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

KERALA.HEALTH

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December 2025

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Message

GOVERNMENT OF KERALA

Pinarayi Vijayan

CHIEF MINISTER

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

MESSAGE

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

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

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

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

Pinarayi Vijayan

The Addl. Chief Secretary (Health)
E-mail : acskeralahealth1@gmail.com

141, 3rd Floor, North Block, Government Secretariat, Thiruvananthapuram Pin 695001 T 0471 2333241, 2333812, 2333610 F 0471 2333489
E chiefminister@kerala.gov.in facebook.com/cmokerala twitter.com/cmokerala
Residence Cliff House T 0471 2318406, 2314853
www.keralacm.gov.in

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 segmelnts.

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 Pathanamthitta. 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 Pathanamthitta.

I appreciate the works done by the District Medical Officer, District Project Manager and health functionaries of Pathanamthitta 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, it was realized the need of documenting concise compilation of efforts taken by all the health functionaries and our partners.

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

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

The Department is in process to publish Books of all the districts and it will be Health@District encyclopaedia 2025 edition as a part of Nav Kerala Karma Padhati.2

We will focus on involving people at all levels and officials of all department to promote “Our Health is Our Responsibility” with the objective of improving preventive and promotive health to reduce morbidity and mortality and to build healthy productive society.

I am confident that the book Health@Pathanamthitta will be a resource book for health functionaries, researchers, students as well as to people to understand the developments in health sector in Pathanamthitta. It will help to assess the progress against the benchmarks set and encourage all strive to excel.

Health@Pathanamthitta could be published on this landmark day of 14th October when we are discussing Vision 2031 because of huge efforts of collating data by Smt Prabha George State Demographer, Dr. L Anithakumari District Medical Officer Pathanamthitta

Dr. Sreekumar S DPM Pathanamthitta and team. I appreciate the guidance given to the teams by Dr Vinay Goyal IAS State Mission Director NHM, Dr Reena K J Director Health Services. I appreciate the work of many colleagues who have contributed to publish this Book.

I would urge all the colleagues to study the data and information and to do analysis for taking further actions to ensure progress in achieving the stated results. With shared vision and collective actions involving people at the grass roots, we will improve the health care delivery in Pathanamthitta district and all across the state.

Dr Rajan Khobragade IAS

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

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CHAPTER 1

Pathanamthitta District - An overview

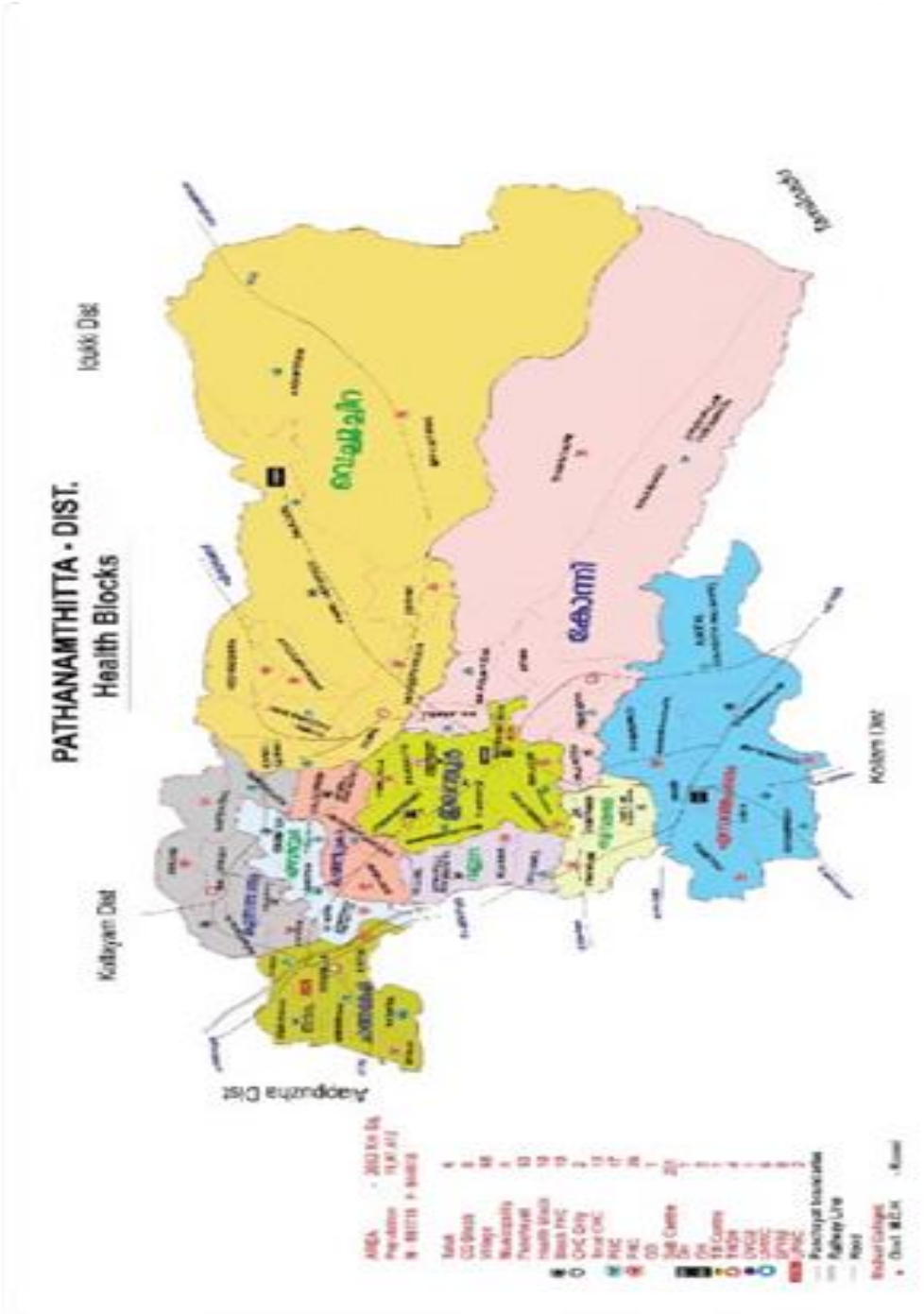
1.1 Introduction

Pathanamthitta is the youngest and the smallest district of Kerala State. It was formed with effect from 1st November,1982.Pathanamthitta is a predominantly hilly district in south-central Kerala,blessedwithrivers, forests ,and rich biodiversity. The District consists of three natural divisions viz the Low land , the Midlandand ,the Highland Western Ghats and descends to midland in the centre, down to the lowland and coconut gardens on the western borders ofAlappuzha district.The topography is covered with thick forests on the east along the mountains down to the valleys and small hills to the flat and in the west.The District has a reserve forest (Ranni Reserve and Konni Reserve) area of 1385.27 Sq.(534.86mi).This is approximately 50% of the total district area.The forest area can broadly be classified as evergreen, semi evergreen and moist deciduous.

Often called the pilgrimage capital of Kerala, it is best known as the gateway to Sabarimala, one of the world'slargest pilgrim centers. The Pilgrim centres such as Sabarimala,Maramon,Cherukolpuzha, Parumala, Pandalametc give special importance to the district.The forest is the main source of raw materials for wood based industrial units.Alarge number of people from this district have migrated to foreigncountriesforemploymentandinwardremittancesbythesectionofpopulationthatplayanimportant role in the economy of the district.

The landscape is marked by rubber plantations, fertile valleys, and forest reserves that support both agriculture and eco-tourism.People depend mainly on farming, plantations ,small-scale industries, and remittances from abroad. Pathanamthitta district includes 5 Assembly constituencies (Aranmula,Ranni,Konni,Adoor,Thiruvalla),all of which fall under the Pathanamthitta Lok Sabha constituency. The district maintains Kerala'shigh health standards with wide coverage of primary care. Health care is well-developed with government,private,and Ayurveda systems,though increasing lifestyle diseases and seasonal communicable conditions remain important public health concerns.

Fig 1.1 Pathanamthitta Map



1.2 Demographic details

POPULATION PROFILE & SOCIAL DEMOGRAPHIC INDICATORS

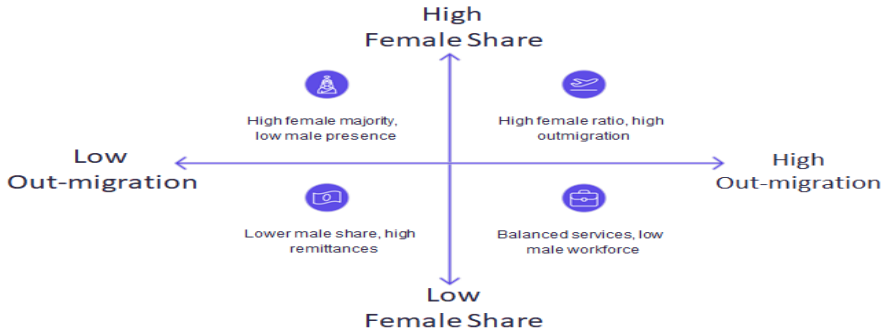
1.2.1 The People and Population

Pathanamthitta,theyoungest district of Kerala,n has a total population of 11,97412. The demographic structure reflects Kerala's typical features of high literacy ,low fertility ,and an ageing population.

Gender Composition and Sex Ratio

The district shows a significant female-majority population, with 635,696 females compared to 561,716 males, resulting in a sex ratio of 1,129 females per 1,000 males well above the national average. This skewed ratio reflects the state's progressive gender indicators and possibly the outmigration of working-age males for employment, particularly abroad.

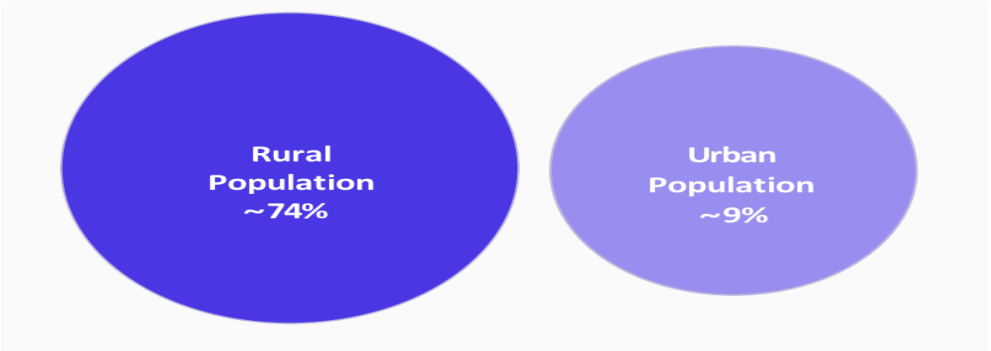
Fig 1.2 Gender composition



Urban-Rural Distribution

Pathanamthitta remain spread prominently rural with rural population1,057,691(~74%) and Urban population 131,613 (~9%). This rural predominance is reflected in the district's occupational pattern,which largely centers around agriculture,plantationwork,andsmall-scale industries.Urban centerslike Pathanamthitta,Thiruvalla, Adoor, and Pandalam serve as administrative, commercial, and service hubs.

Fig.1.3 Population Distribution



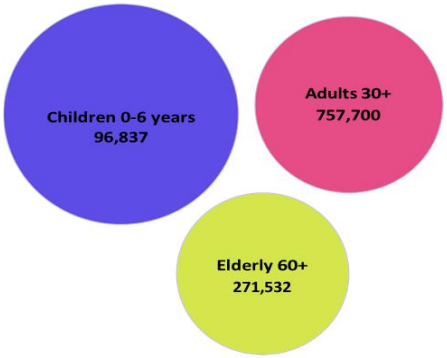
Literacy and Education

The literacy rate stands at 96.93%, placing Pathanamthitta among the top-performing districts in Kerala and India.The high literacy levels have contributed to increased health awareness,improved civic participation, and a strong demand for quality public services.

Age Distribution

Fig1.4 Age distribution

Children aged 0-6years:	96,837(~6.8%)
Population aged 30+:	757,700(~53%)
Elderly(60+years):	271,532(~19%)
Crude birth rate:	9.57per 1,000 population
Crude death rate:	7.32per1,000 population



The age structure indicates a rapidly ageing population,which has significant implications for healthcare, pension systems, and elderly care services.The lower proportion of the 0-6 age group also suggests declining fertility trends, aligned with the district's low crude birth rate of 9.57. The serates confirm the district's position in the later stages of the demographic transition,characterizedby low population growth ,longer life expectancy,and the need for age-sensitive policies.

Tribal Population

The district has a tribal population of 8,108, mostly concentrated in forested and highland areas like Ranni, Seethathode ,and Konni. These communities preserved ist in ctcultural identities and depend on forestry, traditional occupations, and government welfare schemes for their livelihoods. Pathanamthitta's population profile reflects a mature,literate,and increasingly aged society.While the district enjoys the benefits of high literacy and gender balance, it faces challenges such as an ageing demographic,rural developmentneeds, and the healthcare burden linked to chronic diseases and geriatric care

1.2.2 The Administration

Pathanamthitta district, located in the southern part of Kerala, has a well-structured and decentralized administrative framework to ensure effective governance and service delivery.Thedistrictadministrationis divided into multiple units across revenue, health, and local self-governance sectors.

Revenue Administration

- Revenue Blocks:8

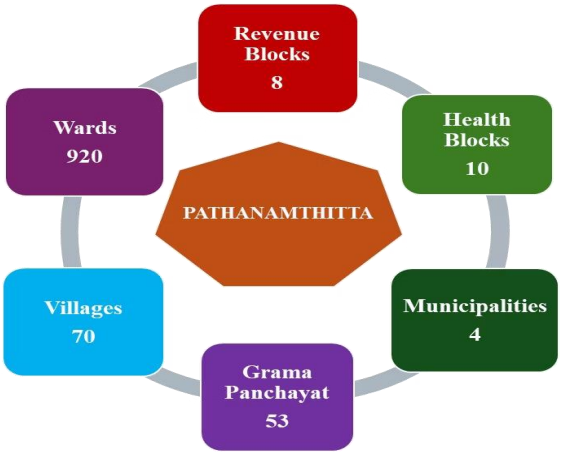
  These are the basic units for revenue administration and land-related matters,overseen by the Revenue Department.

Health Administration

- Health Blocks:10

  The districtis divided into 10 health blocks for the management of public health programs,hospitals, and primary health centers under the Health Department.

Fig1.5 Administrative Setup of Pathanamthitta District



Local Governance

- Grama Panchayats:53

  Rural local governance is handled through 53 Grama Panchayats, which manage development activities and local public services.

- Municipalities:4

  Urban governance is managed by 4 municipalities: Pathanamthitta, Thiruvalla, Adoor ,and Pandalam, responsible for urban planning, sanitation, and infrastructure.

Other Administrative Units

Villages:70

The district is composed of 70 revenue villages that form the base-level units for land and population records.

Wards: 920

The entire district is sub divided into 920 wards for electoral and civic administration purposes.Theseform the basis of representation in local self-governing bodies.

Chapter 2

Pathanamthitta District Health Dashboard

This dashboard provides a summary of the demographic profile, health indicators, health facility details, and human resources for the Pathanamthitta District.

2.1 Demographic Profile and Key Indicators

The district has a predominantly **rural population** with high literacy rates.

Indicator	Value	Context/Detail
Total Population	1,426,674	
Sex Ratio (Females per 1,000 males)	1,129	
Literacy Rate	96.93%	One of the highest in Kerala
Rural Population	1,057,691 (74% of total)	
Tribal Population	8,108	
Crude Birth Rate	9.57 per 1,000 population	
Crude Death Rate	7.32 per 1,000 population	
Total Fertility Rate	1.3	

Administrative Units

Unit	Number	Municipalities Listed
Health Blocks	10	
Grama Panchayats	53	
Municipalities	4	Pathanamthitta, Thiruvalla, Adoor, Pandalam
Wards	920	

Details of Health Facilities

Facility Type	Number of Centres	Details / Beds	Care Level
Janakeeya Arogya Kendram	261		
Family Health Centres	32	354 beds for comprehensive care	
Primary Health Centres	11	For basic inpatient care	
Community Health Centres (CHCs)	12	173 beds	Secondary Care
Taluk Head Quarters Hospitals	4	436 beds	Secondary Care
General Hospitals	2	714 beds	Tertiary Care
District Hospital	1		Tertiary Care
UPHC's	2		Primary Care
UHWC's	10		Primary Care
Medical College Hospitals	1 (MCH Konni)		Tertiary Care

The district has a comprehensive network of **335 health institutions** with a hierarchical structure from sub-centers to general hospitals. The **Total Sanctioned Beds** across all facilities is **1,701**.

Human Resources Profile (As of March 2025)

The district health system has a total sanctioned strength of 2,445 positions.

Staffing Overview	Total
Total Sanctioned Strength	2,445
Positions Currently Filled	2,205
Vacancies	240

Maternal and Child Health Indicator

Indicator	Value	Detail
Maternal Mortality Ratio (MMR)	10 per 100,000 live births	
Infant Mortality Rate (IMR)	2 per 1,000 live births	
Vaccination Coverage	99.70%	Children (12-23 months) with all basic vaccinations
ANC Visits	90%	Women with at least 4 antenatal care visits for last birth
Early Breastfeeding	98%	Children breastfed within 1 hour of birth
HIV Prevalence (adult %)	0.06%	

2.2 Pathanamthitta-Health at a glance

Indicators	**Kerala**	**Pathanamthitta**	**Critical Comments**
Percentage of currently married women age 15-49 using any contraceptive method	53%	82%	Approximately 90%of eligible couples in the district adopt either permanent or temporary contraceptive methods.

Percentage of mothers who received at least 4 ANC visits for last birth	90%	92%	Data includes tribal populations with floating ANC coverage and premature delivery cases.
Percentage of births delivered in public health facility	38.4%	38%	Preference for private facilities is higher due to relatively better socioeconomic status.
Percentage of births delivered in private health facility	61.5%	62%	Reflects higher utilization of private facilities, influenced by above-average economic conditions.
Percentage of births of birth order three or more	12.9%	0.001%	Extremely low higher- order births; indicates successful population stabilization..
Percentage of children age 12-23 months who received all basic vaccinations	82.1%	99.9%	Vaccination coverage is near universal.
Percentage of children who received most vaccinations in a public health facility	77.6%	99%	Local records indicate that nearly all vaccinations are administered through

			public health facilities.
Percentage of children breastfed within 1 hour of birth	63.3%	97%	Early initiation is generally high,delays mainly occur among premature or clinically unstable newborns.
Percentage of children with any anemia	35.6%	44.20%	Higher prevalence being addressed through intensified implementation of Anaemia Mukth BharathProgramme
Percentage of women with any anemia	34.2%	36.40%	Moderate prevalence; targeted interventions are showing positive impact
Percentage of women with BMI <18.5 (thin)	9.6%	12.30%	Slightly higher under nutrition; Addressed through awareness campaigns and lifestyle modification programs.
Percentage of women with BMI >25 (overweight)	32.4%	43.80%	Higher prevalence is because of lifestyle patterns and being managed through health education

			and lifestyle modification initiatives.
Infant Mortality Rate (per1,000 live births)	5	4.67	Mortality cases largely associated with prematurity and severe congenital anomalies.
Maternal Mortality Ratio(per 100,000 live births)	33	0.05	Preventable maternal deaths are being reduced through JSSK, JSY which promote institutional delivery and enhanced precautionary measures.
HIV prevalence (adult %)	0.08%	0.06%	Prevalence remains negligible.
HIV positivity (ICTC tested vs positive, SIMS data)	0.15%	0.04%	No significant burden reported.
Life Expectancy 3 Male (years)	72.19	73	Due to improved health system functioning and health awareness.
Life Expectancy 3 Female (years)	78.15	80	Higher than state average; indicates strong maternal and general health care services

TB Mortality Rate	_	8%	Ongoing interventions to reduce TB related deaths are in place
Total Fertility Rate	1.6	1.3	Below-replacement fertility, consistent with demographic transition

Source of Data-NFHS 5 & DHS

Approximately 90% of eligible couples in the district adopt either permanent or temporary contraceptive methods

Data includes tribal populations with floating ANC coverage and premature delivery cases

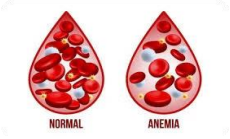
Preference for private facilities is higher due to relatively better socioeconomic status.

Reflects higher utilization of private facilities,influenced by above- average economic conditions. conditions

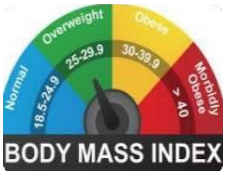
Extremely low higher-order births; indicates successful population stabilization

Vaccination coverage is near universal. Local records indicate that nearly all vaccinations are administered through public health facilities

Early initiation is generally high,delays mainly occur among premature or clinically unstable newborn

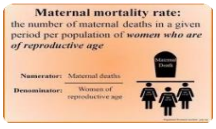


Higher prevalence being addressed through intensified implementation of Anaemia Mukth Bharath Programme.



Slightly higher undernutrition; Addressed through awareness campaigns and lifestyle modification programs. Higher prevalence is because of lifestyle patterns and being managed through health education and lifestyle modification initiatives

Infant Mortality cases largely associated with prematurity and severe congenital anomalies



Preventable maternal deaths are being reducedthroughJSSK,JSY which promote institutional delivery and enhanced precautionary measures

Due to improved health system functioning and health awareness. Higher than state average; indicates strong maternal and general health care services

2.3 Health Blocks in the district

Pathanamthitta district, known for its excellent public health infrastructure, is administratively divided into 10 Health Blocks. These health blocks function under the National Health Mission (NHM) and the Department of Health and Family Welfare, Kerala, to ensure effective and decentralized delivery of healthcare services.

Fig :2.1 Health Blocks in the distric

Each health block is responsible for:

- Primary healthcare delivery through PHCs, CHCs, and FHCs
- Implementation of national health programs (RCH, NCD, TB, Malaria, etc.)
- Monitoring of public health indicators and epidemic surveillance
- Coordinating immunization, maternal-child health, and adolescent health services

  Supporting ASHA workers and other frontline health workers
- Promoting community awareness and health education programs.

The 10 health blocks of Pathanamthitta represent a well-distributed network that ensures equitable access to healthcare, even in remote and tribal areas. Their structured functioning under NHM has significantly contributed to the district9s high health indicators, including low infant mortality, effective disease control, and a strong response to public health challenges.

CHAPTER 3

Health Facilities in the District

3.1 Details of Health Facilities - Taluk wise details

Type of Health Institution/Facility	Total No.in the district	Sanctioned Bed Strength	Urban	Rural	Taluk/Assembly Constituency				
					Adoor	Aranmul	Konni	Thiruvall	Ranni
General Hospital	2	714	2	0	1	1	0	0	0
District Hospital	1	234	0	1	0	1	0	0	0
District TB Centre	1	4	0	1	0	1	0	0	0
Taluk Head Quarters Hospital	4	436	1	3	0	0	1	2	1
Community Health Centre	12	173	12	0	2	3	0	2	5
Family Health Centre	32	354	0	0	6	8	6	7	5
Urban Primary Health Centre	2	NA	NA	NA	2	NA	1	1	NA
Primary Health Centre	11	24	3	40	1	4	2	3	3
Mobile Unit	4	NA	0	0	0	1	1	0	2
Sub Centre	261	0	15	246	48	54	58	49	52
UHWCs	8	0	8	0	4	3	0	1	0
TOTA L	338	1939	41	291	64	76	69	65	68

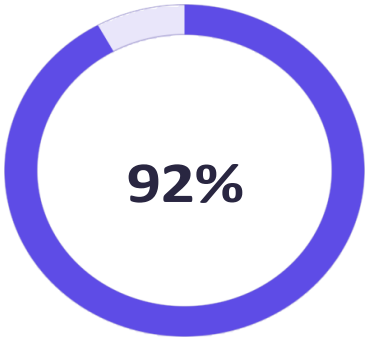
Details of health facilities comprehensively illustrates the healthcare infrastructure. It presents key observations which include the high number of foundational facilities like Sub Centres and Primary Health Centres, especially in rural areas, indicating a focus on community-level care and widespread access to basic health care services. Conversely, major hospitals, despite being fewer in number, possess the highest bed capacities. The data clearly highlights the varying distribution of facilities and resources between urban and rural settings. The larger facilities show an urban centric distribution, which may warrant analysis regarding access equity.

CHAPTER 4

Human Resource Profile

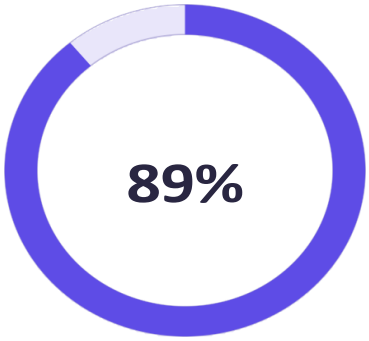
4.1 Health Human Resources

The graph regarding the HR strength in the district as on August 2025 is given below.



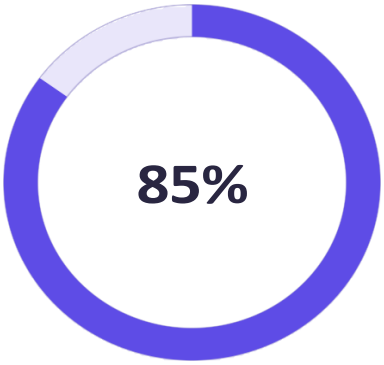
Medical Staff

Doctors, specialists, and dental professionals



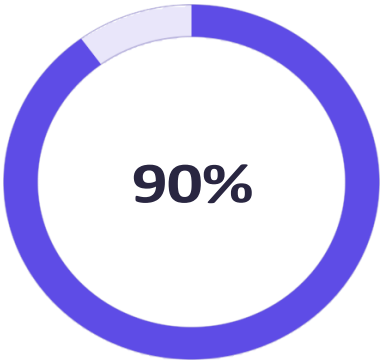
Nursing Staff

Nurses, nursing assistants, and midwives



Paramedical

Lab technicians, pharmacists, and other technical staff



Support Staff

Administrative, clerical, and maintenance personnel

4.2 HR strength in the district

4.2.1 HR strength (Category wise)- as on 2025 March

	No of sanctioned	No of SC	No of ST	No of others	Tota in position	No of Vacancy
DENTAL						
Dental Hygienist Gr. (I&II)	**6**	**2**	**0**	**4**	**6**	**0**
Dental Mechanic Gr. II	**5**	**1**	**0**	**4**	**5**	**0**
Doctors (Administrative Cadre)						
Asst Director (Dy DMO(H))	**2**	**0**	**0**	**2**	**2**	**0**
Asst Director (Dy DMO(H)/ DLO degraded to JAMO)	**1**	**0**	**0**	**1**	**1**	**0**
Asst. Director (Dy. DMO(H)/D RCH)	**1**	**1**	**0**	**0**	**1**	**0**
Asst. Director (Dy. Spdt.)	**1**	**0**	**0**	**1**	**1**	**0**
Asst. Director (Spdt.)	**6**	**0**	**0**	**5**	**5**	**1**
Dy. Director (Spdt.)	**1**	**0**	**0**	**1**	**1**	**0**
JAMO (DTBO)	**1**	**0**	**0**	**1**	**1**	**0.**
JAMO(Spdt.)	**1**	**0**	**0**	**0**	**0**	**1**
Doctors (General Cadre)						
Asst. Surgeon	**163**	**9**	**2**	**136**	**147**	**16**
Asst. Surgeon (Casualty MO)	**42**	**0**	**0**	**37**	**37**	**5**
Asst. Surgeon (RMO)	**4**	**0**	**0**	**4**	**4**	**0**

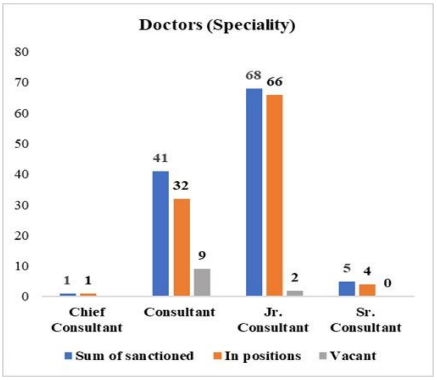
Civil Surgeon	7	0	0	5	5	2
Dental Asst. Surgeon	7	0	0	7	7	0
Doctors (Specialty)						
Chief Consultant	1	0	0	1	1	0
Consultant	41	2	0	31	32	9
Jr. Consultant	68	5	0	61	66	2
Sr. Consultant	5	0	0	4	4	0
JPHN/NURSING SCHOOL						
Nursing Tutor	5	0	0	5	5	0
Principal School of Nursing	1	1	0	0	1	0
Vice Principal (School of Nursing.)	1	0	0	0	0	1
LAB (GENERAL)						
District Lab Technician	1	0	0	0	0	1
Laboratory Technician Gr.(I&II)	78	7	2	66	75	3
MCH WING						
D P H Nurse	1	0	0	0	0	1
Junior P.H. Nurse	262	35	5	204	244	18
L H I /PHN	44	6	0	35	41	3
Lady Health Supervisor /PHNS	9	1	0	7	8	1
M.C.H. Officer	1	0	0	0	0	1
NURSING SERVICE						
Asst. Director Nursing Services/ Dist. Nursing	1	0	0	0	0	1

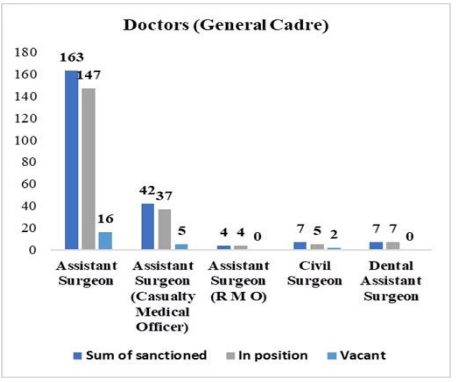
Officer						
Head Nurse Senior Nursing Officer	**77**	**11**	**0**	**59**	**70**	**7**
Nursing Spdt. Gr. I /Nursing Spdt.	**2**	**0**	**0**	**1**	**1**	**1**
Nursing Spdt. Gr. II /Deputy Nursing Spdt.	**3**	**2**	**0**	**1**	**3**	**0**
Staff Nurse Gr. I/ Nursing officer Gr. I	**372**	**36**	**11**	**307**	**354**	**18**
OPHTHAL MOLOGY						
Optometrist Gr. I (Ophthalmic Asst.)	**15**	**3**	**0**	**9**	**12**	**3**
Optometrist Gr. II (Ophthalmic Asst.)	**6**	**2**	**0**	**3**	**5**	**1**
OTHERS						
Administrative Assistant	**1**	**1**	**0**	**0**	**1**	**0**
Auto Electrician	**2**	**1**	**0**	**0**	**1**	**1**
Biologist	**1**	**0**	**0**	**0**	**0**	**1**
Blood-Bank Technician Gr. I		**1**	**0**	**2**	**3**	**2**
Clerk/ Typist	**3**	**0**	**0**	**2**	**2**	**1**
Confidential Assistant	**1**	**1**	**0**	**0**	**1**	**0**
Dialysis Technician	**5**	**0**	**0**	**0**	**0**	**5**
Dist. Edn. & Media Officer (DEMO)	**1**	**0**	**0**	**1**	**1**	**0**
District Malaria Officer	**1**	**0**	**0**	**0**	**0**	**1**
Driver	**28**	**1**	**1**	**18**	**20**	**8**

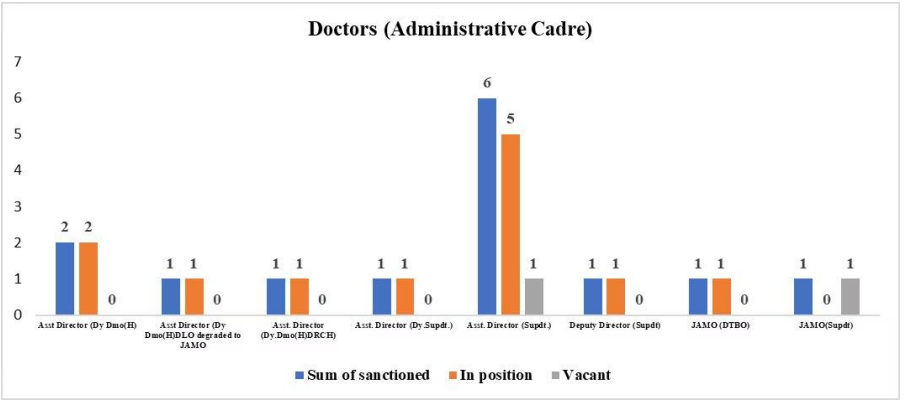
Dy. District. Edn. and Media Officer	2	0	0	1	1	1
Medical Record Librarian Gr. II	4	0	0	4	4	0
Technical Assistant Gr. II	2	0	0	1	0	1
TB						
Treatment Organizer Gr. I	4	0	0	4	4	0
ECG Technician Gr. II	5	0	0	5	5	0
Head Clerk	7	1	0	6	7	0
Hospital Attendant Gr.I	219	45	2	163	209	10
Housekeeper	2	0	0	2	2	0
Jr. Superintendent	3	0	0	2	2	1
Junior Lab Assistant	9	1	0	8	9	0
Lay Secretary & Treasurer (Sr. Spdt.)	6	1	0	4	6	0
LD/UD Clerk	106	9	4	89	102	4
LD/UD Typist	11	1	2	8	10	0
Mechanic helper	1	0	0	1	1	0
Motor Mechanic	2	0	0	1	1	1
Nursing Assistant	206	31	5	120	156	50
Office Attendant	71	10	2	56	67	4
Part-Time Sweeper	71	20	0	46	66	5
Physiotherapist	1	0	0	1	1	0
Radiographer Gr. II	13	0	0	13	13	0

Refrigeration Mechanic	1	0	0	0	0	1
Senior Superintendent	2	0	0	2	2	0
Statistical Assistant	2	0	0	2	2	0
Statistical Assistant Gr. I	1	0	0	1	1	1
Watcher/ Night watchman	2	1	0	1	2	0
X-Ray Attender	8	1	0	7	8	0
PHARMACY&MEDICAL SUPPLY						
Pharmacist Gr. I	99	12	1	69	82	17
Pharmacist Storekeeper	7	1	0	6	7	0
Stores Superintendent (Hospital)	3	0	0	2	2	1
Stores Verification Officer (District)	1	0	0	1	1	0
PUBLIC HEALTH						
Field Assistant	3	0	0	2	2	1
Field Worker	12	1	0	6	7	5
Health Inspector	42	4	1	33	38	3
Health Supervisor	10	0	0	9	9	1
Insect Collector	2	1	0	1	2	2
J. H. I. Gr.I	189	21	6	155	182	7
TRANSPORT						
Foreman Mechanic	1	0	0	1	1	0
Grand Total	2445	292	44	1870	2205	240

Fig. 4.1 Graphical Representation of Doctors placement status



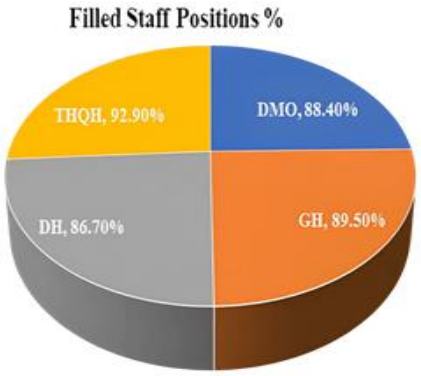




A recurring theme across all three cadres (Administrative, General, and Specialty) is the presence of vacant positions, suggesting a persistent challenge in filling sanctioned posts for doctors within the depicted healthcare system. It suggests that the vacancy rates might be more pronounced in specialized and administrative doctor roles compared to general cadre positions like Assistant Surgeons, although all categories experience some level of shortage.

These staffing gaps can have significant implications for healthcare service delivery, potentially leading to increased workload for existing staff and impacting the quality and accessibility of medical care.

4.3 HR Strength (Institutional wise details)- as on 2025 March



HR-NHM & NUHM

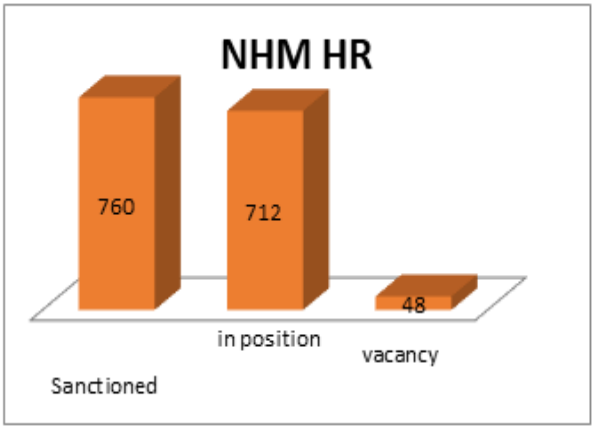
HR	Sanctioned	In position	vacancy
Specialist			
Obstetricians and Gynaecologists	1	0	1
Pediatric	2	0	2
Physician/Consultant Medicine	1	0	1
ENT	1	1	0
Psychiatrist	1	0	1
Pathologist	1	1	0
Microbiologists	1	1	0
Specialist- Polyclinic			
General Medicine	1	0	1
Pediatric	1	0	1
Obstetricians and Gynecologists	1	0	1
ENT	1	0	1
Psychiatrist	1	0	1
Dermatology	1	0	1
Medical officer			
Medical officer	39	34	5
Dental			

JC Orthodontics	1	1	0
Dental Surgeons	4	3	2
Dental Technician	1	1	0
AYUSH Medical officers			
Homoeo Medical Officers	22	21	1
ISM Medical officer	14	14	0
Staff Nurse			
Staff nurse	115	109	6
Mid-Level Service Provider (MLSP)			
Mid-Level Service Provider LSP)	261	251	10
Lab Technician			
Lab Technician	18	15	3
Cytotechnician	1	1	0
Pharmacist			
Pharmacist	22	18	4
ANMs			
ANMs	20	20	0
Radiographer			
Radiographer/ X-ray Technician	1	0	1
Therapists			
Physiotherapist	19	19	0
Occupational Therapist	1	1	0
Development Therapist	1	1	0
RBSK Nurse			
RBSK Nurse	**57**	**55**	**2**
Audiology Department			
Audiologist &speech Therapist	**7**	**6**	**1**
Audiometric Assistant	1	0	1
Instructor for Hearing impaired	1	1	0

Clinical Psychologist			
Clinical Psychologist	2	2	0
Optometry			
Optometrist	3	3	0
Special Educator			
Early interventionist cum special educator	2	1	0
Junior Health Inspector (JHI)			
JHI	6	5	1
Counselor			
Dietician	7	7	0
GBVM Coordinator	1	1	0
AH Counselor	7	7	0
CMHP Counselor	2	2	0
NTEP Staff			
TB HV	2	2	0
Sr Dots PlusTB HIV Supervisor	1	1	0
STLS	3	3	0
Accountant	1	1	0
Data Entry Operator			
DEO	20	20	0
Support Stafff or Health Facilities			
Supporting Staff	11	11	0
DPMSU Staff			
Nodal Officer H&WC	1	1	0
District Programme Manager	1	1	0
District Accounts Officer	1	1	0
MIS Assistant	1	1	0
DEIC Manager	1	1	0
ABMO	1	1	0
AQAO	2	2	0

JC(D&C)	1	1	0
Addl-JC(M&E)	1	1	0
District Engineer	2	2	0
District PRO	1	1	0
ARSH Co-ordinator	1	1	0
ASHA Co-ordinator	1	1	0
Palliative Co-ordinator	1	1	0
Accounts Staff	2	2	0
Administrative Staff	2	2	0
Programme Managers	1	1	0
Dist. Epidemiologists	1	1	0
Addl Epidemiologists (XV FC)	8	8	0
Consultants/Programming Officers/VBD Consultants	1	1	0
Programme Assistants (Entomologists)	1	1	0
District Data Manager	1	1	0
Addl Data Managers (XV FC)	8	7	1
Insect collector	2	2	0
Programme Managers	1	1	0
PROs	21	21	0
Urban Administrative Staff			
Urban Health Coordinator	1	1	0
Accountant	5	5	0
Total	**758**	**709**	**49**

Fig. 4.2 Total Staff Allocation in NHM



4.4 ACCREDITED SOCIAL HEALTH ACTIVISTs (ASHA)

In Pathanamthitta district, a total of 1,007 Accredited Social Health Activists (ASHAs) are deployed across 920 wards of which 962 are positioned in rural areas and 45 in urban areas. The primary responsibilities of ASHA workers include ensuring maternal and child health services, providing basic medical care, implementing preventive measures against infectious diseases, and facilitating access to healthcare at the grassroots level in coordination with relevant institutions. Disbursement of incentives and honorarium to ASHA workers was managed through the ECMAN software, with periodic revisions incorporated as applicable.

Sl. No.	HEALTH BLOCK	NUMBER OF ASHA
1	CHC CHATHENKERY	127
2	CHC VECHOOCHIRA	136
3	CHC VALLANA	58
4	CHC THUMPAMON	69
5	CHC ELANTHOOR	125
6	CHC KANJEETTUKARA	49
7	CHC ENADIMANGALAM	185

8	CHC KONNI	115
9	CHC KUNNAMTHANAM	98
10	CHC EZHUMATTOOR	45
Total		**1007**

4.5 Rashtriya Kishore Swasthya Karyakram (RKSK)

MoHFW under NHM has implemented a comprehensive programme for adolescents, Rashtriya Kishor Swasthya Karyakram (RKSK) since 2014, aims to provide services and support to adolescents (10-19 yrs) through education on health matters, counseling, guidance and referral under AFHCs with the help of Adolescent Health Counselors in an adolescent friendly manner. Some of the interventions under the programme are:-

- Adolescent Friendly Health Clinics (AFHCs) providing Adolescent Friendly Health Services (AFHC)
- Menstrual Hygiene Scheme (MHS)
- Weekly Iron Folic Acid Supplementation (WIFS)
- Peer Education (PE) Programme
- Adolescent Health and Wellness Day (AHWD)
- Adolescent Friendly Club (AFC)

ADOLESCENT FRIENDLY HEALTH CENTRES (AFHCs)

Adolescent friendly health services under RKSK Programme are being delivered through AFHCs.

The activities under 6 plus 1 programme priorities: -

- Improve Sexual and Reproductive Health (SRH),
- Enhance Mental Health,
- Address Non-Communicable Diseases (NCDs),
- Prevent Injuries and Violence including Gender Based Violence (GBV),
- Improve Nutrition,

- Prevent Substance Misuse & Safe use of internet, gadgets and social media- are delivered through these AFHCs by AH counselors with clinic and outreach activities.

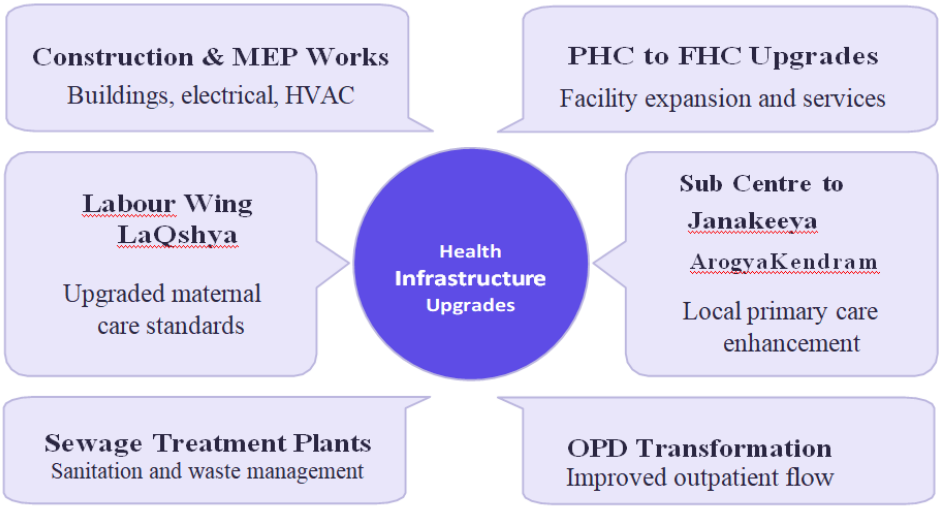
Total 10 AFHCs &7 AH Counselors are in the district, for the year 2024-2025

Chapter 5

Health Infrastructure

5.1 Health Infrastructure Development

Infrastructure development improves the basic facilities and services provided by the health centres. The Infrastructure programs includes Up gradation of PHCs to FHCs, Upgradation of Sub Centres to Janakeeya Arogya kendram, OPD Transformation works, Establishment of Sewage Treatment Plants, Up gradation of Labour wing as per LaQshya Standards. The type of works includes Construction of New Buildings for the hospitals, Renovation works, electrical works, HVAC works, MEP Works etc.



NHM ROP works

1	2	3	4
Works - 29	Completed -5	Progressing-12	Not Started-12

Remarks

Sl.No	Institution	Name of work	Status
1	DH Kozhencherry	Gynaecology OT strengthening as per LaQshya standards and4-bedded HDU	Works completed and handed over.
2	DH Kozhencherry	Construction of Eye wards and Eye OT	Works completed and handed over.
3	THQH Thiruvalla	Renovation of OT Building,Pharmacy Store and SNCU	Works completed and handed over.
4	PHC RanniAngadi	Construction ofNew Building at PHC Ranni Angadi	Works completed and handed over.
5	GMC Konni	Labour Room Strengtheningas per LaQshya Standards	Works completed and handed over.
6	THQH Ranni	Renovation of existing labour room as per LaQshya standards	70%Works completed
7	THQH Konni	Strengthening of Maternity wing	80%Works completed
8	PHC Kokkathodu	Construction of New building	80%Works completed
9	THQH Thiruvalla	Strengthening of Labour Room as per LaQshya Standards	65%Works completed

10	PHC Mylapra	Construction of New OP Building	65%Works completed
11	PHC Ranny Pazhavangady	Construction ofNew building for FHC	85%Works completed
12	DH Kozhenchery	Setting up of Geriatric ward	85%Works completed
13	PHC Chandanappally	Construction of New OP Building	65%Works completed
14	GH Pathanamthitta	IP ward Strengthening & Upgradation and Construction of Eye wards and Eye OT	10%Works completed
15	CHC Vallana	Construction of new CHC Building	85%Works completed
16	PHC Pallickal	Construction of New Building for PHC	25%Works completed
17	PHC Kadammanitta	Construction of New Building for PHC	10%Works completed
18	GH Pathanamthitta	Strengthening and Upgradation of Diagnostic Block	DPR Under preparation
19	DH Kozhencherry	Strengthening and Upgradation of ward	TS under process
20	THQHKonni	Construction of Eye OT & Eye ward	Work will startsoon.
21	District Vaccine Store	Construction of additional building	INKEL submitted DPR for issuing AS. Further, it was

			informed that the proposed site would change. Hence AS not issued due to non- identification of site.
22	THQH Thiruvalla	Setting up of Eye OT and Eye Ward	Tendering under process.
23	GH Adoor	Construction of MCH Block	The proposed site for the construction is located within the parking layout plan of the New hospital block under construction using KIIFB funding.
24	CHC Elanthoor	Construction of New OP Block & Conversion of CHC to Block FHC	DPR under preparation.
25	FHC Othera	Construction of New Building for PHC	Re Tendering under process.
26	PHC Nilackkal	Construction of New PHC Building andAugmenting Trauma Facilities at PHC Nilackal (Basecamp Hospital)	AS under process.
27	DTC Pathanamthitta	Construction of New Building	Demolition of old building is pending. Work can only be started after the demolition process.
28	CHC Chathenkary	Construction of new CHC Building	M/s KSCC reported that the allotted fund was not sufficient for the new building construction on account of pile

			foundation as per the site condition. Hence, the project is proposed under 15th Finance Commission (FY 2023-24).
29	CHC Kunnamthanam	Construction of new CHC Building	proposed under 15th Finance Commission(FY 2023-24).

15 th FC -FY Funded Projects in Pathanamthitta District-

Sl no	NameofWorkand Institution	Agency	%Works completion status
1	Construction of new FWC building for JAK Amichankery	HLL Lifecare Ltd	DPR under preparation
2	Construction of new FWC building for Pallickal Main Centre	LSGD	90% works completed. Partition works pending.
3	Construction of new FWC building for JAK Eraviperoor	KESNIK	DPR under preparation
4	Construction of new FWC building for JAK Kanjirappara	LSGD	75%works completed.
5	Construction of new FWC building for JAK Puthukkulam	LSGD	First floor RCC completed.55% completed
6	Construction of new FWC building for JAK Vayakkara	LSGD	50%works completed.
7	Construction of new FWC building for JAK Muthupezhumkal	LSGD	70%works completed.

8	Construction of new FWC building for JAK Laha,Attathodu		Agency allocation under process.
9	Construction of new FWC building for JAK Thulappally		Agency allocation under process.
10	Construction of new FWC building for JAK Kakkad	LSGD	20%works completed.
11	Construction of new FWC building for JAK Kattoor	LSGD	40%works completed.
12	Construction of new FWC building for JAK Edathara	LSGD	80%works completed.
13	Construction of new FWC building for JAK Plankamon	LSGD	65%works completed.
14	Construction of new FWC building for JAK Ayroor South	KSHB	DPR under preparation
15	Construction of new FWC building for JAK Kottamonpara		Agency allocation under process.
16	Construction of new FWC building for JAK Kochukoickal		Agency allocation under process.
17	Construction of new FWC building for JAK Plantation	LSGD	20%completed.

KIIFB Funded Projects in Pathanamthitta District

Sl no	Name of Work and Institution	Agency	% Works completion status
1	Development of the institution with funds from KIIFB at DH Kozhencherry.	HITES	80% works completed. Plastering work progressing. Painting in the final stages. Electrical, plumbing, window, door works ongoing.
2	Development of institution with funds from KIIFB at GH Adoor	HITES	75% works completed. Structure work completed. Plastering, plumbing and electrical works ongoing
3	Development of institution with funds from KIIFB at THQH Ranni	HITES	10%works completed.
4	Development of institution with funds from KIIFB at THQH Mallappally	KSEB(Civil)	5% works completed.

MLAADS Project In Pathanamthitta District

Sl no	Name of Work and Institution	Agency	% Works completion status
1	Second phase construction works at THQH Konni.	PWD	95% works completed

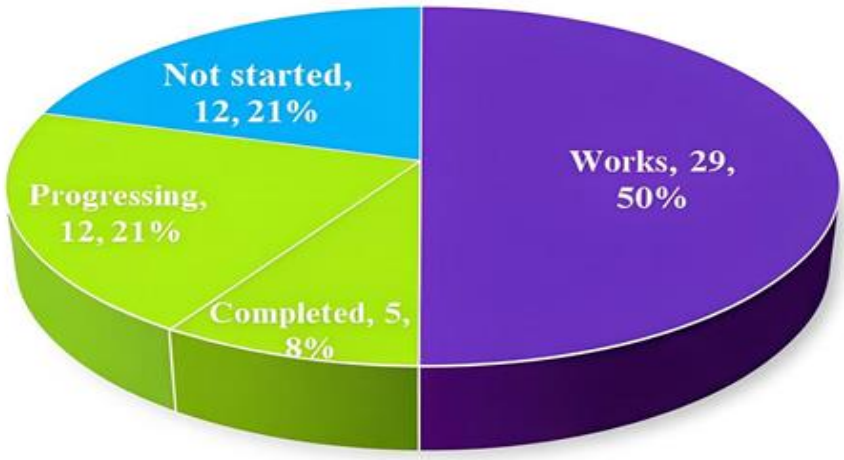
3	Construction of new Building for PHC Kottanad	KESNIK	Tendering.
4	Construction of new Building for CHC Vechoochira	SILK	Tendering
5.	Construction of new Block at PHC Omalloor	PWD	Works completed.

State plan funded Projects in Pathanamthitta District

Sl no	Name of Work and Institution	Agency	% Works completion status
	Construction of New OP building at FHC Chittar	PWD	Works completed and handed over.
1	Setting up of W&C hospital at Chittar	PWD	15% works completed. Footing works are completed.
2	Construction of Retaining wall and minor civilworks at RPHL Pathanamthitta.	PWD	95%completed
3	Construction of new building for District Static Workshop	PWD	Ground level need to be raised(10cm) in the allotted land. Hence file procedure for the same is under process in PWD office.
4	Construction of new OP building at THQH Thiruvalla	PWD	20%works completed.

Nabaard Funded Projects in Pathanamthitta

Sl no	Name of Work and Institution	Agency	% Works completion status
1	Construction of OP Block - Phase 1 at GH Pathanamthitta	PWD	35%works completed.
2	IP Building Construction at THQH Thiruvalla	PWD	85%works completed.
3	Construction of new building at FHC Malayalapuzha	PWD	85%works completed
4	Construction of new block at FHC Koodal	PWD	60%works completed.
5	Construction of new block at CHC Ezhumattoor	PWD	70%works completed



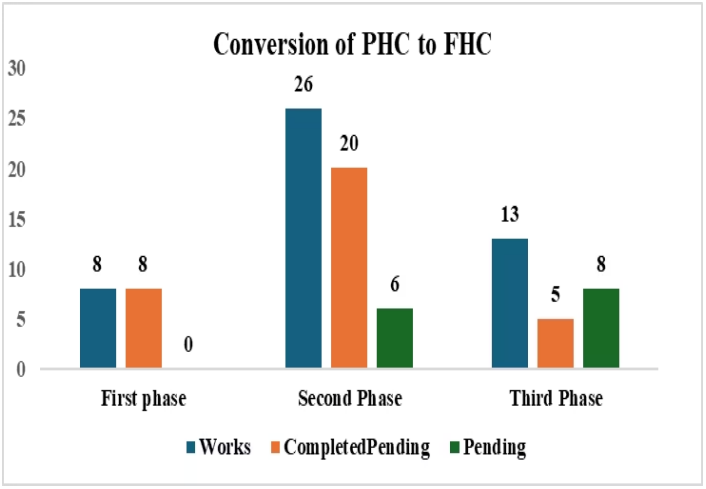
Plan Works

Sl No	Institution	Name of Work	AS Amount	Agency	Status/Rem arks
1	GH Pathanamthitta	OPD Transformation (AARDRAM)	79lakhs	KSHB	Works completed and handed over
2	THQH Ranni	OPD Transformation (AARDRAM)	93lakhs	KSHB	Works completed and handed over
3	GH Adoor	OPD Transformation (AARDRAM)	1.14 crores	FIT,KSHB	First phase works undertaken by FIT Ltd. have been completed.
4	THQH Konni	OPD Transformation (AARDRAM)	93.12 lakhs	FIT	Works completed and handed over.
5	GH Adoor	Setting up of STP	1Crore	WAPCOS	Works completed and handed over.
6	CHC Ranny Perunadu	Construction of new Building	2.25crore	HLL	Tendered

Conversion of PHC to FHC

First Phase		
Works	**Completed**	**Remarks**
8	8	8 Institutions were selected in Phase 1 FHC Transformation. All works completed and handed over.
Second Phase		
Works	**Completed**	**Remarks**
26	20	26 Institutions were selected in Phase 2 FHC Transformation. 20 Institutions were completed and handed over. Worksongoing-4Institutions Kokkathodu-New building under construction using NHM ROPFund.80%workscompleted Ranni Pazhavangadi - Newbuilding under construction usingNHMROPFund.85%works completed. Vallana New Building under construction using NHM ROP Fund(90% completed) Ezhumattoor-Newbuildingunder construction using NABARDFund. Proposedin15thFC-2Institutions. Puramattom Kunnamthanam

ThirdPhase		
Works	**Completed**	**Remarks**
13	5	13 Institutions were selected in Phase 3 FHC Transformation. 5 Institutions were completed and handed over. Worksongoing-1 Institution Malayalapuzha-New building under construction using NABARDFund. AS under-process-Nilackel Proposedin15thFC-5Institutions. Kuttapuzha Pandalam Thekkekara Kottanadu Mallapuzhaserry Thottapuzhaserry Issues-Kadapra (Land not available)*



*Sl no	Name	Issues to be addressed on progressing /not started works
1.	Kadapra	Presently functioning in a rented building. Land not available for new construction.

Conversion of CHC to BFHC

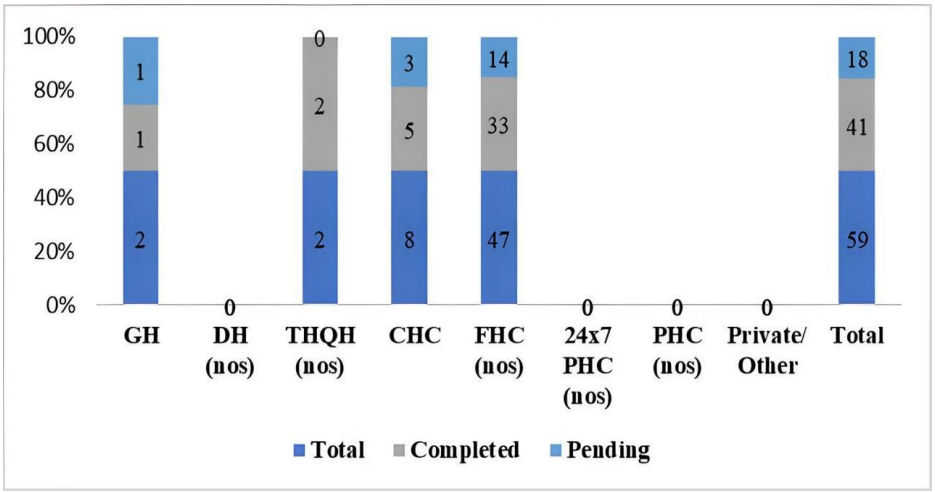
FirstPhase			
Sl no	**Name**	**Agency**	**Works completion status**
1	CHC Ranniperunad	KESNIK	Works completed and handed over.
2	CHC Thumpamon	KESNIK	Works completed and handed over.
3	CHC Vallicode	KESNIK	Works completed and handed over.
4	CHC Elanthoor	HLL	Fund clubbed with NHMROP. Now DPR is under preparation for New Building construction.
5	CHC Chathenkary	-	Proposed under 15th Finance Commission (FY 2023-24).
Second Phase			
Sl no	**Name**		**Present status**
1	CHC Kallooppara	WAPCOS	Works completed and handed over.
2	CHC Kanjeettukara	WAPCOS	Works completed and handed over.
3	CHC Enadimangalam	WAPCOS	Tender approved on 19.08.2025. Work will start soon.

5.1.1 Currently available health care and promotion services in Pathanamthitta

Category	GH (nos)	DH (nos)	THQH (nos)	CHC (nos)	FHC (nos)	24x7 PHC	PHC (nos)	Private / Other	Total
Blood Bank	1	0	0	0	0	0	0	-	1
Blood storage unit	1	1	2	0	0	0	0	-	4
ICTC/ PPTCT	1	1	0	0	0	0	0	-	2
Dialysis Unit	2	1	2	0	0	0	0	-	5
X-ray Unit	2	1	4	11	0	0	0	-	18
Labour Room	2	1	2	0	0	0	0	-	5
Lab facilities	2	1	4	12	26	0	12	-	57
STI Clinic	1	0	0	0	0	0	0	-	1
Link ART Centre	1	0	0	0	0	0	0	-	1
Operation Theatre	2	1	4	0	0	0	0	-	7
Aardram implementation	Completed - 1/2	Nil	Completed- 2/2	Completed - 5/8	Completed -33/47	Nil	Nil	Nil	41/59

AARDRAM MISSION

The Ardram Mission is a flagship initiative of the Government of Kerala designed to strengthen public health services and infrastructure.A central component of the mission is the upgrading of Primary Health Centres (PHCs)into Family Health Centres (FHCs),with the objective of providing more comprehensive, family-oriented healthcare.



Implementation Focus:

The progress within FHCs and PHCs reflects the mission'score goal of improving accessibility and quality in primary healthcare delivery.

Infrastructure Upgrades and Service Enhancement:

The completed segments across hospital categories highlight successful infrastructural upgrades and the introduction of patient-friendly services.These achievements demonstrate the mission's impact in strengthening public health systems and reducing dependency on the private sector.

Chapter 6

Maternal Child Health And Major Disease

6.1 Maternal And Child Health Programme At District Level

PMSMA Programme

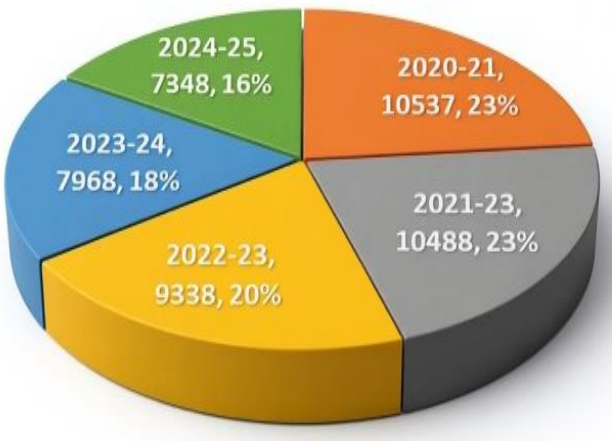
Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) is a government-led initiative designed to deliver quality antenatal care to all pregnant women, especially during the second and third trimesters. The program states that pregnant women receive atleast one medical check-up by a qualified doctor on the 9th of every month.

Under PMSMA, expectant mothers are offered a range of essential services, including routine diagnostic tests, screening for high-risk conditions, counselling, and necessary referrals.The main objective is to identify complications early and reduce the risks of maternal and neonatal mortality. Special focus is placed on women with high-risk pregnancies to ensure they receive proper care and timely interventions.

These checkups are conducted on 9th of every month at designated health facilities ,including CHC Ranni Perunadu.

6.1.1 ANC Registration

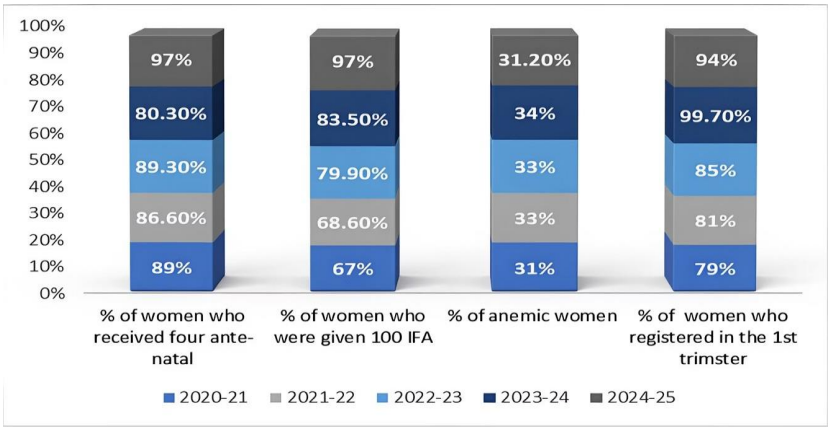
Fig: 6.1 Total Pregnant Women



The pie chart illustrates the number of pregnant women registered in Pathanamthitta district over five financial years from 2020–21 to 2024–25.

2020–21 and 2021–22 recorded the highest numbers, with 10,537 and 10,488 pregnant women registered respectively, each accounting for 23% of the total and a steady decline is observed from 2022–23 onwards.There is a clear downward trending pregnancy registrations over the past five years, indicating possible shifts in fertility patterns, increased family planning awareness, or demographic changes.

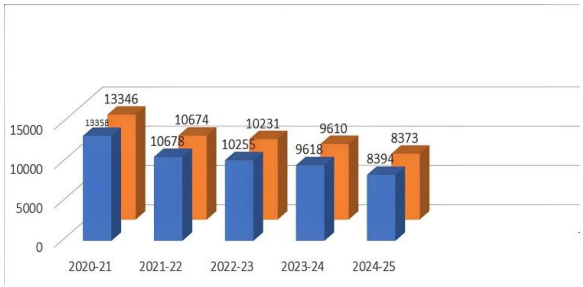
Fig: 6.2 Maternal Health Indicators (2020-2025)



Maternal health services in Pathanamthitta have shown consistent improvement in antenatal care coverage, IFA distribution, and early registration. However, anemia prevalence remains a concern, requiring continued focus.

6.1.2 Immunization Coverage

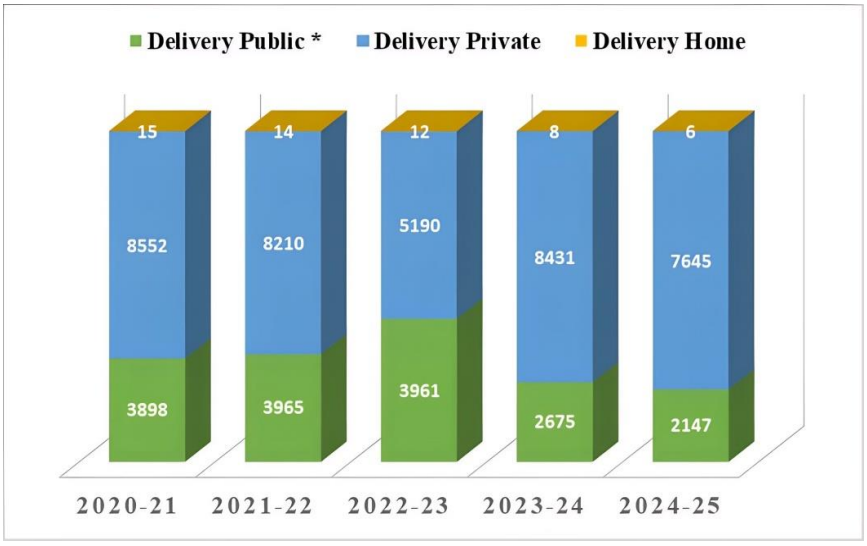
Fig: 6.3 Immunization Coverage in the District



Pathanamthitta district has demonstrated exemplary performance in universal immunization coverage from 2020 to 2025.The minimal gap between targets and actuals reflects a well-managed and reliable healthcare system, ensuring protection of children against vaccine-preventable diseases.

6.1.3 Details of Delivery

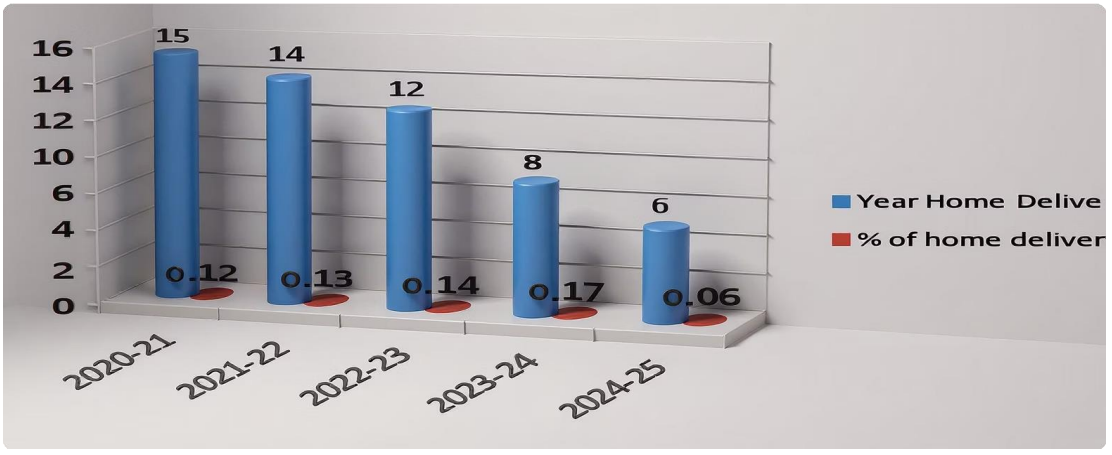
Fig: 6.4 Maternal and Child Health: Details of Delivery



The graph illustrates the yearly distribution of child births across public health facilities,private hospitals, and home settings over five financial years in the district. Private hospitals consistently handle most institutional deliveries throughout the period.

Deliveries in public health facilities show a declining trend, dropping from 3,898 in 2020–21 to 2,147 in 2024–25, suggesting a shift in preference toward private care. Home deliveries remain minimal and continue to decline, reflecting the effectiveness of institutional delivery promotion and the reach of maternal healthcare services.

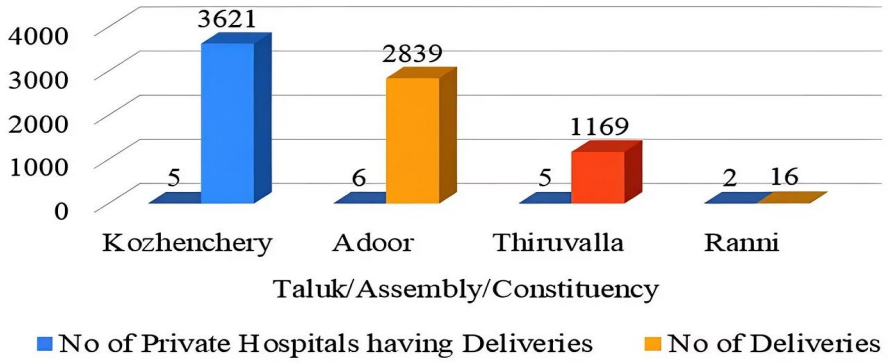
Fig: 6.5 Home Deliveries (2020-2025)



Pathanamthitta district has successfully minimized home deliveries, maintaining figures well below1%.The consistent decline is a clear indicator of the district's commitment to safe, institutionalized childbirth and improved maternal and newborn health outcomes. The graph highlights the number and percentage of home deliveries over five financial years in the district. Although the overall number of home deliveries is already very low, there is a steady downward trend, dropping by 60% over five years. The percentage of home deliveries remained below 0.15%, reflecting strong public health system outreach, effective maternal health education, and increased access to institutional care.

6.1.4 Delivery Points- Private Hospitals

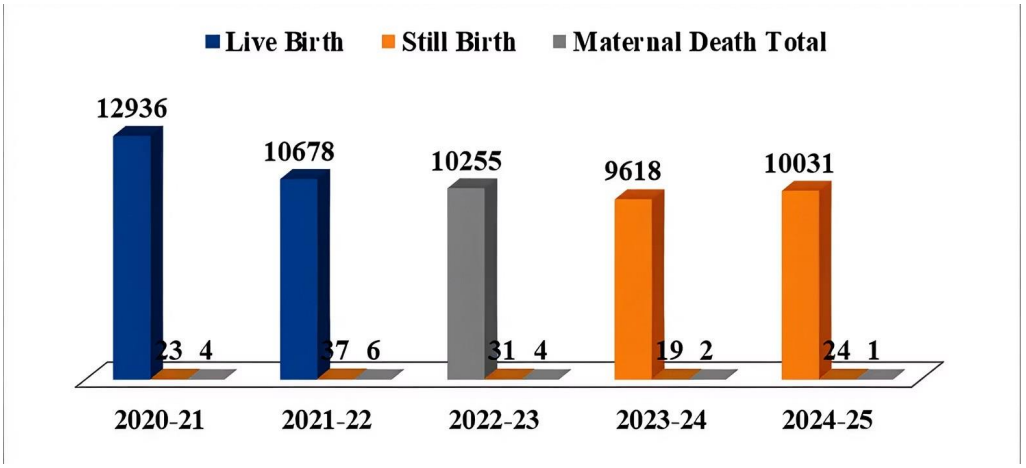
Fig: 6.6 Private Hospital Deliveries-Taluk/Constituency



The bar graph presents data on the number of private hospitals conducting deliveries and the corresponding total number of deliveries in four major taluks or assembly constituencies of Pathanamthitta district.Private health care plays a significant role in maternity services across most parts of the district,especially in Kozhenchery and Adoor, which account for the bulk of private institutional deliveries.In contrast, Ranni shows limited private sector contribution, suggesting high reliance on public healthcare or neighboring regions for institutional deliveries.

6.1.5 MCH related mortality

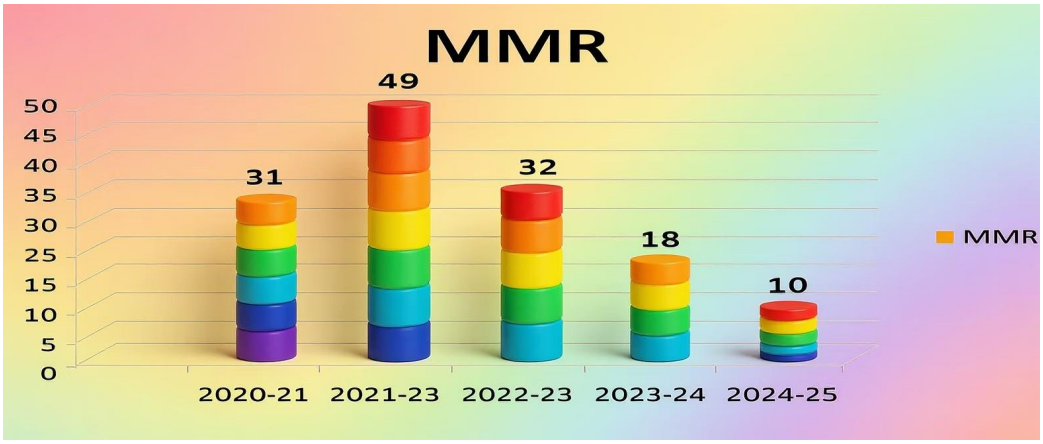
Fig: 6.7 Trends in Live Births,Still births,and Maternal Deaths



The chart provides a five-year overview of live births, stillbirths, and maternal deaths in the district, highlighting key maternal and neonatal health indicators. Pathanamthitta district shows a positive trajectory in maternal and neonatal outcomes, with a decline in both maternal deaths and stillbirths. The consistent reduction in maternal mortality from 6 (2021–22) to 1 (2024–25) signifies effective antenatal care, emergency obstetric support, and institutional delivery coverage. Sustaining this progress will be critical to achieving global maternal health goals.

Maternal Mortality Ratio

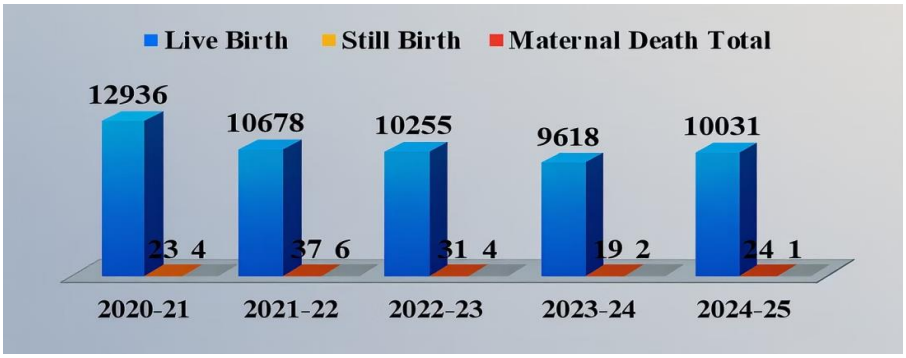
Fig: 6.8 Maternal Mortality Ratio (MMR)Trends (2020-2025)



The graph illustrates the Maternal Mortality Ratio (MMR) over a five-year period in the district, reflecting maternal health outcomes and the effectiveness of obstetric care services. Pathanamthitta district has shown commendable progress in reducing maternal mortality, with the MMR dropping by nearly 80% from 2021–22 to 2024–25. This achievement reflects strengthened public health initiatives, effective risk management, and enhanced maternal care services under programs like PMSMA and the National Health Mission.

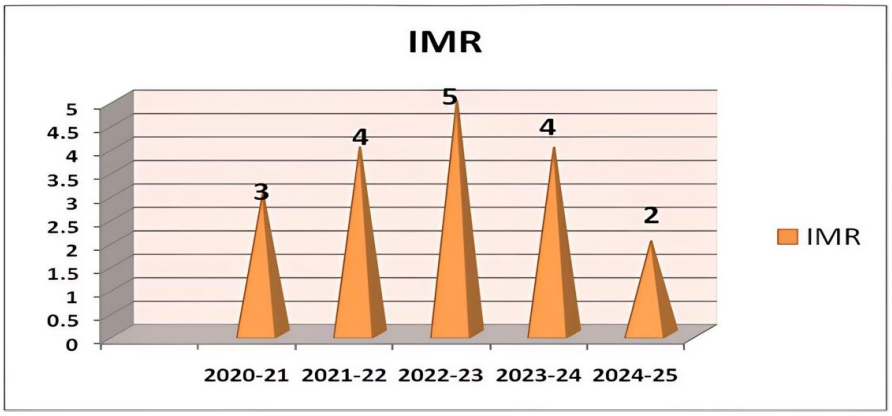
6.1.6 INFANT MORTALITY

Fig: 6.9 Birth Outcomes and Maternal Mortality (2020-2025)



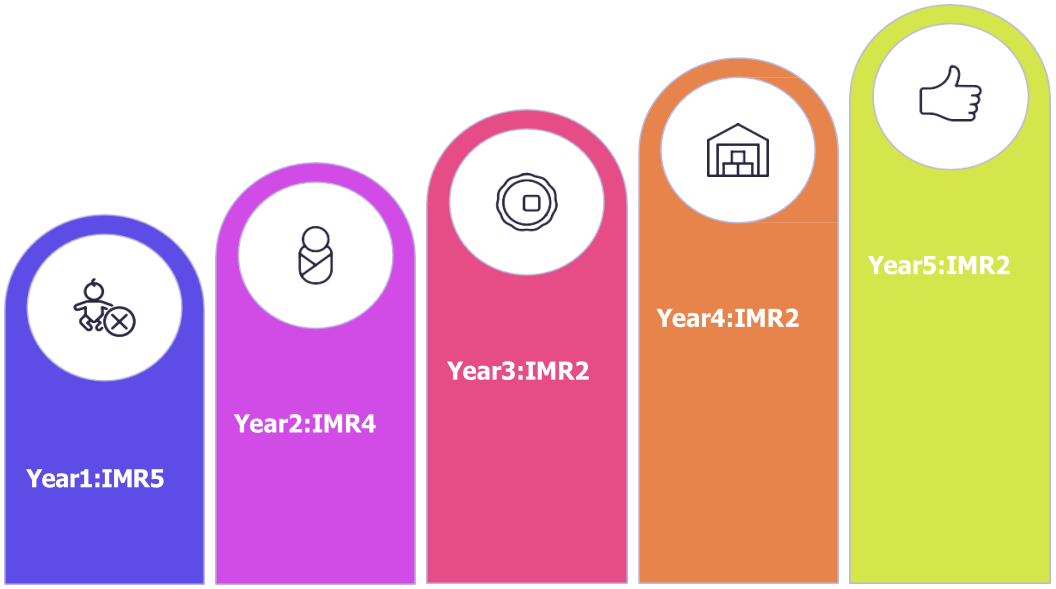
This chart presents a five-year trend of birth outcomes, including livebirths, stillbirths,and maternal deaths in the district. Pathanamthitta district has made consistent progress in improving maternal and newborn health outcomes. The sharp decline in maternal deaths and stillbirths points to effective implementation of maternal health programs,while the stabilization of livebirth numbers suggests sustained service utilization and outreach.

Fig: 6.10 Trend in Infant Mortality Rate (IMR) 2020-2025



The graph highlights the annual Infant Mortality Rate (IMR) over a five-year period ,reflecting the number of infant deaths (per 1,000 live births) before reaching one year of age. The overall trend demonstrates a notable improvement in infant survival, with IMR dropping from 5 to 2 in just two years. This progress reflects enhancements in neonatal care, immunization, facility-based deliveries,and

postnatal follow-up in the district. Continued focus on early intervention ,maternal health,and newborncare is essential to sustain and further reduce the IMR.



6.1.7 Interventions On Severeacute Malnutrition (SAM) & Moderate Acute Malnutrition (MAM)

SevereAcute Malnutrition (SAM) and ModerateAcute Malnutrition (MAM) remain priority areas in child health interventions in Pathanamthitta district. Although the prevalence is comparatively lower than in many other regions of Kerala, focused action is required to ensure that the vulnerable sections 4including children from tribal hamlets, migrant families, and economically weaker households 4are adequately covered.

Key Interventions Undertaken

Growth Monitoring and Early Detection Monthly growth monitoring of children under five years is conducted through Anganwadi Centres (AWCs) under the ICDS programme. Weight-for-age and MUAC measurements are systematically recorded ,enabling frontline workers (ASHA,AWW,JPHN) to identify children at risk of SAM and MAM. Special screening drives are organized in tribal settlements and difficult to reach areas, ensuring no child is left out.

Nutritional Rehabilitation

Identified SAM cases with complications are referred to Nutritional Rehabilitation Centres (NRCs) attached to district hospitals or taluk hospitals. SAM without complications are managed at the community level with regular home visits by ASHAs and Anganwadi workers. MAM children are provided with additional rations and energy-dense supplementary foods through the ICDS scheme, with follow-up visits for growth monitoring.

Community-Based Nutritionsupport

Anganwadi Centres in Pathanamthitta distribute Take-Home Rations (THR) and freshly prepared hot cooked meals, enriched with locally available foods. Nutritional counselling sessions for mothers emphasize use of locally accessible and affordable food items like ragi,green leafyvegetables,pulses,and eggs. Specific focus is given to tribal mothers, who receive culturally sensitive dietary counselling to promote better feeding practices.

Integration with Health Services

SAM/MAM interventions areintegrated with routine immunization, biannual Vitamin A supplementation, Iron & Folic Acid distribution, and deworming campaigns. Joint field visits by Health Inspectors, JPHNs, and ICDS supervisors ensure convergence between health and ICDS sectors.Children identified with recurrent infections, anemia, or developmental delays receive priority referrals to higher health facilities.

Capacity building of frontline workers

ASHAs, Anganwadi Workers, and JPHNs undergo periodic training on nutritional assessment tools, counseling techniques,and referral protocols.Capacity-building workshops emphasize documentation in ICDS registers and SAM/MAM tracking formats to strengthen monitoring.

Community awareness and behaviour change

Village Health Sanitationand Nutrition Days(VHSND) serve as a platform for nutrition education, cooking demonstrations, and community sensitization. IEC campaigns address exclusive breastfeeding up to 6 months, timely initiation of

complementary feeding ,and hygienic feeding practices. Peer-support groups for mothers are promoted in tribal and rural pockets to encourage sharing of positive child-rearing and feeding practices.

Outcomes Severe Acute Malnutrition(SAM) focus on intensive, often facility-based, care using therapeutic foods like Ready-to-Use Therapeutic Food(RUTF),antibiotics for infections, and Nutritional Rehabilitation Centers. For Moderate Acute Malnutrition (MAM), interventions involve public health approaches like nutritional counseling,using locally available foods, providing supplementary foods,and community-based healthworker (CHW) involvement to integrate care into existing programs and improve cost-effectiveness.

GrowthMonitoring

Monthly weight and MUAC checks via AWCs

CommunitySupport

THR, hot meals, counselling, and culturally sensitive care

Nutritional Rehabilitation

NRC referrals and community SAM/MAM management

Health Integration &Capacity

Convergent services, trainings, and outreach campaigns

SAM

MAM

6.2 Health& Disease Status

6.2.1 Profile of communicable diseases

Pathanamthitta district has maintained a relatively stable public health profile with effective surveillance and control of communicable diseases. The district's health system emphasizes early detection, prompt treatment, outbreak control, and health education, helping minimize disease burden.

Pathanamthitta district has established a strong foundation for communicable disease control, supported by an effective disease surveillance system and a well-organized primary healthcare network. The Integrated Disease Surveillance Programme (IDSP) plays a pivotal role in monitoring and early detection of infectious disease outbreaks. This robust surveillance mechanism, combined with active field-level health staff and well-functioning Primary Health Centers (PHCs), ensures timely case identification and prompt response, minimizing the risk of widespread transmission.

Community awareness and cooperation remain high, fostering an environment where preventive measures and health advisories are well accepted and followed. This public engagement, coupled with integrated disease control teams, facilitates rapid outbreak management and coordinated intervention strategies.

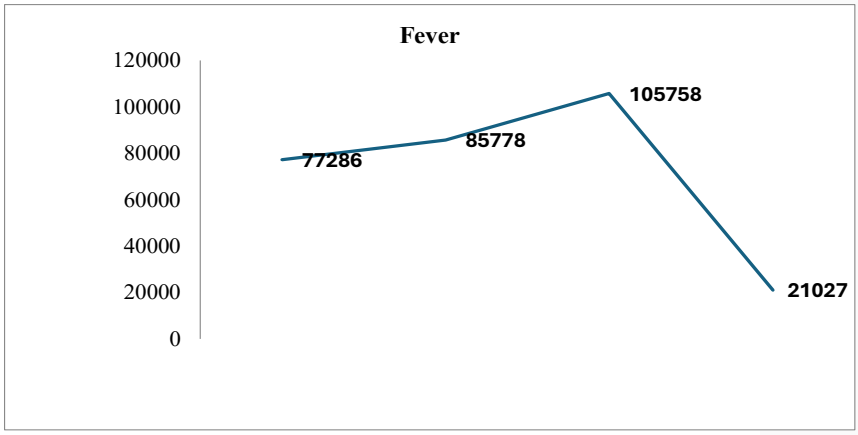
However, the district faces several challenges that impact the control of communicable diseases. Seasonal surges in vector-borne and waterborne diseases, particularly during the monsoon months, place considerable pressure on healthcare resources. Flood-prone areas experience heightened vulnerability due to compromised water and sanitation infrastructure, leading to increased incidences of diarrheal and zoonotic infections.

Additionally, monitoring and managing the health of migrant populations remain a critical concern. The mobility of these groups complicates disease surveillance and follow-up, increasing the risk of undetected transmission chains. Moreover, during epidemic peaks, temporaryconstraints in laboratory capacity and human resources can impede the efficiency of response efforts.

Visible Strengths

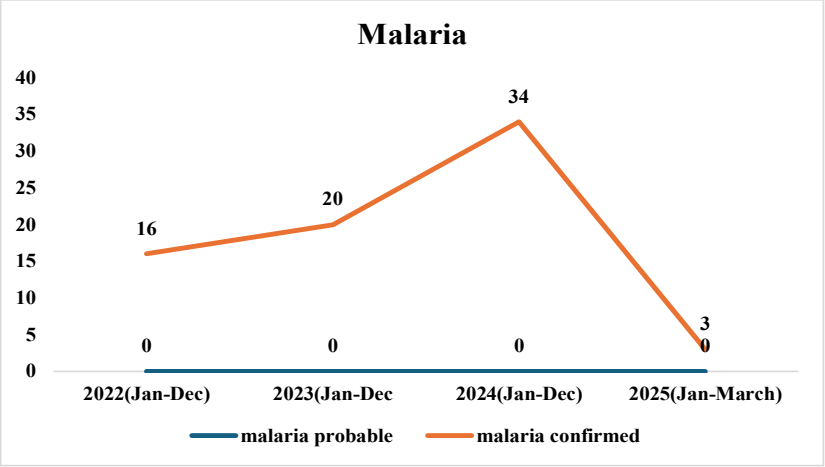
Seasonal trends of communicable disease

Fig: 6.11 Fever Cases Trend -2022-2025



The graph illustrates the annual trend of reported fever cases in Pathanamthitta from 2022 to early 2025. Fever cases have shown a steady increase over the years, rising from 77,286 in 2022 to a peak of 105,758 in 2024. This upward trend indicates a growing burden of febrile illnesses in the district, potentially linked to seasonal outbreaks or endemic infectious diseases.

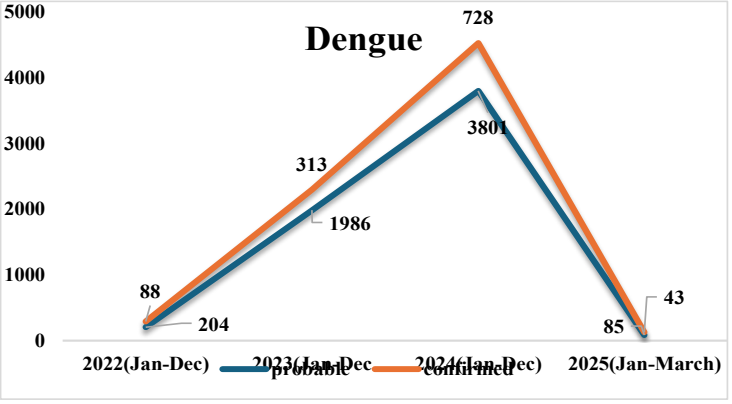
Fig: 6.12 Malaria Cases -2022–2025



The graph illustrates the trend of confirmed and probable malaria cases in the district from 2022 to March 2025.Confirmed malaria cases have shown a gradual increase from 16 cases in 2022 to 20 in 2023, reaching a peak of 34 cases in 2024.A significant decline is observed in 2025 (Jan–Mar), with only 3 confirmed cases, indicating early seasonal control or improved preventive measures.

Throughout the period, no probable cases were reported, reflecting effective diagnostic protocols and prompt case confirmation.

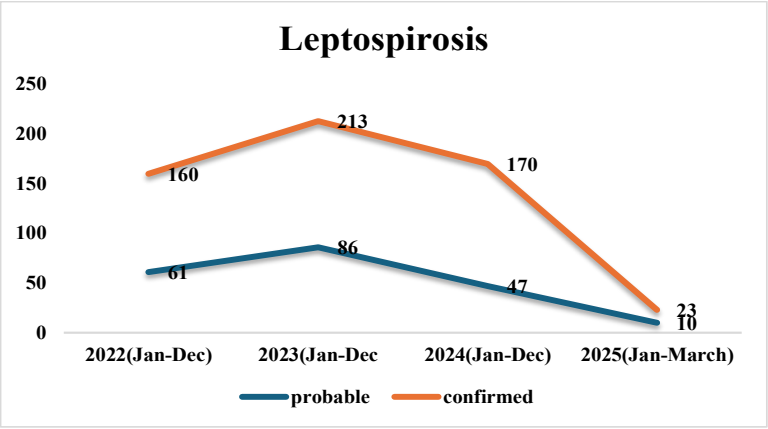
Fig: 6.13 Dengue Trend -2022-2025



The graph presents the trend of probable and confirmed dengue cases in Pathanamthitta over the span of three years and the first quarter of 2025.The data reflects a concerning upward trend peaking in 2024, followed by a notable early decline in 2025, indicating effective containment measures or natural

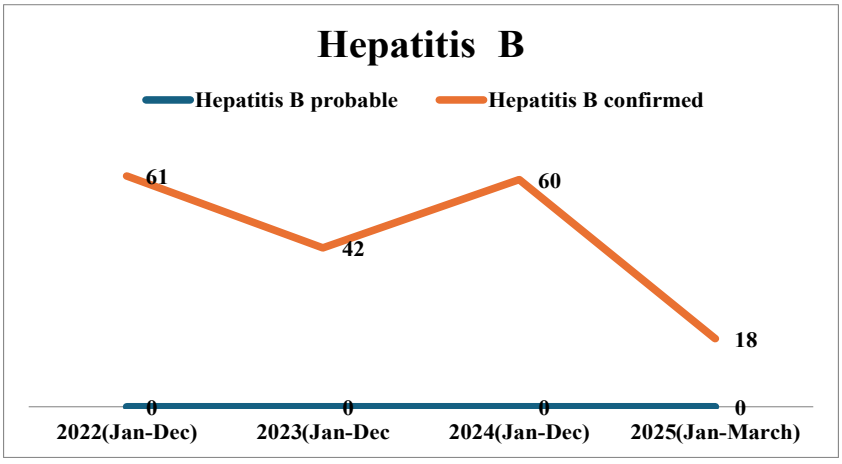
seasonal reduction in transmission. Continued surveillance and vector control remain crucial.

Fig: 6.14 Leptospirosis Trend – 2022 - 2025



The graph depicts the trend of probable and confirmed leptospirosis cases in the district over the past three years and the first quarter of 2025.The trend shows a peak in 2023 followed by a steady decline, reflecting effective public health response and improved awareness. Continued surveillance and preventive strategies, especially during monsoon months, are essential to maintain this downward trajectory.

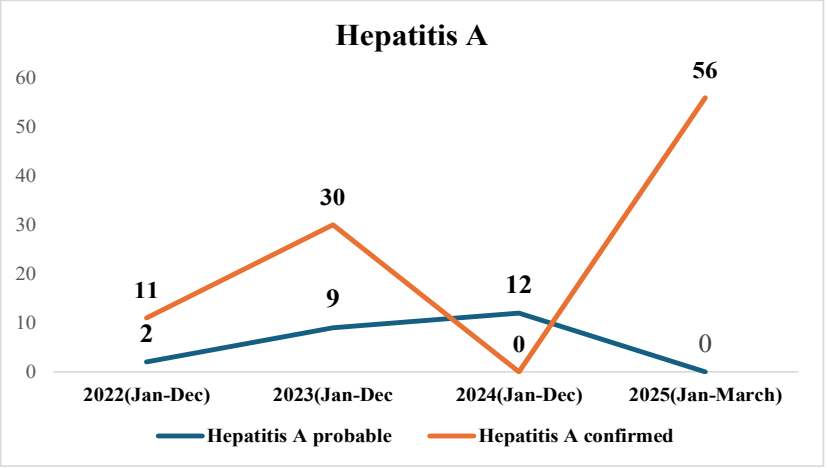
Fig: 6.15 Hepatitis B Trend – 2022 - 2025



The graph illustrates the annual trend of confirmed Hepatitis B cases in Pathanamthitta district There were no probable cases reported during the period, possibly reflecting effective diagnostic confirmation processes. While the

overall trend fluctuates, the notable decline in early 2025 is encouraging. Sustained vaccination, screening, and public education efforts are key to long-term control.

Fig: 6.16 Hepatitis A Trend – 2022 -2025)



The graph illustrates the pattern of probable and confirmed Hepatitis A cases in Pathanamthitta district over the past three years and the first quarter of 2025.The trend shows fluctuating transmission patterns, possibly influenced by environmental or seasonal factors.

Integrated Disease Surveillance Programme (IDSP)

The **Integrated Disease Surveillance Programme (IDSP)** was launched by the Government of India in 2004 with the objective of strengthening and decentralizing disease surveillance for epidemic-prone diseases. The program focuses on the establishment of a robust, laboratory-based, and IT-enabled surveillance system to enable early detection and effective response to outbreaks.

Key components of the IDSP include:

- **Decentralized Surveillance Structure:**
  Surveillance units have been established at the central, state, and district levels to facilitate the integration and decentralization of disease monitoring activities.

- **Human Resource Development:**
  The program emphasizes capacity building through regular training of key personnel such as State Surveillance Officers, District Surveillance Officers, Rapid Response Teams (RRTs), and other medical and paramedical staff in the core principles and practices of disease surveillance.
- **Information and Communication Technology (ICT):**
  ICT tools are utilized for the real-time collection, collation, analysis, and dissemination of surveillance data, enhancing timely decision-making and public health interventions.
- **Strengthening of Public Health Laboratories:**
  Efforts are made to equip and upgrade public health laboratories to support laboratory-confirmed diagnosis of communicable diseases, thereby improving diagnostic accuracy and surveillance quality.

The IDSP has become a critical pillar of India's public health infrastructure, enabling timely detection of disease trends and outbreaks, and supporting evidence-based response strategies.

Communicable Diseases Status 2022-2025 March

The table provides an overview of reported cases and deaths due to communicable diseases from 2022 through the first quarter of 2025

Disease Status		2022 (Jan-Dec)		2023 (Jan-Dec)		2024 (Jan-Dec)		2025 (Jan-March)	
		Case	Death	Case	Death	Case	Death	Case	Death
No of OP		3523364	0	3985054	0	4034831	0	1000579	0
Fever		77286	0	85778	0	105758	0	21027	0
ADD		8216	0	8867	0	10699	0	2385	0
Cholera	P	0	0	0	0	0	0	0	0
	C	0	0	0	0	0	0	0	0
Malaria	P	0	0	0	0	0	0	0	0
	C	16	0	20	1	34	0	3	0
Hepatitis-A	P	2	0	9	0	12	0	0	0
	C	11	0	30	0	0	0	56	0
Hepatitis-B	C	61	1	42	0	60	2	18	0
Typhoid	P	24	0	42	0	87	0	20	0
	C	2	0	0	0	0	0	0	0
Leptospirosis	P	61	6	86	9	47	10	10	1
	C	160	4	213	2	170	6	23	1
Dengue	P	204	0	1986	0	3801	0	85	0
	C	88	1	313	4	728	5	43	0
Chikunguny a	P	0	0	0	0	0	0	0	0
	C	0	0	0	0	0	0	0	0
Scrub Typus	P	4	0	4	0	2	0	5	0
	c	9	0	9	0	16	1	5	0
H1N1	P	34	0	126	0	531	0	0	0

Disease Status		2022 (Jan-Dec)		2023 (Jan-Dec)		2024 (Jan-Dec)		2025 (Jan-March)	
		Case	Death	Case	Death	Case	Death	Case	Death
No of OP		3523364	0	3985054	0	4034831	0	1000579	0
Fever		77286	0	85778	0	105758	0	21027	0
ADD		8216	0	8867	0	10699	0	2385	0
Cholera	P	0	0	0	0	0	0	0	0
	C	0	0	0	0	0	0	0	0
Malaria	P	0	0	0	0	0	0	0	0
	C	16	0	20	1	34	0	3	0
Hepatitis-A	P	2	0	9	0	12	0	0	0
	C	11	0	30	0	0	0	56	0
Hepatitis-B	C	61	1	42	0	60	2	18	0
Typhoid	P	24	0	42	0	87	0	20	0
	C	2	0	0	0	0	0	0	0
Leptospirosis	P	61	6	86	9	47	10	10	1
	C	160	4	213	2	170	6	23	1
Dengue	P	204	0	1986	0	3801	0	85	0
	C	88	1	313	4	728	5	43	0
Chikungunya	P	0	0	0	0	0	0	0	0
	C	0	0	0	0	0	0	0	0
	c	3	1	42	3	61	3	23	1

P-Probable,C-Confirmed

6.3 Major non communicable diseases in the district

This table summarizes the impact of significant non-communicable diseases reported in the district

Disease	**2022**		**2023**		**2024**		**2025 (Jan-March)**	
	Case	**Death**	**Case**	**Death**	**Case**	**Death**	**Case**	**Death**
Accidental injuries	1538	0	3384	1	10023	0	3468	0
Cancers								
Cancer Cervix	10	0	13	0	84	1	7	0
Breast Cancer	37	0	38	1	232	1	45	1
Lung Cancer	8	0	3	0	58	1	18	1
Oral Cancer	25	0	22	0	121	0	20	0
Cardiovascular disease								
Rheumatic fever	0	0	0	0	0	0	0	0
Hypertension	177764	0	235701	3	176814	0	19848	0
Ischemic Heart disease	1727	0	2671	0	4642	7	673	2

Congenital Heart disease	941	0	1096	1	1292	4	123	0
Others	5469	0	5922	0	6074	19	1415	5
Diabetes								
Type 1	799	0	920	0	710	0	198	0
Type 2	161809	0	214894	0	143941	0	12255	0
Neurological disorders								
Cerebrovascular disorders	1197	0	1205	3	4242	19	1105	5
Chronic neurological disorders	1215	0	915	4	2035	8	91	6
Others	619	0	702	0	1417	2	179	0
Obesity	69	0	70	0	682	0	249	0
Psychic disorders	12	0	17	0	370	0	34	0
Common Mental disorders	754	0	1026	0	6381	0	1593	0
Severe mental disorders	18	0	11	0	1014	0	113	0
Renal Failure								
Acute	320	0	191	0	772	0	139	2
Chronic	865	0	915	4	2035	8	366	2
Road Traffic Accident	273	0	630	3	3717	0	1318	0
Snake bite	316	0	286	0	281	0	42	0

- **Dialysis**

Dialysis Services in Pathanamthitta District

Dialysis care in Pathanamthitta is facilitated through a well-established

network of dialysis units functioning in five major government hospitals, ensuring accessibility for patients suffering from chronic kidney disease and related conditions.

Functioning Dialysis Units:

1. District Hospital (DH), Kozhenchery
2. General Hospital (GH), Pathanamthitta
3. General Hospital (GH), Adoor
4. Taluk Headquarters Hospital (THQH), Thiruvalla
5. Taluk Headquarters Hospital (THQH), Ranni

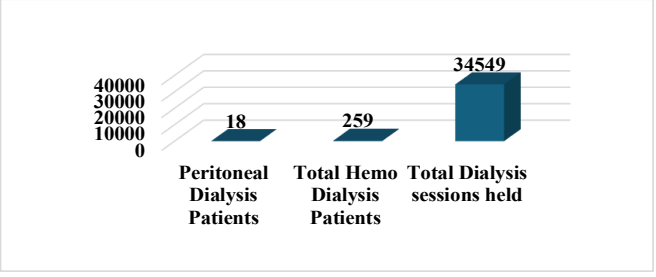
Key Highlights:

- These facilities provide regular hemodialysis sessions for patients requiring renal replacement therapy.
- The units operate under the Karunya Benevolent Fund and PMJAY schemes, enabling free or subsidized dialysis for eligible beneficiaries.
- Dedicated technical staff, nephrologists, and nursing personnel are deployed to ensure round-the-clock care.
- In addition to routine services, emergency dialysis is also made available in most of these centers.

Impact:

The presence of dialysis units across various taluk and district-level hospitals ensures decentralized access, reduces patient travel burden, and enhances the continuity of care for individuals with end-stage renal disease

Peritoneal Dialysis Patients	18
Total Hemo Dialysis Patients	259
Total Dialysis sessions held	34549



(ESRD) in both rural and urban parts of the district.This network forms a crucial pillar in the district's non-communicable disease management strategy.

The above data highlights the extent of dialysis care provided in Pathanamthitta district during the year 2024–25, covering both hemodialysis and peritoneal dialysis services.

- **Cardiac Care Unit**

The district has continued to strengthen its non-communicable disease (NCD) management services, particularly in the area of cardiac care. During the year 2024–25, key cardiac diagnostic and interventional procedures were carried out as follows:

Total Angiogram	**995**
Angioplasty	**415**

This data highlights the growing burden of cardiovascular diseases in the district while also reflecting the capacity of local health institutions to provide both diagnostic and interventional cardiac care. The availability of such procedures within the district reduces the need for long-distance referrals and ensures timely treatment, ultimately improving patient outcomes.

- **NPCDCS**

Under the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS), the district implemented targeted screening activities for hypertension (HT) and diabetes mellitus (DM) in the year 2024–25.

Screening Status

Indicator	Hypertension (HT)	Diabetes Mellitus (DM)
Total Target Population	4,95,550	5,26,730
Total Screened	620	680
Screened Positive	198	48

6.4 Major communicable diseases- a comparison between state average and district.

The table presents the incidence rates of major communicable diseases per 100,000 population over a span of four years

Sl. No	Disease	Rate per 100000 population							
		2022		2023		2024		2025 (Jan-March)	
		Case	Death	Case	Death	Case	Death	Case	Death
1.	Dengue fever	88	1	313	4	728	5	43	0
2.	Malaria	16	0	20	1	34	0	3	0
3.	Confirmed Chikungunya	0	0	0	0	0	0	0	0
4.	Leptospirosis	160	4	213	2	170	6	23	1
5.	Hepatitis A	11	0	30	0	97	0	56	0
6.	Hepatitis B	61	1	42	0	60	2	18	0
7.	Typhoid	2	0	0	0	0	0	0	0
8.	ADD (Diarrhoea)	8219	0	8867	0	10699	0	2385	0
9.	Scrub Typhus	9	0	9	0	16	1	5	0
10.	H1N1	3	1	42	3	61	3	23	1

11.	Fever (OP)	77286	0	85778	0	105758	0	21057	0
12.	Cholera	0	0	0	0	0	0	0	0
13.	Diphtheria	0	0	0	0	0	0	0	0
14.	Enteric fever	2	0	0	0	0	0	0	0
15.	Measles	0	0	17	1	29	0	1	0
16.	Pneumonia	0	0	0	0	2	0	0	0
17.	Whooping Cough	0	0	0	0	0	0	0	0
18.	Nipah	0	0	0	0	0	0	0	0

6.5 Non- communicable diseases- a comparison between state average and district

The table provides an overview of reported cases and deaths due to non-communicable diseases from 2022 through the first quarter of 2025

Disease	**2022**		**2023**		**2024**		**2025 (Jan-March)**	
	Case	**Death**	**Case**	**Death**	**Case**	**Death**	**Case**	**Death**
Accidental injuries	1538	0	3384	1	10023	0	3468	0
Cancers								
Cancer Cervix	10	0	13	0	84	1	7	0
Breast Cancer	37	0	38	1	232	1	45	1
Lung Cancer	8	0	3	0	58	1	18	1
Oral Cancer	25	0	22	0	121	0	20	0
Cardiovascular disease								
Rheumatic fever	0	0	0	0	0	0	0	0
Hypertension	177764	0	235701	3	176814	0	19848	0

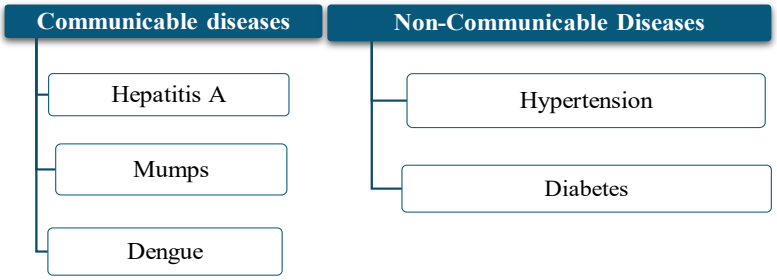
Ischemic Heart disease	1727	0	2671	0	4642	7	673	2
Congenital Heart disease	941	0	1096	1	1292	4	123	0
Others	5469	0	5922	0	6074	19	1415	5
Diabetes								
Type 1	799	0	920	0	710	0	198	0
Type 2	161809	0	214894	0	143941	0	12255	0
Neurological disorders								
Cerebrovascular disorders	1197	0	1205	3	4242	19	1105	5
Chronic neurological disorders	1215	0	915	4	2035	8	91	6
Others	619	0	702	0	1417	2	179	0
Obesity	69	0	70	0	682	0	249	0
Psychic disorders	12	0	17	0	370	0	34	0
Common Mental disorders	754	0	1026	0	6381	0	1593	0
Severe mental disorders	18	0	11	0	1014	0	113	0
Renal Failure								
Acute	320	0	191	0	772	0	139	2
Chronic	865	0	915	4	2035	8	366	2
Road Traffic Accident	273	0	630	3	3717	0	1318	0
Snake bite	316	0	286	0	281	0	42	0

6.6 Incidence of communicable and non-communicable diseases – a comparison with state and pathanamthittabased on last three year's data

Integrated Disease Surveillance Programme (IDSP) DMO(H) Pathanamthitta (3 Years Comparison of CD Status up to July)						
Year	**2023**		**2024**		**2025**	
Disease	**No. of cases**	**No. of Deaths**	**No. of cases**	**No. of Deaths**	**No. of cases**	**No. of Deaths**
Viral fever	5109		55976		57185	
Acute Diarrhoeal Disease	5420		6777		7447	
Suspected Dengue	1296		2758		854	1
Confirmed Dengue	145	1	493	4	443	
Suspected Leptospirosis	54	5	33	5	28	4
Confirmed Leptospirosis	82	1	88	4	116	2
Chikungunya	0		0		132	1
Hepatitis A	5		37		31	
Hepatitis B	33		33	2	8	
Hep C	0		3		7	
Typhoid	0		0		0	
Cholera	0		0		0	
Malaria	7		18		16	
Measles	6		29		1	
Chickenpox	719		622		558	1
Scrub typhus	4		5		7	
H1N1	36	2	6	2	131	1

Dog bite	7781		8265	2	11429	3
Prob. H1N1	106		373		0	

6.7 Major outbreaks reported in the district



6.8 Incidence of communicable diseases

The table provides an overview of the incidence of Communicable Diseases in the district

Diseases	No. of Cases	Deaths
Viral Fever	21027	0
Prob. Dengue	87	0
Dengue	43	0
Prob. Lepto	11	2
Lepto	22	0
Hep A	56	0
Hep B	18	0
Hep C	2	0
Malaria	3	0
Measles	1	0
Chicken pox	317	1
Scrub Typhus	5	0
H1N1	317	1
Dog bite	5244	1

Chapter 7

Critical observations in National Family Health Survey

7.1 Pathanamthitta - Critical observations in NFHS 5 data and appropriate interventions needed

The National Family Health Survey (NFHS-5, 2019–20), conducted by the International Institute for Population Sciences, provides updated data on population, health, and nutrition at national, state/UT, and district levels.

The survey used four schedules—Household, Woman's, Man's, and Biomarker—covering demographics, health, nutrition, sanitation, family welfare, gender roles, and disease markers. Data collection was done through Computer-Assisted Personal Interviewing (CAPI) in local languages.

In **Pathanamthitta, Kerala**, the fieldwork (July–December 2019) was conducted by SPYM, covering **854 households, 625 women, and 92 men**.

7.2 Rectifications/Remedial interventions:

INDICATORS	NFHS-5	RECTIFICATION MEASURES
Women aged 20-24 years married before age 18 years (%)	0.2%	Sexual education, marriage and pregnancy timing related awareness classes are regularly conducted in adolescent age group.
Men aged 25-29 years married before age 21 years (%)	0.1%	
Women aged 15-19 years who were already mothers/pregnant at the time of the survey (%)	0.04%	
Current use of Family Planning methods (currently married women age 15-49 years)		

Any method ((%)	82 % (CC&OP)	Promote spacing methods, expand awareness & counselling.
Any Modern method (%)	54.4 %	Strengthen supply chain & promote modern methods.
Female sterilization (%)	47.6 %	Encourage male participation, diversify contraceptive choices.
Male sterilization (%)	0.2 %	Reduce stigma via awareness drives, incentivize male involvement.
Unmet need for Family Planning(currently married women aged 15-49 years)		
Average out of pocket expenditure for delivery in public health facility(Rs)	Rs.1800/-	Enforce cashless delivery in government health facilities, strengthen accountability, improve free availability of medicines/diagnostics, strict monitoring of user charges.
Delivery care (for births in the five years before the survey)		
Institutional births in public facility (%)	38 %	Improve quality of maternity care in govt. facilities, enhance infrastructure and human resources, ensure respectful maternity care, incentivize public sector deliveries.
Home delivery conducted by skilled health personnel (out of total deliveries) (%)	0.1%	Continue monitoring to maintain low levels; strengthen referral linkages for emergency cases.
Births delivered by caesarean section (%)	57.6%	Strict monitoring of C-section rates, introduce audits for unnecessary caesareans, train staff on normal delivery

		promotion, create public awareness about risks of unnecessary C-sections.
Births in a private health facility delivered by caesarean section (%)	42%	Regulatory oversight of private facilities, mandatory reporting and audits, create incentive for vaginal births, cap package costs
Child immunisations and vitamin A supplementation		
Children aged 12 years and received 3 doses of polio vaccine (%)	98%	Sustain momentum with continuous IEC campaigns, prevent complacency, ensure surveillance for polio-like cases.
Children aged 12 years and received 3 doses of hepatitis B vaccine (%)	78%	Strengthen vaccine supply chain, counselling during ANC/PNC, community mobilization for complete immunisation, use of digital tracking (e.g., RCH portal).
Children aged 9-59 months who received Vitamin A dose in the last 6 months (%)	91%	Ensure continuous availability of Vitamin A syrup, strengthen ASHA/ANM follow-up, community awareness about supplementation benefits
Treatment Of Childhood Diseases(Children Under 5 Years of Age		

Children with fever or symptoms of ARI in the last 2 weeks preceding the survey taken to a health facility (%)	8%
Children under age 3 years breastfeed within one hour of birth (%)	98%
Breastfeeding children age 6-23 months receiving an adequate diet (%)	98%

Total children age 6-23 months receiving an adequate diet (%)	98%
Children under 5 years who are stunted (height-for-age) (%)	3%
Children under 5 years who are wasted (weight-for-height) (%)	2%
Children under 5 years who are severely wasted (weight-for-height) (%)	0.01%
Children under 5 years who are underweight (weight-for-age) (%)	3%

CHAPTER 8

Mental Health Programme

8.1 District mental health programme (DMHP)

The DMHP aims to provide community mental health services and integrate mental health with general health services through the decentralization of treatment from specialized mental hospital-based care to primary health care services. The DMHP has been highly successful in providing mental healthcare to the community, at least up to the district level.

DMHP Components:

1. Clinical Services, including Inpatient and Outpatient Care, Outreach (PHC & CHC), and Referral Services
2. Training for Health Care Providers
3. Targeted Interventions: School Mental Health, College Counseling Services, Workplace Stress Management, and Suicide Prevention
4. Information, Education, and Communication (IEC) activities

Particulars	Number
Total no of DMHP Clinics	242
New case	568
Follow up	12818
Total	13386
SMA CAMP	96(27 TRIBAL CAMPS)

8.2 Post flood activities & training programs

District mental health program conducted various activities & training in connection with flood

No of intervention team	11
Training done	33
No of participants	2552
No of camp visit	36
Psycho social intervention	1375

8.3 DHMP Targeted interventions

Targeted intervention	2022	2023	2024-25
Tribal camp,stress management, suicide prevention programe	74	82	14

8.3.1 Sampoorna Manasika Aarogyam (SMA):

The Health Department has launched an initiative to assess the true burden of mental health disorders in the community by involving health workers in the detection and follow-up of cases. These newly detected cases will be integrated into the primary-care system through the nearest family health centers (FHCs) so that the treatment is more accessible.

The Sampoorna Manasikarogyam is being implemented in 32 FHCs in pathanamthitta district.

Sampoorna Manasikarogyam envisages using trained health workers to make house visits at the ward level, talk to families and understand if there are any mental health issues amongst the kin that they are concerned about. It aims at reducing the treatment dropout rate and the stigma associated with mental disorders.

DMHP conducts monthly visits to each Centre regularly.&D.M.H.P team conducts(palliative) home visit for untreated bedridden patients This is done with the help of health workers.

Mental Health Program Activities - 2023–2025

“Aashwasam" (or "Aswasam") is a Kerala government program that establishes depression clinics within government Family Health Centres (FHCs) to provide accessible and stigma-free mental health support at the primary care level. The program involves training health workers to screen and provide initial treatment for mild to moderate depression, with more complex cases referred to District Mental Health Programme (DMHP) clinics or psychiatric units in taluk and district hospitals.

How the Aashwasam program works?

Primary care access: The program integrates mental health services into existing FHCs, making it easier for people to seek help without the stigma associated with specialized clinics. All FHC s conduct a SMA Camp on every Thursday.

Screening and initial treatment: Health workers and nurses are trained to screen for depression and provide initial counselling. Medical officers at the FHCs can then initiate treatment for mild to moderate cases.

Referral system: For severe cases, patients are referred to more specialized services, such as psychiatric units at taluk or district hospitals or clinics run by the District Mental Health Programme (DMHP).

Community outreach: In some instances, health staff are also sent to homes in areas with high suicide rates or attempts to provide support.

DMHP ACTIVITIES 2023-2025	
No of DMHP Clinics	280
No of SMA Camp	69
ASWASAM(case screened)	2891

During the year 2024–2025, the District Mental Health Programme (DMHP) in Pathanamthitta undertook several key initiatives to strengthen mental health care delivery and community outreach:

- A total of 280 DMHP clinics were conducted across various health

institutions and community settings. These clinics provided psychiatric consultations, counselling services, and follow-up care, thereby enhancing access to mental health services at the grassroots level.

- As part of the School Mental Health Awareness (SMA) initiative, 69 awareness camps were organized in schools throughout the district. These camps aimed to promote early identification of psychological issues among students, reduce stigma, and sensitize teachers and parents to the importance of mental well-being.
- Under the ASWASAM program, a focused screening initiative, 2,891 individuals were screened for mental health concerns. The program targeted vulnerable populations, including individuals with chronic illnesses, the elderly, and those affected by social and economic stressors, ensuring timely referral and intervention for identified cases.

Impact

These efforts reflect the district's commitment to strengthening mental health infrastructure and promoting psychological well-being through integrated and community-based approaches.

Tribal Mental Health Programme – 2024–2025

As part of the Tribal Mental Health Initiative under the District Mental Health Programme (DMHP), a total of 27 specialized mental health camps were conducted across 9 Family Health Centres (FHCs) serving tribal populations.

These outreach camps aimed to provide accessible mental health services in remote and underserved tribal areas. During these sessions, 33 new cases were identified and appropriately managed or referred for further care, highlighting the ongoing need for sustained mental health support within tribal communities.

Impact

This initiative demonstrates the district's commitment to inclusive mental health care and its efforts to bridge the service gap in marginalized populations.

8.3.2 Amma Manas: - Kerala's Maternal Mental Health Programme

The Amma Manassu initiative, launched by the Government of Kerala, focuses on addressing prenatal and postnatal mental health issues such as depression and anxiety among mothers. The programme integrates screening during antenatal

check-ups and child immunization visits, enabling early identification of psychiatric concerns.

Key components include:

- Special clinics in women and children hospitals for maternal mental health.
- Tele–Manassu helpline providing 24/7 counselling and crisis intervention.
- Training of health staff (gynecologists, pediatricians, ASHAs, Anganwadi workers) in screening and counselling.
- Integration with ICDS and DISHA helpline for community outreach.

Impact:

The programme strengthens maternal mental health care, ensures timely support, and reduces stigma by bringing services closer to the community through both facility-based and tele-counselling models.

In Pathanamthitta district screening, referral and follow up are done properly.

CHAPTER 9

Tribal Health Programme

9.1 Tribal health programme

The Tribal Health Programme in Kerala focuses on improving accessibility, equity, and quality of healthcare among tribal populations, who often live in remote and hard-to-reach areas. Key strategies include mobile medical units, special outreach camps, nutrition support, maternal and child health services, and community-based interventions delivered through ASHAs and health volunteers from within tribal communities. The programme emphasizes disease prevention, early detection, and culturally sensitive care, while ensuring convergence with ICDS, education, and social welfare schemes.

In Pathanamthitta, the Tribal Health Programme is focused on addressing the health needs of tribal communities residing in forest and hilly regions such as Konni, Ranni, and other hamlets. Accessibility challenges are met through mobile medical units, periodic health camps, and outreach by trained tribal ASHAs and health volunteers. Priority services include maternal and child health, immunization, nutrition supplementation, management of communicable diseases, and screening for non-communicable diseases. Special attention is given to antenatal care, prevention of malnutrition, and infectious disease control, in collaboration with ICDS and local self-governments.

Impact: The programme has improved immunization coverage, antenatal care utilization, nutritional support, and timely referral services, thereby reducing health disparities and strengthening trust in public health services among tribal populations of Pathanamthitta.

9.1.1 MMU(Mobile Medical Unit)

The mission is designed to enhance the socio-economic conditions of Particularly Vulnerable Tribal Groups (PVTGs) by ensuring comprehensive coverage of basic health and welfare services in all identified families and habitations.

A key component of the initiative is the monitoring of health-related Key Performance Indicators (KPIs) through services delivered by Mobile Medical Units (MMUs) and fixed health facilities. These services span across multiple national health programs, including:

1. Reproductive and Child Health (RCH)
2. National Leprosy Eradication Programme (NLEP)
3. National Programme for Non-Communicable Diseases (NP-NCD)
4. Revised National TB Control Programme
5. Sickle Cell Disease (SCD) Control
6. National Oral Health Programme (NOHP)
7. National Programme for Control of Blindness & Visual Impairment (NPCB & VI)

8.National Vector Borne Disease Control Programme (NVBDCP)

Currently, three Mobile Medical Units (MMUs) are operational in the district. These units conduct monthly outreach visits to tribal areas, delivering a range of health services such as medical check-ups, health camps, immunization drives, and disease screening. This model ensures that even the most remote tribal populations have regular access to essential healthcare services.

9.1.2 Child Health Initiatives in Tribal Areas – 2024–2025

As part of ongoing efforts to improve child health outcomes in tribal communities, a series of targeted interventions were carried out in various tribal settlements across Pathanamthitta district. These activities were organized under the Rashtriya Poshan Maah, VIVA Campaign, and RBSK (Rashtriya Bal SwasthyaKaryakram), with support from the Non-Communicable Diseases (NCD) Cell and local health facilities.

Key Activities Conducted:

- **Child Health and Hemoglobin (Hb) Screening:**
  - Comprehensive RBSK cum Hb screening was conducted at Anganwadis by RBSK Nurses and JPHNs in tribal pockets of:
  - Vechoochira Block: Plappally, Manjathodu, Pampini, ST Colony, Chittar, Moozhiyar, Sayippinkuzhy ST Colony, Gavi, Seethathodu, Attathodu, Kattachira, Moolakayam, Adichippuzha.
  - Konni Block: Kattathi, Kottampara, Avanippara, and Kokkathodu.

- **Health Education & Awareness**:
  - Mass awareness sessions and nutritional education classes were organized by RBSK nurses in collaboration with dietitians and JPHNs, focusing on child nutrition, anemia prevention, and healthy dietary habits.
- **Management and Referral:**
  - Children identified with health conditions during screening were referred to appropriate facilities, such as CHC Ranni Perunad and General Hospital Pathanamthitta.
  - Children with mild anemia received health education and dietary advice.
  - Those with moderate to severe anemia were given iron supplementation and referred to higher centers for further evaluation and management.
- **Nutrition Intervention Programmes**:
  - In association with the NCD Cell, various nutrition-focused interventions were conducted in tribal areas, including:
    - BMI assessment
    - Hb screening
    - Food exhibitions
    - Awareness campaigns promoting balanced nutrition.
- **Monthly Hb Screening:**
  - Monthly screening and general health check-ups were carried out by the medical team, including RBSK nurses, in tribal areas of Kokkathodu and Vechoochira blocks.
- **School and Hostel-based Interventions:**
  - Child health and Hb screenings along with nutrition awareness sessions were conducted in pre-matric hostels located in Ranni, Ranni Perunad, Thumpamon, and Elanthoor.
  - Regular RBSK screenings and Hb testing were also conducted at MRS Vadasserikkara and nearby schools.
  - Children with identified health concerns were referred to FHC Vadasserikkara and THQH Ranni for follow-up care and treatment.

Impact

These sustained outreach efforts underscore the commitment of the health department to improving child health and nutrition inunderserved tribal areas through early detection, education, and timely medical intervention.

9.1.3 ArogyamAnandham Cancer Screening Programme

As part of the district's cancer prevention and early detection initiative, a District-Level Mega Tribal Cancer Screening Camp was organized under the ArogyamAnandhamCancer ScreeningProgramme on Saturday, June 21, 2025, at the Tribal Community Center, West Attathodu, Ranny Perunad.

This mass screening campaign specifically targeted the tribal population and aimed to promote awareness and early identification of common cancers.

Key Highlights:

- Total Participants: 152 individuals
- Oral Cancer Screening: 94 individuals
- Breast Cancer Screening: 7 women
- Cervical Cancer (Pap Smear) Screening: 34 women

The camp witnessed active participation from the tribal community, and individuals requiring further evaluation were referred to higher centers for follow-up. The event underscores the district's commitment to equitable cancer care and outreach among underserved populations.

9.2 Malnutrition

Malnutrition refers to deficiencies or excesses in nutrient intake, imbalance of essential nutrients or impaired nutrient utilization. the double burden of malnutrition consists of both undernutrition and overweight and obesity, as well as diet related non communicable disease.

Malnutrition continues to be a key public health concern, particularly among children under five years and vulnerable groups such as tribal communities. Regular growth monitoring, screening for Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM), and nutrition supplementation through ICDS and health services are being implemented. Interventions focus on supplementary feeding, nutrition counselling for mothers, deworming, and micronutrient supplementation (Vitamin A, Iron & Folic Acid). Special outreach in tribal and remote areas ensures early detection and timely management of cases.

In Pathanamthitta, malnutrition is primarily observed among children in tribal hamlets and economically vulnerable families. Regular growth monitoring and nutritional screening are carried out through Anganwadi Centres and monthly outreach visits. Identified cases of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) are managed through supplementary nutrition, counselling for caregivers, and referrals to higher centres when required. Special focus is given to micronutrient supplementation, deworming, and community-based awareness to promote balanced diets using locally available food.

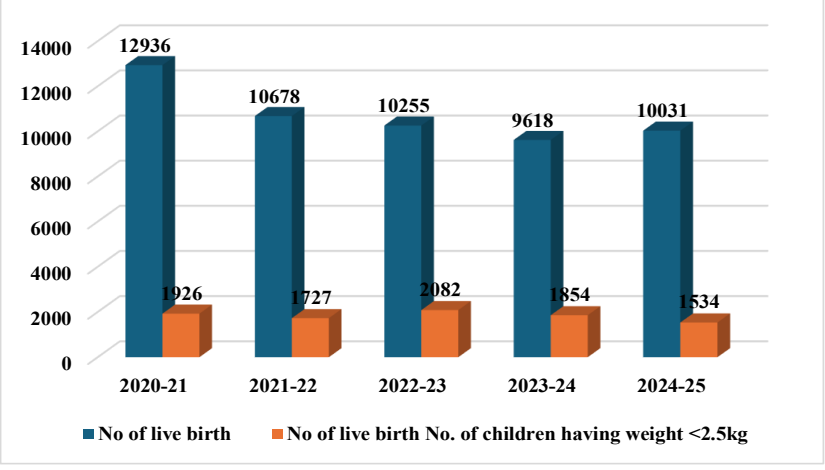
Impact

Improved nutritional surveillance, early intervention, and better child growth outcomes, with a gradual reduction in malnutrition-related morbidity.

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

Year	No of live birth	No. of children having weight <2.5kg	Percentage
2020-21	12936	1926	15
2021-22	10678	1727	16
2022-23	10255	2082	20
2023-24	9618	1854	19
2024-25	10031	1534	15

Fig 9.1: The number of live births and the number of children born with a weight less than 2.5 kg across five consecutive years, from 2020–21 to 2024–25



The bar chart shows the number of live births and the number of children born with a weight less than 2.5 kg across five consecutive years, from 2020–21 to 2024–25.

9.3 Maternal health

Maternal health refers to the physical, psychological, and emotional well-being of women during pregnancy, childbirth, and the postpartum period, with a focus on preventing maternal morbidity and mortality. Key components include preconception, antenatal, intranatal, and postnatal care, supported by quality services delivered by skilled health professionals. Special attention is given to addressing leading causes of complications such as severe bleeding, infections, and hypertensive disorders of pregnancy.

In Pathanamthitta, early registration of antenatal women is prioritized to enable timely identification and management of complications, with regular follow-up ensured. All pregnant women receive Iron and Folic Acid (IFA), Calcium, Tetanus Toxoid (TT) immunization, and routine antenatal check-ups, with an emphasis on institutional deliveries for safe childbirth.

Aim: To prevent all preventable maternal deaths through comprehensive, quality maternal healthcare services.

9.4 Delivery services

Delivery services ensure essential care for both mother and baby during and after childbirth. Efforts are directed towards ensuring that all deliveries take place in hospitals, with a strong emphasis on encouraging normal delivery. For newborns, screening services are provided immediately after birth. The national healthprogramme also prioritizes safe delivery practices and comprehensive postpartum care, safeguarding maternal and child health outcomes.

9.5 Child health

Child health encompasses the physical, mental, and social well-being of children, with a strong focus on their growth and development from conception through adolescence. Key interventions include immunization, growth monitoring, newborn screening, management of common childhood illnesses, and nutrition support. The Government provides vaccination, Albendazole, Iron and Folic Acid (IFA) supplementation, and adolescent health care services as part of comprehensive child health programmes.

Special emphasis is given to exclusive breastfeeding, timely complementary feeding, and micronutrient supplementation to prevent malnutrition and ensure healthy development. Preventive, promotive, and curative services are delivered through health

facilities, Anganwadi Centres, schools, and outreach activities, ensuring that every child has access to quality healthcare and a healthy start to life.

9.6 Detail of Patients Availed Services in Cancer Unit

The Cancer Unit has continued to provide essential oncology services over the past four years. During this period, outpatient attendance showed yearly variation, peaking at 314 patients in 2023–24 and gradually declining to 105 in 2025–26. The number of newly registered cancer patients ranged from 63 in 2022–23 and 2023–24 to 10 in 2025–26. A notable rise in chemotherapy sessions was observed, increasing from 2,585 in 2022–23 to 3,800 in 2024–25, before dropping to 1,313 in 2025–26, reflecting fluctuations in treatment demand and patient load. No surgical (ST) or radiotherapy (RT) cases were reported during these years.

Year	Total OP	Total ST	Total CHEMO	New Cancer Patient	Total RT
2022-23	140	0	2585	63	0
2023-24	314	0	3038	63	0
2024-25	270	0	3800	47	0
2025-26	105	0	1313	10	0

9.7 Alcoholism and tobacco usage social issues

Alcoholism and tobacco use remain major public health and social concerns, with far-reaching consequences for individuals, families, and communities. These habits are strongly linked to financial hardship, reduced work productivity, job instability, increased domestic and social violence, strained family relationships, and weakened social connections.The burden is often intensified by low socioeconomic status, high stress levels, peer pressure, and early initiation of substance use, particularly among youth and adolescents.

Beyond social consequences, the health impacts are profound. Tobacco use is a leading cause of cancer, cardiovascular disease, and chronic respiratory illness, while alcohol misuse contributes to liver disease, mental health disorders, accidents, and non-communicable diseases. Together, they significantly increase morbidity and mortality

rates, while also imposing a heavy economic burden on healthcare systems and national productivity.

Addressing these issues requires comprehensive interventions, including:

- Awareness campaigns targeting both youth and adults to reduce initiation and promote cessation.
- Community-based de-addiction and counselling services integrated with primary healthcare.
- Policy measures such as strict enforcement of age restrictions, taxation, and regulation of advertising.
- School- and workplace-based programs to build resilience and promote healthy coping strategies.
- Family and community engagement to strengthen support systems and reduce stigma around seeking help.

Impact

Effective implementation of these measures can reduce the prevalence of alcohol and tobacco use, alleviate the associated health and social burdens, and contribute to improved public health, economic productivity, and community well-being.

1	Total Number of Op (new & old)		706
2	Diagnosis Split Up of New OP Cases	Psycho active substances	
		Alcohol	667
		Tobacco	30
		· Cannabis	18
		· Hallucinogens	0
		· Inhalants	0
		· Opioids	1

		· Sedative-hypnotics	0
		Stimulants CDS+TDS	2
		Others (ADS+TDS)	119
		Poly substance use	17
		Comorbid Psychiatric disorder	0
3	Total Number of IP		181
4	Diagnosis Split UP of IP	Psycho active substances	
		Alcohol	124
		Tobacco	0
		Cannabis	5
		Hallucinogens	0
		Inhalants	0
		Opioids	0
		Sedative-hypnotics	0
		Stimulants	1
		Others (ADS+TDS)	61
		Poly substance use	8
		Comorbid Psychiatric disorder	0
5		Psychotherapies	0
		Counselling sessions	587

6	No of Psychotherapy sessions conducted	Other Individual Psychotherapies	22
		Group Therapy	0
		Family Therapy	101
		Total	753
	Number of drop out cases (No follow up for two ormoremonths)		
7	Staff position details	Psychiatrist	1
		Others	9

CHAPTER 10

Financial Allocation and Utilization

10.1 FInancial allocation and utilization for the last four years

The following section outlines the financial allocations and corresponding utilization under key funding sources for the financial years 2021–22 to 2024–25. The data covers three primary sources: DHS-Plan, National Health Mission (NHM), and the COVID Package.

Source	2021-2022		2022-2023		2023-2024		2024-2025		Total	
	Allocation	Utilisation	Allocation	Utilisation	Allocation	Utilisation	Allocation	Utilisation	Allocation	Utilisation
DHS-Plan	1388.25	1667.46	1074.22	1091.01	830.04	771.12	908.85	902.53	4201.36	4332.12
NHM	2295.02	2662.65	3759.65	2783.37	4014.94	2463.34	4776.94	3437.65	14846.55	11347.01
COVID package	2164.32	1941.21	54.88	99.88	8.77	14.42	0	0	2227.97	2055.51

Overall summary:

- Total Allocation (All Sources, 2021–25): ₹21,275.88 lakhs
- Total Utilization: ₹17,734.64 lakhs
- Overall Utilization Rate: 83.35%

The financial data from 2021–22 to 2024–25 highlights a strong track record of fund utilization under the DHS Plan, with utilization consistently meeting or exceeding allocations. COVID-related funds were also effectively deployed during the pandemic period, with a high utilization rate reflecting timely response measures.

CHAPTER 11
NHM Activities in the district

11.1.1 Rashtriya Bal Swasthya Karyakram (rbsk) & Arogya Kiranam (AK)

The 'Child Health Screening and Early Intervention Services' Programme - Rashtriya Bal Swasthya Karyakram (RBSK) under National Health Mission initiated by the Ministry of Health and Family Welfare, aims at early detection and management of the 4Ds prevalent in children - Defects at birth, Diseases in children, Deficiencies and Developmental Delays including Disabilities, children from 0-18 years of age.

Child health screening (CNBS & RBSK SCREENING)

Child Health Screening includes Comprehensive Newborn Screening by Shalabham Nurses at delivery Points, RBSK screening (Birth – 18 yrs) and field level follow ups through RBSK nurses.

11.1.2 Newborn screening (visible birth defect-vbd) screeningcnbs (comprehensive newborn screening) includes

- Visible Birth Defect (VBD) screening
- Pulse Oximetry screening (PO Screening) & Focussed Physical Examination (Foc. PE) for
  - Critical Congenital Heart Disease
- Otoacoustic Emission (OAE) Screening for hearing
- Screening for inborn Errors of Metabolism (IEM)
- Screening is performed by the trained Staff Nurse (Shalabham nurse), delivery point JPHN & trained OAE JPHN in the delivery point (CNBS Corner), facilitated by the Pediatricians

Annual VBD Report (2024-2025)				
SL NO.	**Name Of Institution**	**No. Of Live Birth**	**No. Of VBD Screening Done**	**No. Of VBD Positive**
1	District Hospital, Kozhencherry	467	467	25
2	General Hospital, Pathanamthitta	355	355	41
3	General Hospital, Adoor	782	778	21
4	Taluk Head Quarters Hospital, Tiruvalla	467	467	2
5	Taluk Head Quarters Hospital, Ranni	79	79	3
Total		2150	2146	94

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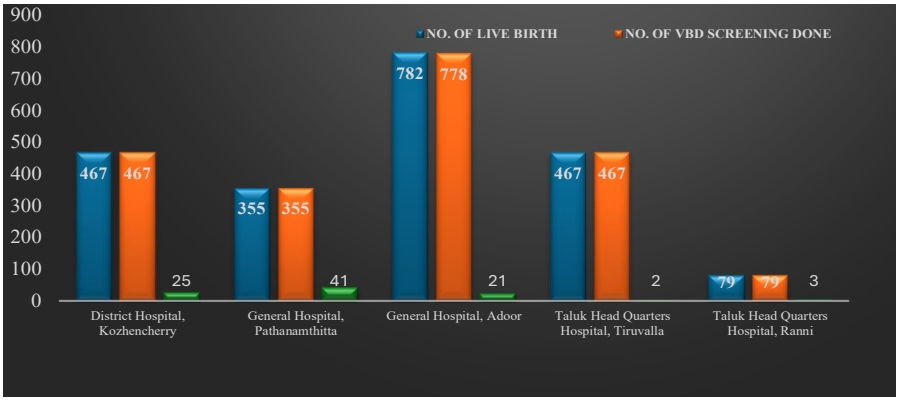


After screening, offering prompt referral & free treatment support through RBSK and Arogyakiranam programs in a comprehensive programmatic mode and follow up through DEICs.

CNBS Status: April '24 - March '25

Total delivery	2146
Total live births	2150
VBD Screening done	2146
VBD Positive Cases	94
PO Screening done	2140
Failed PO Cases	12
PE Screening done	2140
Positive PE Cases	16
OAE Screening done	2138
OAE Referred cases	13
IEM Screening done	2138
Positive IEM Cases	7

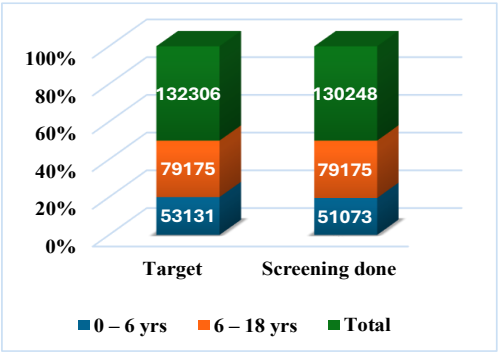
RBSK screening activities

Rashtriya Bal Swasthya Karyakram envisages to cover 30 identified health conditions for early detection, free treatment and management. RBSK nurses will carry out screening (at least twice a year) of all babies coming for immunization

in institutions (0 - 3 yrs), children in the preschool age (3 - 6 yrs) enrolled at Anganwadi centres & all children studying in Government and Government aided schools (6 - 18yrs). The identified cases are being referred to nearby institutions (PHC/CHC/THQH/GH/DH) & DEIC for further examination, confirmation of cases and treatment.

RBSK SCreening status: april '24 - March '25

Status	0 – 6 yrs	6 – 18 yrs	Total
Target	53131	79175	132306
Screening done	51073	79175	130248
Percentage	**96%**	**100%**	**98%**



During the year 2024 - 25, RBSK nurses completed 96% screening of children under 6 yrs, in 1389 total anganwadis & play schools in the district. Nurses have completed screening of all children in the age group 6 - 18 years in total 733 Govt & Aided schools in the district.

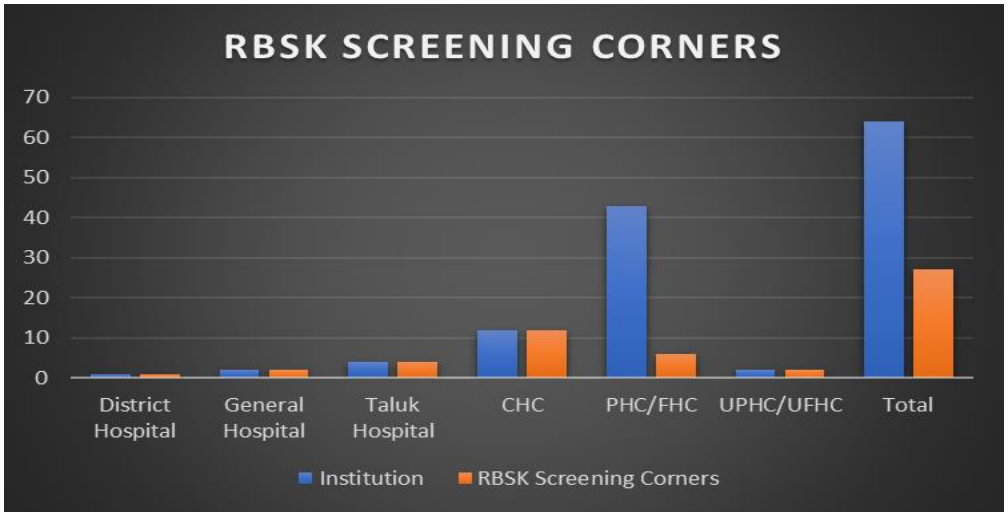
RBSK Screening corners in pathanamthitta district

Out of 64 institutions, 27 RBSK Screening corners have been set up.

Blockwise details of rbsk screening corners

Health Blocks	Rbsk Screening Corners
Chathankery	3
Elanthoor	5
Enadimangalam	5
Ezhumattoor	1
Kanjeettukara	1
Konni	3
Kunnamthanam	3
Thumpamon	1
Vallana	2
Vechoochira	4
Total	28

As per the instruction from Child Health, we had set up 28 RBSK Screening corners in 7 Major Institutions, 12 CHCs, 2 Urban Health Centres & 7 PHCs/ FHCs in 10 health blocks for RBSK screening on Immunization days in the Centres.



Clubfoot Clinics

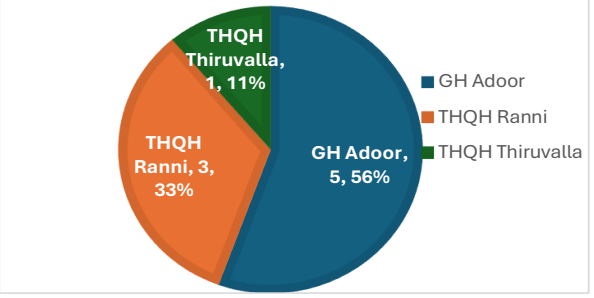
Clubfoot Cases identified through Comprehensive Newborn Screening were being treated (corrective phase) in clubfoot clinics and given Foot Abduction Braces (maintenance phase) from CURE India Intl as a part of 'Cure Clubfoot Kerala project'. FABs of different sizes are available in these clinics. One designated Orthopaedic Surgeon & trained staff nurses are there in these clinics.

Three Clubfoot clinics in our District – GH Adoor (every Thursdays), THQH Thiruvalla & THQH Ranni (every Wednesday).

Clubfoot treatment status in clubfoot clinics: april '24 - March '25

As part of the district's initiative for early identification and management of congenital deformities, Clubfoot Clinics were conducted across selected healthcare facilities. A total of 9 children received treatment for clubfoot during the reporting period.

Clubfoot Clinic	Treatment Taken
GH Adoor	5
THQH Ranni	3
THQH Thiruvalla	1
Total	**9**



Facility based newborn care

To address higher neonatal and early neonatal mortality, FBNC (Facility Based Newborn Care) services at health facilities have been emphasized. FBNC includes:-

- SNCU (Special Newborn Care Unit) - 1 SNCU
- NBSU (Newborn Stabilization Unit) - 4 NBSUs
- NBCC (Newborn Care Corner) - 5 NBCCs

FBNC functional status

Facility	Present	Functional Status	Online Portal Entry
SNCU	1	Functional	✓
NBSU	4		✓
NBCC	5		NA

Special newborn care unit (SNCU)

A Special Newborn Care Unit (SNCU) has been set up in every district for improved neonatal survival under FBNC services. SNCU is a 12 - 20 bedded neonatal unit to provide special care for sick newborns, in the vicinity of the labour room.

- SNCU is at GH Adoor.

The majority of the babies were admitted with neonatal jaundice, hypoglycemia and sepsis. Services provided include Oxygen therapy, Phototherapy, Fluid management & IV antibiotic therapy for sick newborns. One paediatrician is in charge with staff nurses, round the clock.

11.1.3 District Early Intervention Centre (DEIC)

DEIC is a novel concept of early childhood intervention to minimize disabilities and acting as a referral point for further investigation and management. Main focus is to provide services to children with developmental delay and/or defect at birth within 0-18 yrs. DEIC should be aiming at early detection and early intervention so as to minimize disabilities among growing children.

DEIC is at Thiruvalla Taluk Hospital

Client load at DEIC

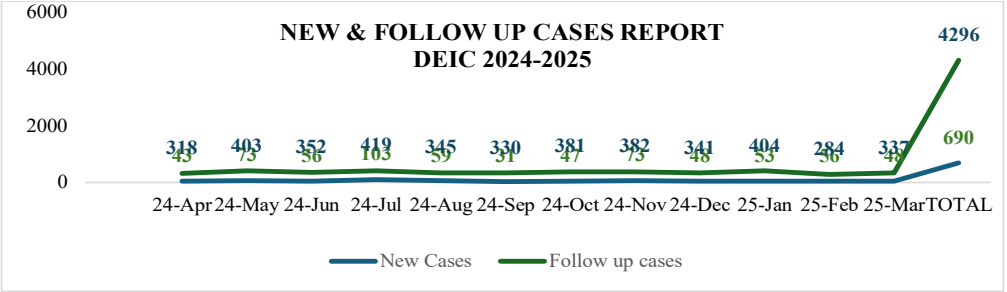
Designation	2022-23	2023-24	2024-25
Dental Surgeon	1969	1699	1752
Speech Therapist	1928	1454	1639

Physiotherapist	2012	1931	1980
Special Educator	1932	1493	1346
Optometrist	1214	1120	1400
Hygienist	1767	1338	729

In Comparison with previous years, client load has increased for Dental Surgeon & Optometrist. Physiotherapist & Dental Hygienist were vacant for some months during the year 2024 - 25.

New & follow up cases in deic (2024-2025)

Month	New Cases	Follow up cases
Apr-24	43	318
May-24	73	403
Jun-24	56	352
Jul-24	103	419
Aug-24	59	345
Sep-24	31	330
Oct-24	47	381
Nov-24	73	382
Dec-24	48	341
Jan-25	53	404
Feb-25	56	284
Mar-25	48	337
TOTAL	690	4296

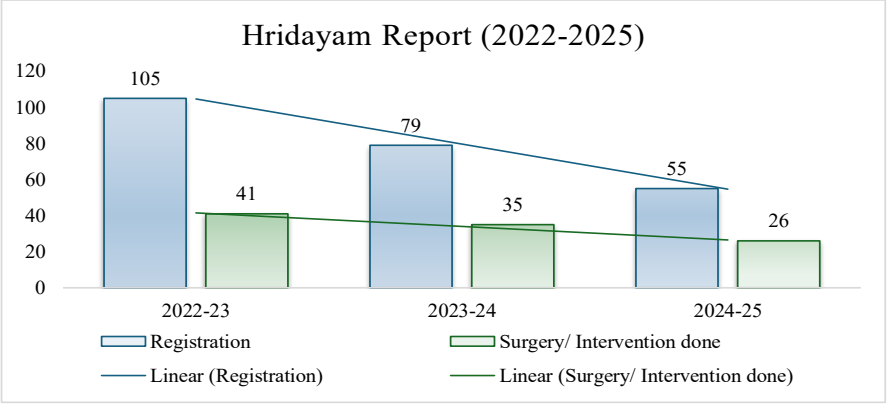


Out of the children who have received services from DEIC in the year 2024 - 25, an average of 57 new cases & 358 follow up cases were there in a month.

11.1.4 Hridyam

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

Registration 2022-23	Surgery/ Intervention done 2022-23	Registration 2023-24	Surgery/ Intervention done 2023-24	Registration 2024-25 (Apr-Mar)	Surgery/ Intervention done 2024-25 (Apr-Mar)
105	41	79	35	55	26



Total cases registered in Hridyam & number of surgeries/interventions done during the year 2024 - 25 were decreased as compared to previous years.

Hearing aids

Under the RBSK programme, TARAN/SHRAVAN digital programmable hearing aids are being supplied to children with unilateral/bilateral hearing impairment through KELTRON to all districts.

Hearing aid distribution

Status: april '24 - March '25

No. of hearing aids distributed	10
No. of children	5

A total of 5 bilateral hearing aids (10 aids) from KELTRON were distributed for 5 children during the year 2024 - 25.

11.1.5 Mobile intervention unit (MIU)

The Anuyathra Mobile Intervention Unit (MIU), operated by the Kerala State Social Security Mission (KSSM) in collaboration with the National Health Mission (NHM), focuses on providing essential services to differently-abled children aged 0-18 years.

It operates as a fixed day clinic in Pathanamthitta

- One MIU unit in our district.
- Six fixed centers in 6 areas of our district, in 5 health institutions & BUDS Schools.

MIU - Fixed day plan	
Day	**Venue**
Monday	FHC Pandalam
Tuesday	GH Adoor
Wednesday	Buds School, Naranamoozhy

Thursday	FHC Chenneerkara
Friday	CHC Kanjeettukara
Saturday	THQH Konni

Centre wise client load in MIU: April '24 - March '25

Centre wise client load in MIU: April '24 - March '25		
Centre	**New cases**	**Follow up cases**
FHC Pandalam	68	283
GH Adoor	110	793
BUDS, Naranamoozhy	50	329
FHC Chenneerkara	42	295
CHC Kanjeettukara	37	346
THQH Konni	78	359
Total	**385**	**2405**

Out of 6 MIU centres, GH Adoor has the highest client load, both in new & follow up cases.

MIU report: April '24 - March '25

Month	Dev Therapist	Physiotherapist	Speech Therapist	Special Educator
Apr-24	177	162	182	179
May-24	164	143	185	191
Jun-24	172	156	190	189
Jul-24	169	95	188	187
Aug-24	118	87	187	88
Sep-24	146	Medical leave	170	172

Oct-24	168	143	213	211
Nov-24	173	157	222	224
Dec-24	158	147	218	213
Jan-25	151	80	202	201
Feb-25	180	140	211`	195
Mar-25	172	195	195	160
Total	**1287**	**943**	**1537**	**1441**

Both Physiotherapist (monthly average - 128) & Special Educator (monthly average - 120) had the highest client load, both new and follow up cases.

11.1.6 Mobile health team (MHT)

RBSK Screening is done as a team as MHT on a fixed basis as per the plan, with a vehicle. All nurses from each block will do the screening in schools with huge targets & Anganwadis and schools in difficult areas.

The Mobile Health Team (MHT) successfully conducted outreach services in both Anganwadi centers and schools across the district. These visits focused on child health assessments, anemia screening, nutrition education, immunization tracking, and general health promotion, ensuring early detection and timely referral of health issues among children.

Mobile health team (mht) activities: April '24 - March '25

Mobile Health Team (MHT) activities: April '24 - March '25	
Total Anganwadis covered	152
Total schools covered	68

11.1.7 Rashtriya Kishore Swasthya Karyakram (RKSK)

MoHFW under NHM has implemented a comprehensive programme for adolescents, 'Rashtriya Kishor Swasthya Karyakram' (RKSK) since 2014, aims to

provide services and support to adolescents (10 – 19 yrs) through education on health matters, counseling, guidance and referral under AFHCs with the help of Adolescent Health Counselors in an adolescent friendly manner. Some of the interventions under the programme are:-

- Adolescent Friendly Health Clinics (AFHCs) providing Adolescent Friendly Health Services (AFHS)
- Menstrual Hygiene Scheme (MHS)
- Weekly Iron Folic Acid Supplementation (WIFS)
- Peer Education (PE) Programme
- Adolescent Health and Wellness Day (AHWD) and
- Adolescent Friendly Club (AFC)

Adolescent Friendly Health Centres (AFHCs)

- Adolescent friendly health services under RKSK Programme are being delivered through AFHCs.
- The activities under 6 plus 1 programme priorities:- Improve Sexual and Reproductive Health (SRH), Enhance Mental Health, Address Non-Communicable Diseases (NCDs), Prevent Injuries and Violence including Gender Based Violence (GBV), Improve Nutrition, Prevent Substance Misuse & Safe use of internet, gadgets and social media are delivered through these AFHCs by AH counselors with clinic and outreach activities.
- Total 10 AFHCs & 7 AH Counselors in the district, for the year 2024 - '25.

Afhc client load & outreach activities: April '24 - March '25

Sl. No.	AFHCs	No. of counseling sessions	Outreach sessions conducted	Participants	AHWDs conducted	AFC Meetings conducted
1	DH Kozhencherry	705	67	3076	4	

2	GH Pathanamthitta	667	48	2147	4	**282**
3	GH Adoor	841	89	8395	3	
4	THQH Ranni	785	45	2710	2	
5	THQH Konni	659	70	3765	4	
6	THQH Mallapally	1009	66	2468	4	
7	UFHC Thiruvalla	618	48	2212	3	
8	CHC Thumpamon	571	56	3910	2	
9	FHC Othera	404	34	1304	2	
10	CHC Ranni Perunad	696	51	3452	2	
Total		**6955**	**574**	**33439**	**30**	

There are a total 7 AH Counselors & 1 Counselor pooled from NMHP (from the month of February '25) for 10 AFHCs in the district. About 995 clients took services from AFHCs on a monthly basis. About 80 outreach sessions conducted in a month by Counselors for the year 2024 - 25. Out of 40 AHWDs, 30 were finished.

Adolescent Health & Wellness Days (AHWDS)

- The Adolescent Health & Wellness Days (AHWDs) are events (awareness sessions, rally, participatory activities, competitions, prize distribution,testing and documentation of Haemoglobin status, BMI, general health check-ups and screenings etc.) of/for/by adolescents, using half day or one day as a part of health days observances.
- AHWDs are conducted at Anganwadi Centres, Schools, Colleges or any other public place where adolescents and all stakeholders have easy accessibility.
- Total of 4 AHWDs to be conducted in each block/year.

- In Pathanamthitta district, 20 AHWDs were conducted by AH Counselors in **April - Dec. 2024**

Outreach activity plan for ah counselors

- As a method to increase the client load in AFHCs and to improve the interpersonal relationship of AH Counselors with Medical Officers, field level & other staff of institutions in concerned health blocks, we have started an outreach activity plan for AH Counselors in our district on a rotation basis.
- Outreach days - All Tuesdays & Thursdays
- AH counselors were posted in all institutions in their responsible health blocks on outreach days. They were posted in OPDs or nearby rooms for counseling adolescents coming into OPDs.
- Afternoon, counselors conduct classes in AWs or schools under the institution & give individual and group counseling to children. HIs/JHIs/JPHNs/RBSK nurses will arrange outreach sessions.
- The outreach plans were shared to MOs & staff of institutions so that they can arrange for outreach sessions in the afternoons.

11.1.8 Peer Educators Programme -SDC (STUDENT DOCTOR CADET)

Peer Educator Programme is a programme under RKSK for school children. Buddy detection, Buddy help & Buddy referral are the main components. Under the RKSK, peer educators are volunteer students selected jointly by teachers and the Block and District RBSK AH team from Schools in the area under an RKSK block. After the selection, they shall be trained by the district master trainers' group, blockwise for 4 days in the 7 thematic areas of the RKSK program.

Number of peer educators will be 2 students (1 boy and 1 girl each) from 8th standard from a school or the numbers can be larger based on the size of the school.

Year	Total Peer Educators selected	Trained

2024-2025	400	397

We have selected 40 students from each block i.e. total 400 students in the year 2024 - 25. Total 397 students actively participated in 4 days block wise training & trained as Peer Educators of Pathanamthitta District.

Peer Educator Training

In the year 2024 - '25, we have completed PE training of 1 batch students (397 out of 400 selected) in the month of January 2025 (20 - 23rd).

Peer Educator Training - Batch 3 (20 - 23.01.25)

Sl. No.	Health Block	Venues	Trained PEs
1	Chathankery	Conference Hall, THQH Tiruvalla	40
2	Elanthoor	St. Patrick's Church Auditorium, Elanthoor	39
3	Enadimangalam	IBPS Kizhakkethettipuzha Hall, Adoor	40
4	Ezhumattoor	YMCA Hall, Eraviperoor	40
5	Kanjeettukara	JMMA Holistic Centre, Cherukolpuzha	40
6	Konni	Conference Hall, THQH Konni	40
7	Kunnamthanam	CMS School Auditorium, Mallappally	40
8	Thumpamon	Training Centre, CHC Thumpamon	40

9	Vallana	Block Panchayath Hall, Kulanada	38
10	Vechoochira	Grama Panchayath Hall, Ranni	40
Total			**397**

0ut of 400 students selected, 397 were trained as Peer Educators from 131 Government & Aided schools in the district during block wise PE Training from 20 -23 January 2025 for 4 days by PE trainers.

PE KIT GIVEN TO PEER EDUCATORS AFTER TRAINING

- PE diary - 1
- Sketch pen - 1 packet
- Measuring tape - 1
- Pens

- A file to keep these articles

Peer Educator Diary 3.0 (2025)

Block level peer educator sangamam

- Gathering of Peer educators in all 10 health blocks with their school health nodal teachers & trainers in the respective blocks.
- Distribution of white coat & name badge to PEs as non-financial incentives in presence of LSGD members, Block MO, Block level supervisors etc.
- Experience sharing of activities done by PEs.

Non financial Incentive to PEs - White Coat

Name badge to PE Trainers & PEs

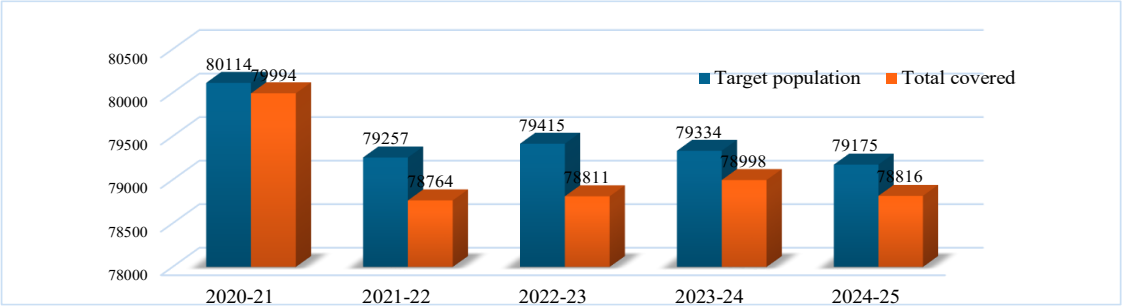
PE Sangamam

11.1.9 Weekly Iron Folic Supplementation Program (WIFS)

The Weekly Iron Folic Acid Supplementation (WIFS) under Anemia Mukth Bharath (AMB) is a programme under through which prophylactic Iron & Folic Acid (IFA) tablets are being provided to children (5-10 yrs) of Class 1 – 5 & adolescents (boys & girls) of Class 6 – 12 (10 – 19 yrs) by school teachers.The Weekly Iron and Folic Acid Supplementation (WIFS) programme aims to address iron deficiency anemia among adolescents through regular supplementation and awareness initiatives.

The district has consistently maintained high coverage rates over the past five years, demonstrating the effectiveness of the implementation strategies and community-level engagement.

Year	Target population	Total covered	% Achievement
2020-21	80114	79994	99.9
2021-22	79257	78764	99.4
2022-23	79415	78811	99.2
2023-24	79334	78998	99.6
2024-25	79175	78816	99.5

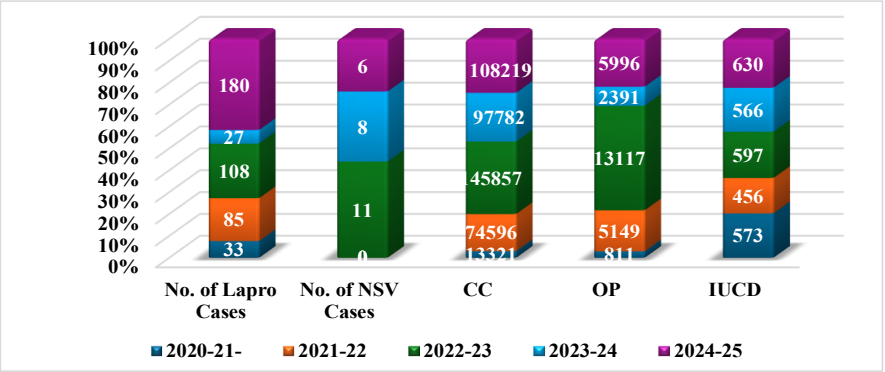


Throughout the five-year period, WIFS coverage has consistently remained above 99%, reflecting robust programme delivery through educational institutions, anganwadis, and outreach services. Regular monitoring, training of frontline workers, and community participation have been critical factors in sustaining high compliance levels. The programme continues to contribute significantly to the prevention and control of nutritional anemia among adolescents in the district.

11.1.10 Family planning

The district has demonstrated consistent efforts in promoting and implementing various family planning methods over the last five years. The data below reflects trends in laparoscopic sterilizations (Lapro), non-scalpel vasectomies (NSV), and contraceptive usage such as condoms (CC), oral pills (OP), and intrauterine contraceptive devices (IUCD).

Year	No. of Lapro Cases	No. of NSV Cases	CC	OP	IUCD
2020-21-	33	0	13321	811	573
2021-22	85	0	74596	5149	456
2022-23	108	11	145857	13117	597
2023-24	27	8	97782	2391	566
2024-25	180	6	108219	5996	630



Key Trends:

- **Laparoscopic Sterilizations**:
  - The number of laparoscopic cases has significantly increased from 33 cases in 2020–21 to 180 cases in 2024–25, indicating a revival in permanent contraceptive acceptance.
- **Non-Scalpel Vasectomy (NSV):**
  - NSV cases remain consistently low, with a peak of 11 cases in 2022–23, suggesting continued challenges in male participation in family planning.
- **Condom Usage (CC):**
  - There was a marked increase in condom distribution from 13,321 units in 2020–21 to 145,857 units in 2022–23.
  - Despite a slight decline to 108,219 units in 2024–25, the figures remain significantly higher than earlier years, reflecting successful IEC (Information, Education, and Communication) strategies.
- **Oral Pills (OP):**
  - Oral pill usage peaked at 13,117 in 2022–23, followed by a drop to 5,996 in 2024–25. This variation could be attributed to supply, preferences shifting towards other methods, or service delivery dynamics.

- **IUCD Insertions**:
    - IUCD adoption has remained relatively stable, with a gradual increase from 456 cases in 2021–22 to 630 cases in 2024–25, indicating steady acceptance of long-term reversible contraception.

Outcome:

The district's family planning programme has seen progressive improvements, particularly in the uptake of female sterilization and condom use. However, the low NSV numbers highlight the need for intensified male-targeted awareness and motivation strategies. Continued focus on counseling, accessibility, and multi-method contraceptive availability will be essential to maintaining and improving reproductive health outcomes.

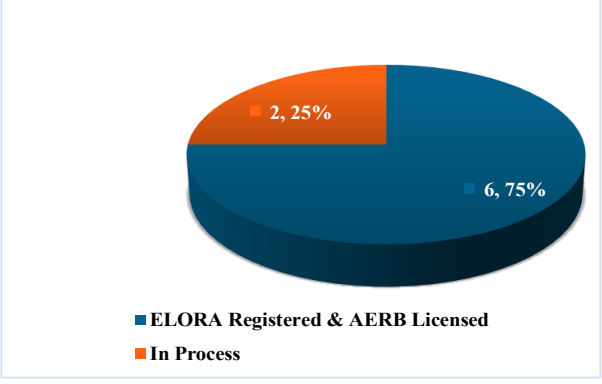
11.1.11 Biomedical Equipment Maintenance Program (BEMP)

Biomedical activities- district level

Preparation of yearly Project Implementation Plan of NHM and Plan fund of DHS by analysing the equipment requirement from government institution based on the availability of infrastructure, Manpower etc after conducting an Equipment Audit to avoid duplication of equipment from other fund like MLA,MP, LSGD etc.Coordinating with KMSCL &supplier for the installation and commissioning of new equipment by cross checking the tender specification and other terms and conditions with the supplied equipment by KMSCL under different schemes.Dealing with the technical queries from the hospitals within the district and giving advice on new equipment on request.Ensuring Maximum utilisation of equipment by reallotting the idling equipment to needy institution.Procurement of Equipment at District level Equipment for DEIC/MICU/MHP/NOHP/PMNDP/DEIC,NVBDCP, NPCDCS/NPHCE/NUHM Others etc through e-tender system /Quotation procedures.Monitoring of Biomedical Equipment Maintenance Programme (BEMP).

Description	Total Call Registered	Total Call rectified	Pending calls	Percentage of rectified Calls
2021-22	446	432	14	96
2022-23	2369	2323	46	98
2023-24	3251	3208	43	98
2024-25	3036	2982	54	98

11.1.11.1 Compliance To The Norms Of Aerb For Equipment Under Radiology Department



Out of 8 institutions, 6 institutions have obtained elora registration and AERB license.Two other institutions are in the process of completing the procedures for elora registration and AERB license

11.1.11.2 Procurement of equipment at state level through KMSCL – NHM

2024-25 Supply status				
Sl. No	**Scheme**	**Institution**	**Equipment Name**	**Received Yes/No**
1	LaQshya	THQH Konni	Labor Cot	No
2	LaQshya	THQH Konni	Crash cart	No
3	LaQshya	THQH Konni	OT light shadow-less mobile single dome	No
4	LaQshya	THQH Konni	Gynaec OT table	No
5	LaQshya	THQH Konni	Multipara Monitor	Yes
6	LaQshya	THQH Konni	Neonatal resuscitation unit	Yes
7	LaQshya	THQH Konni	Suction Apparatus	No
8	LaQshya	THQH Konni	Fetal monitor model A	No
9	LaQshya	THQH Konni	Flash Autoclave	No
10	LaQshya	THQH Konni	Defibrillator with Cardiac Monitor	Yes
11	LaQshya	THQH Konni	Fetal Doppler	No
12	LaQshya	THQH Konni	Anaesthasia workstation	Yes
13	Other	GH Pathanamthitta	Elisa Reader and Washer	No

14	Other	GH Pathanamthitta	OT Light OT Light Shadowless	No
			Celing Mount Double	
			Dome	
15	Other	GH Pathanamthitta	Power Drill and reamer for orthopaedics	No
16	Other	DH Kozhencherry	Surgical Diathermy with Bipolar facility	No
17	Other	DH Kozhencherry	C Arm Mobile image Intensifier Model B	Yes
18	Other	THQH Ranni	OT Table Orthopedic Manual Hydraulic	No
19	MH	GH Pathanamthitta	Multifunctional Labour cot	No
20	MH	GH Pathanamthitta	Normal delivery kit	No
21	MH	GH Pathanamthitta	Ceserian kit	Yes
22	MH	GH Adoor	Normal delivery kit	No
23	MH	GH Adoor	Ceserian kit	Yes
24	MH	DH Kozhencherry	Normal delivery kit	No
25	MH	DH Kozhencherry	Ceserian kit	Yes
26	MH	THQH Thiruvalla	Normal delivery kit	No
27	MH	THQH Thiruvalla	Ceserian kit	Yes

28	MH	THQH Ranni	Normal delivery kit	No
29	MH	THQH Ranni	Ceserian kit	Yes

11.1.12 Accredited Social Health Activist (ASHA)

The ASHA program was conceived and funded by the Indian National Rural Health Mission (NHRM) in an effort to promote public health awareness amongst local, rural & urban populations, and increase the utilization and accountability of existing health services.

Mentoring zoom classes for ASHAs

Mentoring Zoom classes are conducted every Thursday for ASHA workers to enhance their knowledge and skills regarding various national health programs. These sessions focus on educating ASHAs about program objectives, implementation strategies, and best practices to ensure effective healthcare delivery at the community level. Topics include maternal and child health, immunization, communicable disease control, and other health initiatives. The interactive platform allows participants to clarify doubts, share experiences, and receive guidance from experts, thereby strengthening their capacity to address healthcare challenges in their respective areas.

District level ASHA review meeting

A district-level monthly review meeting for ASHA workers was conducted, covering 62 health institutions with the participation of one ASHA representative from each of the 10 health blocks. The meeting was reviewed and facilitated by program officers from the district, who assessed the performance and activities of ASHAs across various health indicators. Discussions focused on evaluating progress, addressing challenges, and planning for upcoming health initiatives. The meeting served as a platform for ASHAs to share field experiences, receive guidance, and enhance coordination between health institutions and program officers to ensure effective healthcare delivery at the grassroots level.

Ayush health & wellness training for ASHAs

Two phases of Ayush Health and Wellness Center training were successfully conducted for ASHAs in coordination with the National Ayush Health Mission. The training aimed to equip ASHAs with knowledge about traditional healthcare practices, preventive care, and the integration of Ayush principles into community health services. Participants were trained on promoting wellness through yoga, naturopathy, Ayurveda, and other Ayush systems, as well as their role in managing lifestyle diseases and enhancing immunity. The phased approach ensured comprehensive coverage of the curriculum and allowed ASHAs to gain practical insights to better serve their communities.

11.1.13 Quality assurance -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.

Following institutions which have attained the nqas national level accreditation during the financial year 2022-23.

FHC Othera -96% (Re-certified)

FHC Chenneerkara- 89%

HC Omalloor -90%

FHC Thiruvalla – 93%

Following institutions which have attained the nqas national level accreditation during the financial year 2024-25.

FHC Anicad -93.02%

FHC Vadasserikkara- 90.75%

FHC Ezhamkulam -96.88%

GH Adoor- 96.74%

UPHC Pathanamthitta- 97.75%

Following institutions which have attained the nqas state level accreditation during the financial year 2024-25.

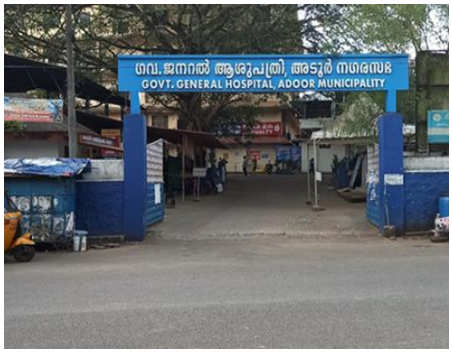
FHC Kulanada

HWC Vallamkulam

Following institutions nqas surveillance assessment completed during the financial year 2024-25.

- FHC Othera
- FHC Chandanappally
- FHC Omalloor
- FHC Koipuram
- FHC Chenneerkara
- UFHC Thiruvalla

Following Institutions NQAS National Level Rapid assessment completed during the financial year 2024-25.



GH Adoor

GH Pathanamthitta

DH Kozhencherry

LAQSHYA

Following institutions which have attained the LaQShya National Level Accreditation during the financial year 2024-25.

GH Adoor

MUSQAN

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

Following institutions which have attained the MUSQAN National Level Accreditation during the financial year 2024-25.

GH Adoor

Kerala Accreditation Standards For Hospitals (KASH)

Following institutions which have attained the KASH Accreditation during the financial year 2020-21.

FHC Othera

Following institutions which have attained the KASH Accreditation during the financial year 2021-22.

FHC Omalloor

UFHC Thiruvalla

FHC Chennerkkara

Following institutions which have attained the KASH Accreditation during the financial year 2022-23.

FHC Chandanappally

FHC Koipuram

Mother & Baby Friendly Hospital Initiative(MBFHI)

General Hospital Pathanamthitta achieved MBFHI Certification during the FY 2022-2023

General Hospital Adoor MBFHI assessment completed during the FY 2023-2024

District Hospital Kozhencherry MBFHI assessment completed during the FY 2024-2025

District Hospital Kozhencherry

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. Following institutions which have attained Kayakalp State Level commendation awards during the FY 2020-2021.

Under Major Hospitals- GH Adoor

Under CHC Category- CHC Kalloopara

Following institutions which have attained Kayakalp District level awards for primary health centres during the fy 2020-2021.

FHC Koipuram -First Prize

Following institutions which have attained Kayakalp State Level commendation awards during the fy 2021-2022

FHC Vadasserikkara – Commendation prize

FHC Omalloor – Commendation prize

Following institutions which have attained Kayakalp State Level commendation awards during the fy 2021-2022

Under Major Hospitals- GH Adoor

Under CHC Category- CHC Kanjettukara

Following institutions which have attained Kayakalp State Level-Regional award for urban primary health centres during the fy 2021-2022.

UFHC Thiruvalla

Following institutions which have attained Kayakalp District level awards for primary health centres du ring the fy 2021-2022

FHC OMALLOOR-FIRST PRIZE

FHC ANICADE-COMMENDATION PRIZE PHC Mallapuzhassery- Commendation prize

Following institutions which have attained Kayakalp State Level commendation awards under during the fy 2022-2023

General Hospital, Adoor

CHC Category- CHC Kanjeettukara

Following institutions which have attained Kayakalp District Level awards for primary health centres during the fy 2022-2023.

FHC Chandanappally- First prize

FHC Vadasserikkara-Commendation

FHC Anicad- Commendation PrizePrize

Following institutions which have attained Kayakalp State Level commendation awards during the fy 2023-2024.

Under Major Hospitals - General Hospital, Adoor

Following institutions which have attained Kayakalp District Level awards for primary health centres during the fy 2023-2024.

District Level Award- FHC Anicad

FHC Kaviyoor- Commendation Prize

FHC Ezhamkulam- Commendation Prize

Following institutions which have attained Kayakalp District Level awards for sc-aam during the fy 2023-2024.

- **First Prize - HWC Vallamkulam**
- **First Runner Up - HWC Poovathoor**
- **Second Runner Up - HWC Manthuka**

First Prize- HWC Vallamkulam

HWC Poovathoor (First Runner up)

HWC Manthuka (Second Runner up)

Following institutions which have attained Kayakalp State Level commendation awards during the fy 2024-2025.

Major Hospitals - General Hospital, Adoor

THQH Hospitals - THQH Ranni

Following institutions which have attained Kayakalp District Level awards for primary health centres during the fy 2024-2025.

District Level Award- FHC KULANADA

UPHC PATHANAMTHITTA-
Commendation Prize

PHC THOTTAPUZHASSERY -
Commendation Prize

Following institutions which have attained Kayakalp District Level awards for sc-aam during the fy 2024-2025.

- **First Prize - HWC Manthuka**
- **First Runner Up - HWC Chenneerkara Main centre**
- **Second Runner Up - HWC Panil**

HWC Manthuka

HWC Chenneerkara Main Centre

HWC Panil

District level NQAS training

The specific objectives of the Quality Assurance Training programme were: -

1. To understand basic concepts of quality assurance, standards and how to implement them in their respective facilities".
2. To improve the quality of services of Service Providers (doctors, nurses & paramedical staff)

District Level orientation training was conducted on 22nd August 2024 for Medical Officers ,Participants – 75 Members

District level orientation training was conducted on 03rd October 2024 for Program Officers & Block level mentors,Participants- 35

District level orientation training for selected HWCs was conducted on 29th & 30th August 2024 for MLSP,JHI & JPHN, Participants -100.

District level orientation training for selected HWCs was conducted on 17th October 2024 for MLSP,JHI & JPHN, Participants -80.


Reorientation training for NQAS Accredited Institutions was conducted on 16th October 2024 for Medical Officer i/c,HIC,Pharmacist,Lab Technician,HI & JPHN,Participants-45.


Kayakalp Incentive Scheme TOT for Infection Control was conducted on 13th November 2024 for Nursing Officers ,Participants -75.


District Level Kayakalp Internal Assessor Training was conducted on 29th November 2024 for Medical Officers and Infection control Nursing Officers ,Participants-70.

District Level Orientation Training for Janakeeya Arogya Kendram was conducted on 17th January 2025 for HI/JHI,JPHN,MLSP. Participants- 150.

11.1.14 JANANI SURAKSHA YOJANA (JSY)

- **JSY**
  - JSY –Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Health Mission (NHM). This scheme is implemented with the objective of reducing maternal and infant mortality by promoting institutional delivery.

Cash Assistance for institutional deliveries

Rural – Rs. 700

Urban – Rs. 600

In Pathanamthitta district 5 Major hospitals providing JSY services to the Public

1. GH Pathanamthitta
2. GH Adoor
3. DH Kozhencherry
4. THQH Thiruvalla
5. THQH Ranni

Total Delivery 2024-25	Total JSY Paid
2147	2023

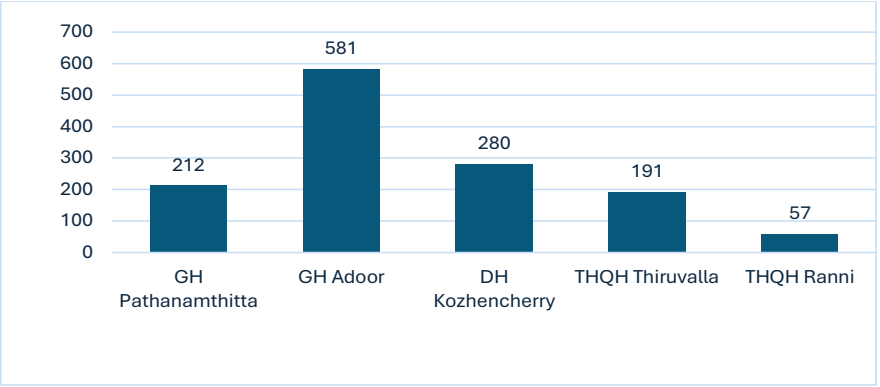
Institutions	JSY Paid
GH Pathanamthitta	276
GH Adoor	794
DH Kozhencherry	456
THQH Thiruvalla	222
THQH Ranni	117
CHC Ranni Perunadu	4
FHC Mezhuveli	4
FHC Pramadom	34
PHC Thottapuzhassery	2
PHC Malayalappuzha	9
PHC Pandalam Thekkekkara	7
FHC Kulanada	6
FHC Mylapra	8
PHC Kokkathodu	20
BFHC Pandalam	19
PHC Kallooppara	7

THQH Konni (private JSY)	13
CHC Thumpamon	2
PHC Koipuram	1
BHFC Vallicode	15
FHC Thannithodu	7
Total	**2023**

Mathrayanam

The Mathruyanam scheme, which provides free transportation for mothers and newborns from government hospitals to their homes after birth, has been implemented in all government hospitals where deliveries take place.

Institutions	Total Beneficiaries
GH Pathanamthitta	212
GH Adoor	581
DH Kozhencherry	280
THQH Thiruvalla	191
THQH Ranni	57



Total expenditure 2024-25 =1765239/-

11.1.15 Janani shishu suraksha karyakaram (JSSK)

JSSK scheme provide completely free and cashless services to pregnant women including normal deliveries and caesarean operations and sick new born in Government health institutions in both rural and urban areas

Total Beneficiary 2024-25	Amount Paid
3961	1402800/-

11.1.16 National program for palliative care (NPPC)

In Pathanamthitta district, there are 61 primary units and 18 secondary units, supported by 16 physiotherapists under the government system. Each of the three municipalities (Pathanamthitta, Thiruvalla, and Pandalam) and one panchayat (Pallikkal) host two primary units each. A total of 61 community nurses are working under the district's government palliative care program, visiting bed-bound patients in their respective panchayats and delivering essential services.

Secondary units function in 7 major hospitals and 10 Community Health Centres (CHCs). The Taluk Headquarters Hospital (THQH) Konni operates two secondary units. These units are staffed by 19 palliative care nurses and 16

physiotherapists. Secondary nurses conduct an average of 16 home care visits and at least one outpatient clinic per week. Physiotherapists support home care teams and provide outpatient physiotherapy services on Mondays, Wednesdays, and Fridays. Importantly, physiotherapy outpatient services are extended to all patients, regardless of whether they are under palliative care.

The District Palliative Care Training Center functions at the District Hospital, Kozhencherry. The unit comprises one oncologist, one nursing officer, two palliative care nurses (one assigned to the training center and one for home care), and one physiotherapist. This is the only government-run cancer care unit in the district. Previously, the center had a 10-bedded palliative inpatient unit and 5 chemotherapy beds. However, due to ongoing building construction, the inpatient unit is currently non-functional, and training activities have been shifted to General Hospital, Pathanamthitta. Meanwhile, chemotherapy facilities have been expanded to 10 beds.At present, dedicated inpatient services for palliative patients are available only at General Hospital, Adoor, which provides 5 inpatient beds. Furthermore, Recognised Medical Institution (RMI) status has been achieved by 7 major hospitals and 1 CHC, while the remaining 9 CHCs have already initiated the process to obtain RMI status.

Programs Conducted

- Ten days foundation course in palliative care for medical officers and nursing officers
- Volunteers training program,
- Program coordination with SCOLE Kerala for conducting Domiciliary nursing course
- Various capacity-building programs, including refresher training, action plan dissemination sessions, and review meetings, are regularly organized for community nurses, secondary palliative care nurses, and physiotherapists.
- Patients get together conducted by primary and secondary units
- Palliative day observations

Healthcare camps in care homes and home care services were effectively undertaken by the secondary-level nurse, ensuring comprehensive assessment and support for patients. In addition, structured palliative care training sessions were provided to caregivers to enhance their knowledge and skills in patient management.

CHAPTER 12

National Urban Health Mission

12.1 National urban health mission (NUHM)

National Urban Health Mission is a sub mission of Nation Health Mission. NUHM aims to meet health care needs of urban population with the focus on urban poor by providing them with essential primary health care services and reducing their out of pocket expenses for treatment in urban areas with the help of Municipalities / Corporations. For a population of 50,000 each municipality /corporation is sanctioned with one Urban Primary Health Center. Under Pathanamthitta district two UPHC are functioning -UPHC Kumbazha& UFHC Thiruvalla.

As per ROP 24-25,39 MAS was approved 39 has been constituted and all the Bank accounts are opened. Under Pathanamthitta municipality one ASHA worker post is vacant and has been intimated to LSGD. As per ROP 24-25, 444 UHNDs were approved and all 444 UHNDs were conducted. As per ROP 23-24, 8 outreach medical camps were approved and all 8 outreach medical camps were conducted & as per ROP 24-25 no approval was provided for outreach medical camps.

Community process	Approved	In position	Remarks
No. of Mahila Arogya Samithi (MAS) constituted	39	39	
No. of MAS Accounts opened	41	39	
No. of MAS trainings/ orientations held	41	0	
No. of ASHAs	37	36	Under UPHC only.One ASHA resigned under UPHC Kumbazha
No. of UHNDs held in 2024-25 with frequency (Weekly, Monthly, Quarterly)	444	444	
No. of special outreach medical camps			

a. 2023-24	8	8	
b. 2024-25	0	0	No ROP approval
Population and households assigned per ASHA		Population: 45816 Households:13435	
Population and households assigned per JPHN		Population: 45816 Households:13435	
NGO Support in Community process if any	0	0	




WELLNESS SESSION AT UPHC KUMBAZHA & UFHC THIRUVALLA

Wellness Session Data 2024-25	
Instituitions	Participants
UPHC Kumbazha	314
UFHC Thiruvalla	305

12.1.1 institutional level activities:

Average OP (Per Day): 150

Average Lab (Per Day): 98

ITEMS	**2024-25**
Total OP	69362
Total NCD	24668
Total Lab	56309
Total Outreach labour camps	Nil

CHAPTER-13

National Tuberculosis Elimination Programme

13.1 National Tuberculosis Elimination Programme (NTEP)

The goal of NTEP is to achieve a rapid decline in the incidence and mortality of Tuberculosis.'100 days Intensified campaign' on TB elimination is being implemented with a stringent action plan aiming for an 80% decline in annual TB incidence rate (from 2015 baseline),90% decline in death due to TB and to eliminate financial burden on families affected with TB .The campaign aims at identifying undiagnosed TB cases through community wide screening &sample testing by equipping cutting edge diagnostic tools primarily focussing on rural & vulnerable population

There are total of 4 TB Treatment unit and 29 Designated microscopic centre (DMC),2 CBNAAT and 9 TRUENAT site. It abounds with natural splendours – undulating hills, dark mysterious forests, exotic wildlife and enchanting valleys. Pathanamthitta district has a reserve forest (Ranni Reserve and Konni Reserve)

The national TB Elimination Programme (NTEP) is being implemented in Pathanamthitta district since 1993. Pathanamthitta is a Government of India initiative launched to eliminate Tuberculosis by 2025, ahead of the global 2030 target, it organizes India's TB elimination efforts through a patient-first approach, strengthening diagnosis with advanced tools, providing free treatment and drugs, ensuringfinancial support for patients, fostering private sector engagement and implementing active case finding. The program is a centrally sponsored under the National Health Mission (NHM)

13.2 Components of NTEP

The National Tuberculosis Elimination Programme(NTEP)Components include the "Detect-Treat-Prevent-Build"Strategy which encompassesactivitieds like active case Finding through screening ,free diagnosis,using a quality-assured Lab Network,Newer Drug Regimens And Treatment delivery,private sector engagement,and IT-enabled System like "THE NIKSHAY" Platform for monitoring and support.It also Features strong community

engagement through advocacy and social mobilization and a comprehensive organizational structure from National to perlipheral levels.

Importance given to:

- Early Diagnosis
- Prompt treatment
- Active case finding and Contact tracing
- Private sector engagement
- Multi-Sectoral Collaboration
- Technological Integration

Ntep Programme –Organization In Pathanamthitta

District TB Centre	**1**
TB Unit	4
No.of District Hospital	1
No.of General Hospitals	2
No.of Thaluk Hospitals	4
No.of CHC	10
Total Number of FHC	43
No.of UPHC	2
No.of NAAT Site	11
No.of ICTC	6
No. of FICTC	16
TI Project	2
Link ART Centre	1(GH Pathanamthitta
No.of IP Care For DRTB Patients	1(GH Adoor,4 Bed)

No.of Govt. Medical College	1(MCH Konni)
No.ofPvt.Medical College	3

13.3 Programme implementation

- Centrally Sponsored Scheme: Implemented under National Health Mission (NHM)with financial contribution from both the central and state government.
- Diagnostic and Treatment network: A network of laboratories provides service, with higher-level intermediate reference laboratories(IRLs) offering advanced testing and supervision.
- DOTD Centers: Designated Microscopy Centers (DMCs) perform basic diagnostics, while Directly Observed Treatment (DOT) centers ensure patient adherence to medication.

13.4 Progress in tuberculosis eradication in the district

ACSM and ACF activities	Total Camp Conducted -20 Total Screened-3761 No.Of Positive-1
Nikshay Mitra (Distribution of food kits)	Monthly 10 Kit By Redcross Society
CYTB	94 test Done
NTEP monthly review	Every Month 4th Working Day
TB Elimination review meeting	Quarterly Planned
TB Death Audit review	Quarterly Planned

DRTB review meeting	Quarterly Planned

13.5 Challenges in NTEP

- Resource Limitation-Lab Technician vacant
- No PPM Coordinator in Pathanamthitta
- Supply chain issues
- Mobility Support :Don't have on vehicle in DTC So it is affecting monitoring and surveillance gap,logistictransportation,DTO's field supervision
- Program Integration

13.6 Fund Allocation For NTEP

Sl. No	Year	Amount (in lakhs)
1	2020-21	160.40 lakhs
2	2021-22	141.30 lakhs
3	2022-23	113.07lakhs
4	2023-24	122.42lakhs
5	2024-25	103.71 lakhs

CHAPTER 14

Aids Control Program

14.1 National Aids Control Program (NACP) Implementation

In Pathanamthitta through Integrated Counseling and Testing Centers (ICTCs) provide HIV counseling & testing services, Prevention of Parent to Child Transmission of HIV (PPTCT) services and HIV-TB cross referrals. These services have linkages with TI NGOs and outward linkages with ART centers, outreach services, peer support services, OI management and home-based care.

Targeted Intervention (TI) is one of the main components under NACP IV. Kerala has rich experience in Targeted Intervention Program as the program started way back in 1996 and managed by different management units with the help of experienced technical professionals. The Program is designed to reduce the rate of HIV transmission among the Core Group viz. Female Sex Workers (FSWs), Men having Sex with Men (MSMs) and Transgender & Bridge populations like Interstate Migrant

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

One centre is taking care of STI Identification and management in the district functional at General HospitalPathanamthitt.a.

NACP has the following service facilities operational in Pathanamthitta.This table presents the HIV-related health service centers in the region, highlighting the available services in prevention, testing, treatment, and blood safety

Name of HIV service centres	No. of HIV Service centers
Targeted interventions	3
Integrated counselling and testing centres	6
Designated STI & RTI clinic	1
ART Centre	0
Link ART	1
Blood Banks (Government)	2
Blood Banks (Private)	13

14.2 Targeted intervention projects In Pathanamthitta

This table presents detailed information on the performance of Targeted Intervention (TI) projects in Pathanamthitta, focusing on two key high-risk groups—FSWs and migrant workers—during the financial year 2024–25.

Indicator	FSW	Migrant
Total No. of TI Projects	1	1
Total registration till March 2025	1237	3713
New registration 2024-25	52	3713
New registration for the 1st quarter		
Total HIV Screening during 2024-25	1099	2227
HIV Positive found	0	1
Total HIV Screening during 2024-25		

Total no. of alive HRG Currently registered at ART Centres	1	16
Total HRG Positive currently on ART	1	0 (transferred to own districts)
Total STI Screening during 2024- 25.	2522	6396
STI Cases diagnosed and treated	0	0

14.3 Testing of general clients (atictcs in district) –SIMS Data

The table outlines HIV testing details of general clients from Integrated Counselling and Testing Centres (ICTCs) in the district,based on SIMS records for April 2024–March 2025.

General Clients April-March 2025						
ICTC	**FICTC**	**CBS**	**PPP**	**TOTAL**	**General clients positive**	**% positive**
26702	**66578**			**93280**	**51**	**0.05%**

14.4 Prevention of parent to child transmission of HIV

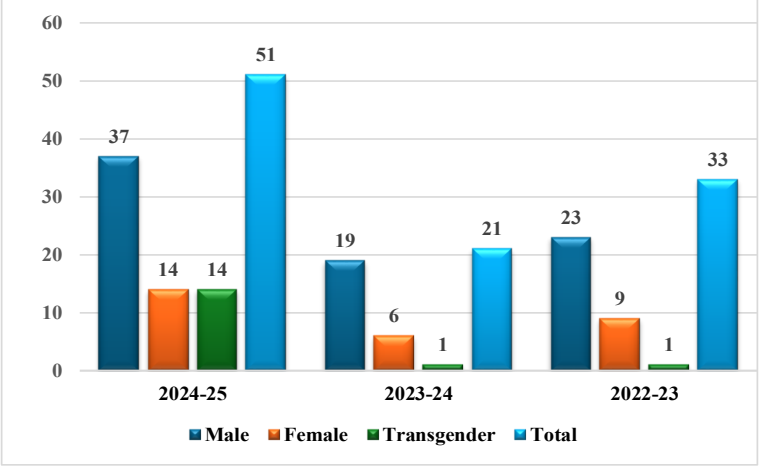
This table presents data on HIV testing among antenatal women under PPTCT program in Pathanamthitta district for the year 2024-25.

District	**ICTC**	**FICTC**	**PPP**	**Total**	**ANC positive**
Pathanamthitta	**4527**	**8688**		**13215**	**0**

Palliative And Long-Term Support (PALS) DATA

The data below presents key health service statistics from the district for 2024–25, with a focus on PALS.

Year	Male	Female	Transgender	Total
2024-25	37	14	14	51
2023-24	19	6	1	21
2022-23	23	9	1	33



The data presented highlights the yearly utilization of the Palliative and Long-Term Support (PALS) services in the district from 2022–23 to 2024–25, disaggregated by gender (Male, Female, and Transgender).

Key observations:

- 2024–25 recorded the highest number of beneficiaries, with a total of 51 individuals accessing PALS services — comprising 37 males, 14 females, and 14 transgender persons. The significant increase in transgender beneficiaries indicates a positive shift towards inclusivity in healthcare delivery.

- In 2023–24, there were 21 total beneficiaries, with 19 males, 6 females, and 1 transgender person. This year showed a modest increase from the previous year.
- 2022–23 had 33 beneficiaries in total — 23 males, 9 females, and 1 transgender individual.

14.5 Blood collection

The data presents the total number of blood units collected in the district during the year 2024–25, categorized by sector (Government and Private).

Government sector:

A total of **2,378 units** of blood were collected through government-run blood banks and donation camps.

Private sector:

A significantly higher total of **23,320 units** was collected by private institutions and blood banks.

Year 2024-25	No of Blood Units Collected
Govt	2378
Pvt	23320

ANNEXURES

ANNEXURE-1

PHOTOS OF HEALTH FACILITIES UPTO CHC

MAJOR HOSPITALS IN PATHANAMTHITTA DISTRICT

GOVT. MEDICAL COLLEGE HOSPITAL KONNI

GENERAL HOSPITAL PATHANAMTHITTA

GENERAL HOSPITAL ADOOR

DISTRICT HOSPITAL KOZHENCHERRY

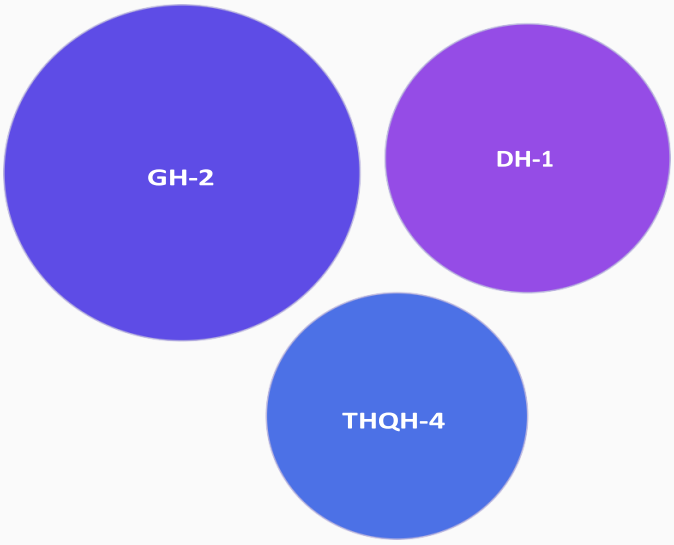
TALUKHOSPITALS

TALUK HOSPITAL RANNI

TALUK HOSPITAL THIRUVALLA

TALUK HOSPITAL KONNI

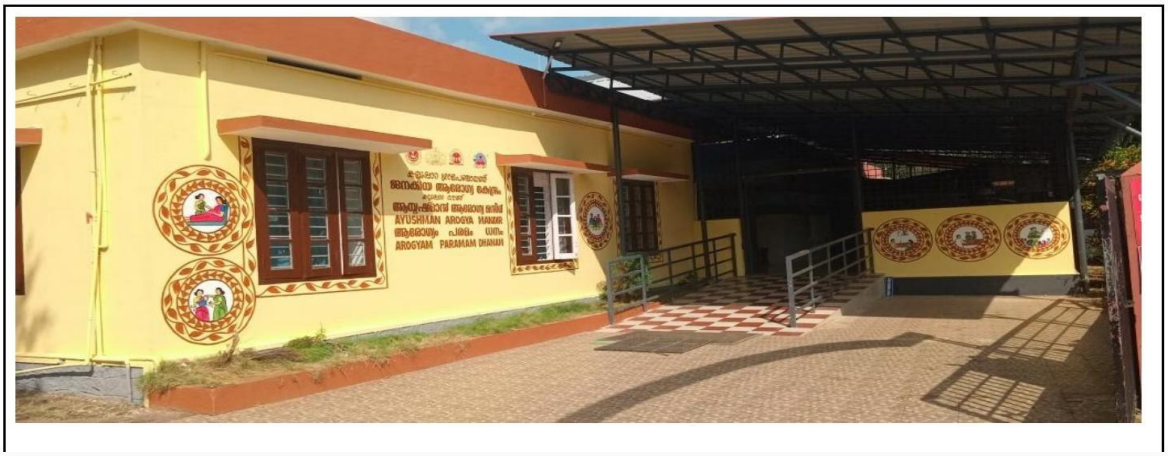
TALUK HOSPITAL MALLAPPLY



CHC

CHC VALLANA

CHC CHITTAR



CHC KALLOOPPARA

CHC RANNI PERUNAD

CHC KUNNAMTHANAM

CHC ENADIMANGALAM

CHC ELANTHOOR

CHC EZHUMATTOOR

CHC CHATHENKERY

CHC KANJEETTUKARA

CHC VECHOOCHIRA

CHC THUMPAMON

ANEXURE 2 IEC /BCC

The Information, Education & Communication (IEC) strategy aims to create awareness and disseminate information regarding the benefits available under various schemes/ programmes of the health department and to guide the citizens on how to access them. IEC BCC plays a crucial role in the successful implementation of health programs. The objective is also to encourage build-up of health seeking behavior among the masses in keeping with the focus on promotive and preventive health. The IEC strategy has catered to the different needs of the rural and urban masses through the various tools used for communication. Through our various IEC-BCC campaigns we are constantly striving to inform all the community about various healthcare services with an aim to improve the demand for these services, and also to encourage health-The Information, Education & Communication (IEC) strategy aims to create awareness and disseminate information regarding the benefits available under various schemes/ programmes of the health department and to guide the citizens on how to access them. IEC BCC plays a crucial role in the successful implementation of health programs. The objective is also to encourage build-up of health seeking behavior among the masses in keeping with the focus on promotive and preventive health. The IEC strategy has catered to the different needs of the rural and urban masses through the various tools used for communication. Through our various IEC-BCC campaigns we are constantly striving to inform all the community about various healthcare services with an aim to improve the demand for these services, and also to encourage healthseeking behaviors.These include spreading information on the preventive and promotive healthcare for the general public.

MAJOR IEC/BCC ACTIVITIES

- International Yoga Day activities and Yoga training conducted for health staff.

  Clubfoot awareness training program at THQH Ranni and poster release.
- Dengue awareness animated video created and shared through social media platforms.
- World population day IEC activities(Flash Mob,awareness class,social media posters,press releases etc.
- Ranni Pazhavangadi stone laying ceremony inaugurated by Hon. Health Minister Smt .Veena George. Public health act awareness IEC

activities.(posters, print,press release.

- ORT week observation district level inauguration and IEC activities at Elanthoor.
- As part of breastfeeding awareness week several activities are done in the district.(District level inauguration, Experts talk, IECposters,Quiz competition, Poster competition, Awareness sessions for Health Staff, awareness video for social media, Pencil drawing competition, Setting up of breastfeeding room at KSRTC Pathanamthitta etc.
- AHSHADHARA treatment protocol IEC board installed District hospital Kozhencherry, General Hospital Adoor, General hospital Pathanamthitta,Taluk Hospital Thiruvalla, Taluk Hospital Ranni.
- Pre Monsoon awareness campaign (Arogyathode Mazhakkalam).
- AIDS awareness district level marathon competition, Flashmob ,Quiz competition conducted at Pathanamthitta.
- Nutrition week observation IEC activities (Awareness class and Healthy food exhibition were conducted.
- Mission Stroke Capacity building Training For healthcare staff inaugurated by Hon: Health Minister Smt. Veena George at Pathanamthitta. Dignitaries from State and district level participated in this program.
- NPPCD board installation for major hospitals.
- Immunisation room child friendly wall painting done at UPHC Kumbazha.
- Sabarimala IEC activities(Hoardings and board installed at various pilgrimage paths, press release, mike announcement ,source reduction activities and awareness class for hoteliers, awareness videos and multi language awareness posters prepared and shared through new media.
- Antimicrobial resistance awareness week IEC activities.(Awareness class,pledge, Awareness rally
- ,flashmob ,social media IEC activities ,press release given through PRD.

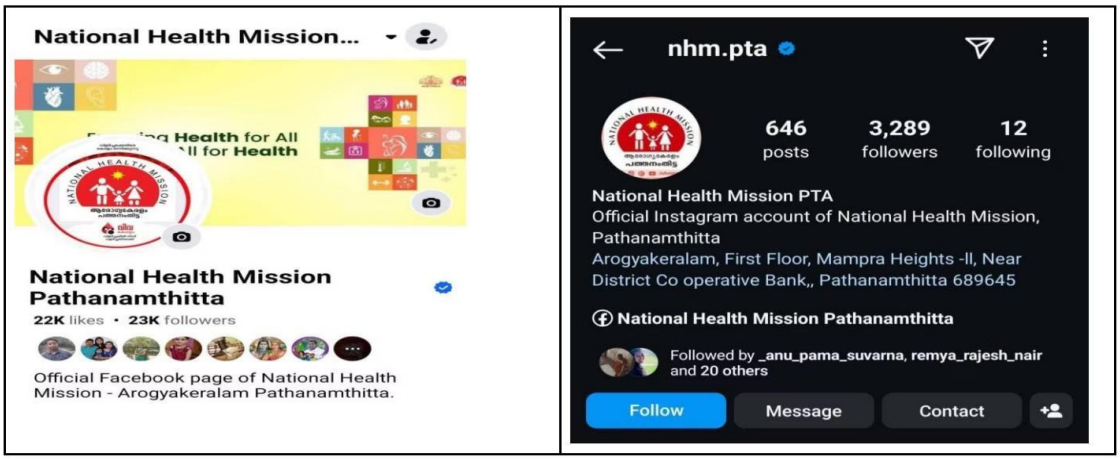
- NDD-district level inauguration by District collector shri.Premkrishnan.S IAS at Govt. Model residential School , Vadasserikkara.
- Peer educators sangamam and awareness class conducted for peer educators in 8 health blocks. International day of persons with disabilities
- World AIDS day observation at Elanthoor.
- 100 days TB Elimination campaign -state level inauguration and Training for Healthcare staff inaugurated by Hon, Health minister Smt .Veena george at The Petras convention center Pathanamthitta,dignitaries from national,state & district level participated in this program .
- FHC Othera new OP block stone unveiling ceremony inaugurated by Hon: Health Minister Smt.Veena George on 18 January 2025 at FHC Othera. The president Eraviperoor Grama panchayat presided over the function . DMO ,DPM and other dignitaries participated .
- National voters day oath taking and district level orientation training for MLSP.
- FHC Pallikkal new OP block stone unveiling ceremony inaugurated by Hon: Health Minister Smt.Veena George on 26 January 2025 at FHC Pallikkal. Hon Dy speaker shri. Chittayam Gopakumar presided over the function . DMO ,DPM and other dignitaries participated .
- FHC Chandanappally new OP block stone unveiling ceremony inaugurated by Hon: Health Minister Smt.Veena George on 26 January 2025 at FHC Chandanappally. Hon Dy speaker shri. Chittayam Gopakumar presided over the function . DMO ,DPM and other dignitaries participated .
- Sabarimala season-2024-25 health facilities review video prepared and published through social media handles.
- Aswamedham 6.0 District level IEC activities(District level inauguration by Hon Ranni MLA Adv.Pramod Narayan, campaign , awareness sessions , Flashmob IPC activities, Awareness videos published through new media, press releases etc.
- Arogyam anandam district level campaign and IEC activities.(camp, press release, prelaunch, district level inauguration, awareness videos, posters, flashmob, mega camp,installation of roll-up standees,cut out etc. conducted as part of the programme.

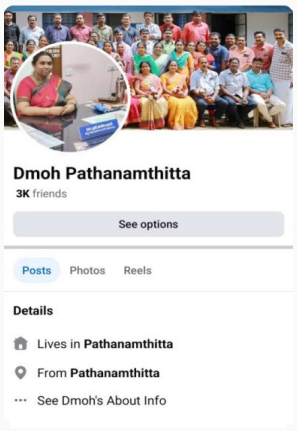
- Block FHC Vallikkode new building inaugurated by Hon . Health Minister Smt. Veena george on 1-03- 2025 . Konni MLA adv KU Janish kumar presided the function.
- World oral health day observation district level inauguration at General Hospital Pathanamthitta by District Panchayat president Shri.George Abraham.Awareness rally , seminar conducted as part of the event.
- World TB day district level inauguration at block Panchayat conference hall Ranni, and inaugurated District Panchayat president Shri.George Abraham. Dignitaries from district level participated.

SOCIAL MEDIA STATUS

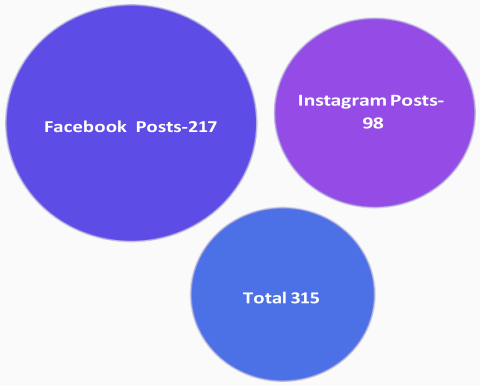
TOTAL FB -LIKES 22.K TOTAL FB FOLLOWERS 23.K

TOTAL INSTAGRAM FOLLOWERS- 3.3K





No: Facebook Post 2024 April- March - 217 No: Instagram post- 98



Communicable Disease Prevention Activities for new media

Press release - Communicable Disease Prevention Activities


എച്ച് 1
എൻ 1
കരുതൽ വേണം


എലിപ്പനി: യഥാസമയം ചികിത്സിക്കണമെന്ന് ആരോഗ്യ വകുപ്പ്


ഏതു പനിയായാലും ഡോക്ടറെ കാണണം


നിപ: മുൻകരുതൽ പാലിക്കണം


കൊതുക് കൊണ്ടുവരും രോഗങ്ങൾ
സൂക്ഷിക്കൂ...

PRESS RELEASE-SABARIMALA FESTIVAL 2024-25


Health department gears up for Sabarimala season

The Hindu Bureau
PATHANAMTHITTA

In view of the annual pilgrimage season at Sabarimala, the health department has put in place extensive measures to ensure the health of pilgrims visiting the hill shrine.

During a meeting at Pampa on Monday to review the preparations, Health Minister Veena George highlighted that special arrangements have been made at all government hospitals.

The Government Medical College Hospital in Konni, which will operate as the Sabarimala Special Hospital, is equipped with 30 beds, including ICU and ventilator facilities, along with designated beds in the emergency department.

At Kottayam
Arrangements have also been made at the Kottayam Government Medical College Hospital.

A control centre, which will function round the clock at Pampa, will coordinate medical assistance, with supplies of medicines and the support of multilingual health workers, sources said.

This control room will also be linked to the District Collectorate and government hospitals.

The Minister also urged pilgrims on medication for chronic diseases, like heart disease, to carry their medical records. With the relocation of the Vatasserikara health centre from the main Sabarimala route, doctors will be positioned along the route to provide assistance.

In response to the rising risk of waterborne diseases, the Food Safety department has been tasked with testing water samples frequently. Inspections to ensure the quality of food sold to pilgrims will also be ongoing.

Health inspectors have been instructed to oversee public hygiene measures, and all workers in food service units must hold valid health cards.

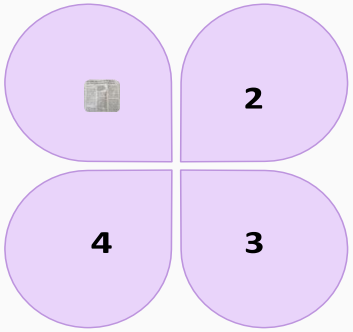
The Health Department is also setting up a dedicated training schedule to equip Sabarimala volunteers with basic life support and CPR skills.

Power interruptions

The Minister also emphasised the need for the Kerala State Electricity Board (KSEB) to address power interruptions and voltage fluctuations, which can critically impact medical equipment in the area.

The review meeting was attended by District Collector S. Prem Krishnan, Sabarimala ADM Arun S. Nair, and District Medical Officer L. Anitha Kumari, among other officials.

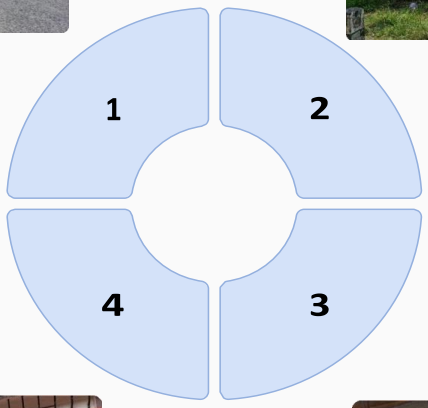
ശബരിമല: മികച്ച ആരോഗ്യ സംവിധാനം ഉറപ്പാക്കുമെന്ന് വീണാ ജോർജ്




ശബരിമല തീർഥാടനം
മികച്ച ആരോഗ്യ സംവിധാനം ഉറപ്പാക്കും: മന്ത്രി വീണാ ജോർജ്

ശബരിമല തീർഥാടകർക്ക് മികച്ച ആരോഗ്യസംവിധാനങ്ങൾ-മന്ത്രി വീണാ ജോർജ്

SABARIMALA IEC ACTIVITIES



నెమ్మదిగా కొండ ఎక్కండి, తరచుగా విశ్రాంతి తీసుకోండి.

- మీరు అలసట, ఛాతీ నొప్పి లేదా శ్వాస ఆడకపోవడాన్ని అనుభవిస్తే, ఎక్కడం ఆపండి మరియు వెంటనే వైద్య సహాయం తీసుకోండి.
- మీరు హృదయ కొటును అనుమానించినట్లయితే, వెంటనే వైద్య సహాయం తీసుకోండి.
- ప్లాస్టిక్‌ని వారేయకండి. వాటిని చెత్త డబ్బాల్లో నిక్షిప్తం చేయండి

అత్యవసర సహాయం కోసం
04735 - 203232

ನಿಧಾನವಾಗಿ ಬೆಟ್ಟವನ್ನು ಹತ್ತಿ, ಆಗಾಗ ವಿಶ್ರಾಂತಿ ತೆಗೆದುಕೊಳ್ಳಿ

- ನೀವು ಆಯಾಸ, ಎದೆ ನೋವು ಅಥವಾ ಉಸಿರಾಟದ ತೊಂದರೆಯನ್ನು ಅನುಭವಿಸಿದರೆ, ಹತ್ತುವುದನ್ನು ನಿಲ್ಲಿಸಿ ಮತ್ತು ತಕ್ಷಣದ ವೈದ್ಯಕೀಯ ಸಹಾಯವನ್ನುಪಡೆಯಿರಿ.
- ಹಾವು ಕಚ್ಚಿದೆ ಎಂದು ನೀವು ಅನುಮಾನಿಸಿದರೆ, ತಕ್ಷಣ ವೈದ್ಯಕೀಯ ಸಹಾಯವನ್ನು ಪಡೆಯಿರಿ.
- ಪ್ಲಾಸ್ಟಿಕ್‌ಗಳನ್ನು ಎಸೆಯಬೇಡಿ. ಅವುಗಳನ್ನು ಕಸದ ತೊಟ್ಟಿಗಳಲ್ಲಿ ಇರಿಸಿ

ತುರ್ತು ಸಹಾಯಕ್ಕಾಗಿ.
04735 - 203232

ಜಿಲ್ಲಾ ಮೆಡಿಕಲ್ ಆಫೀಸ್ (ಆರೋಗ್ಯ)
ಆರೋಗ್ಯಕೇರಳಂ, ಪತ್ತನಂತಿಟ್ಟ

Ranni Pazhavangadi stone laying ceremony inaugurated by Hon. Health Minister Smt .Veena George.

Breastfeeding week District Level activities

Breastfeeding room at KSRTC Pathanamthitta

Mission Stroke Capacity building Training For healthcare staff inaugurated by Hon: Health Minister Smt. Veena George

International Yoga Day

KSACS-YOUTH FEST

100 days TB Elimination campaign

100 days TB Elimination campaign -state level inauguration and Training for Healthcare staff inaugurated by Hon, Health minister Smt .Veena george at The Petras convention center Pathanamthitta,dignitaries from national,state & district level participated in this program

FHC Othera New OP block stone unveiling ceremony

New OP block stone unveiling ceremony inaugurated by Hon: Health Minister Smt.Veena George on 18 January 2025 at FHC Othera. The president Eraviperoor grama panchayat presided over the function. DMO, DPM and other dignitaries participated


കേരള സർക്കാർ
2025 ജനുവരി 18
ALWIN
EVENTS


1.43
ALWIN
EVENTS

National voters day oath taking and district level orientation training for MLSP

FHC Pallikkal new OP block stone unveiling ceremony

New OP block stone unveiling ceremony inaugurated by Hon: Health Minister Smt.Veena George on 26 January 2025 at FHC Pallikkal. Hon Dy speaker shri. Chittayam Gopakumar presided over the function. DMO, DPM and other dignitaries participated.

FHC Chandanappally new OP block stone unveiling ceremony

New OP block stone unveiling ceremony inaugurated by Hon: Health Minister Smt.Veena George on 26 January 2025 at FHC Chandanappally. Hon Dy speaker shri. Chittayam Gopakumar presided over the function. DMO, DPM and other dignitaries participated.

Aswamedham 6.0 District level IEC activities

District level inauguration by Hon Ranni MLA Adv.Pramod Narayan, campaign, awareness sessions, Flashmob IPC activities, Awareness videos published through new media, press releases etc.

അശ്വമേധം 6.0 ക്യാമ്പയിനിന്റെ ഭാഗമാകാം..
കേരളത്തെ കുഷ്ഠരോഗ വിമുക്തമ... See more

Sabarimala season-2024-25 health facilities video prepared and published through social media handles.

Konni Medical college forensic block Inauguration

Inaugurated by Hon. Health Minister Smt. Veena George and Konni MLA Adv K.U Janishkumar presided the function . Dignitaries from state and district level participated.

AROGYAM ANANADAM CAMPAIGN DISTRICT LEVEL IEC ACTIVITIES

Arogyam anandam state level logo launch by Hon. Health Minister Smt. Veena George at Pathanamthitta in the presence of Konni MLA Adv. K.U Janish kumar and dignitaries from district level participated.

Arogyam anandam district level pre-launch activities- Musical events(Govt.Doctors band-Ring road beats) and flash mob conducted at KSRTC Pathanamthitta for the wide publicity of the campaign.Awareness rally and mike announcement also conducted as part of the pre launch activities

Arogyam anandam district level function and mega cancer screening camp inaugurated by Konni MLA Adv.KU Janishkumar at HML Kumbazha Estate on 4/02/2025. As part of the campaign dignitaries from district level and DMO & DPM and labourers from HML estate participated.

AROGYAM ANANDAM CAMPAIGN

Ct) National Health Mission Pathanamthitta •

AROGYAM ANANDHAM AKATTAAM ARBUDAM MEGA EVENT WORLD WOMEN'S DAY CELEBRATION WITH IN ASSOCIATION WITH DISTRICT KUDUMBASREE MISSION HELD ON 08/03/2025 AT THIRUVALLA

Roll up standees installed at major hospitals and all PHC as part of the Arogyam anandam campaign

BLOCK FHC VALLICODE NEW BUILDING

Block FHC Vallikkode new building inaugurated by Hon . Health Minister Smt. Veena george on 1-03-2025 . Konni MLA adv KU Janish kumar presided the function.

World oral health day observation

District level inauguration at General Hospital Pathanamthitta by District Panchayath president Shri.George Abraham.Awareness rally , seminar conducted as part of the event.

World TB day

District level inauguration at block Panchayat conference hall Ranni, and inaugurated District Panchayat president Shri.George Abraham. Dignitaries from district level participated.


MONEY TRANSFER
AIR TICKET


ലോക ക്ഷയരോഗ ദിനം
ബോധവത്ക്കരണ റാലി
KL 62 F 1353


ലോക ക്ഷയരോഗ ദിനം

SOCIAL MEDIA AWARENESS-IEC ACTIVITIES


"ചരിത്ര മുന്നേറ്റം"
/nhmpta/


ദേശീയ
പോഷകാഹാര
വാരാചരണം
/nhmpta/

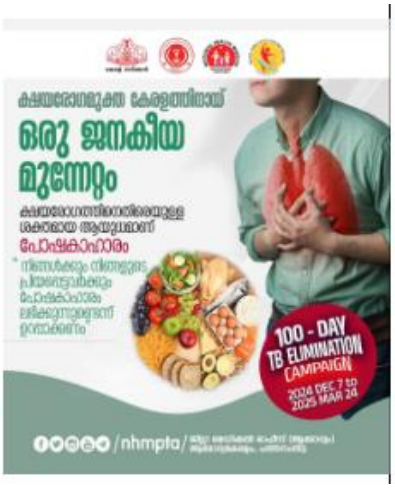

2024 നവംബർ 20
ലോക
സി.ഒ.പി.ഡി. ദിനം
/nhmpta/


വരുംകാലരോഗങ്ങൾ
പകരാതിരിക്കാൻ..
/nhmpta/


നിങ്ങൾ
തീരുമാനിക്കു
ഗർഭധാരണം
എപ്പോൾ വേണം ?
/nhmpta/


ലളിതം,
സുരക്ഷിതം,
വേദനരഹിതം
/nhmpta/


2024 ഡിസംബർ 3
അന്താരാഷ്ട്ര
ഭിന്നശേഷി ദിനം
"Amplifying the Leadership of Persons
with Disabilities for an Inclusive and Sustainable Future"
/nhmpta/


ക്ഷയരോഗമുക്ത കേരളത്തിനായ്
ഒരു ജനകീയ
മുന്നേറ്റം
പോഷകാഹാരം
100 - DAY
TB ELIMINATION
CAMPAIGN
2024 DEC 7 TO
2025 MAR 24
/nhmpta/


മുണ്ടിനീര്
(Mumps)
/nhmpta/


ക്ഷയരോഗം അറിഞ്ഞിരിക്കേണ്ടത്
100 - DAY TB ELIMINATION CAMPAIGN
2024 DEC 7 to 2025 MAR 24
/nhmpta/


ക്ഷയരോഗം
ആർക്കും വരാം
തടയൂ
ഇപ്പോൾ തന്നെ...
100 - DAY TB ELIMINATION CAMPAIGN
2024 DEC 7 to 2025 MAR 24
DISTRICT TB CENTRE
PATHANAMTHITTA
0468 - 2310890
/nhmpta/


പരിസ്ഥിതി മലിനമാകാതെ
സംരക്ഷിക്കാം


ക്ഷയരോഗം
ആർക്കും വരാം...
തടയൂ
ഇപ്പോൾ തന്നെ...
100 - DAY TB ELIMINATION CAMPAIGN
2024 DEC 7 to 2025 MAR 24
100 ദിന കർമ്മ പരിപാടി
DISTRICT TB CENTRE
PATHANAMTHITTA
0468 - 2310890
/nhmpta/


ക്ഷയരോഗം
തിരിച്ചറിയാതെ
പോകരുത്
/nhmpta/


സംതൃപ്ത പരിചരണം
ജനുവരി 15
പാലിയേറ്റീവ് കെയർ ദിനം
/nhmpta/


സ്തനാർബുദം
BREAST CANCER
ലക്ഷണങ്ങൾ


ഗർഭാശയഗള
കാൻസർ
CERVICAL CANCER
ലക്ഷണങ്ങൾ


പൊള്ളുന്ന വെയിലല്ലേ
വെയിലേറ്റ് വാടല്ലേ...


മാർച്ച് 24
ലോക
ക്ഷയരോഗദിനം
100 - DAY
TB ELIMINATION
CAMPAIGN
/nhmpta/


മികവോടെ
പത്തനംതിട്ട
96.88%
/nhmpta/


സേവനങ്ങൾ
/nhmpta/


അന്താരാഷ്ട്ര
വനിതാദിനം
മാർച്ച്
8
/nhmpta/


മാർച്ച് 3
ലോക
കേൾവി ദിനം
/nhmpta/


സെൽഫി എടുക്കൂ...
സമ്മാനം നേടൂ...
കാൻസർ പ്രതിരോധ
ജനകീയ കാമ്പയിന്റെ
നിങ്ങൾ ചെയ്യണ്ടത്
ഇത്ര മാത്രം...
/nhmpta/


ആരോഗ്യം
ആനന്ദം
കാൻസർ
പ്രതിരോധ
ജനകീയ
കാമ്പയിൻ
പ്രധാന ആശുപത്രികൾ
/nhmpta/


ആർദ്രം
മിഷൻ 6.0
നിതാന്ത ജാഗ്രത
ഓരോ നിമിഷത്തിലും
/nhmpta/

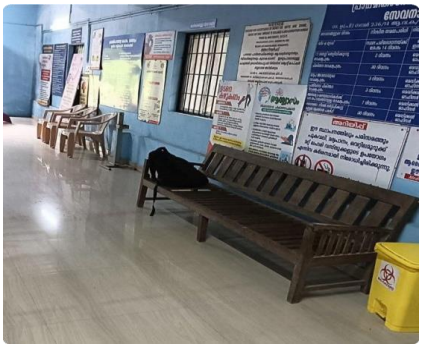

മികവോടെ
പത്തനംതിട്ട
90.75%
93.02%
/nhmpta/

Photographs of Completed FHC Transformation Projects

FHC Kadampanadu

FHC Kulanada

FHC Mylapra



FHC Thelliyoor

FHC Erathu

FHC Pramadom

FHC Nedumpura

FHC Manjanikkara

Photographs of Completed Block FHC Transformation Projects

Block FHC Ranni Perunad

Block FHC Vallicode

Block FHC Thumpamon

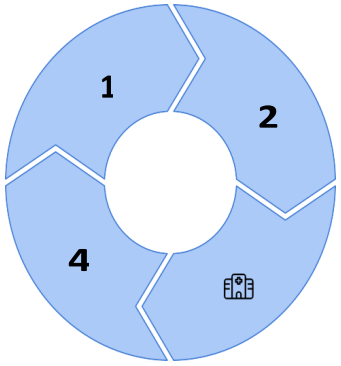
Block FHC Kallooppara

Block FHC Kanjettukara

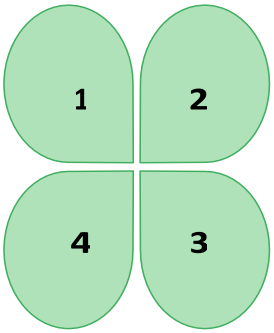



Photographs of Completed NHM ROP Projects

LaQshya at DH Kozhencherry

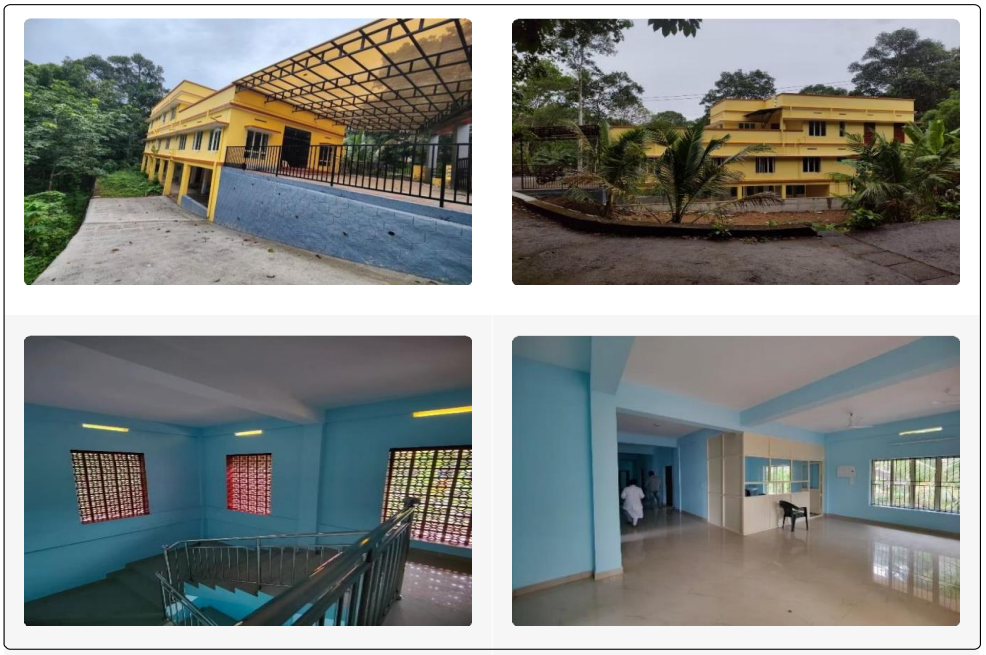


L



Eye Ward and Eye OT at DH Kozhencherry

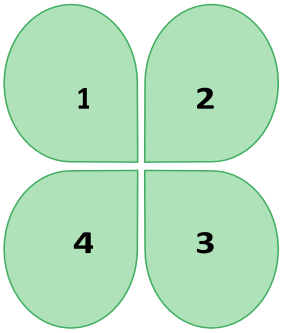
New Building at PHC Ranni Angadi



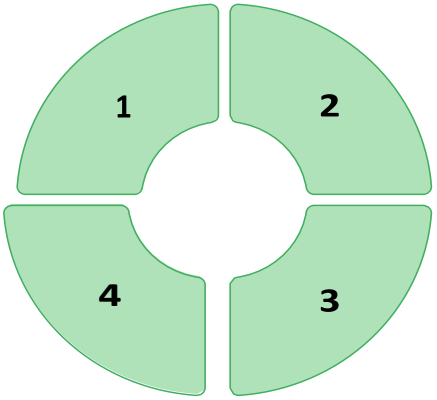
Renovation of OT Building, Pharmacy Store and SNCU at THQH Thiruvalla

Photographs of Completed Plan fund Projects

OPD Transformation (AARDRAM) at THQH Ranni



Setting up of STP at GH Adoor



OPD Transformation (AARDRAM) at THQH Konni




DETAILS OF PHC

Sl No	Name of Institution	Number of Bed	OT	ICU/ CCU	Ventilator	CT Scanner	MRI scanner	USG Scanner	TMT	ECHO	EEG	ECG	Angiogram	Angioplasty	Xray	Laser ray	Blood Bank	Clinical Lab	Pharmacy	Ambulance	ICU Ambulance
1	PHC Angamoozhy	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	1	0
2	PHC Kuttappuzha	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	1	0
3	PHC Manjanikara	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	1	0
4	PHC Pandalam Thekkeka	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	1	0
5	PHC Ranni Angadi	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	1	0
6	PHC Malayalappuzha	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	1	0
7	PHC mallappuzhassery	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	1	0
8	PHC Thottappuzhassery	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	1	0
9	PHC Nilackal	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	1	0
10	PHC Vallikkod	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	1	0
11	PHC Kottanad	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	1	0
12	PHC Erathu	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	1	0
13	PHC Ranni Pazhavangadi	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	1	0
14	PHC Kokkathod	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	1	0
15	PHC Koodal	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	1	0
16	PHC Puramattom	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	1	0
17	UPHC Pathanamthitta	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	1	0
18	UFHC Thiruvalla	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	1	0

DETAILS OF CHC

Sl No	Name of Institution	Number of Bed	OT	ICU/CCU	Ventilator	CT Scanner	MRI scanner	USG Scanner	TMT	ECHO	EEG	ECG	Angiogram	Angioplasty	Xray	Laser ray	Blood Bank	Clinical Lab	Pharmacy	Ambulance	ICU Ambulance
1	CHC Elanthoor	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
2	CHC Thumpamon	24	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	CHC Ranni Perunad	15	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
4	CHC Enadimangalam	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
5	CHC Kallooppara	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	CHC Kanjeettukara	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	CHC Vechoochira	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	CHC Chittar	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9	CHC Kunnamthanam	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	CHC Ezhumattoor	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	CHC Vallana	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	CHC Chathenkery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Details of FHC, DH, GH, THQH

Sl No	Name of Institution	Number of Bed	OT	ICU/CCU	Ventilator	CT Scanner	MRI scanner	USG Scanner	TMT	ECHO	EEG	ECG	Angiogram	Angioplasty	Xray	Laser ray	Blood Bank	Clinical Lab	Pharmacy	Ambulance	ICU Ambulance
1	Govt Medical College Konni	300	3	2	10	1	0	0	0	0	0	0	1	0	1	0	0	1	1	1	0
2	GH Pathanamthitta	414	3	5	23	1	0	0	1	1	0	1	1	1	1	0	1	1	1	1	1
3	GH Adoor	300	4	6	7	0	0	0	0	0	0	1	0	0	1	0	0	1	1	1	0
4	DH Kozhencherry	234	1	3	23	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
5	THQH Thiruvalla	155	2	1	5	0	0	0	0	0	0	0	0	0	1	0	0	1	1	3	0
6	THQH Konni	30	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	0
7	THQH Ranni	105	2	1	3	0	0	0	0	0	0	0	0	0	1	0	0	1	1	1	1
8	THQH Mallappally	128	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
9	FHC Cheneerkkara	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
10	FHC Pandalam	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
11	FHC Othera	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
12	FHC Kottangal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
13	FHC Pallickal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
14	FHC Vadasserikkara	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
15	FHC Thannithod	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
16	FHC Niranam	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
17	FHC Koipuram	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
18	FHC Chandanappally	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
19	FHC Mezhuveli	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
20	FHC Ezhamkulam	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
21	FHC anicad	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
22	FHC Omalloor	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
23	FHC Kadamanitta	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0

Sl No	Name of Institution	Number of Bed	OT	ICU/CCU	Ventilator	CT Scanner	MRI scanner	USG Scanner	TMT	ECHO	EEG	ECG	Angiogram	Angioplasty	Xray	Laser ray	Blood Bank	Clinical Lab	Pharmacy	Ambulance	ICU Ambulance
24	FHC Kaviyoor	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
25	FHC Cherukole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
26	FHC Naranamoozhy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
27	FHC Kuttoor	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
28	FHC Seethathod	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
29	FHC Mylapra	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
30	FHC Thelliyyoor	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
31	FHC Kulanada	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
32	FHC Kadambanadu	15	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
33	FHC Nedumpuram	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0