH Kuttippuram	FHC Marakkara	FWC Marakkara
145	TH Kuttippuram	FHC Marakkara	FWC Melmuri
146	TH Kuttippuram	FHC Marakkara	FWC Melmuri South
147	TH Kuttippuram	FHC Marakkara	FWC Moolanchola
148	TH Kuttippuram	PHC Valancheri	FWC Karthala
149	TH Kuttippuram	PHC Valancheri	FWC Kolamangalam
150	TH Kuttippuram	PHC Valancheri	FWC Kottaram
151	TH Kuttippuram	PHC Valancheri	Main Centre Valanchery
152	TH Kuttippuram	PHC Valancheri	FWC Mukkilapedika
153	TH Kuttippuram	PHC Valancheri	FWC Thozhuvannoor
154	CHC MANKADA	CHC Mankada	FWC Kadannamanna
155	CHC MANKADA	CHC Mankada	FWC Karkidakam
156	CHC MANKADA	CHC Mankada	FWC Koottil

157	CHC MANKADA	CHC Mankada	Main Centre Mankada
158	CHC MANKADA	CHC Mankada	FWC Vellila
159	CHC MANKADA	24X7 PHC Pang	FWC Chengottur
160	CHC MANKADA	24X7 PHC Pang	FWC Karinchappadi
161	CHC MANKADA	24X7 PHC Pang	FWC Kuruva
162	CHC MANKADA	24X7 PHC Pang	Main Centre Pang
163	CHC MANKADA	24X7 PHC Pang	FWC Pang
164	CHC MANKADA	24X7 PHC Pang	FWC Pazhamallur
165	CHC MANKADA	24X7 PHC Pang	FWC South Pang
166	CHC MANKADA	CHC Puzhakkattiri	FWC Kadungapuram
167	CHC MANKADA	CHC Puzhakkattiri	FWC Kattilasseri
168	CHC MANKADA	CHC Puzhakkattiri	Main Centre Puzhakkattiri
169	CHC MANKADA	CHC Puzhakkattiri	FWC Mannumkulam
170	CHC MANKADA	CHC Puzhakkattiri	FWC Ramapuram
171	CHC MANKADA	PHC Angadipuram	FWC Arippra
172	CHC MANKADA	PHC Angadipuram	FWC Eranthode
173	CHC MANKADA	PHC Angadipuram	Main Centre Angadippuram
174	CHC MANKADA	PHC Angadipuram	FWC Puthanangadi
175	CHC MANKADA	PHC Angadipuram	FWC Thirurkkad
176	CHC MANKADA	PHC Angadipuram	FWC Valambur
177	CHC MANKADA	PHC Chemmalasseri	FWC Cheerattamala
178	CHC MANKADA	PHC Chemmalasseri	FWC Kattupara
179	CHC MANKADA	PHC Chemmalasseri	FWC Malapparamba
180	CHC MANKADA	PHC Chemmalasseri	Palur MC
181	CHC MANKADA	PHC	FWC TN Puram

		Chemmalasseri	
182	CHC MANKADA	PHC Chemmalasseri	FWC Valapuram
183	CHC MANKADA	PHC Koottilangadi	Munhakkulam MC
184	CHC MANKADA	PHC Koottilangadi	FWC Pallippuram
185	CHC MANKADA	PHC Koottilangadi	FWC Parady
186	CHC MANKADA	PHC Koottilangadi	FWC Perinthattiri
187	CHC MANKADA	PHC Koottilangadi	FWC Vallikkapatta
188	CHC MANKADA	PHC Makkaraparamba	M C Makkaraparamba
189	CHC MANKADA	PHC Makkaraparamba	FWC Pothukundu
190	CHC MANKADA	PHC Makkaraparamba	FWC Vadakkangara
191	CHC MANKADA	PHC Moorkanad	FWC Kolathur
192	CHC MANKADA	PHC Moorkanad	Main Centre Moorkkanad
193	CHC MANKADA	PHC Moorkanad	FWC Padinharekkulambu
194	CHC MANKADA	PHC Moorkanad	FWC Punnakkad
195	CHC MANKADA	PHC Moorkanad	FWC Vengad
196	CHC Maranchery (O)	CHC Maranchery (O)	Main Centre Maranchery (Old)
197	CHC Maranchery (O)	CHC Maranchery (O)	FWC Vadamukku
198	CHC Maranchery (O)	CHC Maranchery (O)	FWC Kanhiramukku
199	CHC Maranchery (O)	CHC Maranchery (O)	FWC Panampad
200	CHC Maranchery (O)	CHC Maranchery (O)	FWC Purang
201	CHC Maranchery (O)	PHC Maranchery (N)	Main Centre Maranchery (New)

202	CHC Maranchery (O)	PHC Maranchery (N)	FWC Mukkala
203	CHC Maranchery (O)	FHC Palappetty	FWC Amayam
204	CHC Maranchery (O)	FHC Palappetty	FWC Ayiroor
205	CHC Maranchery (O)	FHC Palappetty	FWC Kodathoor
206	CHC Maranchery (O)	FHC Palappetty	Main Centre Palappetty
207	CHC Maranchery (O)	FHC Palappetty	FWC Palappetty
208	CHC Maranchery (O)	FHC Palappetty	FWC Para
209	CHC Maranchery (O)	FHC Alancode	FWC Changaramkulam
210	CHC Maranchery (O)	FHC Alancode	FWC Kakkidippuram
211	CHC Maranchery (O)	FHC Alancode	FWC Kokkur
212	CHC Maranchery (O)	FHC Alancode	Main Centre Alancode
213	CHC Maranchery (O)	FHC Alancode	FWC Othaloor
214	CHC Maranchery (O)	FHC Alancode	FWC Perumukku
215	CHC Maranchery (O)	PHC Nannamukku	FWC Chelakkavu
216	CHC Maranchery (O)	PHC Nannamukku	FWC Nannamukku
217	CHC Maranchery (O)	PHC Nannamukku	FWC Pallikkara
218	CHC Maranchery (O)	PHC Nannamukku	FWC Pidavanoor
219	CHC Maranchery (O)	PHC Nannamukku	FWC Srayikkadavu
220	CHC Maranchery (O)	PHC Perumpadappu	Main Centre Perumpadappu
221	CHC Maranchery (O)	PHC Veliyancode	FWC Ayyottichira
222	CHC Maranchery (O)	PHC Veliyancode	FWC Kothamukku
223	CHC Maranchery (O)	PHC Veliyancode	Main Centre Veliyancode
224	CHC Maranchery (O)	PHC Veliyancode	FWC Puzhakkara
225	CHC Maranchery (O)	PHC Veliyancode	FWC Thavalakkulam /Pazhanji
226	CHC Maranchery (O)	PHC Veliyancode	FWC Veliyancode
227	CHC Melattur	CHC Melattur	FWC Chemmaniyode
228	CHC Melattur	CHC Melattur	FWC Edayattur
229	CHC Melattur	CHC Melattur	FWC Kizhakkumpadam

230	CHC Melattur	CHC Melattur	Main Centre Melattur
231	CHC Melattur	CHC Melattur	FWC Vadayapuram
232	CHC Melattur	DH PERINTHALMANNA	FWC Cherattamanna
233	CHC Melattur	CHC Melattur	FWC Eravimangalam
234	CHC Melattur	CHC Melattur	FWC Kakooth
235	CHC Melattur	CHC Melattur	FWC Kunnappalli
236	CHC Melattur	CHC Melattur	FWC Thekkinkode
237	CHC Melattur	PHC Aliparambu	FWC Alipparamba
238	CHC Melattur	PHC Aliparambu	FWC Edayikkal
239	CHC Melattur	PHC Aliparambu	FWC Kambram
240	CHC Melattur	PHC Aliparambu	Main Centre Alipparamba
241	CHC Melattur	PHC Aliparambu	FWC Manalaya
242	CHC Melattur	PHC Aliparambu	FWC Paral
243	CHC Melattur	PHC Aliparambu	FWC Pariyapuram
244	CHC Melattur	PHC Edapatta	FWC Edappatta
245	CHC Melattur	PHC Edapatta	FWC Eppikkad
246	CHC Melattur	PHC Edapatta	FWC Kombankallu
247	CHC Melattur	PHC Edapatta	FWC Puliyakkode
248	CHC Melattur	PHC Edapatta	FWC Velliyancheri
249	CHC Melattur	PHC Elamkulam	FWC Cherukara
250	CHC Melattur	PHC Elamkulam	FWC Elad
251	CHC Melattur	PHC Elamkulam	Main Centre Elamkulam
252	CHC Melattur	PHC Elamkulam	FWC Muthukurissi/Kunnakkav
253	CHC Melattur	PHC Elamkulam	FWC Parakkalmukk
254	CHC Melattur	PHC Keezhattur	FWC Areechola
255	CHC Melattur	PHC Keezhattur	Main Centre Kezhattur
256	CHC Melattur	PHC Keezhattur	FWC Mulliakurissi

257	CHC Melattur	PHC Keezhattur	FWC Muthukurissikavu
258	CHC Melattur	PHC Keezhattur	FWC Nenmini/Akkapparambu
259	CHC Melattur	PHC Keezhattur	FWC Thachinganadam
260	CHC Melattur	PHC Thazhekode	FWC Arakkuparambu
261	CHC Melattur	PHC Thazhekode	FWC Kappumugam
262	CHC Melattur	PHC Thazhekode	FWC Karinkallathani
263	CHC Melattur	PHC Thazhekode	Main Centre Thazhekkode
264	CHC Melattur	PHC Thazhekode	FWC Muthiramanna
265	CHC Melattur	PHC Thazhekode	FWC Puthur
266	CHC Melattur	PHC Vettathur	Main Centre Vettathur
267	CHC Melattur	PHC Vettathur	IPP SC Mannarmala
268	CHC Melattur	PHC Vettathur	FWC Pattikkad
269	CHC Melattur	PHC Vettathur	IPP SC Thelakkad
270	CHC Melattur	PHC Vettathur	FWC Vettathur
271	CHC Melattur	DH Perinthalmanna	PP Unit Perinthalmanna
272	CHC Neduva	CHC Neduva	FWC Alungal Beach
273	CHC Neduva	CHC Neduva	FWC Chappapady
274	CHC Neduva	CHC Neduva	Main Centre Neduva
275	CHC Neduva	CHC Neduva	FWC Pazhayatheru
276	CHC Neduva	CHC Neduva	FWC CK Nagar
277	CHC Neduva	CHC Neduva	FWC Karimbil
278	CHC Neduva	CHC Neduva	FWC Thazhechina
279	CHC Neduva	CHC Neduva	FWC Tirurangadi
280	CHC Neduva	CHC Neduva	FWC Venniyoor
281	CHC Neduva	PHC Thenhippalam	FWC Alungal
282	CHC Neduva	PHC Thenhippalam	FWC Chenakkalangadi
283	CHC Neduva	PHC Thenhippalam	FWC Devathiyal
284	CHC Neduva	PHC Thenhippalam	FWC Kadakkattupara

285	CHC Neduva	FHC Athanikkal	FWC Karumarakkad
286	CHC Neduva	FHC Athanikkal	FWC Kodakkad
287	CHC Neduva	FHC Athanikkal	FWC Kotta Main Centre
288	CHC Neduva	FHC Athanikkal	Paruthikkad
289	CHC Neduva	FHC Athanikkal	Vallikkunnu
290	CHC Neduva	PHC Kadalundinagaram	Kadalundi Nagaram /Anangadi
291	CHC Neduva	PHC Kadalundinagaram	Main Centre Kadalundi Nagaram
292	CHC Neduva	PHC Kadalundinagaram	Pothumkuzhikkad
293	CHC Neduva	FHC Moonniyur	Chernoor
294	CHC Neduva	FHC Moonniyur	Kooppa
295	CHC Neduva	FHC Moonniyur	Kunnathuparamba
296	CHC Neduva	FHC Moonniyur	Main Centre Moonniyoor
297	CHC Neduva	FHC Moonniyur	Padikkal
298	CHC Neduva	FHC Moonniyur	Parakkadavu
299	CHC Neduva	FHC Moonniyur	Vaikathupadam
300	CHC Neduva	FHC Nannambra	Cherumukku
301	CHC Neduva	FHC Nannambra	Kodinhi
302	CHC Neduva	FHC Nannambra	Kundoor
303	CHC Neduva	FHC Nannambra	Main Centre Nannambra
304	CHC Neduva	FHC Nannambra	Velliyampuram
305	CHC Neduva	FHC Parappangadi	Cheramangalam
306	CHC Neduva	FHC Parappangadi	Kottanthala
307	CHC Neduva	FHC Parappangadi	Main Centre Parappanangadi
308	CHC Neduva	FHC Parappangadi	Pantharangadi
309	CHC Neduva	FHC Parappangadi	Poovathankunnu
310	CHC Neduva	FHC Parappangadi	Ullanam
311	CHC Neduva	THQH Tirurangadi	PP Unit Thirurangadi

312	CHC OMANUR	CHC Omanur	Cheacode
313	CHC OMANUR	CHC Omanur	Main Centre Omanoor
314	CHC OMANUR	CHC Omanur	Kunithalakadavu
315	CHC OMANUR	CHC Omanur	Parappur
316	CHC OMANUR	CHC Omanur	Parathakkad
317	CHC OMANUR	FHC Vazhayoor	Alungal
318	CHC OMANUR	FHC Vazhayoor	Karadu
319	CHC OMANUR	FHC Vazhayoor	Main Centre Vazhayoor
320	CHC OMANUR	FHC Vazhayoor	Puthukkode
321	CHC OMANUR	PHC Keezhuparambu	Keezhuparamba
322	CHC OMANUR	PHC Keezhuparambu	Main Centre Keezhuparambu
323	CHC OMANUR	PHC Keezhuparambu	Othupallipurayi
324	CHC OMANUR	PHC Keezhuparambu	Pathanapuram
325	CHC OMANUR	PHC Cheacode	Chullikode
326	CHC OMANUR	PHC Cheacode	Main Centre Muthuvallur velayil
327	CHC OMANUR	PHC Cheacode	Muthuparamba
328	CHC OMANUR	PHC Cheacode	Muthuvallur
329	CHC OMANUR	PHC Odakkayam	Koothuparamba
330	CHC OMANUR	PHC Odakkayam	Main Centre Odakkayam
331	CHC OMANUR	PHC Odakkayam	Maithra
332	CHC OMANUR	CHC Urangattiri	Main Centre Vettilappara
333	CHC OMANUR	CHC Urangattiri	Odakkayam
334	CHC OMANUR	CHC Urangattiri	Panambilavu
335	CHC OMANUR	CHC Urangattiri	Urangattiri/East Vadakkummuri
336	CHC OMANUR	FHC Vazhakkad	Kannathumpara

337	CHC OMANUR	FHC Vazhakkad	Karumarakkad
338	CHC OMANUR	FHC Vazhakkad	Main Centre Vazhakkad
339	CHC OMANUR	FHC Vazhakkad	Oorkadavu
340	CHC OMANUR	FHC Vazhakkad	Vettathur
341	CHC Thrikkanapuram	CHC Edapal	Ayilakkad
342	CHC Thrikkanapuram	CHC Edapal	Kolalamba
343	CHC Thrikkanapuram	CHC Edapal	Main Centre Edappal
344	CHC Thrikkanapuram	CHC Edapal	Perumparamba
345	CHC Thrikkanapuram	CHC Edapal	Pookarathara
346	CHC Thrikkanapuram	CHC Edapal	Thuyyam
347	CHC Thrikkanapuram	CHC Thrikkanapuram	Athaloor
348	CHC Thrikkanapuram	CHC Thrikkanapuram	Ayamkalam
349	CHC Thrikkanapuram	CHC Thrikkanapuram	Kadakasseri
350	CHC Thrikkanapuram	CHC Thrikkanapuram	Koorada
351	CHC Thrikkanapuram	CHC Thrikkanapuram	Main Centre Thavanur
352	CHC Thrikkanapuram	FHC Kalady	FWC Kadanchery
353	CHC Thrikkanapuram	FHC Kalady	Kalady
354	CHC Thrikkanapuram	FHC Kalady	Kandanakam
355	CHC Thrikkanapuram	FHC Kalady	Pothanur
356	CHC Thrikkanapuram	Ezhavathuruthy	Eswaramangalam
357	CHC Thrikkanapuram	Ezhavathuruthy	FWC Biyyam/Puzhambram
358	CHC Thrikkanapuram	Ezhavathuruthy	Kadavanad
359	CHC Thrikkanapuram	Ezhavathuruthy	Kottathara
360	CHC Thrikkanapuram	Ezhavathuruthy	Main Centre Ezhavathuruthy/

			Pulikkakadav
361	CHC Thrikkanapuram	FHC Vattamkulam	Kuttippala
362	CHC Thrikkanapuram	FHC Vattamkulam	Main Centre Vattamkulam
363	CHC Thrikkanapuram	FHC Vattamkulam	FWC Muthur
364	CHC Thrikkanapuram	FHC Vattamkulam	Palathara
365	CHC Thrikkanapuram	FHC Vattamkulam	Sukapuram
366	Trikkanapuram	THQH Ponnani	PP Unit Ponnani
367	CHC Vengara	CHC Vengara	Kacherippady
368	CHC Vengara	CHC Vengara	Kooriyadu
369	CHC Vengara	CHC Vengara	Main Centre Vengara
370	CHC Vengara	CHC Vengara	Pakkadapuraya
371	CHC Vengara	CHC Vengara	Valiyora /Pandikasala
372	CHC Vengara	PHC Kannamangalam	Kannamangalam
373	CHC Vengara	PHC Kannamangalam	Kilinakkode
374	CHC Vengara	PHC Kannamangalam	Valakkuda
375	CHC Vengara	PHC Kannamangalam	Muthukkundu
376	CHC Vengara	PHC Kannamangalam	Edakkaparamba
377	CHC Vengara	FHC A R Nagar	Chendapuraya
378	CHC Vengara	FHC A R Nagar	Koduvayoor
379	CHC Vengara	FHC A R Nagar	Main Centre AR Nagar
380	CHC Vengara	FHC A R Nagar	Mampuram
381	CHC Vengara	FHC A R Nagar	Pukayoor
382	CHC Vengara	FHC A R Nagar	Puthiyathupuraya
383	CHC Vengara	PHC Edarikkode	Cherussola
384	CHC Vengara	PHC Edarikkode	Puthuparamba

385	CHC Vengara	PHC Edarikkode	Swagathamadu
386	CHC Vengara	PHC Iringallur	Ambalamadu
387	CHC Vengara	PHC Iringallur	Iringallur
388	CHC Vengara	PHC Iringallur	ICDS Kuttitharammal MC
389	CHC Vengara	PHC Iringallur	Parappur
390	CHC Vengara	PHC Othukkungal	Atteeri
391	CHC Vengara	PHC Othukkungal	Main Centre Othukkungal
392	CHC Vengara	PHC Othukkungal	Mattathur
393	CHC Vengara	PHC Othukkungal	Othukkungal
394	CHC Vengara	PHC Othukkungal	Pottikkallu
395	CHC Vengara	PHC Othukkungal	ICDS Puthur
396	CHC Vengara	CHC Peruvallur	Chathrathodi
397	CHC Vengara	CHC Peruvallur	Kollamchina
398	CHC Vengara	CHC Peruvallur	Koomanna
399	CHC Vengara	CHC Peruvallur	Main Centre Peruvallur
400	CHC Vengara	CHC Peruvallur	Olakara
401	CHC Vengara	PHC Thennala	Arakkal
402	CHC Vengara	PHC Thennala	Kundiruppu
403	CHC Vengara	PHC Thennala	Main Centre Thennala
404	CHC Vengara	PHC Thennala	Pookkiparamba
405	CHC Vengara	PHC Thennala	Valakkulam
406	CHC Vettom	CHC Purathur	Main Centre Purathur
407	CHC Vettom	CHC Purathur	Padinharekkara
408	CHC Vettom	CHC Purathur	Purathur
409	CHC Vettom	CHC Purathur	Puthupally
410	CHC Vettom	CHC Purathur	Thrithallur
411	CHC Vettom	CHC Vettom	Main Centre Vettom
412	CHC Vettom	CHC Vettom	Pachattiri
413	CHC Vettom	CHC Vettom	Paravanna
414	CHC Vettom	CHC Vettom	Pulpachira
415	CHC Vettom	CHC Vettom	Vettom Cheerp

416	CHC Vettom	FHC Thirunavaya	Ananthavoor
417	CHC Vettom	FHC Thirunavaya	Edakkulam
418	CHC Vettom	FHC Thirunavaya	Karathoor
419	CHC Vettom	FHC Thirunavaya	Konnalloor
420	CHC Vettom	FHC Thirunavaya	Main Centre Thirunavaya
421	CHC Vettom	FHC Thirunavaya	South Pallar
422	CHC Vettom	FHC Thirunavaya	Thirunavaya
423	CHC Vettom	FHC Thirunavaya	Vairamkode
424	CHC Vettom	FHC Thirunavaya	Valiyaparapur
425	CHC Vettom	FHC Koottayi	Chennara
426	CHC Vettom	FHC Koottayi	Kavanchery
427	CHC Vettom	FHC Koottayi	Main Centre Koottayi
428	CHC Vettom	FHC Koottayi	Mangalam
429	CHC Vettom	FHC Koottayi	North Koottayi
430	CHC Vettom	FHC Koottayi	South Koottayi
431	CHC Vettom	FHC Thalakkad	BP Angadi
432	CHC Vettom	FHC Thalakkad	Kattachira
433	CHC Vettom	FHC Thalakkad	Thekkankuttur/Anappadi
434	CHC Vettom	FHC Thalakkad	Vengallur
435	CHC Vettom	FHC Thriprangode	Alathiyur
436	CHC Vettom	FHC Thriprangode	Alingal
437	CHC Vettom	FHC Thriprangode	Chamravattom
438	CHC Vettom	FHC Thriprangode	Kainikkara
439	CHC Vettom	FHC Thriprangode	Main Centre Triprangode
440	CHC Vettom	FHC Thriprangode	Perinthallur
441	CHC Vettom	DH Tirur	PP Unit 1,Tirur
442	CHC Vettom	DH Tirur	Chembra
443	CHC Vettom	DH Tirur	Pookkayil
444	TH Wandoor	TH Wandoor	Kappil
445	TH Wandoor	TH Wandoor	Karadu

446	TH Wandoor	TH Wandoor	Koorad
447	TH Wandoor	TH Wandoor	Kuttiyil
448	TH Wandoor	TH Wandoor	Kuyyampoyil
449	TH Wandoor	TH Wandoor	Main Centre Wandoor
450	TH Wandoor	TH Wandoor	Vadakkumpadam
451	TH Wandoor	TH Wandoor	Vellambram
452	TH Wandoor	CHC Karuvarakundu	Arimanal
453	TH Wandoor	CHC Karuvarakundu	Main Centre Karuvarakkundu
454	TH Wandoor	CHC Karuvarakundu	Pulvetta
455	TH Wandoor	CHC Karuvarakundu	Panthra
456	TH Wandoor	CHC Karuvarakundu	Puthanazhi
457	TH Wandoor	CHC Karuvarakundu	Tharish
458	TH Wandoor	FHC Chokkad	Kallamoola
459	TH Wandoor	FHC Chokkad	Kottapuzha
460	TH Wandoor	FHC Chokkad	Main Centre Chokkad
461	TH Wandoor	FHC Chokkad	Maliyekkal
462	TH Wandoor	FHC Chokkad	Manchapetty
463	TH Wandoor	CHC Kalikavu	Adakkakundu
464	TH Wandoor	CHC Kalikavu	Amapoyil
465	TH Wandoor	CHC Kalikavu	Chazhiyode
466	TH Wandoor	CHC Kalikavu	Main Centre Kalikavu
467	TH Wandoor	CHC Kalikavu	Pariyangad
468	TH Wandoor	CHC Kalikavu	Vellayoor
469	TH Wandoor	FHC Pandikkad	Chembrasseri
470	TH Wandoor	FHC Pandikkad	Kodasseri

471	TH Wandoor	FHC Pandikkad	Main Centre Pandikkad
472	TH Wandoor	FHC Pandikkad	Payyaparambu
473	TH Wandoor	FHC Pandikkad	Poolamanna
474	TH Wandoor	FHC Pandikkad	Thambanangadi
475	TH Wandoor	FHC Pandikkad	Thodiyappulam
476	TH Wandoor	FHC Pandikkad	Valarad
477	TH Wandoor	FHC Pandikkad	Vettikkattiri
478	TH Wandoor	PHC Mampad	Main Centre Mampad
479	TH Wandoor	PHC Mampad	Mampad
480	TH Wandoor	PHC Mampad	Mepadam
481	TH Wandoor	PHC Mampad	Panthalingal
482	TH Wandoor	PHC Mampad	Pullipadam
483	TH Wandoor	PHC Mampad	Vadapuram
484	TH Wandoor	PHC Porur	Ayanikkode
485	TH Wandoor	PHC Porur	Chathangottupuram
486	TH Wandoor	PHC Porur	Kottakkunnu
487	TH Wandoor	PHC Porur	Main Centre Porur)
488	TH Wandoor	PHC Porur	Poothrakkovu
489	TH Wandoor	PHC Porur	Ravimangalam
490	TH Wandoor	FHC Thiruvaly	Kottola
491	TH Wandoor	FHC Thiruvaly	Kozhiparambu
492	TH Wandoor	FHC Thiruvaly	Main Centre Thiruvali
493	TH Wandoor	FHC Thiruvaly	Naduvath
494	TH Wandoor	FHC Thiruvaly	Pathiriyal
495	TH Wandoor	FHC Thiruvaly	Thiruvali
496	TH Wandoor	FHC Thuvvur	Arikkuzhi
497	TH Wandoor	FHC Thuvvur	Neelancheri
498	TH Wandoor	FHC Thuvvur	Paipullu Main Centre
499	TH Wandoor	FHC Thuvvur	Thanikuthu
500	TH Wandoor	FHC Thuvvur	Thekkumpuram
501	PHC Pookkottur	FHC Kottakkal	Alikkal

502	PHC Pookkottur	FHC Kottakkal	Changuvetty
503	PHC Pookkottur	FHC Kottakkal	Indianoor
504	PHC Pookkottur	FHC Kottakkal	Kavathikkulam
505	PHC Pookkottur	FHC Kottakkal	Main Centre Kottakkal
506	PHC Pookkottur	FHC Kottakkal	Nayadippara
507	PHC Pookkottur	FHC Kottakkal	Pappai
508	PHC Pookkottur	PHC Anakkayam	Anakkayam/Panayi
509	PHC Pookkottur	PHC Anakkayam	Cheppur
510	PHC Pookkottur	PHC Anakkayam	Kidangayam
511	PHC Pookkottur	PHC Anakkayam	Main Centre Anakkayam
512	PHC Pookkottur	PHC Anakkayam	Pandallur
513	PHC Pookkottur	PHC Anakkayam	Pappinippara
514	PHC Pookkottur	PHC Anakkayam	Pullilangadi
515	PHC Pookkottur	FHC Morayur	Arimbra
516	PHC Pookkottur	FHC Morayur	Main Centre Morayoor
517	PHC Pookkottur	FHC Morayur	Mongam
518	PHC Pookkottur	FHC Morayur	Morayoor
519	PHC Pookkottur	FHC Morayur	Ozhukoor
520	PHC Pookkottur	PHC Oorakam	Main Centre Oorakam /Karimbiri
521	PHC Pookkottur	PHC Oorakam	Nelliparamba
522	PHC Pookkottur	PHC Oorakam	Poolapees
523	PHC Pookkottur	FHC Ponmala	Ambalavattom
524	PHC Pookkottur	FHC Ponmala	Chappanangadi
525	PHC Pookkottur	FHC Ponmala	Chengottoor
526	PHC Pookkottur	FHC Ponmala	Main Centre Ponmala
527	PHC Pookkottur	PHC Pookkottur	Athanikkal
528	PHC Pookkottur	PHC Pookkottur	Main Centre Pookkottur
529	PHC Pookkottur	PHC Pookkottur	Mundithodika
530	PHC Pookkottur	PHC Pookkottur	Pullara
531	PHC Pookkottur	PHC Kodur	FWC Alpetakulambu

532	PHC Pookkottur	PHC Kodur	FWC Kodur /East Kodur
533	PHC Pookkottur	PHC Kodur	Main Centre Kodur
534	PHC Pookkottur	PHC Kodur	FWC Mangattupulam
535	PHC Pookkottur	PHC Kodur	FWC Mundakkode
536	PHC Pookkottur	PHC Kodur	FWC West Kodur
537	PHC Pookkottur	THQH Malappuram	PP Unit
538	CHC Valavannur	CHC Valavannur	Allur
539	CHC Valavannur	CHC Valavannur	Kallathichira
540	CHC Valavannur	CHC Valavannur	Kanmanam
541	CHC Valavannur	CHC Valavannur	Main Centre Valavannur
542	CHC Valavannur	CHC Valavannur	Mayyerichira
543	CHC Valavannur	CHC Valavannur	Nirala
544	CHC Valavannur	CHC Tanur	Anchudy
545	CHC Valavannur	CHC Tanur	Chirakkal
546	CHC Valavannur	CHC Tanur	Edakadppuram
547	CHC Valavannur	CHC Tanur	Korman Kadappuram
548	CHC Valavannur	CHC Tanur	Main Centre Tanur
549	CHC Valavannur	CHC Tanur	Mukkala
550	CHC Valavannur	CHC Tanur	Ottumpuram
551	CHC Valavannur	CHC Tanur	Panangattur
552	CHC Valavannur	CHC Tanur	Pariyapuram
553	CHC Valavannur	CHC Tanur	Rayiramangalam
554	CHC Valavannur	CHC Tanur	Tanur Town
555	CHC Valavannur	FHC Thevarkadapuram	Kalad
556	CHC Valavannur	FHC Thevarkadapuram	Main Centre Thevarkadapuram
557	CHC Valavannur	FHC Thevarkadapuram	Niramaruthur
558	CHC Valavannur	FHC Thevarkadapuram	FWC Pathampadu

559	CHC Valavannur	PHC Cheriyamundam	Chudalappara
560	CHC Valavannur	PHC Cheriyamundam	Iringavoor
561	CHC Valavannur	PHC Cheriyamundam	Machingappara
562	CHC Valavannur	PHC Cheriyamundam	Main Centre Cheriyamundam
563	CHC Valavannur	PHC Cheriyamundam	Thalakkadathur
564	CHC Valavannur	PHC Kalpakancheri	Kallingal
565	CHC Valavannur	PHC Kalpakancheri	Kallingapparamba
566	CHC Valavannur	PHC Kalpakancheri	Main Centre Kalpakanchery
567	CHC Valavannur	PHC Kalpakancheri	Randathani
568	CHC Valavannur	PHC Kalpakancheri	Thavalan China
569	CHC Valavannur	FHC Ozhoor	Eranallur
570	CHC Valavannur	FHC Ozhoor	Ayyaya
571	CHC Valavannur	FHC Ozhoor	Karingappara
572	CHC Valavannur	FHC Ozhoor	Kathirkulangara
573	CHC Valavannur	FHC Ozhoor	Korad
574	CHC Valavannur	FHC Ozhoor	Main Centre Ozhur
575	CHC Valavannur	FHC Ozhoor	Manalipuzha
576	CHC Valavannur	PHC Ponmundam	Chilavil
577	CHC Valavannur	PHC Ponmundam	Cholappuram
578	CHC Valavannur	PHC Ponmundam	Main Centre Ponmundam
579	CHC Valavannur	PHC Ponmundam	Ponmundam
580	CHC Valavannur	PHC Perumanna Clari	Main Centre Edarikkode
581	CHC Valavannur	PHC Perumanna Clari	Kavungalappady

582	CHC Valavannur	PHC Perumanna Clari	Kuttippala
583	CHC Valavannur	PHC Perumanna Clari	Perumanna
584	CHC Valavannur	PHC Thanalur	K Puram
585	CHC Valavannur	PHC Thanalur	Main Centre Tanalur
586	CHC Valavannur	PHC Thanalur	Meenadathoor
587	CHC Valavannur	PHC Thanalur	Moolakkal
588	CHC Valavannur	PHC Thanalur	Pakara
589	CHC Valavannur	PHC Thanalur	Puthiyakadappuram

List of UPHCs and UHWCs

List of UPHCs-14

SL. No.	Name of UPHC
1	UPHC Valanchery
2	UPHC Kottakkal
3	UPHC Panakkad
4	UPHC Parappanangadi
5	UPHC Eravimangalam
6	UPHC Tanur
7	UPHC Kondotty
8	UPHC Vettekkode
9	UPHC Mangalassery
10	UPHC Nilambur
11	UPHC Ponnani
12	UPHC Biyyam
13	UPHC Tirur
14	UPHC Tirurangadi

List of UHWC Institutions

Sl.No	Name of UHWC	Name of UPHC
1	UHWC Kanjippura	UPHC Valanchery
2	UHWC Kattiparuthi	UPHC Kotakkal
3	UHWC Kolamangalam	UPHC Panakkad
4	UHWC Pappai	UPHC Parappanangadi
5	UHWC Maravettam	UPHC Eravimangalam
6	UHWC Amapara	UPHC Tanur
7	UHWC Noorengalmukku	UPHC Kondotty
8	UHWC Alathurpadi	UPHC Vettekkode
9	UHWC Kattungal	UPHC Mangalassery
10	UHWC Kottanthala	UPHC Nilambur
11	UHWC Ullanam	UPHC Ponnani
12	UHWC Puthankadappuram	UPHC Biyyam
13	UHWC Jubilee Road	UPHC Tirur
14	UHWC Mamprapadi	UPHC Tirurangadi
15	UHWC Karad	UPHC Tanur
16	UHWC Kannanthali	UPHC Tanur
17	UHWC Meleparambu	UPHC Kondotty
18	UHWC Neerad	UPHC Kondotty
19	UHWC Chemmalaparambu	UPHC Kondotty
20	UHWC Pilakkal	UPHC Vettekode
21	UHWC Thottupoyil	UPHC Vettekode
22	UHWC Veemboor	UPHC Mangalassery

23	UHWC Aryampadam	UPHC Mangalasseryv
24	UHWC Vattappara	UPHC Mangalassery
25	UHWC Pattarakka	UPHC Nilambur
26	UHWC Beeran colony	UPHC Nilambur
27	UHWC Ramankuth	UPHC Nilambur
28	UHWC Kuttikkad	UPHC Ponnani
29	UHWC Puthuponnani	UPHC Ponnani
30	UHWC Vandipetta	UPHC Ponnani
31	UHWC Kadavanad	UPHC Biyyam
32	UHWC Naduvilangadi	UPHC Tirur
33	UHWC Illathapadam	UPHC Tirur
34	UHWC Chullippara	UPHC Tirurangadi
35	UHWC Koyilipadam	UPHC Tirurangadi
36	UHWC Pathinarungal	UPHC Tirurangadi
37	UHWC Narangakundu	UPHC Eravimangalam
38	UHWC Nellikuth	UPHC Vettekkode
39	UHWC Ottuapuram	UPHC Tanur
40	UHWC Muthur	UPHC Tirur
41	UHWC Eshwaramangalam	UPHC Biyyam
42	UHWC Irikkumpuram	UPHC Biyyam

Distribution of ASHAs

NAME OF HEALTH BLOCK/REVENUE BLOCK	NAME OF HEALTH INSTITUTION	No of Asha
BFHC Chungathara	BFHC Chungathara	12
	DH Nilambur	24
	UPHC Mummuly	10
	FHC Chaliyar	22
	FHC Edakkara	30
	FHC Kurumbalangode	17
	FHC Moothedam	20
	FHC Pothukal	33
	FHC Vazhikadavu	49
BFHC Kalikavu	BFHC Kalikavu	31
	CHC Karuvarakundu	32
	FHC Amarambalam	32
	FHC Chokkad	32
	FHC Edapatta	17
	FHC Karulai	20
	FHC Tuvvur	23
BFHC Thiruvaly	BFHC Thiruvaly	23
	MCH Manjeri	13
	TH Wandoor	44
	UPHC Vettekkode	29

	UPHC Mangalassery	25
	FHC Mampad	31
	FHC Pandikkad	44
	FHC Porur	23
	FHC Trikkalangode	38
BFHC Edavanna	BFHC Edavanna	23
	TH Areekode	32
	CHC Omanur	32
	CHC Urangattiri	22
	FHC Chathallur	13
	FHC Kavanur	30
	FHC Keezhuparamba	23
	FHC Kuzhimanna	27
	FHC Poovathikkal	15
	FHC Trippanachi	29
BFHC Pookkottur	BFHC Pookkottur	28
	THQH Malappuram	35
	UPHC Kooriyad	4
	UPHC Panakkad	5
	FHC Anakkayam	38
	FHC Kodur	25
	FHC Kottakkal	28
	FHC Morayur	31

	FHC Othukkungal	31
	FHC Ponmala	24
BFHC Pallikkal	BFHC Pallikkal	31
	THQH Kondotty	23
	UPHC Kondotty	5
	FHC Chelembra	26
	FHC Cherukavu	28
	FHC Muthuvallur Vilayil	28
	FHC Nediyirippu	23
	FHC Pulikkal	34
	FHC Vazhakkad	35
	FHC Vazhayoor	33
BFHC Mankada	BFHC Mankada	22
	FHC Koottilangadi	25
	FHC Makkaraparamba	19
	FHC Moorkanad	24
	FHC Pang	25
	FHC Puzhakkattiri	28
BFHC Melattur	BFHC Melattur	16
	DH Perinthalmanna	25
	UPHC Eravimangalam	10
	FHC Alipparamba	26
	FHC Angadippuram	31

	FHC Chemmalasseri	27
	FHC Elamkulam	19
	FHC Keezhattur	20
	FHC Thazhekode	23
	FHC Vettathur	17
BFHC Vengara	BFHC Vengara	25
	FHC A R Nagar	36
	FHC Edarikode	21
	FHC Iringallur	25
	FHC Kannamangalam	34
	FHC Oorakam	21
	FHC Thennala	20
BFHC Peruvallur	BFHC Peruvallur	32
	THQH Tirurangadi	35
	UPHC Parappanangadi	8
	UPHC Tirurangadi	6
	CHC Neduva	26
	FHC Athanikkal	20
	FHC Kadalundinagaram	18
	FHC Moonniyur	40
	FHC Nannambra	32
	FHC Parappangadi	28
	FHC Thenhippalam	26

FHC Marakkara	FHC Marakkara	26
	TH Kuttipuram	32
	UPHC Valanchery	8
	BFHC Valanchery	25
	FHC Athavanad	25
	FHC Edayur	28
	FHC Irimbiliyam	30
	FHC Kalpakanchery	20
FHC Valavannur	FHC Valavannur	20
	UPHC Tanur	10
	BFHC Tanur	46
	FHC Cheriyamundam	19
	FHC Ozhur	37
	FHC Perumanna Klari	22
	FHC Ponmundam	19
	FHC Thanalur	27
	FHC Thevarkadapuram	30
BFHC Vettom	BFHC Vettom	33
	DH Tirur	11
	UPHC Annara, Tirur	27
	CHC Purathur	27
	FHC Koottayi	27
	FHC Thalakkad	28

	FHC Thirunavaya	36
	FHC Triprangode	33
BFHC Maranchery	BFHC Maranchery	8
	FHC Alamkode	26
	FHC Maranchery (N)	24
	FHC Nannammukku	27
	FHC Palappetty	20
	FHC Perumpadappu	3
	FHC Veliyancode	24
BFHC Edappal	BFHC Edappal	24
	THQH Ponnani	2
	UPHC Ponnani	27
	UPHC Biyyam	5
	BFHC Trikkanapuram	23
	FHC Ezhuvathiruthy	17
	FHC Kalady	20
	FHC Vattamkulam	24
	Total	**3165**

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