HEALTH@
THIRUVANANTHAPURAM

KERALA.HEALTH

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

December 2025

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THIRUVANANTHAPURAM

KERALA.HEALTH

Index

Message

GOVERNMENT OF KERALA

Pinarayi Vijayan

CHIEF MINISTER

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

MESSAGE

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

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

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

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

Pinarayi Vijayan

The Addl. Chief Secretary (Health)
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Smt. Veena George
Minister for Health &
Family Welfare
and Woman & Child Welfare
Development
Government of Kerala

Message

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

I am delighted to see that the Department has brought out a comprehensive compendium to give information regarding the various health initiatives undertaken in the district of Thiruvananthapuram. 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 Thiruvananthapuram.

I appreciate the works done by the District Medical Officer, District Project Manager and health functionaries of Thiruvananthapuram 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@Thiruvananthapuram** gives information regarding various initiatives such as infrastructure development, state plan and various State and Centrally sponsored schemes, national and state health programs. The book extensively covers the demographic data as well as the vital health statistics of the district. The output and outcome indicators will give all information regarding efficacy of various programs and schemes implemented in the district.

The Department is in the process to publish Books of all the districts and it will be a Health@District encyclopaedia 2025 edition as a part of 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@Thiruvananthapuram** will be a resource book for health functionaries, researchers, students as well as to people to understand the developments in health sector in Thiruvananthapuram. 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 Bindu Mohan, DMO Thiruvananthapuram, Dr Anoj S, DPM Thiruvananthapuram 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 Thiruvananthapuram district and all across the state.

Dr Rajan Khobragade IAS

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

Message

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

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

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

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

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

Message

ഡോ. റീന. കെ. ജെ
ആരോഗ്യവകുപ്പ് ഡയറക്ടർ

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സന്ദേശം

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

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

ആത്മാർത്ഥതയോടെ,

ഡോ. റീന. കെ. ജെ

Chapter 1

Thiruvananthapuram District an Overview

1.1 Introduction

Thiruvananthapuram, formerly known as Trivandrum, is the vibrant capital of Kerala, nestled at India's southwestern tip. Bordered by the Arabian Sea to the west and Tamil Nadu to the east, this cosmopolitan city is Kerala's largest and most populous. Historically the capital of the princely state of Travancore under Marthanda Varma, Thiruvananthapuram emerged as a hub of intellectual and artistic excellence. Mahatma Gandhi famously called it the "Evergreen City of India" for its lush, low-lying coastal hills and bustling commercial corridors. Spanning 250 square kilometres, with an average elevation of 16 feet above sea level, the city is cradled by the Karamana and Killi rivers. Beyond its role as Kerala's political and administrative nerve centre, hosting numerous government offices, private enterprises, and prestigious institutions like Kerala University, Thiruvananthapuram is a beacon of social progress.

The city's health landscape is a cornerstone of its social development, reflecting a commitment to equitable access to healthcare, particularly for underprivileged communities. Thiruvananthapuram's robust health status is driven by widespread access to medical facilities, high literacy rates, a well-functioning public distribution system, and strong worker protections fostered by active labour organizations. These factors, combined with the city's embrace of both modern medicine and traditional practices like Ayurveda, have positioned Thiruvananthapuram as a model for comprehensive healthcare, ensuring the well-being of its diverse population.

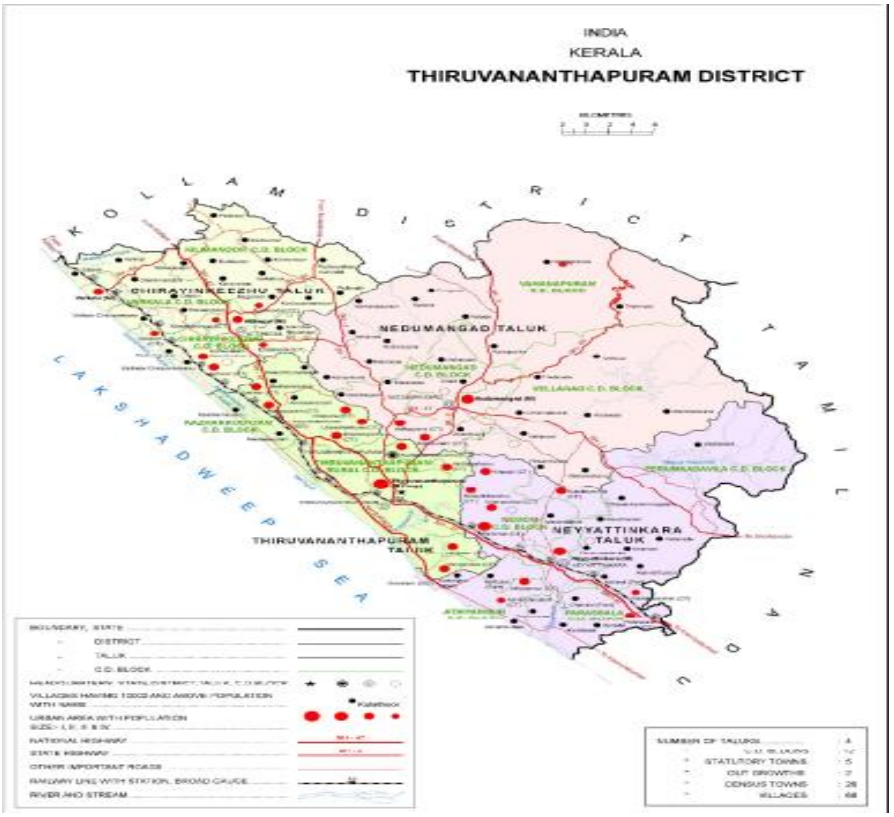
Thiruvananthapuram district is a hub for healthcare due to its extensive network of medical institutions. The Government Medical College, Thiruvananthapuram (MCH) is the largest referral hospital in Kerala, offering a range of general specialties. The SAT Hospital, one of India's largest maternal and child health centres, provides specialized services in obstetrics, gynaecology, paediatrics, and neonatology. Other hospitals focus on obstetrics, gynaecology, and paediatrics. The district also houses specialized institutions like the Regional Cancer Centre (RCC), Sree Chitra Thirunal Institute for Medical Sciences and Technology (SCTIMST), and Regional Institute of Ophthalmology (RIO). These institutions provide comprehensive healthcare services, serving not only Kerala but also neighbouring states.

Apart from these, the General Hospital, Thiruvananthapuram delivers multi-specialty care in medicine, surgery, ENT, dermatology, psychiatry, ophthalmology, dental sciences and orthopedics. At the district and taluk levels, Women and Children's Hospitals focus on obstetrics, gynaecology and paediatrics, while Taluk Headquarters Hospitals and Community Health Centers extend general medicine, maternal and child health services, minor surgeries, family planning and preventive healthcare to the rural population. Together, these institutions make Thiruvananthapuram a comprehensive healthcare destination, providing everything from primary and preventive care to advanced super-specialty treatments, serving not only Kerala but also patients from neighbouring states.

1.2 Administrative division

The map shows Thiruvananthapuram District in Kerala, India, divided into six taluks: Chirayinkeezhu, Nedumangad, Thiruvananthapuram, Kattakada, Varkala and Neyyattinkara. It outlines district, taluk, block boundaries, along with major roads, railway lines, rivers, and streams. Urban and rural areas are marked by circles of varying sizes based on population. The map includes 7 statutory towns, 5 outgrowths, and 26 census towns. Key infrastructure like highways and railways connect major towns. The district borders the Lakshadweep Sea to the west and Tamil Nadu to the east.

Figure 1.2.1 District Map



Source: https://censusindia.gov.in/census.website/data/handbooks

Thiruvananthapuram district is administratively structured into 73 Gramapanchayaths, 124 villages, 4 municipalities, 11 revenue blocks, 19 health blocks, and 1546 wards. This system ensures decentralized governance and efficient public service delivery across the district.

Figure:1.2.2 Administration Structure.

Source: (lsgdkerala.gov.in)

Table 1.2.1 Taluks and Villages

No	Name of Taluks	Headquarters	No. of Villages
1	Chirayinkeezhu	Attingal	16
2	Nedumangad	Nedumangad	24
3	Neyyattinkara	Neyyattinkara	19
4	Thiruvananthapuram	Thiruvananthapuram	30
5	Varkala	Varkala	13
6	Kattakkada	Kattakkada	14

Source: (lsgdkerala.gov.in)

1.3 Demographic Profile of the District

Thiruvananthapuram, the capital district of Kerala, is one of the most densely populated and socioeconomically advanced regions in the state. Bordered by the Arabian Sea on the west and the Western Ghats on the east, the district spans a diverse geographic and demographic landscape. Over the decades, Thiruvananthapuram has witnessed a steady increase in population, reflecting broader trends of urbanization, improved healthcare, and migration. According to the Census of India, the district's population has grown from 5.69 lakh in 1911 to 33.01 lakh in 2011, showing significant demographic transformation over the last century. This growth has been accompanied by progressive improvements in literacy, health indicators, and life expectancy. The district also exhibits a favorable sex ratio, consistently showing a higher number of females than males in recent decades, which aligns with the overall demographic pattern of Kerala.

The demographic profile of Thiruvananthapuram is characterized by high population density, a well-balanced age structure, and strong indicators of human development. Understanding these demographic trends is essential for planning and implementing effective health, education, and social welfare programs in the district.

1.3.1 Population size and Density

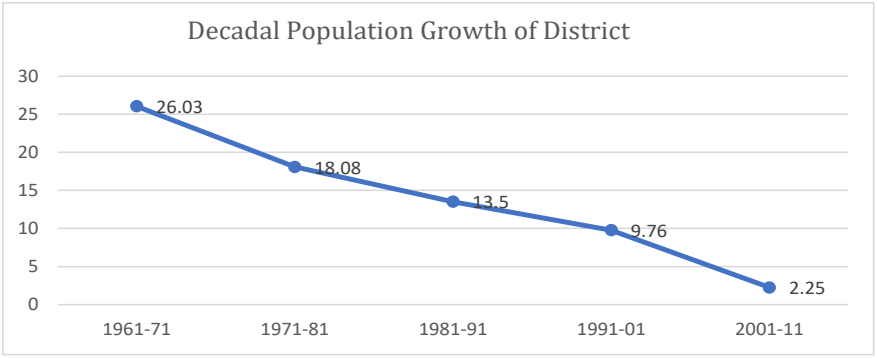
Table 1.3.1.1 Population Distribution of District (1911-2011)

Year	Total	Male	Female
1911	5,69,472	2,86,196	2,83,276
1921	6,66,393	3,36,378	3,30,015
1931	8,56,851	4,27,759	4,29,092
1941	10,15,057	5,03,331	5,11,726
1951	13,27,812	6,60,664	6,67,148
1961	17,44,531	8,69,884	8,74,647
1971	21,98,606	10,95,176	11,03,430
1981	25,96,112	12,79,150	13,16,962
1991	29,46,650	14,47,594	14,99,056
2001	32,34,356	15,69,917	16,64,439
2011	33,01,427	15,81,678	17,19,749

Source -Census of India

The population data illustrates the demographic changes over the years, showing a consistent upward trend in Thiruvananthapuram district. The steady increase in population highlights the effects of urbanization, improved living conditions, and migration toward urban centers. This growth emphasizes the need for effective planning in housing, infrastructure, and social services to ensure sustainable development.

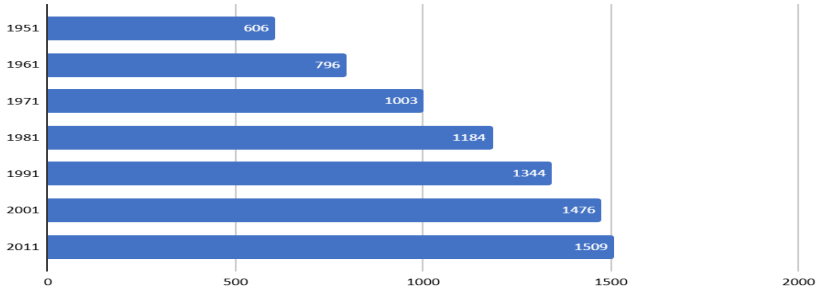
Figure 1.3.1.1 Decadal Population Growth of District



source: census of India

The graph indicates a consistent decrease in the population growth rate in the district over five decades. From a high of 26.03% during 1961–71, the rate dropped to 18.08% in 1971–81 and continued to fall to 13.5% in 1981–91. The downward trend persisted through 1991–2001 (9.76%) and reached a low of 2.25% in 2001–2011. This sharp decline may reflect factors such as increased literacy, better family planning, urbanization, and improved healthcare. The data highlights a demographic transition in the district, indicating a shift toward population stabilization.

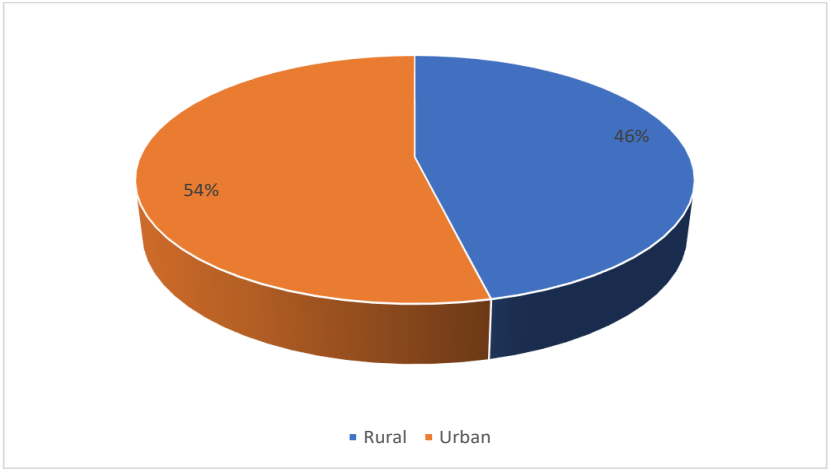
Figure 1.3.1.2 Density of population per sq.km in Thiruvananthapuram (1951 - 2011)



Source -census of India

The population density of Thiruvananthapuram district has shown a steady increase from 1951 to 2011, reflecting rapid urbanization and demographic growth. Over the decades, the district experienced significant population concentration due to expansion of urban areas, improved infrastructure, and migration toward the city. This rising trend highlights growing pressure on land and resources, emphasizing the need for sustainable urban planning and balanced regional development.

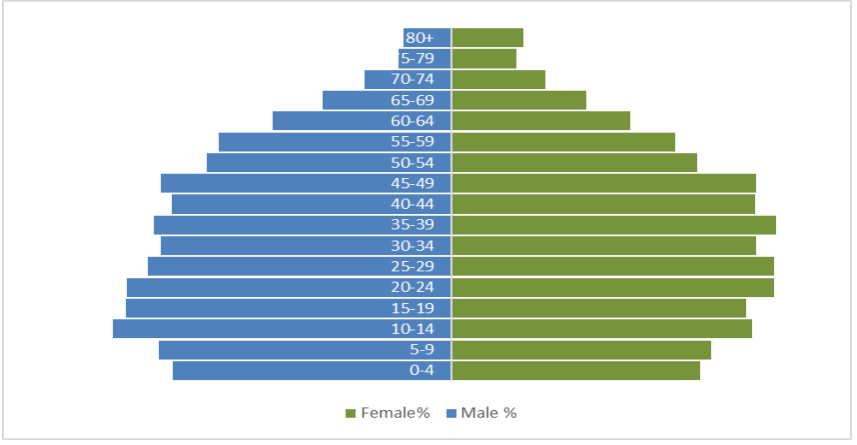
Figure: 1.3.1.3 Urban Rural Difference in Thiruvananthapuram (2011)



Source-census of India

1.4 Age and Sex distribution

Figure 1.4.1 Age and sex distribution of Population, Thiruvananthapuram (2011)



Source-census of India

The chart shows a balanced distribution between males and females across most age groups. The working-age population (15–49 years) forms the broadest section, suggesting a strong labor force. The elderly (60+) group appears comparatively smaller but visible, indicating a gradual demographic transition. The base (0–14 years) is narrower than the middle bands, hinting at declining birth rates over time.

Table :1.4.1 Sex Ratio at Birth

Year	Sex ratio at Birth
2020-21	961
2021-22	960
2022-23	957
2023-24	958
2024-25	955

Source: HMIS

The given data on the Sex Ratio at Birth for the years 2020–21 to 2024–25. It shows annual figures indicating the number of female live births per 1,000 male live births. The data reflects a relatively stable trend over the years, with a slight improvement in 2024–25, reaching a sex ratio of 955, indicating a more balanced gender distribution at birth.

Table 1.4.2 Sex Ratio

Year	Sex ratio
1991	1036
2001	1060
2011	1087

Source: Census

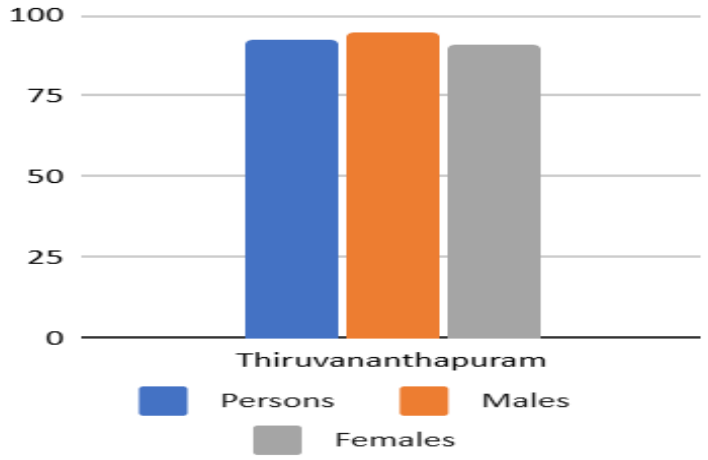
The given data on the Sex Ratio for the years 1991, 2001, and 2011. It shows an improving trend in the number of females per 1,000 males, increasing from 1036 in 1991 to 1087 in 2011, indicating a positive demographic balance over time.

1.5 Literacy rate

This bar chart presents data for Thiruvananthapuram, comparing three groups — Persons, Males, and Females. Males show the highest value, slightly above Persons (the overall average). Females are marginally lower than both, indicating a small gender gap

in the measured parameter. Overall performance is high, around 90–95%, reflecting strong outcomes across all groups.

Figure: 1.5.1 Literacy rate of Thiruvananthapuram (2011)



Source: Census of India

1.6 Vulnerable population groups (SC/ST Communities etc)

The total vulnerable population (SC + ST) in Thiruvananthapuram is 3,99,736. Scheduled Castes (SC) constitute the major share (93%) with 3,72,977 persons, while Scheduled Tribes (ST) account for 7% (26,759 persons).

Gender distribution:

- Males: 1,91,213 (48%)
- Females: 2,08,523 (52%) — showing a slight female predominance among vulnerable groups.

Both SC and ST populations reflect a balanced gender composition, indicating inclusive demographic representation.

Table1.6.1. SC/ ST population of Thiruvananthapuram (2011)

	SC	ST	Total
Total	372977	26759	399736
Male	178589	12624	191213
Female	194388	14135	208523

CHAPTER 2
DISTRICT HEALTH DASHBOARD

District AT A GLANCE

Administrative Divisions

Thaluks –6
Villages – 124
Municipalities - 4
Corporations – 1
Block Panchayath- 11
Grama Panchayath -73

Population

Population As per Census 2011 – 3301427
Male – 1581678
Female – 1719749
Population Density (No per Sq K) - 1509

Area

Total Area (Sq. K)– 2189

Population Density (No per Sq K) - 1509

Decadal Population Growth Rate – 2.25

Healthcare Infrastructure under DHS

District Level Hospitals

DH – 2
GH – 2
W&C – 1

5

Sub District Level Hospitals

THQH – 3
TH – 5

8

Community Health Centres

Total CHC – 20
Converted to FHC – 2
UCHC-1

23

Primary Health Centres

Total PHC – 4
Converted to FHC – 66
UPHCs - 18

88

Janakeeya Arogya Kendram

Janakeeya Arogya Kendram

- 487

487

Other Institutions

School of Nursing – 1
Training Center –4
PH Lab – 1
DVC Units – 1
Offset Press - 3

Blood Bank – Public – 7
Private -14
Blood Storage Unit – 3

Reproductive, Maternal, and Child Health Services 2024-25

Pregnant Women Registration: 2024-25

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

3.15 lakh

Pregnant Women- Anaemia 2024-25

26% pregnant women were identified as anaemic through VIVA testing.

26%

Rising C-Section Rates in the district 2024-25

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

49%

Maternal Deaths 2024-25

Total Maternal Deaths Reported in the District - 7

7

Preterm Births 2024-25

The proportion of preterm births in the district – 14.4

14.4%

Underweight Newborns 2024-25

The proportion of newborns weighing less than 2.5 kg in the district - 16

16%

Delivery 2024-25

Institutional Delivery in the district – 29696

Public – 13679

Private – 16017

Home Delivery 2024-25

Home Delivery Reported in the district – 21

No of Migrant Home Delivery - 4

Live Birth 2024-25

Total Live Birth Reported – 30224

Male – 15462

Female –14762

Sex Ratio at Birth - - 1001

CHILD IMMUNIZATION 2024-25

% Birth Dose

Hep B0 – 99
OPV 0 – 99
BCG - 100

6 Weeks Vaccines Coverage (%)

OPV1 - 99
Pentavalent 1 - 99
Rotavirus 1 - 99
PCV1 - 99
IPV 1 - 99

10 Weeks Vaccines Coverage (%)

OPV2 - 99
Pentavalent 2 - 99
Rotavirus 2 - 99

% 14 Week Vaccines

OPV3 - 99
Pentavalent 3-99 -
Rotavirus 3 - 99
IPV 2 - 99
PCV2-98

% Children Fully Immunized

MR1 - 99
FULLY IMMUNIZED - 98
(children aged between 9 and <12 months)

MR 2 Coverage (%)

MR2 - 98

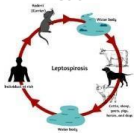
Communicable diseases reported in the District 2024

Cases Reported
Dengue- 2668
Malaria- 53
Chikungunya- 15
West Nile-0
Zika- 0
JE- 0

18
Dengue Death

Cases Reported
Kala Azar-0
Scrub Typhus - 733
Leptospirosis- 733

33
Leptospirosis Death



Cases Reported
Cholera - 13
Typhoid- 35
Acute Diarrheal Disease -44826

0
ADD Death

Communicable diseases reported in the District 2024

Chicken Pox Cases- 2142

MPox Cases-0

0
Chicken Pox Death

Rabies Cases Reported-4

Shigella cases- 12

Amoebic Meningo Encephalitis - 5

4
Rabies Death

Cases Reported

Hepatitis A -130

Hepatitis B-143

Hepatitis C-43

Hepatitis E - 2

3
Hepatitis A Death

CHAPTER 3
HEALTH INFRASTRUCTURE PROFILE OF THE DISTRICT

3.1 Details of Health Facilities in Thiruvananthapuram

The district has a well-structured health facility, including 2 General Hospitals, 2 District Hospitals, and 5 Taluk Hospitals. Primary care is widely available through 70 Primary Health Centres, 66 Family Health Centres, and 487 Sub Centres. The presence of Community Health Centres and Urban Health Centres ensures both rural and urban population coverage, reflecting a comprehensive and accessible public health infrastructure across the district.

Table 3.1.1 Number of Health Facilities in Thiruvananthapuram

Type of Facility	Numbers
24x7 PHC Converted to FHC	4
PHC Converted to FHC	66
UPHC	18
CHC	20
CHC Converted to FHC	2
UCHC	1
TH	5
THQH	3
DH	2
GH	2
W&C	1
W&C (Speciality)	1
DTBC	1
General Dispensary	5
Health Clinic	2
MHC	1
Mobile Unit	1
Speciality (Others)	1
TBC	1
Grand Total	**137**
JAK	487
UHWC	28 (as on March 2025)

Source: District report

3.2 Availability of Specialized Centre

Coastal Speciality Hospital, Valiyathura

Coastal Speciality Hospital, Valiyathura, is a key healthcare facility serving the coastal population of Thiruvananthapuram. It provides specialized medical care, focusing on the needs of coastal communities, including emergency services, maternal and child health, and non-communicable disease management. The hospital plays an important role in ensuring accessible and quality healthcare for residents in and around the Valiyathura coastal region.

3.3 Bed Strength in Different Health Facilities

Thiruvananthapuram district has a total of 4,718 sanctioned hospital beds, of which 4,111 are functional, indicating a high operational efficiency of about 87%. The District Hospitals contribute the largest share of beds, followed by Sub-District Hospitals, Community Health Centres, and Primary Health Centres, reflecting a well-distributed healthcare infrastructure across all levels. The relatively high number of functional beds demonstrates the district's strong capacity to deliver inpatient and emergency services, ensuring accessibility and readiness of healthcare facilities to meet the population's needs.

Table 3.3.1 Bed strength in Thiruvananthapuram

Facility	Sum of Functional Bed	Sum of Sanctioned bed
CHC	549	539
DH	1467	1767
DH (W&C)	273	428
PHC	227	109
SDH	663	746
Others	932	1129
Grand Total	**4111**	**4718**

Source: District report

3.4 Health Facilities in Urban and Rural Areas

Major tertiary and specialized facilities such as Medical College Hospital (MCH), District Hospitals (DH), General Hospitals (GH), Women & Children Hospitals (W&C), Urban Primary Health Centres (UPHC), Urban Health & Wellness Centres (UHWC), and Urban Community Health Centres under NHM (UCHC-NHM) are predominantly located in

urban areas, ensuring access to advanced care. Primary and community-level services are well-distributed in rural regions, with 58 Primary Health Centres (PHCs), 411 Health Sub Centres (HSCs), and 3 Taluk Headquarters Hospitals (THQHs) serving the rural population. Additionally, 20 Community Health Centres (CHCs) span both urban and rural zones, with significant rural presence. Taluk Hospitals (THs) show a mixed distribution, with 4 in urban and 1 in rural areas, indicating efforts to decentralize secondary care. This distribution highlights a strategic focus on ensuring primary healthcare access in rural areas while concentrating specialized and tertiary care facilities in urban centres.

Table 3.4.1 Distribution of health facilities in Urban rural Area

Type of Health Institution/Facility	Total No in the district	Urban	Rural
MCH	1	1	0
DH	2	2	0
GH	2	2	0
W&C	1	1	0
TH	5	4	1
THQH	3	0	3
CHC	20	3	20
UCHC-NHM	1	1	0
PHC	70	12	58
UPHC	18	18	0
UHWC	27	27	0
SC	487	76	411

Source: District report

3.5 Health Facilities Converted to FHC

In Thiruvananthapuram district, significant progress has been made in transforming primary healthcare institutions into Family Health Centres (FHCs) under the state's health system strengthening initiative. A total of 77 have completed civil works as of 31st March 2025, marking substantial advancement toward achieving comprehensive primary healthcare coverage. Among these, all 24x7 Primary Health Centres and the majority of Primary Health Centres (62 out of 66) have successfully transitioned into FHCs, ensuring improved service delivery and people-centered care. However, only 11 out of 22 Community Health Centres have completed the conversion process, indicating

that further efforts are needed to enhance infrastructure and service readiness at this level. Overall, Thiruvananthapuram demonstrates commendable progress in realizing the goals of accessible, quality, and continuous healthcare through the FHC model.

Table 3.5.1 Total no of facilities converted to FHC

Type of Health Institution/Facility	Total no of facilities converted to FHC	Total no of FHC completed civil work (31st March 2025)
Primary Health Centre	66	62
24x7 Primary Health Centre	4	4
CHC	22	11

Source: District report

3.6 Delivery Points in the District

Thiruvananthapuram district has a total of 65 delivery points, comprising 11 in the public sector and 54 in the private sector. The private sector dominates institutional delivery services, which alone accounts for 54 private delivery points. In contrast, public sector facilities such as Sub-District Hospitals, District Hospitals, the General Hospital, the Women & Children Hospital, and the MCH continue to play a crucial role in providing accessible and affordable maternity care to the population. This distribution reflects the district's strong public–private mix in maternal healthcare delivery, ensuring wide service availability and improved access for expectant mothers across both urban and rural areas.

Table 3.6.1 Number of Delivery Point in the District

Type of Health Institution /Facility	Number of Delivery Point	
	Public	Private
MCH	1	2
DH	2	52
GH	1	
W&C	1	
SDH	6	

Source: HMIS & District report

3.7 Other Specialised Care Centres

This table presents the number of various specialized health facilities available as of 31st March 2025. Each facility type serves a distinct medical purpose, contributing to comprehensive healthcare delivery. The DEIC is functioning in the W&C Hospital,

focusing on early detection and intervention for developmental delays and disabilities in children. The SNCUs in SAT and W&C Thycaud provide intensive care for sick newborns, especially those with low birth weight or complications. A well-established network of 29 Physiotherapy Units and 11 Dialysis Units provides essential rehabilitation and renal care services across the district.

Table 3.7.1 Number of other Specialised care Centers

Type of Health Facility	No. of Facility (31st March 2025)
NRC	0
DEIC	1
SNCU	2
NBSU	10
Physiotherapy Units	29
Dialysis Unit	11
Cath lab	1
Stroke unit	1

Source: District report

3.8 NQAS Accredited Facilities

Thiruvananthapuram district has made steady progress in quality certification under the National Quality Assurance Standards (NQAS) program. Primary Health Centres (7) and Urban Primary Health Centres (2) form the majority of accredited facilities, along with one Ayushman Arogya Mandir – Sub Centre (AAM-SC) that has attained national recognition. However, higher-level institutions such as District Hospitals, Taluk Hospitals, and Community Health Centres have yet to achieve certification.

Table 3.8.1 NQAS Accredited facilities (31st March 2025)

Type of Health Institution/Facility	Total no. of Institution/Facility	State Certified	Nationally certified
DH	2	0	0
TH	8	0	0
CHC	22	0	0
PHC	70	0	7
UPHC	18	0	2
AAM-SC	487	0	1

Source: District report

CHAPTER 4

HUMAN RESOURCE PROFILE OF THE DISTRICT

4.1 Health Human Resource – Major Indicators

The district has a bed–population ratio of 1:700, indicating that there is one hospital bed available for every 700 people as per the 2011 Census population. The doctor–bed ratio stands at 1:7, suggesting that one doctor is available for every seven hospital beds, reflecting an adequate level of medical staffing relative to the available bed strength. The doctor–population ratio is 1:4,928, meaning there is one doctor for every 4,928 people in the district.

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

Indicator	Ratio
The bed-population ratio (based on Census 2011 population)	1:700
The average-doctor bed ratio	1:7
The doctor-population ratio (based on Census 2011 population)	1:4928

4.2 Availability of Medical Officers

As of 31st December 2025, the district has a total of 670 medical officer posts sanctioned under the Directorate of Health Services (DHS). Among these, 56 positions fall under the administrative category, including 1 Additional Director, 8 Deputy Directors, 15 Assistant Directors, and 2 Junior Administrative Medical Officers (JAMOs). The general category accounts for the majority of sanctioned positions, comprising 326 Assistant Surgeons, 11 Assistant Surgeons (Dental), 30 Civil Surgeons, 2 Civil Surgeons (Dental), 270 Specialist Doctors, and 5 Super-Specialist Doctors. This distribution reflects a well-structured medical administrative hierarchy and an emphasis on strengthening specialist and general medical care within the district.

Table 4.2.1 Details of Medical Officers Sanctioned under DHS in the District (31st March 2025)

Category	Sanctioned
Administrative	
Additional Director	1
Deputy Director	8
Assistant Director	15
JAMO	2
General	
Assistant Surgeon	326
Assistant Surgeon Dental	11
Civil Surgeon	30
Civil Surgeon Dental	2
Doctor (Speciality)	270
Doctor (Super speciality)	5
MO All	670

Source: District report

Table 4.2.2 No of Speciality and Super Speciality Doctors under DHS

Type	Sanctioned
Speciality	
Anaesthesia	19
Blood Bank	3
Blood Bank/Clinical Lab/PH Lab	_
Dental	5
Dermatology & Venerology	6
ENT	16
Forensic Medicine	1
General Medicine	26
General Surgery	23

Micro Biology	_
Obstetrics & Gynaecology	51
Ophthalmology	15
Orthopaedic Surgery	18
Paediatrics	33
PH Lab	9
Physical Medicine & Rehabilitation	5
Psychiatry	20
Radio Diagnosis/Radio Therapy	4
TB & Chest (Resp. Medicine)	16
Super Speciality	
Cardiology	2
Nephrology	1
Neurology	1
Urology	1

Source: District report

4.3 Sanctioned Strength of Health Personnel under DHS

Thiruvananthapuram district demonstrates a well-structured human resource distribution under the Directorate of Health Services (DHS). A total of various categories of health personnel are sanctioned to support public health delivery across institutions. The staff strength covers administrative, medical, paramedical, and support divisions. The presence of a substantial number of medical officers, nursing staff, and technical personnel ensures efficient service delivery at all levels of healthcare—from primary to tertiary. The balanced sanctioning pattern indicates the district's focus on maintaining adequate staffing levels to meet the healthcare demands of a large and diverse population.

Table 4.3.1 Category wise sanctioned strength of Health Personnel

Category/Division	Sanctioned
Doctors (Administrative Cadre)	26
Doctors (General Cadre)	369
Doctors (Speciality)	270
Doctors (Super Speciality)	5

Nursing Service	1122
JPHN To MCH Officer	589
JPHN/Nursing School	12
Dental	20
Lab (General)	192
Pharmacy & Medical Supply	233
Leprosy	9
Public Health	526
TB	18
Ophthalmology	26
Transport	3
Others	2455
Grand Total	**5875**

Source: District report

4.4 Health Human Resource under NHM

The data provide an overview of the district's health infrastructure and workforce, including the number and bed strength of health institutions, progress in converting facilities to Family Health Centres (FHCs), the number of delivery points in public and private sectors, and staffing positions across various health categories as of 31st March 2025.

Table 4.4.1 Number of Health Personnel Working under NHM (31st March 2025)

Category	In-position (31st March 2025)
Medical Officer	135
Staff Nurse	316
Pharmacist	42
Lab Technician	69
MLSP	471
Others	631

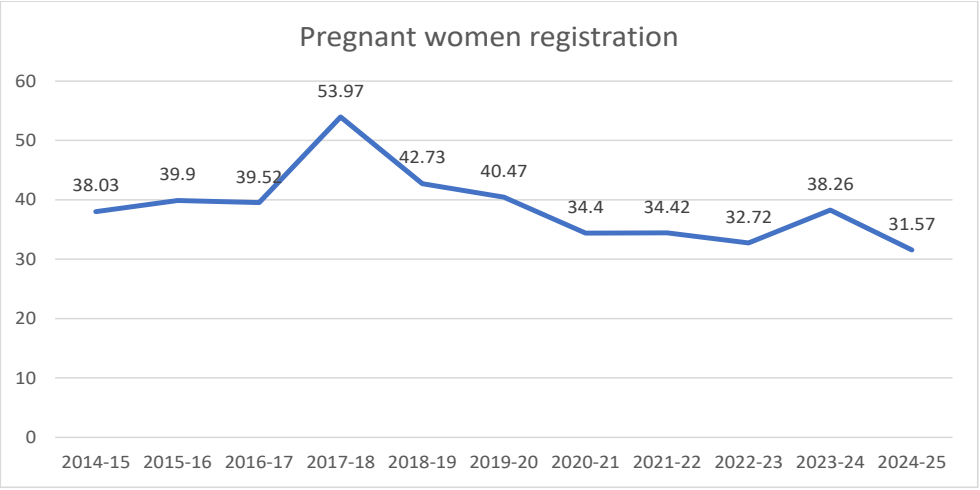
Source: District report

CHAPTER 5
MATERNAL AND CHILD HEALTH

5.1 Pregnant women Registration

The dataset provides annual figures for pregnant women registrations in Thiruvananthapuram district of Kerala, as reported in the HMIS portal, covering the years 2014–15 to 2024–25. Registrations began at 38.03 thousand in 2014–15 and increased slightly to 39.9 thousand in 2015–16, remaining stable around 39.52 thousand in 2016–17. A significant rise occurred in 2017–18, reaching 53.97 thousand, after which the numbers fluctuated—dropping to 42.73 thousand in 2018–19, 40.47 thousand in 2019–20, and further declining to 34.4 thousand in 2020–21. The registrations stayed relatively low in subsequent years, recording 34.42 thousand in 2021–22 and 32.72 thousand in 2022–23, before increasing briefly to 38.26 thousand in 2023–24 and then decreasing again to 31.57 thousand in 2024–25. Overall, the data reflects notable year-to-year variations, with a peak in 2017–18 and a gradual downward trend in recent years.

Figure 5.1.1. Trend in Pregnant women registration (in thousands) (2014-15 to 2024-25)

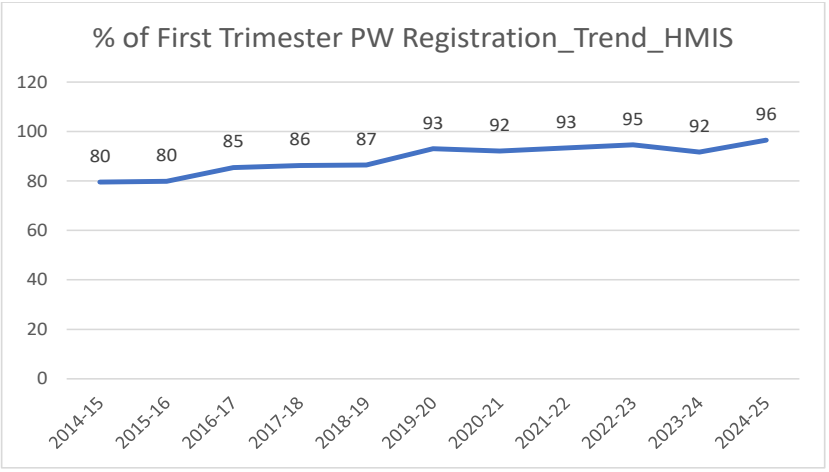


Source HMIS portal

5.2 Early Initiation of Antenatal care

The trend in first trimester pregnancy registration over the past decade reflects a steady and positive improvement in maternal health awareness and service accessibility. Beginning at 80% in 2014–15, the proportion of women registering for antenatal care within the first trimester gradually increased to 87% by 2018–19, indicating progressive enhancement in early pregnancy reporting. From 2019–20 onwards, a remarkable rise is observed, with registration rates consistently above 90%, reaching 96% in 2024–25. This consistent growth suggests strengthened health infrastructure, effective community outreach through health workers, and increased awareness among women about the importance of early antenatal care.

Figure 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 the year 2024–25, a total of 28,938 pregnant women received the first dose (Td1) of the tetanus and diphtheria vaccine, while 24,357 received the second dose (Td2), indicating good coverage and follow-up in most cases. Additionally, 4,168 pregnant women received the Td booster dose, reflecting continued protection among women who were previously immunized. The data suggests that a majority of pregnant women are being reached through routine immunization services.

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

No of PW given Td1	No of PW given Td2	No of PW given Td Booster
28938	24357	4168

Source -HMIS

5.4 Abortion

The data on abortions from 2014–15 to 2024–25 shows a significant upward trend, particularly in induced abortions. Total abortions increased from 2,083 in 2014–15 to 4,904 in 2024–25. While spontaneous abortions have remained relatively stable, fluctuating between 950 and 1,800 annually, induced abortions have shown a sharp rise from 270 in 2014–15 to 3,853 in 2024–25. This steady increase in induced abortions over the years may reflect improved reporting, greater accessibility to safe abortion services, and heightened awareness among women.

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

Year	Total (spontaneous + Induced)	spontaneous	Induced
2014-15	2083	1813	270
2015-16	2179	1840	339
2016-17	2285	1934	351
2017-18	2355	956	1399
2018-19	3185	1506	1679
2019-20	2925	1202	1723
2020-21	2172	1047	1125
2021-22	2967	1215	1752
2022-23	3225	1218	2007
2023-24	4390	1044	3346
2024-25	4904	1051	3853

Source HMIS

5.5 Family Planning

The trend in sterilization procedures reported under HMIS from 2020–21 to 2024–25 shows a gradual overall improvement in both male and female sterilization performance, with some year-to-year variations. Male sterilization, No-scalpel vasectomy (NSV) numbers, though relatively low, increased from 4 in 2020–21 to a peak of 43 in 2023–24, before slightly declining to 27 in 2024–25, indicating modest but growing acceptance of male participation in family planning. Among female sterilizations, laparoscopic and mini-lap procedures together form the major share, with laparoscopic sterilizations showing consistent activity, from 911 in 2020–21 to 1956 in 2024–25, while mini-lap sterilizations fluctuated between 185 and 393 during the same period. The Post-Partum Sterilization (PPS) figures remained high throughout, ranging from 4,616 to 5,152, reflecting strong integration of family planning services with institutional deliveries. Similarly, Post-Abortion Sterilization (PAS) cases increased from 63 in 2020–21 to 201 in 2024–25, suggesting improved follow-up and counselling post-abortion. Overall, the data indicate steady service delivery and acceptance of permanent family planning methods.

Table 5.5.1: Male and Female sterilizations at the state level from 2020-21 to 2023-24

Male and Female sterilizations reported in HMIS at the state level from 2020-21 to 2023-24					
Period	**NSV**	**Laparoscopic sterilizations**	**Mini-lap sterilizations**	**PPS**	**PAS**
2020-21	4	911	271	5152	63
2021-22	8	1547	185	4842	91
2022-23	24	2371	344	4989	116
2023-24	43	2093	393	4616	204
2024-25	27	1956	304	4877	201

Source HMIS

Table 5.5.2: IUCD Insertions Reported in HMIS (2020-21 to 2024-25)

Period	FP elements	Numbers
2020-21	IUCD	1258
	PPIUCD	107
	PAIUCD	14
2021-22	IUCD	1283
	PPIUCD	87

	PAIUCD	24
2022-23	IUCD	1671
	PPIUCD	86
	PAIUCD	23
2023-24	IUCD	1487
	PPIUCD	306
	PAIUCD	39
2024-25	IUCD	1853
	PPIUCD	296
	PAIUCD	52

Source HMIS

The data on family planning (FP) elements from 2020–21 to 2024–25, shows a steady rise in the adoption of intrauterine contraceptive devices (IUCDs) and related methods. The number of IUCD insertions increased consistently from 1,258 in 2020–21 to 1,853 in 2024–25, reflecting strengthened family planning services and greater acceptance of long-term reversible contraception among women. Post-Partum IUCD (PPIUCD) insertions fluctuated during the period, rising notably from 107 in 2020–21 to a peak of 306 in 2023–24, before slightly declining to 296 in 2024–25, suggesting continued integration of family planning with delivery care services. Post-Abortion IUCD (PAIUCD) insertions, though comparatively lower, showed gradual improvement from 14 in 2020–21 to 52 in 2024–25, indicating better counselling and service provision following abortion procedures. Overall, the upward trend in IUCD utilization highlights effective service delivery and increasing client confidence in long-acting reversible contraceptive methods, while continued focus on postpartum and post-abortion family planning counselling can further enhance coverage and impact.

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

Period	Number of Combined Oral Pill cycles distributed	Number of Condom pieces distributed	Number of Cent chroman (weekly) pill strips distributed	Number of Emergency Contraceptive Pills (ECP) given	Number of Combined Oral Pill cycles distributed	Number of Condom pieces distributed
2020-21	8393	270634	1388	1397	3217	95515
2021-22	10106	235797	556	629	7284	169300

2022-23	14739	483455	549	1243	11030	156552
2023-24	6542	465469	855	271	10901	196864
2024-25	9189	433023	5819	1228	8140	152657

Source HMIS

The data on the distribution of contraceptive commodities from 2020–21 to 2024–25 reflects active implementation of family planning programs, with notable variations across different methods. The distribution of combined oral pill cycles fluctuated over the years, rising from 8,393 in 2020–21 to a peak of 14,739 in 2022–23, followed by a moderate level of 9,189 in 2024–25, indicating consistent demand for short-term contraceptive options. Condom distribution remained high throughout, showing sustained male participation, with the number of pieces ranging between 235,000 and 483,000 annually. The distribution of Cent chroman (weekly) pill strips showed a marked increase, especially in 2024–25, with 5,819 strips, suggesting growing awareness and preference for non-hormonal contraceptive methods. Similarly, the number of Emergency Contraceptive Pills (ECPs) given varied, peaking at 1,397 in 2020–21 and 1,228 in 2024–25, reflecting ongoing use of emergency methods as a backup option. Overall, the trend demonstrates a balanced utilization of both male and female contraceptives, steady public access to a range of family planning choices.

5.6 Delivery

The data on institutional deliveries from 2020–21 to 2024–25 reveals a gradual decline in total deliveries across both public and private health facilities. In 2020–21, there were 35,904 total deliveries, with nearly equal contributions from public (19,236) and private (16,653) institutions. Over the years, the total number of institutional deliveries decreased to 29,717 in 2024–25, with 13,679 in public facilities and 16,017 in private ones. This indicates a consistent downward trend in public sector deliveries, while private sector deliveries have shown relative stability, even surpassing public institutions in recent years. Home deliveries remained very low throughout, demonstrating effective institutional delivery coverage and access to skilled birth attendance.

Table 5.6.1: Trends in Home and Institutional Deliveries (2020-21 to 2024-25)

Period	Institutional Delivery		Home Delivery	% Home Deliveries	Total Deliveries
	Public	Private			
2020-21	19236	16653	15	0.04	35904
2021-22	18772	17518	18	0.05	36308
2022-23	18273	17554	42	0.12	35869
2023-24	16184	17484	31	0.09	33699
2024-25	13679	16017	21	0.07	29717

Source HMIS

The data on institutional deliveries and home births from 2020–21 to 2024–25 indicates a consistently high rate of institutional deliveries and a very low percentage of home deliveries across the district. Total deliveries have gradually declined from 35,904 in 2020–21 to 29,717 in 2024–25, reflecting the district's ongoing demographic shift and declining fertility rates. The percentage of home deliveries remains extremely low, fluctuating between 0.04% and 0.12%.

5.7 Caesarean Section Deliveries

The C-section rates in both public and private hospitals show a consistent pattern from 2020-21 to 2024-25, with private hospitals reporting notably higher rates throughout the period. Public sector rates remain relatively steady, ranging between 42.12% and 43.86%, indicating minimal year-to-year variation. In contrast, private sector rates demonstrate a gradual upward trend, rising from 48.38% in 2020-21 to 53.98% in 2024-25. The overall C-section rate also increases steadily from 45.49% to 49.32% over the five-year period, largely influenced by the rise in the private sector. Overall, the data suggests increasing reliance on C-section deliveries, particularly in private healthcare facilities.

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

Period	Public	Private	All
2020-21	42.99	48.38	45.49
2021-22	43.37	51.42	47.26
2022-23	42.12	49.73	45.85

2023-24	42.24	49.90	46.22
2024-25	43.86	53.98	49.32

Source HMIS

5.8 Maternal Deaths

The maternal death trend in Thiruvananthapuram district over the past decade shows a fluctuating pattern. Between 2014–15 and 2016–17, maternal deaths were relatively stable, ranging from 10 to 13 per year. There was a notable increase in 2017–18, reaching 20 deaths, followed by a sharp decline to 7 deaths in 2018–19. In the subsequent years, deaths again rose, peaking at 20 in 2021–22, before steadily declining to 7 deaths in 2024–25.

Overall, the trend indicates periods of high maternal mortality interspersed with years of significant reduction. The recent decline suggests improvements in maternal health interventions and healthcare services in the district, although the repeated peaks highlight the need for continued focus on maternal care to achieve consistent and sustained reductions in maternal deaths.

Table 5.8.1 Trend of maternal deaths 2014-15 to 2024-25

Year	Number of maternal deaths
2014-15	10
2015-16	13
2016-17	13
2017-18	20
2018-19	7
2019-20	12
2020-21	14
2021-22	20
2022-23	7
2023-24	9
2024-25	7

Source-HMIS

5.9 Childbirth

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

Period	Live Birth in Thousands -Thiruvananthapuram		
	Male	Female	Total
2014-15	22.868	21.822	44.69
2015-16	21.794	21.068	42.862
2016-17	20.546	19.43	39.976
2017-18	26.904	26.058	52.962
2018-19	22.808	22.233	45.041
2019-20	21.049	20.339	41.388
2020-21	18.554	17.823	36.377
2021-22	18.844	18.086	36.93
2022-23	18.649	17.856	36.505
2023-24	17.503	16.774	34.277
2024-25	15.462	14.762	30.224

Source-HMIS

The trend in live births in Thiruvananthapuram district over the past decade shows a gradual and consistent decline in the total number of births of both male and female infants. In 2014–15, the district recorded around 44.7 thousand live births, which steadily decreased to 30.2 thousand by 2024–25, marking a reduction of nearly one-third over the ten-year period.

Both male and female live births followed a similar downward trajectory. Male live births declined from 22.9 thousand in 2014–15 to 15.5 thousand in 2024–25, while female live births decreased from 21.8 thousand to 14.8 thousand during the same period. The sex distribution has remained largely balanced throughout, with a slight predominance of male births each year — a pattern consistent with natural birth ratios.

A notable fluctuation occurred in 2017–18, when both male and female live births showed a temporary rise (26.9 thousand males and 26.1 thousand females, totalling 52.9 thousand). This increase was followed by a steady decline in subsequent years. From 2018–19 onwards, live births have shown a continuous downward trend, reaching the lowest levels in 2024–25.

The overall decline in live births in Thiruvananthapuram reflects demographic transition trends, including reduced fertility rates, delayed marriages, improved female literacy, and increased use of family planning methods. The narrowing gap between male and female births indicates gender balance in birth outcomes, suggesting that the district has maintained equitable gender distribution among live births over the years.

5.10 Infant Mortality

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

Year	Number of neonatal deaths reported
2014-15	171
2015-16	160
2016-17	157
2017-18	222
2018-19	149
2019-20	169
2020-21	133
2021-22	153
2022-23	105
2023-24	114
2024-25	126

Source-HMIS

The trend of neonatal deaths in Thiruvananthapuram district over the past eleven years shows overall improvement with a gradual decline, reflecting progress in maternal and child health care services. In 2014–15, the district reported 171 neonatal deaths, and though minor fluctuations occurred over the years, the number has reduced to 126 deaths in 2024–25.

Between 2014–15 and 2016–17, neonatal deaths showed a slight but steady decrease from 171 to 157, followed by a spike in 2017–18 (222 deaths) — the highest figure recorded during the period. Afterward, the numbers gradually declined again, reaching 149 deaths in 2018–19 and fluctuating slightly in the following years.

From 2019–20 onward, the trend has been generally downward, with a marked reduction during 2020–21 (133 deaths) and reaching the lowest number of neonatal deaths in 2022–23 (105 deaths). Although a mild increase was noted in 2023–24 (114 deaths) and 2024–25 (126 deaths), the figures remain considerably lower compared to earlier years.

Overall, the data indicate a positive decline in neonatal mortality over the decade, suggesting improvements in antenatal and intrapartum care, institutional deliveries, neonatal resuscitation, and facility-based newborn care.

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

Year	Number of Infant Deaths
2014-15	245
2015-16	228
2016-17	235
2017-18	281
2018-19	225
2019-20	242
2020-21	184
2021-22	200
2022-23	158
2023-24	183
2024-25	178

Source-HMIS

The trend of infant deaths in Thiruvananthapuram district over the past decade shows a general decline, reflecting the effectiveness of the district's maternal and child health services. In 2014–15, the district recorded 245 infant deaths, which slightly decreased to 228 in 2015–16, followed by minor fluctuations in subsequent years. The highest number during this period was 281 deaths in 2017–18, after which a consistent downward trend became evident.

From 2018–19 onward, infant deaths have gradually declined, reaching 178 deaths in 2024–25, indicating a significant reduction compared to the beginning of the decade. Temporary increases in certain years, such as 200 deaths in 2021–22 and 183 in 2023–

24, are likely due to localized factors, but overall, the trend demonstrates sustained progress in child survival.

This decline reflects the strength of the district's health system, including widespread institutional deliveries, effective neonatal and postnatal care, timely management of high-risk infants, and community-based health interventions. The consistently high-quality services and continuous monitoring of infant health have contributed to maintaining infant mortality at relatively low levels, underscoring the district's commitment to improving child health outcomes.

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

Year	Number of Child Deaths (Under 5)
2021-22	212
2022-23	193
2023-24	213
2024-25	217

Source-HMIS

The under-five child mortality in Thiruvananthapuram district over the past four years has remained relatively stable, with minor annual fluctuations. In 2021–22, a total of 212 child deaths were reported, which declined to 193 in 2022–23, reflecting improvements in child health services and preventive interventions. However, in the subsequent years, the numbers slightly increased, with 213 deaths in 2023–24 and 217 in 2024–25.

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

Year	IMR	NMR
2019-20	6	4
2020-21	5	4
2021-22	5	4
2022-23	4	3
2023-24	5	3
2024-25	6	4

Source-HMIS

The Infant Mortality Rate (IMR) and Neonatal Mortality Rate (NMR) in Thiruvananthapuram district have remained consistently low, reflecting the district's strong maternal and child health infrastructure. During 2019–20, the IMR was 6 per

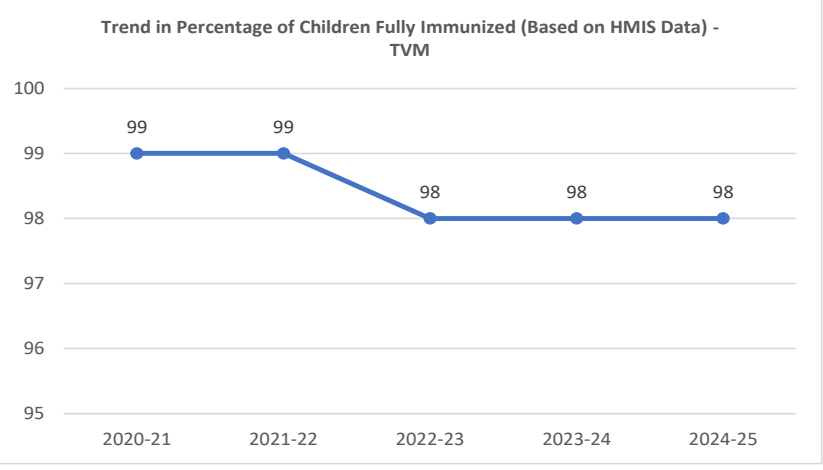
1,000 live births and the NMR was 4 per 1,000 live births, indicating relatively low mortality compared to national averages.

Between 2020–21 and 2022–23, both rates showed a modest decline, with IMR reaching 4 per 1,000 and NMR at 3 per 1,000 live births in 2022–23, reflecting improvements in institutional deliveries, neonatal care, and early postnatal interventions. In 2023–24, a slight increase in IMR to 5 per 1,000 was observed, while NMR remained stable at 3 per 1,000, followed by a rise in 2024–25 where IMR returned to 6 per 1,000 and NMR to 4 per 1,000.

Overall, the trends demonstrate that Thiruvananthapuram has maintained very low infant and neonatal mortality rates over the years, indicative of effective antenatal, intrapartum, and postnatal care, as well as a well-functioning referral and healthcare delivery system.

5.11 Child Immunization

Figure 5.11.1: Trend in Percentage of Children Fully Immunized

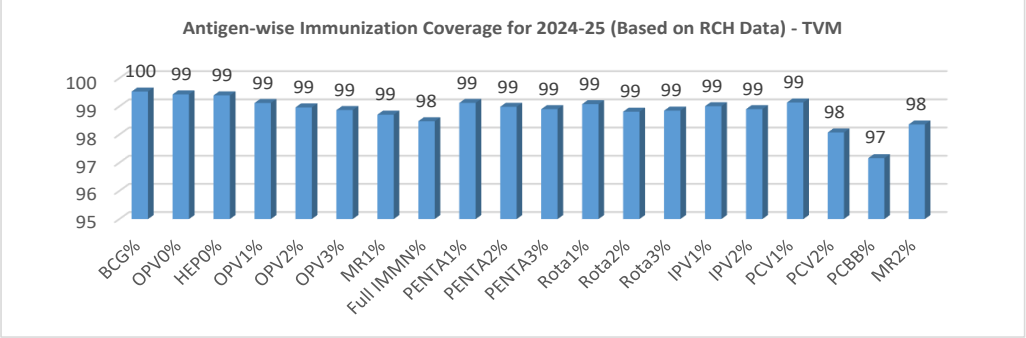


Source-RCH portal

Thiruvananthapuram district has consistently maintained very high immunization coverage among children over the past five years. In 2020–21 and 2021–22, coverage was 99%, reflecting nearly universal access to routine immunization services. From 2022–23 onwards, the coverage remained slightly lower but still impressive at 98%, demonstrating sustained outreach and service delivery despite potential challenges such as the COVID-19 pandemic or resource constraints.

The consistently high coverage indicates a well-functioning immunization system supported by effective planning, strong community engagement, and robust monitoring mechanisms. It also reflects the district's success in ensuring that children receive timely vaccinations, thereby contributing to the prevention of vaccine-preventable diseases and supporting overall child health. The minimal variation over the years highlights the resilience and efficiency of the public health system in maintaining nearly universal immunization among eligible children.

Figure 5.11.2: Antigen-wise Immunization Coverage



Source -RCH portal

Thiruvananthapuram district demonstrates exceptionally high immunization coverage across all antigens, reflecting a robust and well-functioning immunization programme. Coverage for BCG reached 100%, indicating universal protection against tuberculosis among newborns. Birth doses of OPV0 and HEP0 achieved 99% coverage, ensuring early protection against polio and hepatitis B.

Coverage for subsequent doses of OPV (1, 2, and 3) remained consistently high at 99%, as did the doses of PENTA1, PENTA2, and PENTA3, demonstrating strong adherence to the pentavalent vaccination schedule. Similarly, Rota virus vaccination (Rota1, Rota2, Rota3) and IPV doses recorded coverage of 99%, reflecting high coverage of vaccines against rotavirus and inactivated polio.

Measles-Rubella vaccination showed slightly lower but still excellent coverage, with MR1 at 99% and MR2 at 98%, supporting effective measles control. Full immunization coverage stood at 98%, indicating that nearly all children received the complete schedule of recommended vaccines. Coverage for PCV doses was also high (PCV1 at

99% and PCV2 at 98%), while PCVB (booster dose of PCV) achieved 97%, slightly lower than other antigens but still commendable.

Overall, the district's antigen-wise immunization coverage reflects strong programmatic implementation, community engagement, and monitoring mechanisms, ensuring that almost all children are protected against vaccine-preventable diseases. The minimal variation among antigens highlights the effectiveness and consistency of the vaccination program in maintaining near-universal coverage

CHAPTER 6

COMMUNICABLE AND NON-COMMUNICABLE DISEASES

6.1 Disease Burden Overview: Common Communicable Diseases

The pattern of communicable disease in Thiruvananthapuram district reflects a diverse range of infections affecting the population, with both water-borne and vector-borne diseases contributing significantly to the overall burden. Acute Diarrheal Diseases (ADD) remain the most common, indicating ongoing challenges in sanitation and water quality. Vector-borne illnesses such as dengue fever continue to be a concern, highlighting persistent mosquito transmission in the district. Respiratory infections, including seasonal influenza, have shown notable increases, suggesting heightened transmission during specific periods.

Zoonotic infections like leptospirosis and scrub typhus remain important public health issues, reflecting sustained exposure through animals and the environment. Vaccine-preventable diseases such as chickenpox continue to circulate at the community level, while hepatitis A cases point to potential lapses in food and water safety. Other vector-borne diseases like malaria and chikungunya have shown a decline, demonstrating the impact of ongoing control measures.

Overall, the district faces a complex communicable disease scenario where strengthening sanitation, ensuring safe water and food, enhancing vector control, and maintaining robust disease surveillance are essential for effective prevention and control.

Thiruvananthapuram district continues to report a variety of communicable diseases, reflecting ongoing public health challenges. Acute Diarrheal Disease remains the most commonly reported illness, while vector-borne diseases such as Dengue, Leptospirosis, and Scrub Typhus show a persistent presence in the district. Respiratory infections, including Influenza, have also seen an upward trend in recent years. Although some diseases like Japanese Encephalitis, Kala Azar, and Kysanur Forest Disease have not been reported, sporadic cases of Chikungunya, Cholera, and different types of Hepatitis highlight the need for continued surveillance and preventive measures. Overall, the trends emphasize the importance of vigilant monitoring, timely interventions, and public health awareness to manage and control communicable diseases in the district.

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	Acute Diarrheal Disease	44826	39987	42702	22694	20790
2	Dengue Fever: Confirmed	2668	2451	844	485	630
3	Influenza (H1N1, H3N2, Inf A, Inf B)	1600	154	11	0	1
4	Chicken Pox	2142	2184	1118	376	1553
5	Leptospirosis : Confirmed	733	346	324	251	178
6	Scrub Typhus	733	405	535	357	323
7	Hepatitis - A : Confirmed	140	31	11	6	20
8	Malaria	53	30	39	39	23
9	Hepatitis - B	39	52	103	51	40
10	Typhoid	35	26	9	4	3
11	Hepatitis - C	29	36	37	19	11
12	Shigella	23	5	2	0	0
13	Chikungunya	15	24	62	315	548
14	Cholera	13	1	0	0	0
15	Rabies: Confirmed	4	3	5	1	0
16	Acute Encephalitis Syndrome	2	6	5	0	1
17	Japanese Encephalitis (JE)	0	0	0	0	0
18	Hepatitis - E	0	2	2	0	-
19	Kala Azar	0	0	0	0	0
20	Kysanur Forest Disease	0	0	0	0	0
21	Zika	0	8	14	85	-
22	West Nile	0	1	0	0	-
23	Nipah	0	0	-	0	-

Source: https://dhs.kerala.gov.in/en/data-on-communicable-diseases/

The communicable disease profile of Thiruvananthapuram district from 2020 to 2024 shows a clear upward trend in the overall number of reported cases, with 2024 recording the highest burden in recent years. Acute Diarrheal Disease continues to be the most prevalent condition, showing a steady increase from 20,790 cases in 2020 to 44,826 cases in 2024. Dengue fever also showed a consistent rise, reaching 2,668 confirmed cases in 2024, reflecting persistent vector transmission in the district. Influenza infections (H1N1, H3N2, Influenza A and B) demonstrated a remarkable surge in 2024, increasing from 154 cases in 2023 to 1,600 cases, possibly due to enhanced surveillance or seasonal spread.

Chickenpox cases remained high with 2,142 cases in 2024, though slightly lower than the 2,184 cases reported in 2023, indicating continued community-level transmission. Leptospirosis and Scrub Typhus continued to be important zoonotic infections, with both diseases reporting 733 confirmed cases each in 2024, suggesting sustained transmission through animal and environmental exposure. Hepatitis A showed a sharp rise to 140 cases in 2024, suggesting possible lapses in food and water safety, while other forms of hepatitis (B and C) showed fluctuating but relatively stable numbers over the years.

Vector-borne diseases such as Chikungunya exhibited a clear declining trend from 548 cases in 2020 to only 15 in 2024, while Malaria cases fluctuated over the years, with low but persistent transmission observed in the district. Sporadic cases of Shigella, Cholera, and Rabies were also noted. No cases of Japanese Encephalitis, Kala Azar, or Nipah were reported during the period.

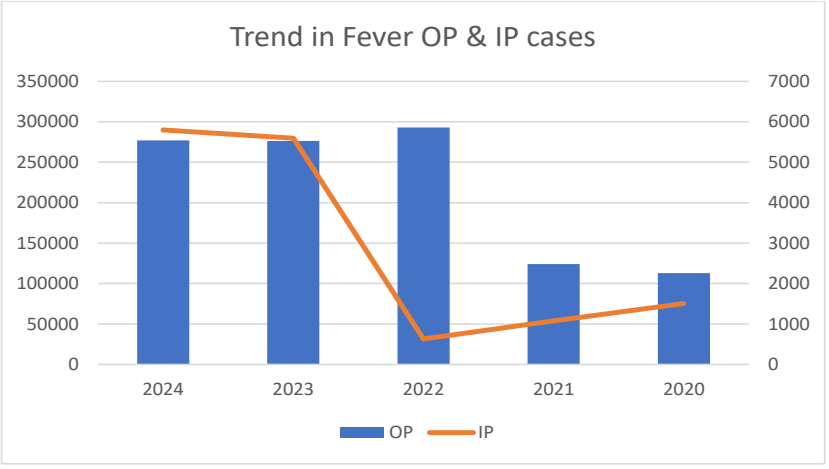
Overall, the data indicate that water-borne and vector-borne diseases continue to contribute significantly to the communicable disease burden in Thiruvananthapuram district.

6.1.1 Trend in Fever Outpatient and Inpatient Cases

The trend in fever-related cases in Thiruvananthapuram district over recent years shows a general increase in both outpatient and inpatient visits, reflecting the ongoing burden of febrile illnesses in the community. Outpatient cases have consistently formed the majority of the burden, indicating widespread but mostly manageable fever incidences at the primary care level. Inpatient admissions, though smaller in number,

highlight periods of more severe illness requiring hospital care. The data suggest a need for continued vigilance in fever surveillance, timely diagnosis, and management to prevent complications and contain outbreaks.

Figure 6.1.1.1 Trend in Fever Outpatient and Inpatient Cases Reported from All Health Facilities (2020–2024)



Source: DHS CD data

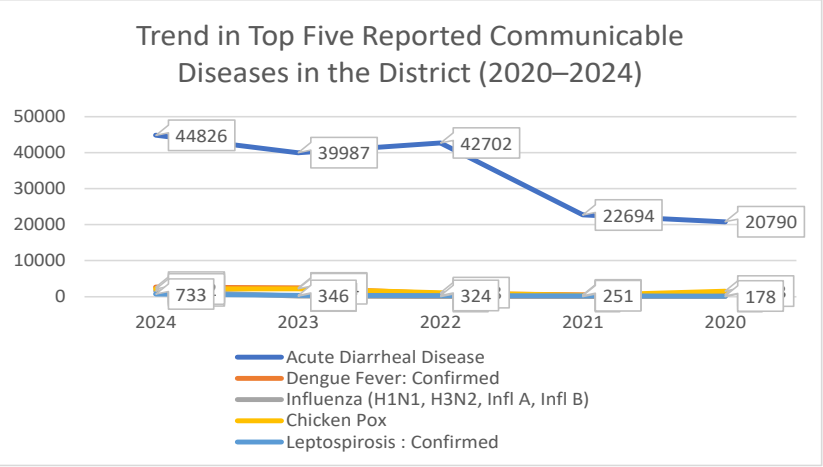
The trend shows a steady rise in fever outpatient (OP) cases from 2020 to 2024, with numbers more than doubling during this period. A noticeable surge is seen after 2021, indicating increased incidence or improved reporting of fever cases. Inpatient (IP) admissions show fluctuations, with a decline up to 2022 followed by a sharp increase in 2023 and 2024, suggesting more severe or complicated fever cases in recent years. Overall, both OP and IP data reflect a rising fever burden in the district, highlighting the need for continuous monitoring and timely preventive measures.

6.1.2 Trend in Top Five Reported Communicable Diseases in the District

The top five reported communicable diseases in Thiruvananthapuram district reflect a mix of water-borne, vector-borne, and vaccine-preventable infections. Acute diarrheal disease remains the most prevalent, indicating ongoing challenges in sanitation and water quality. Vector-borne illnesses, particularly dengue fever, continue to pose a public health concern, while respiratory infections such as influenza show notable increases, suggesting seasonal or outbreak-driven transmission. Vaccine-preventable diseases like chickenpox continue to circulate at the community level, and zoonotic

infections such as leptospirosis remain important, highlighting persistent environmental and occupational exposure risks. Overall, these trends underscore the need for strengthened disease surveillance, preventive interventions, and community-level health measures.

Figure 6.1.2.1 Trend in Top Five Reported Communicable Diseases in the District (2020–2024)



Source: https://dhs.kerala.gov.in/en/data-on-communicable-diseases/)

The line chart depicts the trend of the top five communicable diseases reported in Thiruvananthapuram district from 2020 to 2024, Acute Diarrheal Disease, Dengue Fever, Influenza, Chickenpox, and Leptospirosis. Among these, Acute Diarrheal Disease consistently remains the most reported illness, showing a steady and sharp increase over the years, with cases more than doubling from 20,790 in 2020 to 44,826 in 2024. Dengue Fever shows a clear upward trend, with a marked rise since 2022, reflecting ongoing vector transmission. Influenza cases surged dramatically in 2024 after remaining minimal in the previous years, indicating a possible outbreak or improved surveillance. Chickenpox cases fluctuated, peaking in 2023 and showing a slight decline in 2024, while Leptospirosis cases displayed a gradual but steady rise across the five-year period.

6.1.3 Major Communicable Diseases – Deaths Reported (2024)

In Thiruvananthapuram district during 2024, the majority of communicable disease deaths were attributed to Leptospirosis (both confirmed and probable), accounting for

the largest share, followed by Influenza and Dengue Fever. Scrub Typhus and Rabies also contributed notably to the total deaths, while isolated deaths were reported from Acute Encephalitis Syndrome, Hepatitis A, Food Poisoning, and Amoebic Meningoencephalitis. Overall, the pattern highlights that leptospirosis, vector-borne, and respiratory infections remain the major causes of mortality among communicable diseases in the district during 2024.

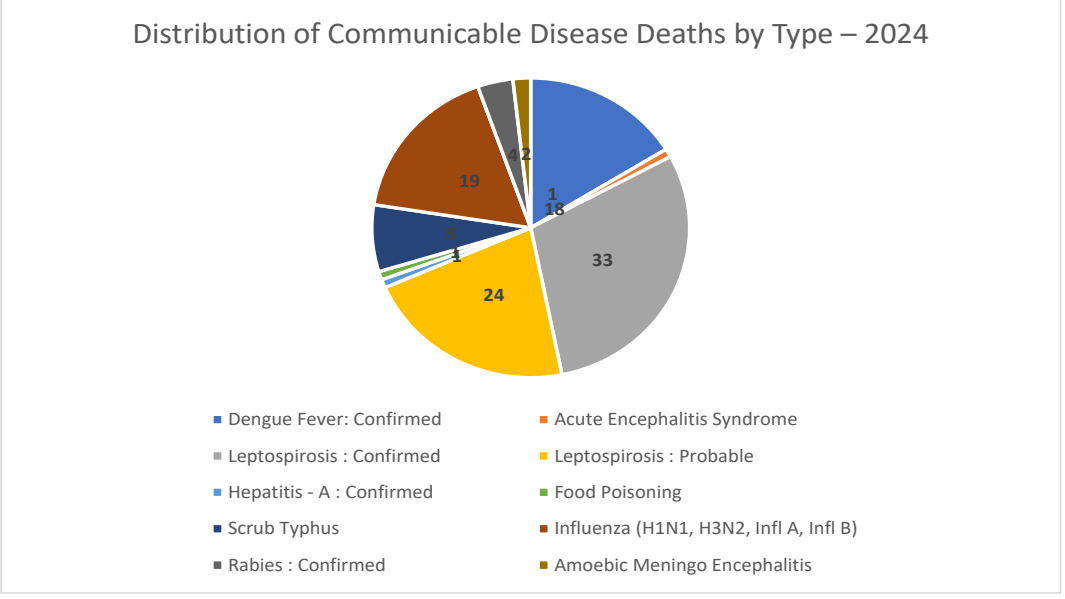
Table 6.1.3.1 Disease-wise Distribution of Deaths Due to Communicable Diseases in the District (2024)

Name of disease	Number of deaths
Dengue Fever: Confirmed	18
Dengue Fever: Probable	0
Malaria	0
Chikungunya	0
Acute Encephalitis Syndrome	1
Japanese Encephalitis (JE)	0
Leptospirosis: Confirmed	33
Leptospirosis: Probable	24
Hepatitis A: Confirmed	1
Hepatitis A: Probable	0
Hepatitis B	0
Hepatitis C	0
Hepatitis E	0
Cholera	0
Diphtheria	0
Typhoid	0
Acute Diarrheal Disease	0
Food Poisoning	1
Shigella	0
Scrub Typhus	8
Kala Azar	0
Kysanur Forest Disease	0

Influenza (H1N1, H3N2, Influenza A, Influenza B)	19
Rabies: Confirmed	4
Rabies: Probable	0
Zika	0
West Nile	0
West Nile	0
M Pox	0
Nipah	0
Amoebic Meningo Encephalitis	2
Prob Amoebic Meningo Encephalitis	0
Chicken Pox	0
Fever (Undifferentiated)	0

Source: https://dhs.kerala.gov.in/en/data-on-communicable-diseases/

Figure 6.1.3.1 Distribution of Communicable Disease Deaths by Type – 2024



Source: https://dhs.kerala.gov.in/en/data-on-communicable-diseases/)

The pie chart depicts the distribution of communicable disease–related deaths reported in Thiruvananthapuram district during 2024. A total of 111 deaths were recorded, of which Leptospirosis (confirmed and probable) accounted for the highest proportion with 57 deaths (51%), indicating its continued status as the leading cause of mortality among communicable diseases. Influenza (H1N1, H3N2, Infl A, Infl B) contributed to 19 deaths (17%), followed by Dengue Fever with 18 deaths (16%). Scrub Typhus accounted for 8 deaths (7%), while Rabies caused 4 deaths (4%). Single deaths were reported from Acute Encephalitis Syndrome, Hepatitis A, and Food Poisoning, along with 2 deaths from Amoebic Meningoencephalitis.

Overall, the data indicate that Leptospirosis, Dengue, and Influenza together contributed over 80% of the total communicable disease deaths in 2024.

6.2 Burden of Non-Communicable Diseases in the District

Non-Communicable Diseases continue to constitute a major share of the disease burden in Thiruvananthapuram district. The current year's NCD programme data indicate a high level of community engagement through extensive screening, diagnosis, and follow-up services. Diabetes and hypertension remain the most prevalent conditions, with a considerable number of individuals under regular treatment and follow-up care. The coexistence of both these conditions is increasingly being reported, reflecting the growing problem of multimorbidity. Chronic respiratory diseases, cardiovascular diseases, and chronic kidney diseases also contribute significantly to the district's morbidity pattern. The consistent rise in detection and follow-up rates points to both the effectiveness of ongoing NCD screening initiatives and the increasing underlying burden of lifestyle-related diseases. The NCD data also highlight the success of health promotion and behaviour change communication activities in improving awareness and treatment adherence at the community level. Overall, Thiruvananthapuram shows a clear epidemiological shift towards chronic, lifestyle-related conditions, underscoring the need for sustained preventive strategies and strengthened continuum of care through the public health system.

Table 6.2.1 NCD and activities in the district

1	No. of Camps Conducted	919		
2	No. of Clinics Conducted	23425		
3	No of BCC Sessions conducted	29462		
		Male	**Female**	**Total**
4	Total No of Persons Attended NCD Clinic (New & Follow Up)	752075	1068790	1820865
5	No.of Patients Screened	374606	513842	888448
6	No Of New DM cases detected	2973	3404	6377
7	Newly Diagnosed & Initiated on Treatment DM Cases	2676	3053	5729
8	No Of Follow up DM cases	118095	152039	270134
9	No Of New HT cases detected	4526	6789	11315
10	Newly Diagnosed & Initiated on Treatment HT Cases	4043	6208	10251
11	No Of Follow up HT cases	208671	329546	538217
12	No Of New DM&HT cases detected	3677	4926	8603
13	Newly Diagnosed & Initiated on Treatment DM&HT Cases	3401	4637	8038
14	No Of Follow up DM &HT cases	237303	337635	574938
15	No of Newly Stroke Detected	146	69	215
16	No Of New COPD cases detected	2708	2889	5597
17	Newly Diagnosed & Initiated on Treatment COPD Cases	2647	2960	5607
18	No Of Follow up COPD cases	21830	18855	40685
19	No Of New CKD cases detected	327	315	642
20	Newly Diagnosed & Initiated on Treatment CKD Cases	283	292	575
21	No Of Follow up CKD cases	4090	3682	7772

22	No Of New CVD cases detected	466	338	804
23	Newly Diagnosed & Initiated on Treatment CVD Cases	467	337	804
24	No Of Follow up CVD cases	10224	9313	19537
25	No of Persons Counseled for Health Promotion& Prevention of NCD	353894	492580	846474

Source: District report

During the year 2024–2025, the Non-Communicable Disease (NCD) Control Programme in Thiruvananthapuram district achieved extensive coverage through various preventive and curative activities. A total of 919 NCD camps and 23,425 NCD clinics were conducted across the district, ensuring wide accessibility of services. Altogether, 18.2 lakh individuals (7.5 lakh males and 10.6 lakh females) attended the NCD clinics, which included both new and follow-up cases. Through active screening initiatives, 8.88 lakh persons were screened for major NCDs such as diabetes, hypertension, chronic respiratory diseases, cardiovascular diseases, chronic kidney disease, and stroke.

Diabetes Mellitus continues to be one of the most common NCDs reported from the district. During the reporting year, 6,377 new diabetes cases were detected, and nearly 90 percent (5,729 cases) were initiated on treatment. In addition, 2.7 lakh follow-up diabetic cases were managed through the NCD clinics, reflecting good treatment adherence and continuity of care.

Hypertension remains another major contributor to the NCD burden. A total of 11,315 new hypertension cases were detected, of which 10,251 were started on treatment. The programme recorded 5.38 lakh follow-up visits for hypertension patients, indicating the widespread prevalence and the strong focus on ongoing management.

The co-existence of diabetes and hypertension (DM & HT) is also being increasingly recognized, with 8,603 new dual cases detected and 8,038 of them initiated on treatment. There were 5.7 lakh follow-up cases in this category, highlighting the growing trend of multimorbidity among the adult population.

Among other chronic diseases, Chronic Obstructive Pulmonary Disease (COPD) showed a considerable number of new detections, with 5,597 new cases identified and 5,607

patients initiated on treatment. 40,685 follow-up cases were managed during the period, indicating continuous care and effective monitoring at the peripheral level.

Chronic Kidney Disease (CKD) cases are also being increasingly identified through NCD screening. During the year, 642 new CKD cases were detected and 575 were initiated on treatment, with 7,772 follow-up visits recorded. Similarly, 804 new cases of cardiovascular disease (CVD) and 215 new stroke cases were reported. All newly diagnosed CVD cases were started on treatment, and 19,537 follow-ups were undertaken, reflecting the strengthening of integrated cardiac care under the NCD programme.

In addition to clinical management, strong emphasis was placed on health promotion and preventive activities. A total of 8.46 lakh individuals (3.5 lakh males and 4.9 lakh females) were counselled on healthy lifestyle practices, dietary modification, physical activity, and avoidance of tobacco and alcohol use through 29,462 Behaviour Change Communication (BCC) sessions conducted across the district.

Overall, the data indicate a gradual increase in the detection of major NCDs, particularly diabetes and hypertension, over the years. The consistently high treatment initiation and follow-up rates point towards improved health-seeking behaviour and effective service delivery mechanisms at the primary care level.

Table 6.2.2 Cancer related activities 2024-25

Sl. No.	Name of District	Trivandrum
1	No. of Persons Screened during this month	7028
2	No. of New Cases Detected	321
3	No. of Chemotherapy	4083
4	No. of Pre Cancer Pap Smear Test	50
5	No. of Referrals from RCC	67
6	No. of Referrals from MCH	25
7	No. of Cancer Detection Camps	2
8	No. of Cancer Awareness Class	1315

Source: District report

During the year 2024–2025, a total of 7,028 persons were screened for various cancers in Thiruvananthapuram district through institutional and outreach activities. From these screenings, 321 new cancer cases were detected, reflecting the continued efforts to identify malignancies at an early and treatable stage.

A total of 4,083 chemotherapy sessions were administered during the year, indicating the large number of patients receiving ongoing cancer management within the district. Screening for pre-cancerous conditions also formed an important component of the cancer control activities, with 50 Pap smear tests performed for early detection of cervical cancer among women.

The district maintained close collaboration with tertiary care institutions to ensure continuity of care. There were 67 referrals received from the Regional Cancer Centre (RCC) and 25 from the Medical College Hospital (MCH), demonstrating a strong referral linkage and integration between primary, secondary, and tertiary levels of care.

In addition to treatment and screening services, considerable attention was given to public awareness and education. A total of 1,315 cancer awareness classes were conducted across the district to promote early detection and educate the public on modifiable risk factors such as tobacco use, alcohol consumption, and unhealthy lifestyles. Furthermore, two cancer detection camps were organized at the community level, improving accessibility to screening services, especially in rural areas.

Overall, the data highlight that Thiruvananthapuram district continues to have an active and comprehensive cancer control programme, focusing on early detection, timely treatment, and public education. The steady number of new cases detected through screening and the high chemotherapy load underscore both the existing cancer burden and the strengthening of cancer care delivery systems in the district

6.3 District-Specific Outbreaks and Health Concerns

Leptospirosis continues to be a major public health concern in Thiruvananthapuram district. Focused activities have been initiated to prevent leptospirosis-related deaths. These include establishing Doxy Corners in all health institutions and implementing Doxycycline prophylaxis as DOTS. A One Health approach has been adopted through collaboration with the Departments of Animal Husbandry, Agriculture, and Dairy Development, with regular

One Health meetings being conducted. Additionally, Doxy Wagons have been deployed to provide prophylaxis to high-risk groups in hotspot areas.

Special focus is given to high-risk exposure groups, emphasizing the use of personal protective equipment (PPE) such as gloves and gumboots, particularly among individuals with long-term exposure and chronic alcoholics. Waste management practices and pre-monsoon activities are being strengthened through intersectoral collaboration. Early diagnosis and treatment are being prioritized through regular updating of the high-risk register and ensuring suspected samples are tested using PCR and MAT at the State Public Health Laboratory (SPHL), Thiruvananthapuram.

Efforts are also being made to strengthen IEC (Information, Education and Communication) activities among the general public to enhance awareness of red flag signs and promote early health-seeking behaviour. Training sessions for casualty medical officers are being conducted to improve timely diagnosis and treatment initiation. Furthermore, collaboration with pharmacies aims to halt the over-the-counter (OTC) sale of antibiotics for tropical fever cases.

In addition, Amoebiasis cases, predominantly Acanthamoeba, are being reported from the district. Case management, investigations, control measures, and IEC activities are currently underway to contain the spread and ensure appropriate response.

CHAPTER 7

CRITICAL OBSERVATION IN NFHS 5

7.1 Comparison of NFHS-4 and NFHS -5 Data and comparison

The National Family Health Survey (NFHS) provides valuable insights into the demographic, health, and nutritional status of the population. A comparison of NFHS-5 (2019–20) and NFHS-4 (2015–16) findings for Thiruvananthapuram district highlights significant progress in areas such as female literacy, institutional deliveries, and maternal health indicators. The district continues to perform well in key public health parameters like immunisation, sanitation, and access to clean fuel. However, emerging challenges such as rising obesity, anaemia, and non-communicable diseases indicate the need for strengthened preventive and lifestyle-oriented interventions. Overall, the NFHS data reflect Thiruvananthapuram's strong health system performance and evolving health priorities.

Table 7.1.1 Population and Household profile

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	94.5	95.0
2. Population below age 15 years (%)	20.3	19.7
3. Sex ratio of the total population (females per 1,000 males)	1,145	1,122
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,000	1,115
5. Children under age 5 years whose birth was registered with the civil authority (%)	99.4	98.9
6. Deaths in the last 3 years registered with the civil authority (%)	94.2	na
7. Population living in households with electricity (%)	99.9	99.4
8. Population living in households with an improved drinking-water source[1] (%)	92.9	94.2

9. Population living in households that use an improved sanitation facility[2] (%)	95.4	97.1
10. Households using clean fuel for cooking[3] (%)	72.2	52.4
11. Households using iodized salt (%)	99.3	99.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	48.7	57.9
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(28.5)	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	98.5	na
15. Women with 10 or more years of schooling (%)	83.1	68.7
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	6.2	2.6
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.8	0.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.6	3.5
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	98.1	92.2
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	41.3	49.1
21. Any modern method[6] (%)	38.5	48.0
22. Female sterilization (%)	33.2	42.9
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	1.2	1.0
25. Pill (%)	0.2	0.2
26. Condom (%)	3.4	3.6
27. Injectables (%)	0.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	19.3	14.8
29. Unmet need for spacing[7] (%)	9.8	9.0

Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	18.6	9.5
31. Current users ever told about side effects of current method[8] (%)	(33.9)	(40.2)

[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with

small tank, bottled water, community RO plant.

[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin

pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility.

[3]Electricity, LPG/natural gas, biogas.

[4]Refers to women/men who completed standard 9 or higher and women/men who can read a whole sentence or part of a sentence.

[5]Equivalent to the age-specific fertility rate for the 3-year period preceding the survey, expressed in terms of births per 1,000 women age 15-19.

[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing

altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to

become pregnant.

· Pregnant with a mistimed pregnancy.

· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

· At risk of becoming pregnant, not using contraception, and want no (more) children.

· Pregnant with an unwanted pregnancy.

· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet

need for spacing plus unmet need for limiting.

[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

The comparison of NFHS-5 (2019–20) and NFHS-4 (2015–16) data for Thiruvananthapuram reveals both progress and areas that require renewed attention in demographic, educational, and health parameters. Overall, the district shows consistently high performance in basic amenities. The sex ratio increased slightly from 1,122 to 1,145, reflecting a marginal rise in the proportion of females to males.

However, the sex ratio at birth declined from 1,115 to 1,000, suggesting a possible need for monitoring gender proportion at birth. This could be a shift towards a balanced distribution of male and female births or suggest a return toward biological normalcy.

Nearly all households have access to electricity (99.9%) and improved sanitation (95.4%), though both show a slight decline from NFHS-4. The use of clean fuel for cooking increased significantly from 52.4% to 72.2%, reflecting improved living standards, improved access and adoption, alongside ongoing initiatives promoting cleaner household energy and awareness of indoor air quality. Female literacy remains high, with 98.5% of women aged 15–49 years being literate, and there has been a notable increase in women completing 10 or more years of schooling (68.7% to 83.1%)). The proportion of females aged 6 and above who ever attended school remained stable (94.5%). However, there is a concerning rise in child marriage from 2.6% to 6.2%, and a slight increase in teenage pregnancy (3.5% to 4.6%), pointing to emerging social and behavioral challenges.

Fertility indicators remain low, with only 0.8% of births being third or higher order, reflecting effective family planning practices.

The use of any modern method of contraception has declined from 48.0% to 38.5%, and female sterilisation dropped from 42.9% to 33.2%, highlighting a gap in the uptake of family planning services.

The proportion of women counselled by health workers increased from 9.5% to 18.6%, indicating improved outreach and communication. The percentage of households with health insurance coverage declined from 57.9% to 48.7%, marking a gap in financial protection for health services. However, women's menstrual hygiene practices improved from 92.2% to 98.1%, indicating continued progress in menstrual health awareness.

Table 7.1.2 Maternal and Child health

Indicators	NFHS-5 (2019-20) Total	NFHS-4 (2015-16) Total
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 (%)	87.7	94.9
33. Mothers who had at least 4 antenatal care visits (%)	55.3	89.1
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	91.9	95.0
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	71.6	57.8
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	59.9	36.0
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	79.1	79.5
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	86.2	88.0
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	(10,165)	8,788
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 (%)	88.0	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	99.5	100.0
43. Institutional births in public facility (%)	34.7	50.6
44. Home births that were conducted by skilled health personnel[10] (%)	0.6	0.0

45. Births attended by skilled health personnel[10] (%)	100.0	100.0
46. Births delivered by caesarean section (%)	32.8	41.0
47. Births in a private health facility that were delivered by caesarean section (%)	36.0	53.6
48. Births in a public health facility that were delivered by caesarean section (%)	27.2	28.6
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	(72.8)	(81.9)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	*	(86.4)
51. Children age 12-23 months who have received BCG (%)	(100.0)	(100.0)
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	(76.3)	(87.6)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(84.0)	(87.7)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(93.4)	(96.2)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(15.1)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	(11.5)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(81.0)	(80.2)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	91.8	91.6
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(81.7)	(55.9)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(14.3)	(44.1)
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	6.4	2.3

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 (%)	4.9	1.1
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	80.8	*

[9]Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

[10]Doctor/nurse/LHV/ANM/midwife/other health personnel.

[11]Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

[12]Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

[13]Not including polio vaccination given at birth.

[14]Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Source: National Family Health Survey-4 and National Family Health Survey-5 (2019-21)

Early antenatal registration reduced from 94.9% to 87.7%, and mothers receiving four or more ANC visits dropped sharply from 89.1% to 55.3%. However, IFA consumption improved notably, with intake of 100 and more days increasing from 57.8% to 71.6% and for 180 or more days from 36.0% to 59.9%. Mother and Child Protection card coverage remained around 79%, and postnatal care within two days slightly declined. Key strengths include greater awareness of maternal nutrition, whereas major gaps are evident in the reduced number of ANC visits and early registrations.

Institutional births remained nearly universal, with only a marginal decrease from 100% to 99.5%, and skilled attendance at delivery continued at 100%. Deliveries in public facilities, however, declined from 50.6% to 34.7%, while caesarean section rates

reduced from 41.0% to 32.8%, indicating a rationalisation in surgical deliveries. The district's strengths lie in sustained institutional and skilled delivery coverage, with reduced C-section rates, whereas gaps include a notable fall in public facility deliveries, indicating a shift towards private healthcare.

Full immunisation among children aged 12–23 months declined from 81.9% to 72.8%. Coverage for polio, penta, and measles vaccines also reduced slightly. However, vitamin A supplementation remained high at around 91.8%. There was a positive shift in service delivery as vaccinations from public facilities increased from 55.9% to 81.7%. Strengths include improved public-sector immunization outreach, while gaps include declining full immunization coverage and incomplete vaccine follow-up. The prevalence of diarrhoea among children rose from 2.3% to 6.4%, and ARI symptoms increased from 1.1% to 4.9%. Despite this, around 80.8% of affected children were taken to a health facility, showing good treatment-seeking behavior. Strengths include better access and utilization of child healthcare, while gaps highlight rising childhood illnesses, suggesting sanitation and hygiene issues.

Table 7.1.3 Child Feeding practices and nutritional status of children

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Total**	**Total**
67. Children under age 3 years breastfed within one hour of birth[15] (%)	52.1	59.5
68. Children under age 6 months exclusively breastfed[16] (%)	*	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	(31.9)	(18.7)
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	(32.3)	(20.3)

73. Children under 5 years who are stunted (height-for-age)[18] (%)	19.5	19.5
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	17.4	13.1
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	6.3	3.9
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	15.2	21.6
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	2.8	3.5
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	6.6	9.0
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	50.6	33.6
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	74.1	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	33.0	20.5
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	32.5	22.5
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	*	*
84. All women age 15-49 years who are anaemic[22] (%)	33.0	22.5
85. All women age 15-19 years who are anaemic[22] (%)	20.9	22.1
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.3	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	16.5	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	26.1	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	10.2	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	21.1	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking	36.2	na

medicine to control blood sugar level[23] (%)		
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) (%)	12.3	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.0	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	31.4	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.5	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.9	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	32.1	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	6.7	na
99. Ever undergone a breast examination for breast cancer (%)	6.8	na
100. Ever undergone an oral cavity examination for oral cancer (%)	1.2	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 (%)	0.8	na
102. Men age 15 years and above who use any kind of tobacco (%)	15.0	na
103. Women age 15 years and above who consume alcohol (%)	0.0	na
104. Men age 15 years and above who consume alcohol (%)	15.2	na

In child feeding and nutritional status, early initiation of breastfeeding declined from 59.5% to 52.1%, indicating reduced awareness or support for immediate breastfeeding. However, the proportion of children receiving an adequate diet improved notably from 20.3% to 32.3%, and underweight prevalence dropped from 21.6% to 15.2%, showing progress in child nutrition. Still, wasting and severe wasting increased, reflecting persistent nutritional deficiencies. Among women's nutritional indicators, undernutrition declined (BMI <18.5 from 9.0% to 6.6%), suggesting better nutritional intake. Yet, overweight and obesity surged from 33.6% to 50.6%, and 74.1% of women show high-risk waist-to-hip ratios, revealing lifestyle-related health risks. In anaemia status, both children (33.0% vs 20.5%) and women (33.0% vs 22.5%) showed a sharp increase in anaemia, indicating poor iron intake and dietary imbalance. Only adolescent women saw slight improvement (22.1% to 20.9%). Regarding blood sugar and hypertension, NFHS-5 data show high prevalence—26.1% women and 36.2% men have elevated blood sugar, while hypertension affects around 31–32% of adults. Though NFHS-4 lacked comparable data, the figures reveal growing non-communicable disease (NCD) risks. In cancer screening, coverage is minimal—only 6–7% of women underwent cervical or breast cancer screening, and just 1.2% for oral cancer. This highlights poor awareness and accessibility. For tobacco and alcohol use, women show minimal usage (tobacco 0.8%, alcohol 0%), but men report higher rates (tobacco 15%, alcohol 15.2%), reflecting gender disparity in lifestyle risks.

CHAPTER 8

DISTRICT MENTAL HEALTH PROGRAMME

8.1 National Mental Health Programme

District Mental Health Programme (DMHP) Thiruvananthapuram directly conducts 20 monthly clinics in the district (at Block level). Primary care mental health clinics are conducted in all PHCs/FHCs by trained Medical Officers and psychotropic medicines dispensed from the pharmacies. Around 6,000 patients are receiving treatment monthly from DMHP Thiruvananthapuram. Mental Health Programme aims for Mental Health Services through Primary Care and achieves this through Information Education and Communication (IEC) activities for general public to create awareness and reduce stigma, Training for Doctors, Nurses, Pharmacists and Health Workers for Integration of mental health into primary care, Targeted interventions- (Substance abuse prevention, suicide prevention, geriatric mental health, stress management) and Community based Rehabilitation.

8.2 Post-flood activities and Training programs

In Thiruvananthapuram district there is a program "*Ottaykkalla Oppamund*"- Psychosocial support will be given to patients undergoing any calamities like flood, cyclone and during any outbreaks. During the outbreak of COVID-19, psychosocial support was given under DMHP in which 143 Mental Health Personnel were giving psychosocial support calls to persons in quarantine/ isolation. In addition to this, Psychosocial Support calls were given to mentally ill patients, Children with Special Needs, Guest Labourers, and Elderly People living alone during lock down period. Psychological Support calls were given to alleviate stress of personnel working in corona outbreak control activities. Psychosocial issues of school children were also addressed through Support/Intervention calls. 6,68,896 Psycho Social Support calls and 5112 Counselling calls have been given in this regard from April 2021-March 2022.

8.3 DMHP-targeted Interventions

Sampoorna Manasikaraogyam and *Amma Manass* are the two DMHP targeted interventions in the district.

8.3.1 *Sampoorna Manasikaraogyam*

Sampoorna Manasikarogyam (SMA) is for finding the undetected mental health case burden, reduction of treatment drop outs and Integration of Mental Health into Primary Care by involving community level workers (ASHAs) in detection, management and follow up of cases and Integration of newly detected cases to Family health care system.Till 2024 March it has been implemented in 64 FHCs, 1397 ASHAs were trained as part of the programme and 4621 new cases were detected. A total of 6359 cases is given treatment as part of the programme and integrated into Comprehensive Primary Care by which they continue to get treatment & psychotropic medicines from their nearest Family Health Centre.

- **Day-Care Centres** were started for mentally ill in remission, under the Comprehensive Mental Health Scheme. Now 2 Day Care Centres are functioning under DMHP Thiruvananthapuram.

- **The School Mental Health Programme** is implemented in collaboration with School Health and Adolescent Health of NHM. Training is given to school teachers and counsellors for early detection of emotional and behavioural problems, substance abuse, and suicidal behaviours in school children and prompt referral to nearby DMHP clinics.85 personnel participated in 2 Batches as part of the programme from 2024 April to 2025 March.

- ***'Aswasam'*-Depression management** in Primary Care. Health Workers and Staff Nurses are trained in Screening Depression among general public using PHQ 9 questionnaire, while Doctors are trained in diagnosis and management of Depression at Primary care. Staff nurses of the FHCs are trained in Psychological First Aid and Psycho Social Intervention. Referral Protocol for cases to be seen by DMHP is included in the programme.

- 277 persons have been screened from April 2024 to March 2025, of which 121 were positive for depression. Pharmacotherapy started for 45 and psychosocial intervention for 34 cases were referred to DMHP.

8.3.2 Amma Manasu

Maternal & Infant Mental Health for screening of Stress, Depressive Disorder, Anxiety Disorders and Other Mental Health Issues are done during antenatal (1^{st}, 2^{nd} & 3^{rd} trimester) and post-delivery period (6^{th} wk, 14^{th} wk & 9^{th} month).

Training is given for JPHNs, Staff Nurses, Primary Care Doctors, Gynaecologists & Paediatricians. 222 personnel participated in 4 Batches as part of the programme from 2024 April to 2025 March. Till date 613 Block level staff and 1253 ASHAs were trained as part of implementing *Amma Manasu*.

- **Jeevan Rekhsha-Suicide prevention** Community gate keepers (Elected representatives, doctors, health workers, police personnel, teachers, religious leaders) are given training on suicide prevention especially on warning signs of suicide and psychological first aid. 111 community gate keepers were trained as part of the programme in 2 batches from 2024 April to 2025 March.

- **'Stress Management Programme' at Workplace-** For creating awareness about the symptoms of stress and need of stress management and putting in place a system for regular Screening at workplace, following which interventions are given for those in need, thereby improving interpersonal relationships and productivity. 184 personnel were given stress management training in 4 batches as part of the programme.

- **Palliative Mental Health**

  Many of the palliative care patients require mental health support for symptoms like insomnia, depression, anxiety, psychosis, delirium etc. Most of the care givers also need psychological support. Also, mentally ill patients who are bed ridden may not have access to treatment by the mental health team at CHCs. In order to close these gaps, the Mental Health Programme is linked with the Palliative Care Programme at Block level. For this, trainings are imparted to all palliative care nurses at panchayat level and secondary chronic care nurses and doctors at CHC level.

8.4 Mental Health programme activities

Sampoorna Manasikarogya review camp

Palliative care house visit

Amma Manasu Training

Jeeva Raksha Training

CHAPTER 9

TRIBAL HEALTH PROGRAMME

9.1 Tribal Health

The Tribal Health Program in Thiruvananthapuram district is a specialized initiative aimed at improving the health and well-being of tribal populations living in remote and marginalized areas. Tribal communities often face unique challenges such as limited access to healthcare facilities, higher prevalence of communicable and nutritional disorders, and barriers related to geography, culture, and socio-economic status. To address these issues, the program focuses on strengthening primary healthcare delivery through tribal-friendly health sub-centres, mobile medical units, and outreach services. Preventive care, maternal and child health, immunization, control of communicable diseases, and nutrition support form the core components of the program. In addition, health awareness campaigns, health camps, and community participation are emphasized to ensure sustainability and inclusiveness. Overall, the initiative plays a vital role in bridging health inequities and promoting the holistic development of tribal communities in the district.

9.1.1 Tribal Population

In Thiruvananthapuram there are five health blocks, where tribal population is present. These health blocks are Vithura, Kallara, Vellarada, Vellanad, and Kanyakulangara. The gram panchayats in which the tribal population resides are as follows.

Table 9.1.1.1 Tribal Population in Thiruvananthapuram

Tribal Population in Thiruvananthapuram			
Sl No	**Health Block**	**Grama Panchayath**	**Tribal Population**
1	Vithura	Vithura, Peringamala, Malayadi, Aryanad	9609
2	Kallara	Palode, Bharathannoor	2486
3	Vellarada	Vellarada, Amboori, Kallikkad	2290
4	Vellanad	Kuttichal	1592
5	Kanyakulangara	Panavoor	297

Source: District report

9.2 Tribal Mobile medical unit

The Tribal Health Program in Thiruvananthapuram provides healthcare access to remote tribal settlements through Mobile Medical Units (MMUs). These units operate in coordination with agencies like TEO, HLFPPT, KMSCL, and STDD to ensure effective service delivery. MMU-1 serves the Nedumangad area, while MMU-2 covers Nedumangad and Vithura regions, and the NHM Mobile Unit operates in Kuttichal. The services provided include doctor consultations, laboratory facilities, medicine distribution, and pharmacy support, ensuring that tribal populations receive timely medical care despite geographical barriers.

Table 9.2.1 Tribal Mobile Medical Unit Areas

Tribal Mobile Medical Units			
Sl No	**Mobile Medical Unit**	**Area Covered**	**Services**
1	MMU-1(in coordination with TEO)	Nedumangad	Doctor Consultation, Lab Facility,Medicine Distribution
2	MMU-2 (in coordination with HLFPPT/KMSCL / STDD)	Nedumangad , Vithura	Doctor Consultation, Lab Facility, Medicine Distribution
3	NHM Mobile Unit	Kuttichal	Doctor Consultation, Pharmacy Services

Source: District report

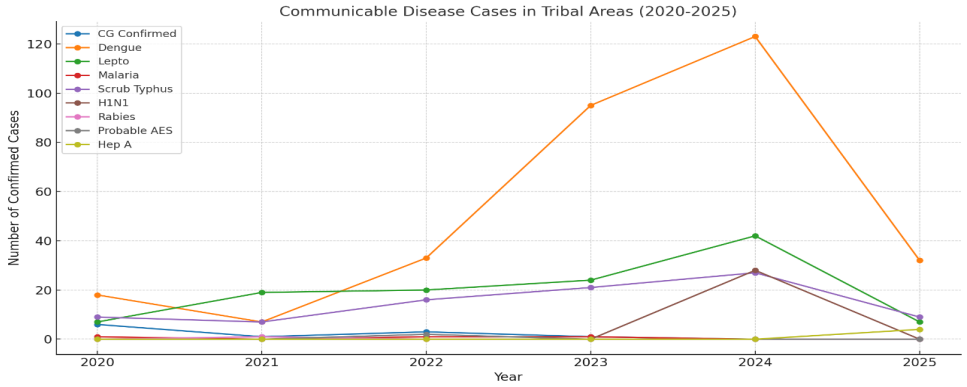
The JAK team of the HWC regularly visits the settlements as part of their work schedule. The ASHA workers and tribal promoters are the grass root level work force of tribal areas. The tribal population is given free health services. Transportation expenses and out of pocket expenses are taken care of by funds provided by TEO. The funds are transferred to Taluk Hospital Vithura, DH Nedumangad and GH Thiruvananthapuram.

9.3 Communicable Diseases Trend

The tribal areas of Thiruvananthapuram reported fluctuating trends in communicable diseases between 2020 and 2025.

- Dengue has been the most consistent and widespread infection across all years, showing a significant spike in 2023 (95 cases) and 2024 (123 cases) before declining to 32 cases in 2025 (till date).
- Leptospirosis cases were moderate in early years but rose sharply in 2024 (42 cases, including multiple deaths), highlighting epidemic potential.
- Scrub Typhus remained present in almost every year, peaking in 2024 with 27 cases, often associated with mortality.
- Malaria was minimal with isolated cases (2020, 2022, 2023), showing no major outbreaks.
- H1N1 was negligible till 2023, but 2024 recorded 28 cases including deaths, indicating an outbreak that year.
- New diseases like Rabies (2021- 1 death), Probable AES (2022- 2 deaths), and Hepatitis A (2025- 4 cases, 1 death) appeared sporadically.
- Overall trend: Disease burden is highly variable, with dengue and leptospirosis posing the most recurrent challenges, while occasional outbreaks of H1N1, scrub typhus, and Hepatitis A raise fresh concerns.

Figure 9.3.1 Communicable Disease Cases in Tribal Areas



The chart shows confirmed communicable disease cases in tribal areas of Thiruvananthapuram from 2020–2025.

- Dengue is the most prevalent disease, peaking in 2024 with over 120 cases.
- Leptospirosis and Scrub Typhus show fluctuating but increasing trends until 2024, with a drop in 2025.
- H1N1 emerges strongly in 2024 (28 cases) but is absent in other years.
- CG confirmed, Malaria, Rabies, Probable AES, and Hepatitis A remain relatively low, with sporadic cases.

9.3.1 Communicable disease status- Tribal 2020-2025

From 2020 to 2025, dengue showed the highest burden with a steep rise in both confirmed and probable cases, peaking in 2024. Leptospirosis and scrub typhus also showed a steady upward trend, indicating persistent transmission. Cases of malaria and rabies were reported, while H1N1 reappeared in 2024 with 28 cases. Hepatitis A emerged in 2025 with 4 cases. Chikungunya remained minimal and has not been reported since 2023. Overall, dengue, leptospirosis, and scrub typhus continue to be the major challenges.

Table 9.3.1 Communicable diseases 2020

Confirmed and Probable CD TRIBAL AREAS CASES - 2020													
Dist :Thiruvanathapuram													
Sl No	Name of CHC	VITHURA				KALLARA		VELLARADA			VELLANAD	KANYAKULANGARA	Total
	Name of PHC	VITHURA	PERINGAMMALA	MALAYADI	ARYANAD	PALODE	BHARATHANNOOR	CHC VELLARADA	FHC AMBOORI	PHC KALLIKKADU(New)	KUTTICHAL	PHC PANAVOOR	
1	CG CONFIRMED	0	0	0	0	0	0	2	0	0	1	0	3
2	DENGUE CONFIRMED	2	2	0	4	1	2	2	0	2	0	3	18
3	DENGUE PROB	0	0	0	0	1	1	1	0	0	0	0	3
4	LEPTO CONFIRMED	0	0	1	2	1	0	0	0	2	0	1	7
5	LEPTO PROB	0	0	1 (Death-1)	0	0	0	0	0	0	0	0	1
6	MALARIA	0	0	0	0	1	0	0	0	0	0	0	1
7	SCRUB TYPHUS	0	0	2	1	4	0	0	0	0	0	2	9
8	H1N1	0	0	0	0	0	0	0	0	0	0	0	0

Source: District report

Table 9.3.2 Communicable diseases 2021

Confirmed and Probable CD TRIBAL AREAS CASES - 2021													
Dist :Thiruvanathapuram													
Sl No	Name of CHC	VITHURA				KALLARA		VELLARADA			VELLANAD	KANYAKULANGARA	Total
	Name of PHC	VITHURA	PERINGAMMALA	MALAYADI	ARYANAD	PALODE	BHARATHANNOOR	CHC VELLARADA	FHC AMBOORI	PHC KALLIKKADU(New)	KUTTICHAL	PHC PANAVOOR	
1	CG CONFIRMED	0	0	0	0	0	0	0	0	0	1	0	1
2	DENGUE CONFIRMED	0	0	0	1	0	0	3 (Death - 1)	0	0	0	1	5
3	DENGUE PROB	0	1	0	1	0	2	1	4	2	0	0	11
4	LEPTO CONFIRMED	2	0	1	3	3	2	2 (Death - 1)	1	2	1	2	19
5	LEPTO PROB	1	0	0	5 (Death-1)	0	4 (Death-1)	4	1 (Death-1)	2	1	1	19
6	MALARIA	0	0	0	0	0	0	0	0	0	0	0	0
7	SCRUB TYPHUS	1	0	1	0	0	0	2	0	1	0	2	7
8	H1N1	0	0	0	0	0	0	0	0	0	0	0	0
9	RABIES	0	0	0	1 (Death - 1)	0	0	0	0	0	0	0	1

Source: District report

Table 9.3.3 Communicable diseases 2022

Confirmed and Probable CD TRIBAL AREAS CASES - 2022													
Dist :Thiruvanathapuram													
Sl No	Name of CHC	VITHURA				KALLARA		VELLARADA			VELLANAD	KANYAKULANGARA	Total
	Name of PHC	VITHURA	PERINGAMMALA	MALAYADI	ARYANAD	PALODE	BHARATHANNOOR	CHC VELLARADA	FHC AMBOORI	PHC KALLIKKADU(New)	KUTTICHAL	PHC PANAVOOR	
1	CG CONFIRMED	0	0	0	0	1	0	2	0	0	0	0	3
2	DENGUE CONFIRMED	10	3	1	1	4	1	8 (Death - 2)	0	2	2	1	33
3	DENGUE PROB	2	1	1	3	1	1	4	0	0	3	1	17
4	LEPTO CONFIRMED	3	1	0	2(Death-1)	1	2	4	2	4	0	1	20
5	LEPTO PROB	1	1	0	4 (Death-3)	1	0	2 (Death-1)	2	2	0	0	13
6	MALARIA	0	0	0	0	0	1	0	0	0	0	0	1
7	SCRUB TYPHUS	0	0	1	2(Death -1)	7	0	2	0	0	0	4	16
8	H1N1	0	0	0	0	0	0	0	0	0	0	0	0
9	RABIES	0	0	0	0	0	0	1 (Death -1)	0	1 (Death -1)	0	0	2

Source: District report

Table 9.3.4 Communicable diseases 2023

Confirmed and Probable CD TRIBAL AREAS CASES - 2023													
Dist :Thiruvanathapuram													
Sl No	Name of CHC	VITHURA				KALLARA		VELLARADA			VELLANAD	KANYAKULANGARA	Total
	Name of PHC	VITHURA	PERINGAMMALA	MALAYADI	ARYANAD	PALODE	BHARATHANNOOR	CHC VELLARADA	FHC AMBOORI	PHC KALLIKKADU(New)	KUTTICHAL	PHC PANAVOOR	
1	CG CONFIRMED	0	0	0	0	1	0	0	0	0	0	0	1
2	DENGUE CONFIRMED	9	12	1	14	14	14	9	4	7	4	7	95
3	DENGUE PROB	7	8	4	4	7	4	17	6	14	11	11	93
4	LEPTO CONFIRMED	0	2	0	3	3	2	5	1	3	4	1	24
5	LEPTO PROB	0	1	0	1	0	1	0	1	1	2	1	8
6	MALARIA	0	0	0	1	0	0	0	0	0	0	0	1
7	SCRUB TYPHUS	0	2	1	0	3	0	5	3	1	2	4	21
8	H1N1	0	0	0	0	0	0	0	0	0	0	0	0

Source: District report

Table 9.3.5 Communicable diseases 2024

Confirmed and Probable CD TRIBAL AREAS CASES - 2024													
Dist :Thiruvanathapuram													
Sl No	Name of CHC	VITHURA				KALLARA		VELLARADA			VELLANAD	KANYAKULANGARA	Total
	Name of PHC	VITHURA	PERINGAMMALA	MALAYADI	ARYANAD	PALODE	BHARATHANNOOR	CHC VELLARADA	FHC AMBOORI	PHC KALLIKKADU(New)	KUTTICHAL	PHC PANAVOOR	
1	CG CONFIRMED	0	0	0	0	0	0	0	0	0	0	0	0
2	DENGUE CONFIRMED	26	7	1	8	11	16	29	7	4	5	9	123
3	DENGUE PROB	54	7	1	7	11	8	8	5	8	2	17	128
4	LEPTO CONFIRMED	5(Death -1)	5(Death -1)	2(Death -1)	5	9(Death -1)	3	4	2	4(Death - 1)	0	3	42
5	LEPTO PROB	5	2 (Death-1)	0	1	0	0	2	0	2	1	0	13
6	MALARIA	0	0	0	0	0	0	0	0	0	0	0	0
7	SCRUB TYPHUS	5	2	1(Death -1)	0	5	1	9	0	0	1	3	27
8	H1N1	9	3	1	6	3	1	1	0	0	2	2 (Death -1)	28

Source: District report

Table 9.3.6 Communicable diseases 2025

Confirmed and Probable CD TRIBAL AREAS CASES - 2025													
Dist :Thiruvanathapuram													
Sl No	Name of CHC	VITHURA				KALLARA		VELLARADA			VELLANAD	KANYAKULANGARA	Total
	Name of PHC	VITHURA	PERINGAMMALA	MALAYADI	ARYANAD	PALODE	BHARATHANNOOR	CHC VELLARADA	FHC AMBOORI	PHC KALLIKKADU(New)	KUTTICHAL	PHC PANAVOOR	
1	CG CONFIRMED	0	0	0	0	0	0	0	0	0	0	0	0
2	DENGUE CONFIRMED	3	2	0	1	3	1	20	1	0	1	0	32
3	DENGUE PROB	13	11	1	6	40	4	60	8	3	11	4	161
4	LEPTO CONFIRMED	1	0	0	0	0	1	4	0	0	1	0	7
5	LEPTO PROB	1	0	0	2	0	2 (Death-1)	0	1	0	1(Death-1)	1(Death-1)	8
6	MALARIA	0	0	0	0	0	0	0	0	0	0	0	0
7	SCRUB TYPHUS	0	1	0	0	3	0	4(Death -1)	0	0	1	0	9
8	H1N1	0	0	0	0	0	0	0	0	0	0	0	0
9	HEP A	3(Death -1)	1	0	0	0	0	0	0	0	0	0	4

Source: District report

Table 9.3.7 Tribal CD 2020-2025

Diseases	Year					
	2020	2021	2022	2023	2024	2025
CG Confirmed	3	1	3	1	0	0
Dengue Confirmed	18	5	33	95	123	32
Dengue Prob	3	11	17	93	128	161
Lepto Confirmed	7	19	20	24	42	7
Lepto Prob	1	19	13	8	13	8
Malaria	1	0	1	1	0	0
Scrub Typhus	9	7	16	21	27	9
H1n1	0	0	0	0	28	0
Rabies	0	1	2	0	0	0
Hep A	0	0	0	0	0	4

Source: District report

The data presents yearly trends of communicable diseases from 2020 to 2025, showing fluctuations in cases of dengue, leptospirosis, malaria, scrub typhus, H1N1, rabies, and hepatitis A. Dengue shows a significant rise between 2022 and 2024, while leptospirosis and scrub typhus also display variable patterns, and malaria, rabies, and hepatitis A remain comparatively low.

9.4 Malnutrition

Malnutrition refers to a condition where there is a deficiency, excess, or imbalance of nutrients in the body. It can result from either undernutrition (not getting enough nutrients) or overnutrition (getting too many nutrients). This imbalance can lead to various health problems and affects the body's tissues, function, and overall well-being.

Table 9.4.1 Low birth weight babies- (General population)

Year	No of live birth	No. of children having weight <2.5kg	Percentage
2022-23	36505	5320	14.5
2023-24	34277	4615	13.5
2024-25	29807	4744	15.9

Source -HMIS

The trend in low birth weight among live births over the past three years shows fluctuating progress. In 2022–23, out of 36,505 live births, 5,320 newborns weighed less than 2.5 kg, accounting for 14.5% of total births. The situation showed improvement in 2023–24, when the proportion of low birth weight babies declined to 13.5%, with 4,615 cases out of 34,277 live births. However, in 2024–25, there was a reversal of this trend as the percentage of low birth weight babies increased to 15.9%, despite a decrease in total live births to 29,807 and 4,744 cases recorded. This indicates that while some improvement was achieved in 2023–24, the subsequent rise in 2024–25 highlights the need for renewed focus on maternal nutrition, antenatal care, and quality of institutional deliveries to reduce the incidence of low birth weight and improve newborn health outcomes.

9.5 Maternal Health

There are 5 health blocks in tribal areas. Antenatal services including early registration, antenatal visits, anaemia prevention, immunization, timely referral and delivery services are provided to all women in tribal areas. ST promotors, Anganwadi workers and ASHA workers ensure grassroot level care. PMSMA services are being provided to ensure antenatal care is provided timely to all high-risk pregnant women. JSY, JSSK services are provided. Intersectoral coordination along with the W&C department, LSGD, education department to ensure quality of care to tribal women.

9.6 Delivery Services

The data indicates a high level of institutional deliveries across all facilities, with numbers closely matching registered pregnant women. Major facilities like CHC Vellarada, PHC Peringammala, and PHC Bharathannoor handled the largest caseloads,

while smaller centers reported fewer. Deliveries were supported by both public and private sectors, with a greater share in public facilities. Overall, the performance reflects good maternal and child health service utilization.

Table 9.6.1 Delivery Details -Public and Private

Facility Name	PW registered	Institutional Delivery	Delivery Live Birth	Public	Private
CHC Palode	45	42	41	19	23
PHC Bharathannoor	292	276	272	167	109
PHC Panavoor	176	162	162	93	69
PHC Kuttichal	156	141	140	93	48
CHC Vellarada	362	339	335	182	157
PHC Amboori	114	108	106	62	46
PHC Kallikkad (New)	117	106	106	59	47
CHC Aryanad	240	214	207	146	68
CHC Vithura	211	181	173	120	61
PHC Malayadi	214	201	199	136	65
PHC Peringammala	266	246	242	146	100

Source:HMIS

9.7 Child Health

During the financial year 2024–2025, a total of 133 live births were reported across the health institutions under Vithura, Kallara, Vellarada, Vellanad, and Kanyakulangara areas. Among these, TH Vithura recorded the highest number of births, followed by FHC Peringamala, FHC Malayadi, and FHC Kutichal, which also reported relatively higher figures. Moderate levels of births were seen in CHC Palode, FHC Amboori, and CHC Aryanad, while FHC Bharathanoor, CHC Vellarada, and FHC Kallikadu recorded only a few cases. Notably, FHC Panavoor did not report any live births during this period.

Table 9.7.1 Child Health Details

Particulars	THQ Vithura	FHC Perinjammala	FHC Malayadi	CHC Aryanad	CHC Palode	FHC Bharathannoor	CHC Vellarada	FHC Amboori	FHC Kallikkad New	FHC Kuttichal	FHC Panavoor	TOTAL
No. of infant deaths during FY 2024-25	0	0	0	1	0	0	0	0	0	0	0	1
No. of infants immunized for age during FY 2024-25	23	27	19	7	2	3	4	10	5	14	2	116

Source: Dist. report

9.8 Detail of Patients Availed Services in Cancer Unit

The data on cancer services at GH Trivandrum and DH Nedumangad from 2020–21 to 2024–25 shows a clear and steady growth pattern across all service areas.

- 2020–21: Cancer care services were at a modest level with 1,326 OP visits, 886 surgeries, 614 chemotherapy sessions, 394 radiotherapy treatments, and 155 new cancer patients. This represents the baseline for subsequent growth.
- 2021–22: A notable increase occurred across all services. OP visits more than doubled to 3,270, surgeries rose to 2,138, and chemotherapy to 887. New cancer patient registration slightly declined to 120, while radiotherapy decreased to 204, suggesting variability in reporting or access during this period.
- 2022–23: A sharp rise was observed. OP visits nearly doubled again to 6,005, surgeries increased to 4,064, and chemotherapy to 1,847. New

patient registrations rose to 241, while radiotherapy treatments grew significantly to 1,050, reflecting improved service utilization.

- 2023–24: Growth continued, though at a slower pace compared to the previous year. OP visits reached 7,743, surgeries 4,687, chemotherapy 2,618, and radiotherapy 1,737. New patient registrations rose to 338.
- 2024–25: The latest year recorded the highest values across almost all services. OP visits climbed to 9,708, surgeries to 5,656, chemotherapy to 3,959, and radiotherapy to 2,150. Newly registered cancer patients stood at 327.

Table 9.8.1 Patients Availed Services in Cancer Unit

(GH Trivandrum & DH Nedumangad)-General Population

Year	Total OP	Total ST (Surgical Treatment)	Total Chemo Therapy	New Cancer Patient	Total Radio Therapy
2020-21	1326	886	614	155	394
2021-22	3270	2138	887	120	204
2022-23	6005	4064	1847	241	1050
2023-24	7743	4687	2618	338	1737
2024-25	9708	5656	3959	327	2150

Source: District report

9.9 Alcoholism and Tobacco Usage Social Issues

Alcoholism and tobacco have a deep-rooted relation with the social determinants in India. It causes a double burden on the well-being of the patient and family, both physiologically and socially.

Family factors: Impact the family dynamics badly leading to loss of income, domestic violence and psychological issues in the family including traumatic childhood for the children in such households. This in turn will lead to major mental health issues such as depression and suicides. Loss of employment, income as a result of chronic

alcoholism will lead to poverty. It will affect the role performance within the family and can impact the education of the children. This is a double-sided sword as all these social factors in turn will worsen the physiological status of the patient eventually. The gender factors and cultural factors contributing to alcoholism and tobacco use to be addressed in policy decisions. There should be proper integration of social determinants while formulating policy documents for the welfare of the affected.

CHAPTER 10

FINANCIAL ALLOCATION AND UTILIZATION

10.1 Financial allocation and utilization for the last four years

The financial analysis over the last four years highlights both the allocation and utilization trends under different funding sources. Under DHS-Plan, allocations steadily increased from ₹216.19 lakhs in 2021–22 to ₹303.51 lakhs in 2023–24, before slightly reducing to ₹258.63 lakhs in 2024–25. Utilization also followed a parallel trend, ranging from ₹159.38 lakhs in 2021–22 to a peak of ₹271.75 lakhs in 2023–24, before marginally decreasing to ₹245.21 lakhs in 2024–25, reflecting fairly efficient fund usage.

The NHM fund showed much larger allocations, beginning with ₹14593.41 Lakhs in 2021–22 and then reducing over the next two years to ₹6047.35 Lakhs, before rising again to ₹8453.24 Lakhs in 2024–25. Utilization under NHM closely matched allocation each year, indicating optimal fund absorption. The Tribal fund remained constant at ₹5 lakhs annually, and rose gradually from ₹5 lakhs in 2021–22 to ₹20 lakhs by 2024–25, ensuring support for pending liabilities. Overall, the analysis suggests strong alignment between allocation and utilization, with NHM funds consistently demonstrating 100% utilization, DHS-Plan showing progressive growth with efficient use, and small-scale funds like Tribal fund. The financial pattern reflects a balanced approach in resource allocation with increasing emphasis on targeted health initiatives and effective utilization of available funds.

Table 10.1.1 Financial allocation and utilization for the last four years

Source	2021-2022		2022-2023		2023-2024		2024-2025		Total	
	Allocation amount (Lakhs)	Utilisation amount (Lakhs)	Allocation amount (Lakhs)	Utilisation amount (Lakhs)	Allocation amount (Lakhs)	Utilisation amount (Lakhs)	Allocation amount (Lakhs)	Utilisation amount (Lakhs)	Allocation amount (Lakhs)	Utilisation amount (Lakhs)
DHS-Plan	216.19	159.38	249.34	239.92	303.51	271.75	258.63	245.21	1028.00	916.00

NHM	14593.41	14405.49	7921.48	7921.48	6047.35	6047.35	8453.24	8453.24	37015.48	36827.56
		144.05		79.21		79.21		60.47		84.53
Tribal fund	5.00	5.00	5.00	5.00	5.00	Queu e Bills	5.00	10.00	20.00	20.00

Source: Dist. report

CHAPTER 11

NATIONAL HEALTH MISSION PROGRAMMES

The National Health Mission (NHM) in Trivandrum District focuses on improving healthcare services and outcomes through various programs and initiatives.

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

Rashtriya Bal Swasthya Karyakram (RBSK) is a program to improve the overall quality of life of children and provide comprehensive care to all the children in the community. This program involves screening of children from birth to 18 years of age for four Ds- Defects at birth, Diseases, Deficiencies and Development delays, spanning 32 common health conditions for early detection and free treatment and management, including surgeries at tertiary level. Children diagnosed with identified health conditions are provided early intervention services and follow-up care at the district level. The program also offers flexibility to States to utilize services of private empaneled hospitals which have entered MoU with the State governments to provide treatment for conditions like cardiac cases, congenital defects treatments, thereby ensuring provision of timely care to children. All these services are provided free of cost.

Arogyakiranam is a unique health care scheme of the Government of Kerala aimed at providing free treatment for all children below 18 years of age. The program ensures that children receive timely medical care without any financial burden on their families. Under the scheme, expenses related to consultations, diagnostic tests, medicines, surgeries, and hospital admissions are fully covered in government hospitals and empaneled medical institutions.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Mass Screening campaign on RBSK conducted at Block level

Table 11.1.1 RBSK &AK

RBSK	AK
Focuses on screening and early intervention for 30 specific health conditions from birth to 18 years.	It is a state-initiated entitlement scheme in Kerala for 1 to 18 years that provides free investigation and treatment for health conditions other than the 30 conditions covered in RBSK
Conditions include defects at birth, diseases, deficiencies and developmental delays	Covers all diseases (OP/IP) from 1 to 18 years, excluding the dependents of government servants and income taxpayers.

Both RBSK and Arogyakiranam are child health programmes focused on ensuring early detection, timely treatment, and free healthcare for children below 18 years of age. They share a common goal of reducing child morbidity and mortality, promoting universal access to healthcare, and ensuring that no child is deprived of medical care due to financial or systemic barriers.

Table 11.1.2 Treatment expenditure of RBSK-AK

Year	RBSK	RBSK Beneficiaries	AK	AK-Beneficiaries	Total
2023-2024	1,86,52,853	3618	30,958,535	2,06,390	49,611,388
2024-2025	68,13,136	2457	45,138,902	3,00,926	51,952,038

**Source: District report*

The data reflects the district's continuous commitment to child health through early detection and free treatment services. While Arogyakiranam accounts for the majority of expenditure and beneficiaries, RBSK plays a vital role in screening and identifying children requiring medical attention. Together, both schemes ensure comprehensive healthcare coverage for children below 18 years in Thiruvananthapuram.

11.1.1 Newborn Screening (Visible Birth Defect-VBD Screening)

The comprehensive Newborn Screening (CNBS) program aims to identify a wide range of potentially treatable conditions in new-borns, allowing for early intervention and improved outcomes. This program typically includes screening for birth defects, functional birth defects, metabolic defects, and neurodevelopmental defects. The program often involves a combination of physical examinations, blood tests, and other

specialized tests.

Table 11.1.1.1 Annual report on Newborn Screening

ANNUAL REPORT OF 2024-2025				
SL NO	**NAME OF INSTITUTION**	**NO. OF LIVE BIRTH**	**NO. OF VBD DONE**	**NO. OF VBD POSITIVE**
1	GH Neyyatinkara	1026	892	29
2	DH Nedumangadu	1061	938	73
3	DMH Peroorkada	653	595	47
4	TH Attingal	75	75	7
5	TH Fort	207	177	2
6	TH Varkkala	3	2	0
7	TH Vithura	0	0	0
8	THQH Chirinkeezhu	487	424	8
9	THQH Parassala	260	221	43
10	AVCH Poojappura	78	67	3
11	SAT	7340	6584	1914
12	W&C Thycaud	2587	2296	104
TOTAL		**13777**	**12271**	**2230**

**Source: District report*

11.1.2 RBSK Screening

The RBSK (Rashtriya Bal Swasthya Karyakram) screening data from 2021 to 2025 shows a steady increase in the number of children screened under both 0–6 years and 6–18 years categories.

- During 2021–22, a total of 89,904 children aged 0–6 years and 98,905 children aged 6–18 years were screened, among which 18,904 and 21,559

cases of 4D's were identified respectively.

- In 2022–23, the screening covered 62,280 children (0–6 years) and 68,852 children (6–18 years), identifying 13,033 and 14,365 cases of 4D's correspondingly. Though the total screened population reduced compared to the previous year, the identification of cases remained significant.

- By 2023–24, the program expanded considerably with 1,26,293 children (0–6 years) and 1,95,920 children (6–18 years) screened. This resulted in 21,312 and 24,920 cases of 4D's being identified respectively.

- The latest data from 2024–25 indicates further strengthening of the program, with 1,64,369 children (0–6 years) and 1,80,586 children (6–18 years) screened. Among these, 26,123 and 25,123 children were identified with 4D's.

Table 11.1.2.1 RBSK Screening by age

SL NO	YEAR	0-6 YEARS SCREENED	4D'S IDENTIFIED AMONG 0-6 YEARS	6-18 YEARS	4D'S IDENTIFIED AMONG 6-18 YEARS
1	2021-2022	89904	18904	98905	21559
2	2022-2023	62280	13033	68852	14365
3	2023-2024	126,293	21312	195,920	24920
4	2024-2025	164,369	26123	180,586	25123

**Source: District report*

11.2 District Early Intervention Centre (DEIC):

District Early Intervention Centre under the RBSK Programme aims at early detection and early intervention so as to minimize disabilities among growing children. It also acts as a referral point for further investigation and management. DEIC is established in the MCH Block of Women and Children Hospital, Thycaud, in Trivandrum District.

Services offered under the program at a glance (up to March)

- **Medical services** – for diagnostic or evaluation purposes. Medical treatment of children suffering from diseases and deficiencies.

- **Dental services** – for problems of teeth, gums and oral hygiene in children from birth to 18 years, especially "Early Childhood Caries"

- **Physiotherapy services** – services that relate to self-help skills, adaptive behaviour and play, sensory, motor, and postural development, i.e. services to prevent or lessen movement difficulties and related functional problems.

- **Psychological services** – administering and interpreting psychological tests and evaluation of a child's behaviour related to development, learning and mental health, as well as planning services including counselling, consultation, parent training, behaviour modification and knowledge of appropriate education programs. Identifying cognitive delays and providing intervention to enhance cognitive development, adaptive and learning behaviors and Sensory Integration.

- **Special Educator services** – includes designing learning environments and activities that promote the child's development, providing families with information, skills, and support to enhance the child's development, Sensory Integration.

- **Vision services** – identification of children with visual disorders or delays and providing services and therapy to those children.

- **Audiology and Speech Therapy Services** – identifying and providing services for children with hearing loss among children from birth to 6 years, for both congenital deafness and acquired deafness. Services for children with delays in speech and language skills, communication difficulties and Oro-motor difficulties, such as weakness of muscles around the mouth or swallowing and feeding difficulties

- **DEIC Manager Services**: Management and Service Coordination of District Early Intervention Centre and Mobile Intervention Unit, Referral services following referral guidelines, Hridyam, Consolidation and Reporting to Higher authorities. Coordinate with the district and state to establish and operationalise DEIC and MIU, Coordinate and conduct training programs

for DEIC including observance days and parental awareness programs. To ensure required logistics in DEIC & MIU and responsibility of procurement of equipment and infrastructure arrangements for the funds sanctioned.

- **Data entry operator** - Shalabham, Documentation and maintenance of case registers and reports, data storage for service delivery, and follow-up.
- **Staff Nurse Services**: – Shalabham Screening, services that help address the nutritional needs of children, which include identifying feeding skills, feeding problems, food habits, and food preferences.

Table 11.2.1 HR in DEIC

Post	Approved Post	In position
Paediatrician	1	1
Medical Officer	1	Vacant
Dental Surgeon	1	1
Manager	1	1
Audiologist & Speech Language Pathologist	1	1
Physiotherapist	1	1
Psychologist	1	1
Special Educator	1	1
Optometrist	1	1
Staff Nurse	1	1
Lab Technician	1	1
Dental Hygienist	1	1
Data Entry Operator	1	1

Source: District report

The data outlines the staffing pattern in a healthcare facility, showing that out of 13 approved posts, 12 are filled and 1 (Medical Officer) remains vacant. All other positions, including Paediatrician, Dental Surgeon, Manager, and various allied health professionals, are currently in position, indicating a well-staffed setup with minimal vacancies.

11.2.1 DEIC Case and Follow-up Status

During the year 2024–2025, the District Early Intervention Centre (DEIC) recorded a total of 1,828 new cases and 5,579 follow-up cases. The follow-up numbers were significantly higher, indicating strong continuity of care and effective tracking of children. The highest number of new cases was reported in November 2024 (186), while the lowest was in September 2024 (118). For follow-up cases, the peak was observed in March 2025 (535), and the lowest was in September 2024 (382).

Overall, the data reflects a consistent upward trend in both new and follow-up cases after a dip in September, showing improved service utilization towards the end of the reporting period. The ratio of follow-up to new cases (around 3:1) highlights that a majority of children are being revisited for continued intervention, demonstrating the program's positive impact and sustainability.

Table 11.2.1.1 DEIC 50 new case and follow-up report

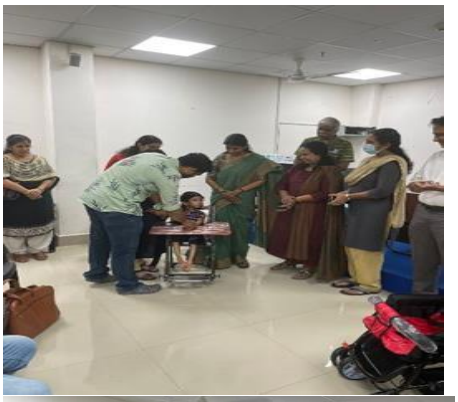
DEIC REPORT 2024-2025		
Month	**New cases**	**Follow up**
Apr-24	134	398
May-24	141	428
Jun-24	131	427
Jul-24	149	473
Aug-24	147	473
Sep-24	118	382
Oct-24	153	477
Nov-24	186	534
Dec-24	148	439

Jan-25	178	492
Feb-25	175	518
Mar-25	168	535
TOTAL	**1828**	**5579**

**Source: District report*

SENSORY INTEGRATION ROOM OF DEIC :

ORTHOSIS SUPPLIED UNDER SPONSORSHIP FROM DEIC



PROGRAMS CONDUCTED AT DEIC

Christmas Day Celebration

11.2.2 Hridyam

Hridyam is an initiative by the Government of Kerala to support children with congenital heart disease (CHD). The scheme was launched in August 2017. It is a web-based solution for process management and service delivery for children with CHD. The strategy adopted is to improve the early detection of cases, especially those with critical congenital heart disease, and offer the best timely treatment and treat pre-surgical and post-surgical complications in time with utmost care.

Empanelled Hospitals

1. SAT Hospital, Thiruvananthapuram
2. Believers Church Medical College Hospital, Thiruvalla, Pathanamthitta
3. MCH Kottayam
4. Amrita Medical College Hospital, Kochi
5. Lisie Hospital, Ernakulam
6. Aster Medicity, Kochi
7. MCH Kozhikode
8. Malabar Institute of Medical Sciences, Kozhikode

Table 11.2.2.1 Hridyam case report

HRIDYAM REPORT 2024-2025		
Month	**New Case Registered**	**Surgery/Intervention Done**
Apr-24	40	07
May-24	44	04
Jun-24	32	01
Jul-24	45	05
Aug-24	21	05
Sep-24	14	0
Oct-24	33	10
Nov-24	41	03
Dec-24	18	10
Jan-25	30	03
Feb-25	53	06
Mar-25	31	02
TOTAL	**402**	**56**

**Source: District report*

The HRIDYAM Report 2024–2025 records 402 new paediatric cardiac cases and 56 surgeries/interventions during the year. The highest number of new cases was in February 2025 (53 cases), and the most interventions were in October and December 2024 (10 each), showing active and consistent program performance.

- The given article describes a couple who named their new house Hridyam, a government scheme that provides free heart surgery and treatment to children up to the age of 18 to detect heart disease. Even if heart disease is detected, the subsequent treatment from birth to the unborn child is free under the scheme.

ഇവിടം ഹൃദ്യമാണ്

പൊന്നോമനയുടെ ജീവിതം തിരികെ നൽകിയ പദ്ധതിയുടെ പേര് വീടിനൊപ്പം എഴുതിച്ചേർത്ത് ദമ്പതികൾ

തിരുവനന്തപുരം: വീടിനെ കുറിച്ച് ചിന്തിക്കുന്നതിന് മുൻപേ വീട്ടുപേര് നിശ്ചയിക്കുന്നവരാണ് ബഹുഭൂരിപക്ഷം മലയാളികളും. അച്ഛന്റേയോ അമ്മയുടേയോ അല്ലെങ്കിൽ സ്വന്തം പേരോ നാളോ അതുമല്ലെങ്കിൽ യാത്ര ചെയ്ത സ്ഥലത്തിന്റെയോ വൃക്ഷങ്ങളുടെയോ അനുഭവത്തിന്റെയോ അടിസ്ഥാനത്തിലാകും വീട്ടുപേര് നിശ്ചയിക്കുക. അങ്ങനെ സ്വന്തം അനുഭവത്തിന്റെ പശ്ചാത്തലത്തിൽ വ്യത്യസ്ത വീട്ടുപേര് നൽകിയിരിക്കുകയാണ് പിരപ്പൻകോട് സ്വദേശികളായ ശരത് രാജ് – മിനി മോൾ ദമ്പതികൾ. 'ഹൃദ്യം' എന്നാണ് വീട്ടുപേര്, ഇത് സാധാരണ ഒരു പേരല്ലേ എന്ന് ചിന്തിക്കാൻ വരട്ടെ. നവജാത ശിശുക്കൾ മുതൽ 18 വയസുവരെയുള്ള കുട്ടികളിൽ ഹൃദ്രോഗം കണ്ടെത്തിയാൽ സൗജന്യ ഹൃദയ ശസ്ത്രക്രിയയും ചികിത്സയും നൽകുന്ന സർക്കാരിന്റെ പദ്ധതിയാണ് ഹൃദ്യം. ഗർഭസ്ഥ ശിശുവിന് ഹൃദ്രോഗം കണ്ടെത്തിയാലും, പ്രസവം മുതലുള്ള തുടർ ചികിത്സകൾ ഹൃദ്യം പദ്ധതിയിൽ സൗജന്യമാണ്.

ശരത് രാജ് – മിനിമോൾ ദമ്പതികൾക്ക് രാമത്തെ പ്രസവത്തിൽ ഇരട്ടകുട്ടികളായിരുന്നു. കുട്ടികളിൽ ഒരാൾക്ക് ഹൃദ്രോഗ ലക്ഷണമായ മർമർ ശബ്ദം ഉണ്ടെന്ന് ആശുപത്രി അധികൃതർ അറിയിക്കുകയും ചെയ്തിരുന്നു. തുടർ ചികിത്സ ശ്രീചിത്ര ആശുപത്രിയിലും നൽകി. എന്നാൽ കുട്ടിയ്ക്ക് ആറ് മാസമായ സ്പോൾ പനിയും തുടർന്ന് ന്യൂമോണിയയുമായി എസ്.എ.ടി. ആശുപത്രിയിൽ ചികിത്സ തേടുകയായിരുന്നു. അവിടത്തെ പീഡിയാട്രിക് കാർഡിയോളജിസ്റ്റ് ഡോ. ലക്ഷ്മിയാണ് അടിയന്തിരമായി കുഞ്ഞിന് ശസ്ത്രക്രിയ നടത്തണമെന്ന് നിർദ്ദേശിക്കുകയും ഹൃദ്യം പദ്ധതിയിൽ രജിസ്റ്റർ ചെയ്യുന്നതും. ഹൃദ്യത്തിൽ രജിസ്റ്റർ ചെയ്യാനും അടിയന്തിര ശസ്ത്രക്രിയ നടത്തുന്നതിന് വേണ്ടി ഫോളോ അപ്പ് ചെയ്തതും ആർ.ബി.എസ്.കെ. നഴ്സായ രോഹിണിയായിരുന്നു. അടിയന്തിര സർജറി ചെയ്യുന്നതിനായി എറണാകുളം അമൃത ആശുപത്രിയിലേയ്ക്ക് റഫർ ചെയ്തു. ആറ് മാസം പ്രായമുള്ള കൗശികിനെ 2018 മാർച്ചിൽ ശസ്ത്രക്രിയയ്ക്ക് വിധേയമാക്കി. ഇന്ന് അവൻ മിടുക്കനായി ഇരട്ട സഹോദരൻ തനുഷിനും മൂത്ത സഹോദരൻ സമർദ്ദിനും ഒപ്പം ജീവിതം ആസ്വദിക്കുകയാണ്. 'കുഞ്ഞിനെ നഷ്ടമായിപോകുമെന്നുള്ള അവസ്ഥയിൽ നിന്ന് ഇന്ന് അവൻ സാധാരണ കുട്ടികളെപോലെ ഓടിക്കളിക്കുന്നതിന് കാരണം ഹൃദ്യം പദ്ധതിയാണ്' ദമ്പതികൾ പറയുന്നു. ഹൃദ്യത്തിലൂടെ കൗശികിനെ തിരിച്ച് ലഭിച്ചതിന്റെ അനുഭവത്തിൽ സുഹൃത്തുക്കളോടും ബന്ധുക്കളോടും എതൊരു പൊതുപരിപാടിയിൽ പങ്കെടുത്താലും ഈ ദമ്പതികൾ ഹൃദ്യം പദ്ധതിയെ പരിചയപ്പെടുത്താറുണ്ട്.

11.2.3 Mobile Intervention Unit (MIU)

The Kerala Social Security Mission, in association with the National Health Mission, launched Mobile Intervention to provide treatment to differently-abled children as part of the **Anuyathra campaign**. The target group of MIUs are children already screened and identified with delays and disabilities who require an interrupted interventional service. Currently, there are 2 MIU units attached under GH Neyyattinkara and TH Attingal.

Services Provided by MIU:

- **Physiotherapy services** – services that relate to self-help skills, adaptive behaviour and play, sensory, motor, and postural development, i.e. services to

prevent or lessen movement difficulties and related functional problems.

- **Psychological services** – administering and interpreting psychological tests and evaluation of a child's behavior related to development, learning and mental health, as well as planning services including counselling, consultation, parent training, behavior modification and knowledge of appropriate education programs. Identifying cognitive delays and providing intervention to enhance cognitive development, adaptive and learning behaviors and Sensory Integration

- **Special Educator services** – includes designing learning environments and activities that promote the child's development, providing families with information, skills, and support to enhance the child's development, Sensory Integration.

- **Audiology and Speech Therapy Services** – identifying and providing services for children with hearing loss among children from birth to 6 years, for both congenital deafness and acquired deafness. Services for children with delays in speech and language skills, communication difficulties and oro-motor difficulties such as weakness of muscles around the mouth or swallowing and feeding difficulties.

- **Developmental Therapy Services** - identifying and providing services to High-Risk Babies, SNCU Discharged cases, Low birth weight babies, Preterm babies and ensuring developmental assessment till 3 years.

Table 11.2.3.1 HR in MIU

Post	Approved Post	In position
Audiologist & Speech Language Pathologist	2	1
Physiotherapist	2	2
Clinical Psychologist	2	Vacant
Special Educator	2	2
Developmental Therapist	2	2

**Source: District report*

There total of five posts in the MIU team, except clinical psychologist, other posts are filled. Out of two audiologist and speech language pathologist only one post is filled.

The given table gives the data about MIU cases covered both at Attingal and Neyyatinkkara.

Table 11.2.3.2 MIU cases (Attingal & Neyyatinkara)

Month	MIU ATTINGAL		MIU NEYYATINKKARA	
	New case	Follow-up Cases	New case	Follow-up Cases
Apr-24	137	176	142	88
May-24	151	217	259	155
Jun-24	150	191	211	131
Jul-24	138	272	261	129
Aug-24	134	212	310	179
Sep-24	109	191	114	129
Oct-24	135	235	157	109
Nov-24	173	289	145	143
Dec-24	133	274	98	108
Jan-25	121	300	103	115
Feb-25	109	274	135	129
Mar-25	67	217	91	106
TOTAL	**1557**	**2848**	**2026**	**1521**

**Source: District report*

11.3 Rashtriya Kishore Swasthya Karyakram (RKSK)

The Rashtriya Kishor Swasthya Karyakram (RKSK), or National Adolescent Health Programme, is a comprehensive health program launched in India in 2014 by the Ministry of Health and Family Welfare. The program focuses on improving the health of adolescents aged 10-19, covering areas like nutrition, sexual and reproductive health, mental health, injury prevention, and substance abuse.

11.3.1 AFHC Report 2024-2025

In the district, there are four AFHC centres, and a total of 6,362 counselling sessions and 355 outreach programs were conducted, reaching 21,940 participants. GH Neyyattinkara recorded the highest counselling sessions, while FHC Mukkola led in outreach activities. Overall, all centres showed strong performance with effective counselling and community participation.

Table 11.3.1.1 AFHC report

SL NO	NAME OF AFHC CENTRE	TOTAL NO COUNSELLING DONE	TOTAL NO OF OUTREACH	NO OF PARTICIPANTS IN OUTREACH
1	W&C HOSPITAL	993	69	5314
2	FHC MUKKOLA	1557	104	5315
3	TH PARASSALA	1818	90	5420
4	GH NEYYATTINKARA	1994	92	5891
	TOTAL	**6362**	**355**	**21,940**

**Source: District report*

11.3.2 Peer Educators Programme - SDC (Student Doctor Cadet)

One of the central components of the RKSK initiative is the peer education program, which plays a crucial role in enhancing adolescents' interaction with healthcare services and enhancing their understanding, attitudes, and life skills in six key thematic areas. These thematic areas encompass the following.

- Mental Health
- Nutrition
- Substance misuse
- NCDs
- SRH
- Injuries and violence

The peer education program aims to empower adolescents by providing them with valuable information and skills in these critical domains to promote their overall well-being and health, especially on six themes: mental health, Injuries and Violence, SRH, NCDs, Substance Misuse and nutrition awareness. Peer educators are other

adolescents of around the same age, belonging to the same group from a specific environment, such as a school, youth or sports clubs, or community, who are trained and mentored to provide healthcare information, distribute educational resources, direct and support referral to healthcare services, and distribute commodities (such as condoms) to other members of the same group. Peer education, whereby peers ('peer educators') teach their other peers ('peer learners') about aspects of health is an approach growing in popularity across school contexts, possibly due to adolescents preferring to seek help for health-related concerns from their peers rather than adults or professionals.

Table 11.3.2.1 Peer educator selection and Training

Year	Total Peer Educators selected	Trained
2024-2025	200	150

**Source: District report*

The total number of peer educators for the year 2024-2025 was 200, of which only 150 were trained.

11.3.3 Weekly Iron Folic Supplementation program (WIFS)

The Weekly Iron and Folic Acid Supplementation (WIFS) Program is a national initiative launched by the Government of India to address iron-deficiency anemia among adolescents. Under this program, school-going boys and girls (6th–12th standard) and out-of-school adolescent girls (10–19 years) are provided with:

- Weekly Iron and Folic Acid (IFA) tablets to prevent anemia.
- Biannual deworming tablets to improve absorption of nutrients.
- Health education on nutrition, hygiene, and prevention of anemia.

The program aims to reduce the prevalence of anemia, improve health, and enhance learning capacity and productivity among adolescents.

Table 11.3.3.1 WIFS Coverage 2024-2025

Year	Target population	Total covered	No of schools initiated
2024-2025	227,613	199,086	356

**Source: District report*

In Thiruvananthapuram district target population for WIFS coverage for the financial year 2024-2025 was 227,613, and the number of schools initiated was 356.

11.4 Family Planning

In Laparoscopic sterilization cases, there is a steady decline from 2,371 cases in 2022–23 to 1,955 cases in 2024–25, indicating a reduced preference for permanent methods. Similarly, No-Scalpel Vasectomy (NSV) cases remain very low across all years, with only 24 cases in 2022–23, rising slightly to 43 in 2023–24, but again reducing to 27 cases in 2024–25. Among temporary methods, Condom distribution (CC) has shown a continuous decline from 4.83 lakh in 2022–23 to 4.32 lakh in 2024–25, while Oral Pill (OP) users have also reduced significantly from 14,739 in 2022–23 to 9,179 in 2024–25. This drop may indicate decreasing utilization or preference for these methods.

On the other hand, IUCD insertions show a slight upward trend. Starting from 1,671 in 2022–23, they dipped to 1,487 in 2023–24, but improved again to 1,848 in 2024–25, suggesting a slow but positive acceptance of this long-term reversible contraceptive method.

Table 11.4.1 Family Planning status

Year	No. of Lapro Cases	No. of NSV Cases	CC	OP	IUCD
2022-23	2371	24	483,455	14739	1671
2023-24	2093	43	465,469	6542	1487
2024-25	1955	27	432,182	9179	1848

**Source: HMIS*

11.5 Biomedical Equipment Maintenance Program (BEMP)

The Biomedical Equipment Maintenance Program is a government initiative aimed at ensuring the proper functioning and timely maintenance of medical equipment in public health facilities. The program focuses on preventive and corrective maintenance, calibration, and repair of biomedical devices to reduce downtime and improve healthcare service delivery. It enhances patient safety, reduces equipment breakdowns, and ensures optimal utilization of costly medical devices. By adopting a systematic approach, the program supports hospitals in maintaining efficiency, extending equipment life, and improving the overall quality of healthcare services.

11.5.1 Call status under BEMP

The table presents the details of biomedical equipment and associated management activities in the Thiruvananthapuram district. It highlights the call status under the BEMP programme. The data reflects the district's commitment to maintaining the optimum functionality of medical devices to ensure uninterrupted healthcare delivery.

Table 11.5.1.1 Call status under BEMP

Description	Total Call Registered	Total Call rectified	Pending calls	Percentage of rectified calls
Period: April 2024 - March 2025	8154	7695	46	99.4%

Source: District report

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

The percentage of Compliance with the norms of AERB for equipment under Radiology is 100% (25/25 AERB Elora Registered Facility).

11.5.3 Procurement of Equipment at the state level through KMSCL -NHM

In 2024–25, Biomedical equipment worth ₹2.44 crore was sanctioned under various heads through KMSCL. Supplies are progressing for LaQshya, Maternal Health, and SNCU/NBSU, while procurement for Blood Bank and Other Head is still pending.

Table 11.5.3.1 Procurement status Year wise details.

Year	Details	Sanctioned Amount (Rs)	Status
2024-25	Laqshya	6,462,719	Supply Progressing
2024-25	Maternal Health	9,043,837	Supply progressing, Delivery kit pending
2024-25	SNCU NBSU	1,735,263	Supply Progressing
2024-25	Blood Bank	6,492,134	Supply pending
2024-25	Others Head	6,59,265	Supply pending

**Source: District report*

11.6 Janani Surakhsha Yojana (JSY)

Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Rural Health Mission (NRHM). This scheme has been in operation in Kerala from 2005-06 and is implemented to reduce maternal and infant mortality by promoting institutional delivery. The beneficiaries are pregnant women falling in the BPL category, aged 19 years and above and also SC&ST categories opting for deliveries in public or accredited private health institutions.

Cash assistance under JSY

- BPL or SC/ST mothers from Rural areas who are delivering in Government Hospitals/ Accredited Private Hospitals- ` **700/-**
- BPL or SC/ST mothers from Municipal/Corporation area who are delivering in Government Hospital/Accredited Private Hospitals -`**600/-**
- Home Delivery- ` **500/-**

Table 11.6.1 JSY 2024-2025

JSY		
Month	**No of Beneficiaries**	**Amount (in Rs.)**
Apr-24	1723	1,156,800
May-24	310	216100
Jun-24	0	0
Jul-24	0	0
Aug-24	841	573,300
Sep-24	1875	12,83,600
Oct-24	25	17,500
Nov-24	117	79,200
Dec-24	256	178,400
Jan-25	462	313,700
Feb-25	1412	970,100
Mar-25	1697	1145,900
Total	**8,718**	**59,34,600**

**Source: District report*

The data on Janani Suraksha Yojana (JSY) beneficiaries for the year 2024–25 shows a total of 8,718 beneficiaries receiving an assistance amount of ₹59,34,600. The

disbursement pattern indicates fluctuations across months, with the highest number of beneficiaries recorded in September 2024 (1,875), followed by April (1,723) and March (1,697). There were no reported beneficiaries in June and July 2024, possibly due to reporting delays or seasonal service gaps. The gradual rise in the later months, particularly from January to March 2025, reflects improved outreach and claim settlements toward the end of the year

11.7 Janani Shishu Suraksha Karyakaram (JSSK)

- Janani Shishu Suraksha Karyakaram (JSSK) launched on 1st June, 2011 entitles all pregnant women delivering in public health institutions to absolutely free and no Expense Delivery, including Caesarean section.
- The entitlements include free drugs and consumables, free diagnostics, free blood wherever required, and free diet for 3 days during normal delivery and 7 days for C-section. This initiative also provides for free transport from home to institution, between facilities in case of a referral and drop back home

Table 11.7.1 JSSK month wise 2024-'25

JSSK		
Month	**No. of Beneficiaries**	**Amount (in Rs.)**
Apr-24	158	522,978
May-24	73	244,044
Jun-24	127	420,390
Jul-24	189	625,230
Aug-24	541	1785,592
Sep-24	1709	5,642,628
Oct-24	4029	13,297,049
Nov-24	247	815,423
Dec-24	14	47,848
Jan-25	244	806,998
Feb-25	735	2,425,651
Mar-25	5779	19,071,881
Total	**13,845**	**4,57,05,712**

* *Source: District report*

The data on Janani Shishu Suraksha Karyakram (JSSK) for the year 2024–25 shows that a total of 13,845 beneficiaries availed services amounting to ₹4,57,05,712. The monthly trend indicates significant fluctuations in both beneficiary numbers and expenditure. The highest utilization was recorded in March 2025, with 5,779 beneficiaries and an expenditure of ₹1.9 crore, followed by October 2024 (4,029 beneficiaries, ₹1.33 crore) and September 2024 (1,709 beneficiaries, ₹56.4 lakh). Lower figures were seen during April to July 2024, suggesting a gradual scale-up of program activities as the year progressed. Overall, the data reflects strong implementation of JSSK during the latter half of the year, particularly in terms of maternal and newborn care support.

11.8 Accredited Social Health Activist (ASHA)

ASHAs are an integral part of the National Health Mission. This scheme, which started as one ASHA per 1000 population, has now been reorganized as one ASHA per ward. The functions of ASHAs as ward health coordinators in each ward have been redefined. There are 1953 (including 51 Hamlet ASHAs) ASHAs working in 1322 wards in the Grama Panchayat areas of Thiruvananthapuram district, 146 ASHAs in 124 wards in the municipality and 464 ASHAs in 100 wards in the corporation. It is hereby informed that ASHA 9 module training and the third phase of training for Oorumitrams have been conducted for all ASHAs in the district.

ASHAs -Various meetings

11.9 Quality Assurance

11.9.1 National Quality Assurance Standards (NQAS)

National Quality Assurance Standards have been developed keeping in the specific requirements for public health facilities as well global best practices. NQAS are

currently available for District Hospitals, CHCs, PHCs and Urban PHCs. Standards are primarily meant for providers to assess their own quality for improvement through predefined standards and to bring up their facilities for certification. The National Quality Assurance Standards are broadly arranged under 8 "Areas of Concern''– Service Provision, Patient Rights, Inputs, Support Services, Clinical Care, Infection Control, Quality Management and Outcome. These standards are ISQUA accredited and meet global benchmarks in terms of comprehensiveness, objectivity, evidence and rigor of development.

1. National Level Accredited Institutions (NQAS)
    - 1.1. FHC Chemmaruthy
    - 1.2. FHC Poozhanad
    - 1.3. FHC Kallikadu New
    - 1.4. FHC Karakulam
    - 1.5. FHC Kattakada New Amachal
    - 1.6. UPHC Vattiyoorkavu
    - 1.7. UPHC Mampazhakkara
    - 1.8. FHC Kottukal
    - 1.9. FHC Anad
    - 1.10. AAM Koranamcode
2. NQAS State Level Accredited instituitions
    1. UPHC Muttada
3. NQAS Surveillance Assessment completed instituitions
    1. UPHC Mampazhakkara
    2. FHC Poozhanad
4. NQAS National level Rapid assessment completed Instituition
    1. DMH Peroorkada
    2. DH Nedumanagadu
    3. GH Neyyattinkara
    4. GH Thiruvananthapuram

11.9.2 LaQshya

LaQshya was launched with the objective of reduction in the maternal and newborn mortality & morbidity due to occurrence of complication during and immediately after delivery, to improve Quality of Care during the delivery and immediate postpartum

care, stabilization of complications and ensure timely referrals, and enable an effective two-way follow-up system to enhance satisfaction of beneficiaries visiting the health facilities and provide Respectful Maternity Care (RMC) to all pregnant women attending the public health facility. It is programmed to benefit every pregnant woman and newborn delivering in public health institutions.

LaQshya National Level Accredited Institutions

SAT Medical College Hospital TVM

THQH Parassala

11.9.3 MUSQAN

MusQan aims to ensure provision of quality child-friendly services in public health facilities to reduce preventable newborn and child morbidity and mortality

i. To reduce preventable mortality and morbidity among children below 12 years of age.

ii. To enhance Quality of Care (QoC) as per National Quality Assurance Standards (NQAS).

iii. To promote adherence to evidence-based practices and standard treatment guidelines & protocols.

iv. To provide child-friendly services to newborn and children in a humane and supportive environment.

v. To enhance the satisfaction of mother and family, seeking healthcare for their child

11.9.3.1 MUSQAN internal assessment completed institutions

1. SAT
2. W&C

11.9.4 Kerala Accreditation Standard for Hospitals (KASH)

Govt. of Kerala has launched a state level accreditation program, Kerala Accreditation Standards for Hospitals. Kerala is the first and only state in India to introduce a state level accreditation programme for Health care organizations. Kerala Accreditation Standards for Hospitals is prepared based on the NABH and Indian Public Health Standards (IPHS). The major emphasis of the KASH programme is on sensitization of health care organizations towards the importance of quality health care services, involvement of staff for improving the quality of patient services, development review and implementation of policies and procedures for implementation of quality management.

KASH Accredited Institutions

a. FHC Chemmaruthy
b. FHC Poozhanad
c. FHC Kallikadu New
d. FHC Karakulam
e. FHC Kattakada New Amachal
f. UPHC Vattiyoorkavu
g. UPHC Mampazhakkara
h. FHC Kottukal
i. FHC Anad

11.9.5 Mother & Baby Friendly Hospital Initiative (MBFHI)

The Government of Kerala strives hard to prevent all possible under-five mortality and improve the quality of life of children. The Government has reviewed the current situation of Early Initiation and Exclusive Breastfeeding indicators and suggestions put forth by various stakeholders and agreed that there should be a strategy to improve the status. It should involve both hospital- based and community-level activities. The Mother-Baby Friendly Hospital Initiative (MBFHI) aims to facilitate and protect breastfeeding in private and public hospitals and help mothers and their newborns start breastfeeding soon after birth.

11.9.5.1 MBFHI Accredited Institutions

i. SAT

ii. W&C Thycaud

11.9.6 Kayakalp Award

To improve and promote the cleanliness, hygiene, waste management and infection control practices in public health care facilities and incentivize the exemplary performing facilities. The scheme is intended to encourage and incentivize Public Health Facilities (PHFs) in the country to demonstrate their commitment for cleanliness, hygiene and infection control practices. The objectives of the scheme were the following.

1. To promote cleanliness, hygiene and Infection Control Practices in public Health Care Facilities.
2. To incentivize and recognize such public healthcare facilities that show exemplary performance in adhering to standard protocols of cleanliness and infection control.
3. To inculcate a culture of ongoing assessment and peer review of performance related to hygiene, cleanliness and sanitation.
4. To create and share sustainable practices related to improved cleanliness in public health facilities linked to positive health outcomes.
5. To link performance under 'Mera Aspataal' (Client's satisfaction) under the Kayakalp scheme.

(a) Kayakalp State Award for GH/DH Category during FY 2023-2024

GH Neyyattinkara- Commendation Prize

(b) Kayakalp State Award for CHC category during FY 2023-2024

CHC Pallickal- Best Eco-Friendly Hospital

(c) Kayakalp State award for UPHC category during the FY 2023-2024

UPHC Muttada - First Prize

a. UPHC Chaikkottukonam - Commendation Prize
b. UPHC Poovathoor - Commendation Prize
c. UPHC Thrikkanapuram - Commendation Prize
d. UPHC Vattiyoorkavu - Commendation Prize

(d) Kayakalp District award for FHC category during the FY 2023-2024

i. FHC Anad - First Prize

ii. FHC Anakudy - Second Prize

iii. FHC Kottukal - Third Prize

(e) Kayakalp District Award for AAM category during FY 2023-2024

i. AAM Koranamcode - First Prize

ii. AAM Pirappancode - Second Prize

iii. AAM Attinpuram - Third Prize

11.10 National Programme For Palliative Care (NPPC)

Palliative care is terminal care for bed bound and serious health related suffering patients. In our district, 92 primary units, 34 secondary units, one territory unit (training center) and Palliative care Community-based organizations.

- Primary Level - Primary Palliative care units are managed by LSGD institutions. 16,571 Bed bound patients have been registered for primary home care units in 92 units in Thiruvananthapuram district. Medicines and equipment are given to palliative care patients every working day through OP. 14,800 palliative care patients are receiving OP services. Physiotherapy home care is provided to 1215 patients.

- Janakeeya Aarogya Kendram (JAK) or Sub center level - MLSP staff provided home care for 12569 home bound & serious ill patients.

- Secondary Level - Secondary care is provided to patients referred for specialist care from primary level and Sub- centre (JK) level. Secondary care is provided in the Community health centre. Taluk, District and General Hospitals under the control of LSGD. 2913 patients are provided secondary home care and OP care. Here four special Ops are given per week in each unit.Palliative care in-charge medical officers of 34 secondary units in the district were given a Morphine license foundation course and 17 units were licensed.

- Tertiary Level or Training centre- This is a palliative care training unit. Provides training to doctors, nurses and volunteers interested in palliative care.

    - Basic Certificate Course in Palliative Auxiliary Nursing (BCCPAN)- 82
    - Basic Certificate Course in Palliative Nursing (BCCPN)- 154
    - Doctors Foundation Course -105
    - Nurses Foundation Course -38
    - Three days volunteers Training -270

- Community based Organizations: There are 13 community-based organizations currently working under the leadership of TIPC (Trivandrum initiative of

Palliative Care) in Thiruvananthapuram district. Home care is provided to more than 5000 patients and OP to more than 3000 patients. Pallium India also conducts palliative care training.

- District Level Palliative Care monitoring committee: The District monitoring committee meets once in six months under the chairmanship of District Panchayath president. Voluntary organization (NGOs/CBOs), LSGD representatives, LSGD members, Health staff etc.

- Other field level programmes:
    - Volunteers Training
    - Patients Kudumbasangamam
    - Rehabilitation Programmes.

- HR Status-
    - Coordinator-1
    - Medical Officer-1
    - Primary Nurses-92
    - Secondary nurses-31
    - Physiotherapist-27

11.11 Janakeeya Arogya Kendram (JAK)

- There are 487 JAKs in Trivandrum district. JAK team consists of JPHN, MLSP and JHI along with ASHAs.
- Koranamcode JAK of Kunnathukal FHC is one of the three JAKs that got NQAS accredited in the state.
- Well woman clinics, Patient (Subject) specific group clinics and NCD clinics are regularly conducted once a week in all JAKs.
- Category 2 and 3 of Palliative patients are given home care through all JAKs.
- Wellness sessions and JAK club activities are also held through JAKs.
- Ayushman Arogya Shivir is also conducted once a month in all JAKs.
- JAK team training has been conducted in all blocks.
- MLSPs were given training in expanded packages of HWCs.
- Structured lifestyle Modification Intervention meetings and activities are

conducted in JAKs

FIRST AID CLASS FOR DRIVING SCHOOL STUDENTS OF KSRTC BY MLSP

AYUSHMAN AROGYA MANDIR SHIVIR

CHAPTER 12

NATIONAL URBAN HEALTH MISSION

12.1 National Urban Health Mission (NUHM)

The NUHM will meet health needs of the urban poor, particularly the slum dwellers by making available to them essential primary health care services. The urban health system consisting of 18 Urban Primary Health Centres (UPHCs), 28 Urban Health and Wellness Centres (UHWCs), and 1 Urban Community Health Centre (UCHC) provides a broad spectrum of services, especially of slum and poor populations. These facilities offer special outpatient (OP) services in key specialties such as ophthalmology, ENT, psychiatry, Gynaecology, and physiotherapy etc. Patients can access expert consultations, diagnosis, and follow-up care free of cost. The availability of free

laboratory tests, medicines, and referral services ensures early detection and management of health issues. This integrated system significantly enhances the quality

of life in urban slums by making specialized care more accessible at the community level. They conduct regular immunization programs and outreach activities to ensure that vulnerable populations, particularly children and pregnant women, receive timely vaccines and healthcare support. Antenatal care (ANC) services and screening for non-communicable diseases (such as diabetes, hypertension, and cancer) are also prioritized to promote early detection and continuous care.

The table 12.1.1 shows that, in 2024–25, 252 Mahila Arogya Samithi (MAS) were constituted, with 229 accounts opened and 2 orientations held. A total of 182 ASHAs are active, covering 2,500 people each, while 1,520 UHNDs were conducted as planned. No special outreach camps were held in 2024–25.

UPHC Mamapazhakkara

UPHC Chalai

UPHC Poovathoor

Table 12.1.1 Community Process -NUHM

Community process	Approved	In position
No. of Mahila Arogya Samithi (MAS) constituted	252	252
No. of MAS Accounts opened	252	229
No. of MAS trainings/ orientations held		2
No. of ASHAs	182	182
No. of UHNDs held in 2024-25 with frequency (Weekly, Monthly, Quarterly)	1520	1520
No. of special outreach medical camps	Nil	
a. 2023-24	47	47
b. 2024-25	0	0
Population and households assigned per ASHA	2500	2500
Population and households assigned per JPHN	10,000	10,000
NGO Support in Community process if any	Nil	

**Source: District report*

The community process detailed about the meetings and other samities conducted under the urban primary health and household assigned for ASHAs also.

12.2 Institutional Level Activities

Institutional level activities give the overall data about the laboratory services and other outpatient details under UPHCs.

12.2.1 Laboratory Service

The data on average laboratory tests conducted per day across various Urban Primary Health Centres (UPHCs) highlights significant variation in service utilization. The highest daily averages were recorded at UPHC Muttada (107), UPHC Kannanmoola (90), and UPHC Thrikkannapuram (89), indicating a strong patient inflow and active diagnostic services at these centers. In contrast, UPHCs such as Kalladimugham (28), Varkkala (29), and Chalai (39) showed comparatively lower testing volumes.

Table 12.2.1.1 Average Lab tests details

NAME OF UPHC	Average Lab tests (Per Day)
UPHC Beemapally	63
UPHC Chalai	39
UPHC Chackai	59
UPHC Palkulangara	40
UPHC Kalipankulam	47
UPHC Rajaji Nagar	55
UPHC Nanthancode	89
UPHC Kannanmoola	90
UPHC Muttada	107
UPHC Vattiyoorkavu	51
UPHC Chaikottukonam	67
UPHC Thrikkannapuram	89
UPHC Varkkala	29
UPHC Poovathoor	39
UPHC Mampazhakkara	47
UPHC kovalam	40
UPHC Kalladimugham	28
UPHC Vettucaud	59
UCHC Attukal	53

** Source: District report*

12.2.2 Outpatient details

Urban Primary Health Centres (UPHCs) play a crucial role in delivering accessible and affordable primary healthcare services to urban populations. Outpatient (OP) attendance is a key indicator of healthcare utilization and community trust in these centres. Monitoring daily OP load helps in identifying centres with higher demand, ensuring appropriate resource allocation, and strengthening service delivery.

The average daily OP attendance across UPHCs during the reporting period shows varying service utilization. UPHC Vettucaud (130), Kalipankulam (118), and Vattiyoorkavu/Thrikkannapuram (107 each) recorded the highest patient loads, reflecting high community dependence on these centres. In contrast, Kalladimugham (36), Mampazhakkara (38), and Varkkala (47) reported the lowest averages. Most

other centres maintained a steady range between 70–95 patients per day, indicating balanced OP utilization overall.

Table 12.2.2.1 Average OP Details

NAME OF UPHC	Average OP (per day)
UPHC Beemapally	91
UPHC Chalai	92
UPHC Chackai	81
UPHC Palkulangara	74
UPHC Kalipankulam	118
UPHC Rajaji Nagar	95
UPHC Nanthancode	91
UPHC Kannanmoola	71
UPHC Muttada	105
UPHC Vattiyoorkavu	107
UPHC Chaikottukonam	59
UPHC Thrikkannapuram	107
UPHC Varkkala	47
UPHC Poovathoor	60
UPHC Mampazhakkara	38
UPHC Kalladimugham	36
UPHC Vettucaud	130
UPHC kovalam	62
UCHC Attukal	89

**Source: District report*

12.2.3 Annual outpatient details

The Urban Primary Health Centres (UPHCs) across the district recorded significant variations in outpatient attendance during 2024–25. The highest OPD attendance was observed at UPHC Vettucaud (41,645), followed closely by UPHC Kalipankulam (40,111) and UPHC Muttada (39,826). These centres indicate high service dependency and cater to a large patient population. Other centres such as UPHC Vattiyoorkavu (34,673) and UPHC Thrikkannapuram (33,237) also recorded strong

patient inflow. On the other hand, the lowest attendance was reported at UPHC Kalladimugham (12,560), UPHC Mampazhakkara (15,498), and UPHC Varkkala (17,795).

Table 12.2.3.1 Annual OPD Details

NAME OF UPHC	TOTAL OPD 2024-25
UPHC Beemapally	35,392
UPHC Chalai	30,569
UPHC Chackai	28,621
UPHC Palkulangara	27,900
UPHC Kalipankulam	40,111
UPHC Rajaji Nagar	30,702
UPHC Nanthancode	28,263
UPHC Kannanmoola	24,960
UPHC Muttada	39,826
UPHC Vattiyoorkavu	34,673
UPHC Chaikottukonam	23,275
UPHC Thrikkannapuram	33,237
UPHC Varkkala	17,795
UPHC Poovathoor	19,179
UPHC Mampazhakkara	15,498
UPHC Kalladimugham	12,560
UPHC Vettucaud	41,645
UPHC kovalam	28,523
UCHC Attukal	28,799

**Source: District report*

12.2.4 Annual Laboratory service Details

During 2024–25, laboratory services across UPHCs showed significant variation. Beemapally (29,790), Vettucaud (22,056), Muttada (21,364), and Rajaji Nagar (20,445) reported the highest test volumes, reflecting heavy diagnostic demand. On the other hand, Varkkala (9,201), Mampazhakkara (11,870), and Poovathoor (13,124) recorded

lower service utilization.

Table 12.2.4.1 Annual Laboratory service Details

NAME OF UPHC	TOTAL LAB services 2024-25
UPHC Beemapally	29790
UPHC Chalai	18383
UPHC Chackai	23968
UPHC Palkulangara	14762
UPHC Kalipankulam	17055
UPHC Rajaji Nagar	20445
UPHC Nanthancode	19179
UPHC Kannanmoola	19845
UPHC Muttada	21364
UPHC Vattiyoorkavu	16201
UPHC Chaikottukonam	18251
UPHC Thrikkannapuram	15702
UPHC Varkkala	9201
UPHC Poovathoor	13124
UPHC Mampazhakkara	11870
UPHC Kalladimugham	Lab not functional
UPHC Vettucaud	22056
UPHC kovalam	18435
UCHC Attukal	16502

**Source: District report*

12.2.5 NCD Details-UPHCs

Non-Communicable Diseases (NCDs) such as diabetes, hypertension, cardiovascular diseases, and chronic respiratory illnesses are major contributors to morbidity in urban populations. Urban Primary Health Centres (UPHCs) play a crucial role in early detection, screening, and continuous management of NCD cases, thereby reducing complications and improving quality of life. The 2024–25 data provides a comprehensive picture of NCD caseload distribution across different UPHCs in the

district. During 2024–25, NCD cases were reported across various UPHCs, with significant variation in caseloads. UPHC Muttada (21,470 cases), UPHC Chackai (19,759 cases), and UPHC Beemapally (18,877 cases) recorded the highest NCD burden, making them the focal points for chronic disease care. Several centres, including Nanthancode (16,802 cases), Kannanmoola (17,145 cases), Poovathoor (16,157 cases), and Vettucaud (16,664 cases), reported moderately high cases.

Table 12.2.5.1 NCD Details

NAME OF UPHC	TOTAL NCD cases 2024-25
UPHC Beemapally	18,877
UPHC Chalai	15,530
UPHC Chackai	19,759
UPHC Palkulangara	14,551
UPHC Kalipankulam	15,434
UPHC Rajaji Nagar	10,873
UPHC Nanthancode	16,802
UPHC Kannanmoola	17,145
UPHC Muttada	21,470
UPHC Vattiyoorkavu	17,214
UPHC Chaikottukonam	1540
UPHC Thrikkannapuram	14,671
UPHC Varkkala	9787
UPHC Poovathoor	16,157
UPHC Mampazhakkara	15,883
UPHC Kalladimugham	5600
UPHC Vettucaud	16,664
UPHC Kovalam	11,311
UCHC Attukal	15,434

**Source: District report*

Table 12.2.5.2 UPHC Annual details (OP, NCD, LAB)2024-2025

ITEMS	Total count (2024-25)
Total OP registeres	541,528
Total NCD visits	274,702
Total Lab tests done	326,133

***** *Source: District report*

The data for 2024–25 shows robust healthcare service utilization across urban health facilities. A total of 5,41,528 outpatients (OP) were registered, indicating strong community engagement and reliance on public health services. Among these, 2,74,702 visits were related to Non-Communicable Diseases (NCDs), reflecting the growing burden of chronic conditions such as hypertension and diabetes that require continuous management. Additionally, 3,26,133 laboratory tests were conducted during the period, showcasing active diagnostic support for both routine and specialized care. Overall, these figures highlight the effective functioning of health centres in providing comprehensive outpatient, NCD, and laboratory services.

CHAPTER 13

NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME

The National Tuberculosis Elimination Program (NTEP), formerly known as the Revised National Tuberculosis Control Program (RNTCP), is the flagship initiative of the Government of India to eliminate tuberculosis (TB) as a public health problem by 2025. The program follows the Directly Observed Treatment, Short-course (DOTS) strategy and has expanded to include modern diagnostics, free drug supply, and nutritional support.

13.1 Tuberculosis Elimination Programme (NTEP)

The NTEP (National Tuberculosis Elimination Programme) in Thiruvananthapuram is a government-funded initiative aimed at eliminating tuberculosis (TB) in the district.

13.1.1 Objectives

- Detection and treatment: To identify and treat all TB cases in the district.
- Prevention: To prevent transmission of TB through awareness campaigns and infection control measures.

The NTEP program in Thiruvananthapuram is implemented through a network comprising of:

- District TB Office: Oversees program implementation and coordination.
- TB Units: Provide diagnosis, treatment, and care services.
- Health Centers: Offer TB diagnosis and treatment services at the grassroots level.
- Community Health Workers: Engage with communities to promote awareness, detection, and treatment.

ART TB-HIV REVIEW MEETING

PHI LEVEL TRAINING FOR HEALTH CARE WORKERS

13.1.2 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 achieve TB elimination.

13.2 Programme Implementation

CyTB testing started in Thiruvananthapuram district.

13.3 Progress in the Tuberculosis Eradication in the District

- CyTB testing started on 02.04.2025
- Total No. for CyTB testing done – 99

13.4 CB-NAAT Testing

The data on disease testing and positivity trends from 2021–22 to 2024–25 showed a gradual decline in both the number of tests conducted and the percentage of positive cases. The total number of tests decreased from 13,181 in 2021–22 to 8,951 in 2024–25, while the positivity rate declined from 4.8% to 3% over the same period. This consistent reduction in positivity suggests effective disease control measures, improved awareness, and strengthened preventive health strategies.

Table 13.4.1 CB-NAAT Testing

Year	No. of B-NAAT tests conducted	No. of positive cases	Percentage
2021-22	13181	641	4.8
2022-23	18776	800	4.2
2023-24	13187	426	3.2
2024-25	8951	258	3

Source: District report

13.5 Challenges in NTEP

- Transportation issues - Shortage of Vehicle
- Financial Shortages - Due to financial shortage, Diagnostic gaps, Drug stock outs etc. have occurred.
- Infrastructural gaps

13.6 Fund allocation for NTEP

The National Tuberculosis Elimination Programme (NTEP) has received varying levels of financial allocation over the past five years. In 2020–21, the programme was allocated the highest amount of ₹161.18 lakhs, followed by ₹134.19 lakhs in 2021–22 and ₹139.28 lakhs in 2022–23, indicating consistent support during the early years.

Table 13.6.1 Fund allocation

Sl. No	Year	Amount (in lakhs)
1	2020-21	161.18
2	2021-22	134.19
3	2022-23	139.28
4	2023-24	16.4
5	2024-25	72.1

Source: District report

CHAPTER 14

NATIONAL AIDS CONTROL PROGRAM

14.1 National AIDS Control Program (NACP) implementation in District

In Trivandrum, Integrated Counselling and Testing Centres (ICTCs) provide HIV counselling and testing services, Prevention of Parent to Child Transmission of HIV (PPTCT) services and HIV-TB cross referrals. These services have linkages with Targeted Intervention (TI) NGOs and outward linkages with ART centers, outreach services, peer support programs, Opportunistic Infections (OIs) management and home-based care.

Targeted Intervention (TI) is one of the main components under NACP IV. Kerala has rich experience in Targeted Intervention Program, which started in 1996 and is managed by different management units with the support of experienced technical professionals. The Program is designed to reduce the rate of HIV transmission among the Core Group viz. Female Sex Workers (FSWs), Men having Sex with Men (MSMs) and Injecting Drug Users (IDUs), Transgender & Bridge populations like Interstate Migrants and Long-Distance Truckers.

The TI programme was being implemented initially through Non-Governmental Organizations (NGOs)& Local Self Government (LSG). The care, support and treatment required by HIV positive individuals vary with the stage of the infection. During the initial years, a person may remain asymptomatic; however, symptoms typically appear within six to eight years. As immunity falls over time, the person becomes susceptible to various opportunistic infections. At this stage, medical treatment and psychosocial support are essential. Access to prompt diagnosis and treatment of OIs ensures that people living with HIV/AIDS (PLHAs) live longer and have a better quality of life; these services are provided by two ART centers at the Medical College. Additionally, three centers are responsible for the identification and management of sexually transmitted infections (STIs) in the district, located at GH Trivandrum, GH Neyyattinkara, and Medical College Trivandrum.

14.1.1 Service Facilities

The data on HIV service centres reflect a well-structured network of facilities supporting the prevention, diagnosis, and treatment of HIV/AIDS in the region. The

district operates one DISHA centre under the District Integrated Strategy for HIV/AIDS, serving as the central coordination hub. There are 10 Stand-Alone Integrated Counselling and Testing Centres (SAICTCs) providing free HIV testing and counselling services, and 3 Designated STI/RTI Clinics (DSRCs).

Table 14.1.1.1 Service facilities -NACP

Name of HIV Service Centres	No. of HIV Service Centres
District Integrated Strategy for HIV/AIDS (DISHA)	1
Stand Alone Integrated Counselling and Testing Center (SAICTC)	10
Designated Sexually Transmitted Infections and Reproductive Tract Infections STI/RTI Clinics (DSRC)	3
Anti-Retroviral Therapy (ART) Centre	1
Link ART Centre	1
Targeted Interventions projects	7
Blood Bank (Govt.)	7
Blood Bank (Private)	15

Source: District report

14.2 Targeted Intervention projects in Thiruvananthapuram

In Trivandrum, multiple Targeted Intervention projects were implemented during 2024–25 across different High-Risk Groups (HRG) categories. A total of registrations till March 2025 included 1,657 FSW (SEUF), 2,209 FSW (SINDRP), 2,141 MSM, 733 IDU, 516 TG, 9,726 migrants, and 5,725 truckers. New registrations during 2024–25 contributed significantly, with MSM (349) and SINDRP (289) showing higher intake. HIV screening was actively carried out, with the largest numbers among SINDRP (3,266) and IRD MSM (3,118), while seven HIV-positive cases were identified across categories. ART enrolment and retention also remained notable, with most HIV-positive individuals continuing treatment. Additionally, STI screening reached over 27,000 individuals, though

only a small fraction required treatment. Syphilis screening also covered multiple groups, with 21 positive cases identified and treated.

Overall, the TI projects demonstrate effective outreach, consistent screening, and strong linkage to care. However, variations in positivity rates highlight the need for sustained monitoring and targeted awareness among specific HRG populations.

Table 14.2.1 Targeted Intervention Projects

	II. Targeted Intervention Projects in Trivandrum 2024-2025							
	Indicator	**FSW-SEUF**	**FSW-SINDRP**	**IRD MSM**	**Keraleeyam IDU**	**Dalevie w TG**	**WHI Migrant**	**J,P Trucker**
1	Total number of TI Projects in the district	1	1	1	2	1	1	1
2	Total registration till march 2025	1657	2209	2141	733	516	9726	5725
3	New Registration 2024-25	212	289	349	78	111	9726	5725
4	Total HIV screening during 2024-25	2051	3266	3118	1275	858	3276	1617
5	HIV positive found	4	3	1	2	0	6	1
6	Total number of alive HRG currently registered at ART centre	19	11	19	12	9	59	1
7	Total HRG positive currently on ART	19	11	19	12	8	4	1
8	Total STI Screening during 2024-25	3070	7144	6499	2694	1525	5666	2722

9	STI cases Diagnosed and Treated	30	87	3	0	3	3	7
10	Total Syphilis screening during 2024-25	849	1723	2796	1275	643	551	89
11	Syphilis positive cases	5	0	11	0	4	0	1
12	Syphilis positive cases treated	5	0	11	0	4	0	1

*Source: District Report; (**FSW – SEUF** – Female Sex Worker Socio Economic Unit Foundation; **FSW – SINDRP** – Female Sex Worker Society for Integrated Development of Rural People; **IRD MSM** – Increase Risk Donor Men having sex with men; Keraleeyam **IDU** – Injecting Drug users; **TG** = Transgender)*

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

From April 2024 to March 2025, a total of 3,16,897 general clients underwent HIV testing across ICTCs and FICTCs in the district. Of these, 99,761 were tested at ICTCs and 2,17,136 at FICTCs. A total of 159 clients were found HIV positive, yielding a positivity rate of 0.05%.

Table 14.3.1 Testing of General Clients

General Client April -March 2025				
ICTC	**FICTC**	**Total**	**General client positive**	**% Positive**
99761	217136	316897	159	0.050

Source: District Report

14.4 Prevention of Parent to Child Transmission of HIV

The Prevention of Parent to Child Transmission (PPTCT) programme under NACP ensures that all pregnant women are counselled and tested for HIV through ICTCs and FICTCs. Early detection of HIV among antenatal mothers is critical to prevent mother-to-child transmission and provide timely treatment and care. In Trivandrum (2024–25), a total of 39,305 ANC women were tested; 13,908 at ICTCs and 25,397 at FICTCs. Among them, 2 new HIV-positive ANC cases and 8

known positive cases were identified. This reflects wide testing coverage with low positivity, indicating effective programme implementation.

Table 14.4.1 Prevention of Parent to Child Transmission of HIV

District	ICTC	FICTC	Total	ANC positive new cases	ANC known cases
Trivandrum	13908	25397	39305	2	8

Source: District Report

14.5 Blood collection

From April 2024 to March 2025, a total of 96,706 blood units were collected in the district. Of these, 60,893 units (63%) were contributed by government facilities, while 35,813 units (37%) were collected by private institutions. This indicates that government centers remain the major source of blood collection, with private facilities providing an important supportive role in meeting overall demand.

Table 14.5.1 Blood collection 2024-2025

Year 2024 April to March 2025	No. of blood Units Collected
Govt	60893
Private	35813

Source: District Report

Annexures

Annexure :1
Institutions Images-

Medical College Hospital

SAT Hospital

W&C Hospital

RIO

CDH Pulayanarkotta

DMH Peroorkada

DH Nedumangadu

GH Neyyattinkkara

GH Trivandrum

THQH Malayinkeezhu

THQH CHirayinkeezhu

THQH Parasala

TH Varkala

TH Vithura

TH Fort

TH Nemom

TH Attingal

BFHC Palod

CHC Vizhinjam

CHC Vellanad

CHC Vellarada

CHC Venpakal

CHC Pulluvila

CHC Anchuthengu

CHC Iranimuttom

CHC Kanyakulangara

CHC Poonthura

CHC Perumkadavila

CHC Pulluvila

CHC Poovar

RHC VAKKOM

CHC Kallara

CHC Kesavapuram

CHC Vilappil

CHC Manamboor

IFHC Pangappara

CHC Puthenthope

FHC Kilimanoor

FHC Panavoor

FHC Poozhanad

FHC Chemmaruthi

FHC Perumathura

FHC Karakulam

UPHC Rajaji & Vattiyoorkkavu

Annexure:2

IEC/BCC Activities

Information, Education and Communication (IEC) materials are used to convey public health messaging in order to support the overarching behaviour change strategy developed to respond to a public health problem. IEC/BCC activities were conducted in the district with the objectives of creating awareness among the public on maternal health, child health, adolescent health, communicable disease, non-communicable diseases etc.

MAJOR IEC/BCC ACTIVITIES 2024 January- 2024 to March 2025

2024 January

Kerala palliative care day was conducted at St. Joseph school on 14th Jan 2024. The programme was inaugurated by Hon. Minister Sri. Sivankutty and presided by Hon. MLA Adv. Antony Raju.

District level launch and training for doctors on SAANS. The programme was inaugurated by Sub collector

Training conducted for UP, HS teachers about Adolescents Health at KSIHFW on 9th and 19th January 2024.

Family planning awareness boards were installed at W&C Hospital Thycaud

IEC Activities Conducted at District

As part of special campaign of Dengue " Dengikku Ethire Orimikkam" LED Vehicle Display at Corporation & Municipality areas

As part of special Scrub Campaign " Cherukkam Chellupani " LED Vehicle Display in Panchayath Areas of Trivandrum

February 2024

Kare Plan for Rare Diseases Care, Urban Health & Wellness Centers, and Isolation Wards was Inaugurated by Hon. Chief minister Sri. Pinarayi Vijayan at tagore theatre on 6th February 2024. The programme was presided by Hon. Health minister Smt. Veena George.

The district level Deworming Day was conducted at Govt. Boys School. The program was inaugurated by Gayathri babu (health standing committee chairperson)

IDCF

Training on Leptospirosis

Training on NSV

March 2024

The pulse polio programme – inaugurated by Hon. MLA Adv. Antony raju on 03.03. 2024 at W&C Hospital

Press Release

1.84,968 കുട്ടികൾക്ക് പൾസ് പോളിയോ തുള്ളിമരുന്ന് നൽകി


കേരള കൗമുദി

പൾസ് പോളിയോ വിതരണം നാളെ

Attukal Pongala –IEC Materials

Womens Day

Oral Health Day

Burn Management Training for Nursing Assistants

Training on PMNDP for Medical Officers

No scalpel Vasectomy training for Urban JPHNs

Training Programe on Amma Manass

April 2024

As part of world health day, conducted a state level seminar on "My health My Right". The seminar was inaugurated by Priciple secretary APM Muhammad Haneesh IAS.

World Malaria Day – Conducted Exhibition, Flash mob, Screening camp conducted at Trivandrum central railway station, Awareness messages, stip news and social media posters.

World Malaria programme at GH TVM




May 2024

National dengue day was conducted at CHC Pallichal. Conducted awareness classes, field level activities, social media posters etc. The programme was inaugurated by Pallichal Grama panchayath president


World No tobacco day was conducted at Vattiyoorkavu area. In connection with the programme a seminar was conducted


District public health committee constitution meeting, 7th May

Intersectoral Meeting

Newspaper AD

June 2024

·A book named "Arogyakeralam sevana padhathikal" was designed and printed and it was relaesed by dy collector on 21.06.2024

Booklet on social services scheme

Introduction of 2nd dose of JE vaccine to national immunization schedule in Trivandrum district on 01.06.2024 at W&C Hopspital Thycaud

As part of No to Drugs awareness campaign conducted awareness classes at tribal and coast schools

MOKSHA –Special Campaign against Drug Abuse

The ORT week district level programme was conducted at cooperative nursing college at 18th June 2024. The programme was inaugurated by Aruvikkara Grama Panchayath President Smt. R. Kala.

ORT week –District Level Inauguration

In connection with rabies awareness, conducted rabies assembly at all schools in Trivandrum district.

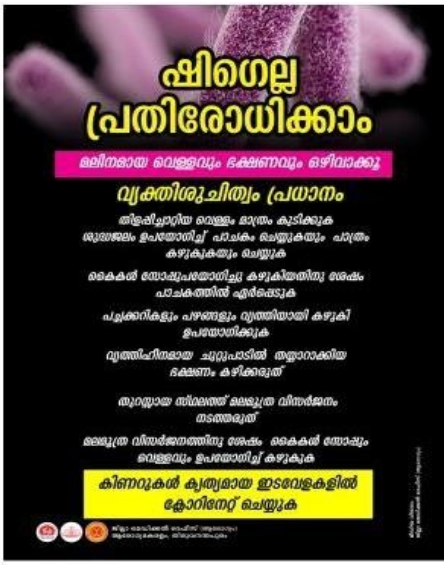
Anti-Rabies Special Assembly

Kerala Public HEALTH Act Training Programme for LSGD presidents, Secretaries,MO's,HI



Day Observance

Social Awareness Posters



July 2024

The district level inauguration of world zoonotic day was inaugurated by Corporation health standing committee chairperson Smt. Gayathri Babu on 6th July 2024 at Nalanchira.

World Zoonosis Day Dist.Leevel Inauguration




World population day was conducted at state nutrition hall on 11th july 2024. The programme was inugurated by health satnding committee chairperson Smt. Gayathri babu. In connection with the programme, conducted seminar, awareness classes and flash mob.

World population day Dist. Level inauguration



As part of world ORS day, conducted district level inauguration and seminar. The programme was inaugurated by Hon. MLA M. Vincent.


As part of world hepatitis day was condueted at Varkala. The programme was inaugurated by Hon MLA Adv V Joy




FP Exhibitions

Campaign of Public Health Act

Lepto Awareness Campaign

KSACS – Youth Fest

Amoebic encephalitis

Meeting conducted at FHC Venpakal

Field level activities

FHC Kutichal _World Population Day

The day seeks to draw attention to issues related to population growth, reproductive health, gender equality, family planning, and sustainable development.





Anti Cholera activities,FHC Paraniyam

August 2024

Breast feeding Week




District Level Inauguration –Eye Donation Fortnight

275




KSACS Youth fest –Quiz competition

RRT Meeting related to Mpox

Amoebic Encephalitis Activities

Newspaper advertisement on Leptospirosis

September 2024

International Day of Clean Air for blue skies was observed in all health institutions.

The world environmental health day was conducted at peyad and the programme inaugurated by vilavoorkkal president T. Lali. Murali. In connection with the programme, a seminar was conducted on environmental health.

International day of clean Air for blue skies

The International Day of Clean Air for Blue Skies is observed every year on September 7, following a United Nations resolution adopted in 2019. The day aims to raise global awareness about the importance of clean air for health, environment, and sustainable development. It emphasizes the urgent need to reduce air pollution, which is a major risk factor for respiratory diseases, cardiovascular illnesses, and premature deaths worldwide.

Newspaper advertisement on PAM

Intersectoral meeting at Collector

Leptospirosis training- Urban MOs and Nursing Officers

Rabies day –Training to Medical Officers




Rabies day posters

World Heart day

October 2024

District Level Elderly Care programme was conducted at CHC Manamboor on 2nd October 2024. The program was inaugurated by block panchayath president Smt. Smitha. An awareness session was held under the leadership of Dr. R. Devaraj

As part of the hand washing day conducted awareness sessions at schools.

Mental health Awareness sessions were conducted at Major hospitals as part of World mental health day

World sight day conducted at Kamukincode community hall. An awareness session was held under the leadership of Dr. Justine Johnson. AS part of the program a screening camp was constructed.

World sight day

Hand washing poster

Hand washing poster and video

Exhibition at Santhigiri Asharam fest

Digital posters and stickers

November 2024

A leptospirosis awareness campaign, known as Doxy.com, is currently underway. In this regard, the district has given direction to strengthen IPC activity at the field level. As part of the program, conducted awareness classes for AWW, Mate, Schools, Panchayath, etc. Field-level awareness sessions were given for NRGES, farmers, and dairy farmers.

An awareness programme on Leptospirosis, Scrub Typhus, and other communicable diseases was conducted on **07-11-2024** at the Health & Wellness Centre (HWC). The session was led under the guidance of the District Medical Office (DMO) with active participation from the community, focusing on prevention, early detection, and health education.

A Specialty medical camp conducted at CHC Vilapil on 02.11.2024. pediatric, gynecology, ENT services were provided at the camp

An open forum conducted at KSIHFW in connection with World immunization day on 13.11.2024. The programe was inaugurated by DMO Dr. Bindu Mohan. ISM, Homoeo, Ayush, naturopathy, acupuncture, saksharatha, tribal dept.WCD,SC development Department, Medical officers, JPHNs official were participated in the open forum

As part of diabetes day an exhibition and screening camp were conducted at collectorate Trivandrum. And the program was inaugurated by Dist. Collector Smt. Anukumari IAS.

An awareness session on SAANS programme was conducted at KSIHFW on 12.11.2024 for newly joined JPHNs.

Minister Veena George inaugurated the state-level awareness campaign against unnecessary and excessive use of antibiotics at Vattiyoorkavu UPHC. Various types of AMR awareness programs are being conducted across the state in connection with the observance of AMR (Antimicrobial Resistance) Week. Awareness is the most important thing in antibiotic literacy. Awareness is being provided by visiting homes as part of creating awareness among the common people. Minister Veena George also participated along with health workers. The minister personally visited the homes in the Vattiyoorkavu area to provide awareness. During this week, ASHA workers will visit as

many homes as possible to create awareness. The World Health Organization has estimated that by 2050, one crore people in the world will die from antimicrobial resistance due to the unscientific use of antibiotics. The dangler was released by Minister






Awareness Class on Anti-microbial resistant was arranged at Elamba school on 18.11.2024

AMR District Level Activities


AMR Flash mob @ W&C Hospital & GH Trivandrum


An Awareness class conducted on Amma Manas programm for higher secondary teachers, kudumbasree councillors and Urban JPHNs on 23rd,25th and 29th November 2024 at KSIHF


State level Deworming Day was conducted at cotton hill school on 26th November 2024.


Fund was allocated to all major hospitals and 19 blocks as part of the Newborn Care Week. Awareness sessions were held in all institutions in connection with this.

National Deworming Day

World Pneumonia day

World Diabetic day –Exhibition at Collectorate

Training programme on Amma Manassu



Training programme on Disaster Management


December 2024

An Awareness class conducted on Amma Manas programm for JPHNs on 6th December 2024 at KSIHFW


As part of the AIDS day programme, conducted a district level Seminar, Rally and Flashmob on 2nd December 2024 at kazhakuttam. In connection with the programme candle lighting conducted at Triavndrum Central Railway station on 30th November.





100 days intensified campaign on TB elimination training for healthcare staff


An awareness session on family planning was conducted for Urban JPHNs on 16.12.2024 at KSIHFW


Family planning and Disaster Management awareness session was conducted for JPHNs on 17.12.2024 at KSIHFW


Adolescent awareness session was conducted for JPHNs on 19.12.2024 at KSIHFW


Family planning, Adolescent and lepto awareness sessions were conducted for 100MLSPs on 20.12.2024 at KSIHFW


Child Health, good parenting & Lepto Awareness sessions were conducted for 100MLSPs on 21.12.2024 at KSIHFW


An awareness session on Adolescent health and disaster management was conducted for Urban JPHNs and MLSPs on 23.12.2024 at KSIHFW


Leptospirosis awareness session was conducted for LSGD & NHM doctors on 26.12.2024 at KSIHFW

As part of disability awareness month conducted an awareness session at DEIC on 23.12.2024. Distributed IEC printed pencil box as Christmas gift to children.

Training on Family Planning services

Training on Child Health

January 2025

IEC/BCC activities done in connection with Communicable Disease Control & Prevention

A leptospirosis awareness campaign, known as Doxy.com, is currently underway. In this regard, the district has given direction to strengthen IPC activity at the field level. As part of the program, conducted awareness classes for AWW, Mate, Schools, Panchayath, etc. Field-level awareness sessions were given for NRGES, farmers, and dairy farmers.

Pledge at schools

Migrant Screening, NCD camp and Awareness session

Migrant screening, NCD Camp and awareness session were conducted for migrants at kulathoor area on 30.12.2024




TB 100 DAY PROGRAM

As part of TB 100 days programme FHC Cherunniyoor was conducted awareness skit programme named “Kshayaroga Muktha Keralam” at Vanitha junction event organized by Cherunniyoor Gramapanchayath

IEC/BCC activities done in connection with Communicable Disease Control & Prevention

A leptospirosis awareness campaign, known as Doxy.com, is currently underway. In this regard, the district has given direction to strengthen IPC activity at the field level. As part of the program, conducted awareness classes for AWW, Mate, Schools, Panchayath, etc. Field-level awareness sessions were given for NRGES, farmers, and dairy farmers.

Family Planning Kitty Show

As part of family planning awareness generation, conducted kitty show at 11 delivery Points.

(W&C Hospital, DMH Peroorkkada, GH Neyyatinkara, THQH Parasala, THQH Varkala, TH Attingal, TH Fort, DH Nedumangadu, THQH Malayinkeezhu, AVCH Poojappura, TH Vithura, THQH Chirayinkeezhu)

Other Programme

The FHC karakulam is updgraded to block FHC. The newly constructed building was inaugurated by Hon. Food and Civil supplies Miniseter Adv. G.R. Anil on 14.01.2025

The renovated labour room, neonatal care unit and OP transformation at W&C Hospital were inaugurated by the Honorable Health Minister Smt. Veena George on 17.01.2025. The labor room was set up as per the target standards at a cost of Rs 2.2 crore. Cubicles that can accommodate 20 deliveries have been set up where there was earlier a facility for only 5 deliveries. In this, newborn resuscitation and newborn care corner have been specially set up. The neonatal care department was renovated at a cost of Rs 5 lakh. The neonatal care department has been equipped with a 10-bed inborn nursery with modern

facilities, triage, breastfeeding room and counseling department. The OP and emergency department have been renovated at a cost of Rs 1 crore as part of the Aardram project.

IECs

IEC/BCC activities done in connection with Communicable Disease Control & Prevention

A leptospirosis awareness campaign, known as Doxy.com, is currently underway. In this regard, the district has given direction to strengthen IPC activity at the field level. As partof the program, conducted awareness classes for AWW, Mate, Schools, Panchayath, etc. Field-level awareness sessions were given for NRGES, farmers, and dairy farmers.

Lepto Awareness LED Vehicle Campaign

As part of the Doxi.com campaign, the LED vehicle that creates lepto awareness was flagged off by District Collector Smt. Anukumari IAS. DMO Dr. Bindu Mohan, Additional DMO Dr. Anilkumar, and DSO Dr. B. Unnikrishnan were present .

LCDC

The campaign focuses on raising awareness about the symptoms of leprosy and ensuring that those affected receive free multi-drug therapy. In Thiruvananthapuram district, we're engaging in a variety of impactful activities such as intersectoral meetings at district and block levels, broadcasting awareness messages through celebrities and district officials via mass media, distributing printed materials like flashcards and

banners, and sharing an engaging cartoon video on social media.

IEC/BCC activities done in connection with Communicable Disease Control & Prevention

A leptospirosis awareness campaign, known as Doxy.com, is currently underway. In this regard, the district has given direction to strengthen IPC activity at the field level. As partof the program, conducted awareness classes for AWW, Mate, Schools, Panchayath, etc. Field-level awareness sessions were given for NRGES, farmers, and dairy farmers.

“Karuthal Nalla Sheelangalkayi”

Thiruvananthapuram District Medical Office and NHM shares messages through the heads of institutions every week to deliver various timely health messages to the community. The logo of this district-level campaign, which is being implemented under the name "Karuthal Nalla Sheelangalkayi", was jointly released by District Collector Anukumari IAS and District Medical Officer Dr. Bindu Mohan. Additional DMOs Dr. L. Anil Kumar, Dr. B. Unnikrishnan, District Education and Media Officer Smt. Pamela B., Deputy District Education and Media Officer Smt. Rashmi, and NHM IEC Consultant Smt. Varsha Jayaprakash were present.

Voters Day Pledge

As part of raising awareness among employees and the public about the importance of voting on National Voters' Day, the Voters' Day Pledge was taken at the DPM office and various institutions in the district.

DPMSU

DISHA

TH Fort

February2025

Cancer care programme - Arogyam Anandam – Akattam Arbudam

A campaign for early screening and detection of cancer, titled Arogyam Anandam-Keep Cancers Away was launched by Hon. chief minister Sri. Pinarayi Vijayan on 4th February 2025. Which primarily focusses on encouraging people to come forward for early cancer

screening and follow-up treatment so that the mortality and morbidity due to cancers in the State can be reduced. Actor Manju Warrier is the goodwill ambassador for thecampaign, Health Minister Veena George was presided the programme. the first war was against the fear generated by cancer and the misconception that a cancer diagnosis was akin to a death sentence. Bringing in a behavioural change in people, encouraging them to prioritise health and persuading all persons above 30 years to undergo annual cancer screening were the primary focal points of the campaign.

Not just cancer hospitals, cooperative sector, NGOs, voluntary organisations and women's groups were all joining hands with the government in taking the campaign to the grassroots. While the campaign targeted everyone, the first one month of the campaign, from February 4 to March 8, would be dedicated for cancers in women, especially cancers of the breast and cervix, which were amenable to possible cure, if detected and treated early.

Preliminary cancer screening would be available in all 118 health centres across in the trivandrum district and anyone who might require further tests would be followed up and given specific dates and appointment for them to do the tests. Health workers would follow up cases and encourage people not to drop out in case they required to undergo more tests.

Activities

1. State level programme coordination
2. Mega Medical camp coordination and arrangement in connection with state level programme
3. Publicity boards were placed in various places in the city
4. Awareness sessions conducted in district, block & institutional level
5. Pre-launch activities in district and peripheral level
6. Inaugural event was conducted in all block institutions and major intuitions
7. Exhibition at tagore
8. Cancer awareness notice distributed at mega medical camp

State launch programme

Mega medical camp at Tagore theatre

Exhibition

Publicity boards

Pre Launch flash mob

Field level awareness sessions and screening

Niyamasabha secretariate screening camp inauguration

Standees at Niyamasabha




Screening and Awareness sessions at field level


Vanitha Junction

Vanitha Junction is aimed at transforming public spaces into safe zones for women by way of providing a platform for those who seldom had the opportunity to showcase their cultural talent in a social setting. Vanitha Junction shows are being set up in major junctions in the local and urban bodies. It begins at 2 p.m. and goes on till midnight, ending with a night walk.

Women of all ages can give expression to their creativity and enjoy themselves at venues set up on public roads without giving any thought to time constraints as dictated by society. From octogenarians who have never had the opportunity to express their creativity to women facing umpteen hardships but daring to perform at these venues, Vanitha Junction programmes have seen unprecedented participation. In connection with this, CHC puthenthop health workers were conducted a cultural event at manaveeyam veedhi on 05.02.2025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Ventriloquism

In connection with the Aroyam Anandam Programme, a Ventriloquism programme was held at Manamboor Block in the district on February 24, 2025. An awareness session was conducted for panchayat staff, ICDS, mates, and MGNREs, etc.

MARCH 2025

IEC/BCC activities done in connection with Communicable Disease Control & Prevention

1. Dengue awareness activities are conducting at field level

2. A leptospirosis awareness campaign, known as Doxy.com, is currently underway. In this regard, the district has given direction to strengthen IPC activity at the field level. As part of the program, conducted awareness classes for AWW, Mate, Schools, Panchayath, etc. Field-level awareness sessions were given for NRGES, farmers, and dairy farmers.

Wall painting

Spreading awareness about Mental health and leptospirosis through creative wall paintings for educating the community. Wall painting done at THQH Varkala & FHC Thonnakkal.

THQH Varkala

FHC Thonnakkal

Oral Health Day

As part of world Oral health day, a training was conduted for LP UP Teachers, parents, PTA members, ICDS members & RBSK nurses on 03.03.2025 at KSIHFW. The programme was inaugurated by Hon. Health minister Smt. Veena George.

Climate change Awareness session

An awareness session was conducted for FHC medical officers, UPHC medical officers, and Nursing officers on the climate change programme at KSIHFW on 04.03.2025


NRCP Awareness session

As part of NRCP programme conducting awareness sessions for Medical officers, nursing officers Nursing assistant for 5 days at DHS society hall from 03.03.2025 to 07.03.2025(200 participants – 5 batches)


VIVA Screening

State-level Women's Day was held in Nishagandhi on 8th March 2025. In connection with this, a mega VIVA screening camp was organized for women. A total of 667 women were screened that day. Additional director FW Dr. Meenakshi, DPM Dr. Anoj were visited the camp.

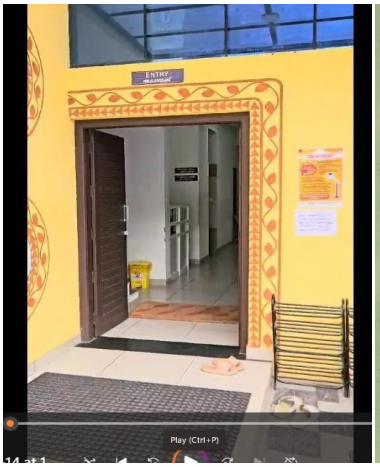

IEC boards were displayed at VIVA screening camp


NTCP awareness programme

Attingal IHRD college students were conducted No to drugs awareness rally.

Attukal Ponakal

In connection with attukal ponkala, a medical camp was held for 7 days. IEC boards and stickers on burns, sun stoke etc were displayed at camp, attukal premises, public places, and health institutions.



NTCP Awareness Session

An awareness session for medical officers on tobacco control was conducted at KSIHFW on 11.03.2025. An informative class on tobacco use and dangers, conducted by the Additional DMO Dr. Unnikrishnan B.

Lepto Awareness Session

Leptospirosis awareness session was conducted for casuality medical officers on 7th & 10th March 2025 at KSIHFW.

Glaucoma Day

As part of International Glaucoma week, a district level programme, seminar and flashmob were conducted at DH Nedumangad on 14.03.2025. The programme was inaugurated by nedumangadu municipality chairperson Smt. Sreeja C.S.

IEC/BCC activities done in connection with Communicable Disease Control & Prevention

A leptospirosis awareness campaign, known as Doxy.com, is currently underway. In this regard, the district has given direction to strengthen IPC activity at the field level. As part of the program, conducted awareness classes for AWW, Mate, Schools, Panchayath, etc. Field-level awareness sessions were given for NRGES, farmers, and dairy farmers.

A warning board designed on leptospirosis, and the same will be placed at chemmaruthy grama panchayth disease prone areas.

School Health Programme

An awareness session for AEO, DEO, principals etc. on school health programme was conducted at KSIHFW on 19.03.2025. An informative class on adolescents, conducted by the Dr. Amar fettle and State scientific officer Suja C.R

World downsyndrom day

As part of down sydrome day, a district level programme was conducted at DEIC on 21.03.2025

TB Awareness

A walkathon was conducted in connection with world TB day

Field activities

Menstrual cup distribution inauguration at FHC Edava

Wellness session regarding FirstAid at KSRTC driving school Attingal, class took by ; Smt. Mahalakshmi & Smt. Sruthi (MLSP s) , TH Attingal

IECs


ക്യാൻസർ
സൂചനകൾ
• മുഴകളും തടിപ്പുകളും
• വിട്ടുമാറാത്ത ചുമ, ശബ്ദമടപ്പ് (പ്രത്യേകിച്ച് പുകവലിക്കുന്നവരിൽ)
• വിട്ടുമാറാത്ത തലവേദന, പുറം വേദന, നടുവേദന
• അകാരണമായ ഭാരക്കുറവ്, വിളർച്ച
• തുടർച്ചയായുണ്ടാകുന്ന ദഹനക്കേട്
• വിട്ടുമാറാത്ത വയറുവേദന
• ആഹാരമിറക്കാനുള്ള ബുദ്ധിമുട്ട്
• രക്തം, പഴുപ്പ് എന്നിവ കലർന്ന മലം, മൂത്രം
• ലൈംഗികബന്ധത്തിന് ശേഷം ഉണ്ടാകുന്ന രക്തസ്രാവം
• ആർത്തവം നിലച്ചവരിൽ ഉണ്ടാകുന്ന രക്തസ്രാവം
• സ്തനങ്ങളിലെ മുഴയോ തടിപ്പോ
• മൂലക്കുരുവിൽ നിന്നും രക്തം കലർന്ന സ്രവം പുറത്തു വരുന്നത്
• കാക്കപ്പുള്ളി, മറുക്, അരിമ്പാറ എന്നിവയുടെ നിറത്തിലും വലിപ്പത്തിലും ഉണ്ടാകുന്ന മാറ്റം
• പുരുഷന്മാരിൽ ഇടയ്ക്കിടെ കുറഞ്ഞ അളവിൽ മൂത്രം പോകൽ
• വൃഷണങ്ങളിൽ വേദനയില്ലാത്ത മുഴകൾ
ക്യാൻസർ പ്രതിരോധിക്കാം. നേരത്തെ കണ്ടെത്താം ആരംഭത്തിലേ ചികിത്സിക്കാം.
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രക്താർബുദം
ക്യാൻസർ
ലക്ഷണങ്ങൾ
• ക്ഷീണം
• തളർച്ച
• മോണയിൽ നിന്നും രക്തം വരുക
• അസ്ഥി വേദന
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ജീവിതശൈലി രോഗങ്ങളുള്ളവർക്ക് ക്ഷയരോഗ സാധ്യത കൂടുതൽ
ക്ഷയരോഗികളിൽ ജീവിതശൈലി രോഗങ്ങൾ നിയന്ത്രണ വിധേയമല്ലെങ്കിൽ മരണ കാരണമായേക്കാം
ക്ഷയരോഗ ലക്ഷണങ്ങൾ
• രണ്ടാഴ്ചയിലധികം നീണ്ടുനില്ക്കുന്ന ചുമ
• ഭാരക്കുറവ്
• രക്തം കലർന്ന കഫം
• വിശപ്പില്ലായ്മ
• രാത്രിയിൽ ഉണ്ടാകുന്ന വിയർപ്പ്
ജീവിതശൈലി രോഗികൾ
• ക്ഷയരോഗ ലക്ഷണങ്ങൾ പ്രകടമായാൽ കാലതാമസം പരിഗണിക്കാതെ ഉടൻ തന്നെ പരിശോധനയ്ക്ക് വിധേയമാകുക
• കൃത്യമായ ഇടവേളകളിൽ പരിശോധന നടത്തി ജീവിതശൈലി രോഗങ്ങൾ നിയന്ത്രണ വിധേയമാക്കുക
ക്ഷയരോഗികളുമായി നിരന്തര സമ്പർക്കത്തിൽ വരുന്നവർ നിർബന്ധമായും ക്ഷയരോഗ പരിശോധനയ്ക്ക് വിധേയമാകുക
ക്ഷയരോഗമുള്ളവർ എല്ലാ മാസവും പ്രമേഹം, രക്തസമ്മർദ്ദം എന്നിവ പരിശോധിയ്ക്കുക
ക്ഷയരോഗം, ജീവിതശൈലി രോഗങ്ങൾ എന്നിവയുടെ പരിശോധനയും ചികിത്സയും സർക്കാർ ആശുപത്രികളിൽ സൗജന്യം
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ക്യാൻസർ
പ്രതിരോധിക്കാം
ശീലിക്കൂ...
• ആരോഗ്യപ്രദമായ ഭക്ഷണശീലം
• ചിട്ടയായ വ്യായാമം
• ചിട്ടയായ ജീവിതശൈലി
• ആരോഗ്യകരമായ ശരീരഭാരം
• മാനസിക ഉല്ലാസങ്ങൾ
ഒഴിവാക്കൂ...
• പുകയില • മയക്കുമരുന്ന് • മദ്യം
• മാനസിക പിരിമുറുക്കം
• ജങ്ക് ഫുഡ് • മധുര പദാർത്ഥങ്ങൾ
• അമിതമായ ഉപ്പ്, കൊഴുപ്പ്, എണ്ണ എന്നിവ അടങ്ങിയ ഭക്ഷണ പദാർത്ഥങ്ങൾ
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