Top Initiatives of Health and Family Welfare Department

Kerala.HEALTH

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Preface

This document provides a comprehensive overview of the transformative health initiatives undertaken by the Government of Kerala, showcasing the state's commitment to building a robust and accessible public healthcare system. Kerala's health sector is renowned for its progressive approach, consistently achieving superior health outcomes that often comparable with international standards. The strengths of the sector lie in its extensive primary healthcare network, a highly skilled medical workforce, and a history of successful community-based interventions that emphasize preventive care alongside advanced treatment. The social determinants of the health i.e. literacy, empowerment of women, women participation, decentralized governance also contributes to health achievements.

The initiatives detailed in the following pages reflect a strategic focus on decentralization and modernization. From the establishment of specialized Health and Wellness Centres and 'Aardram' mission-led upgrades to the integration of cutting-edge technology through e-Health platforms, the state is ensuring that quality care is available even in the most remote areas. Notable milestones include the pioneering statewide cancer screening campaigns, the expansion of high-end dialysis and cardiac services to district levels, and the implementation of unique programs like 'Hridyam' for pediatric heart surgery and 'KARE' for rare disease management.

Furthermore, the document highlights the excellence of Kerala's medical education and research institutions, which act as hubs for innovation and tertiary care. By achieving national quality accreditations and establishing elite Centres of Excellence in trauma care, oncology, and genetics, Kerala continues to set benchmarks for the rest of the country. This compilation serves as a testament to the state’s unwavering dedication to universal health coverage and its vision of a healthier, more equitable future for all citizens.

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1. Directorate of Health Services (DHS)

Initiative/ Project No. 1

Name of Organization	Kerala State Health Services Department
Name of Project/Scheme/Programme	Upgradation of Primary Health Centres to Family Health Centres
Introduction	Raise the standards of primary care by upgrading them as Family Health Centres with the vision of providing quality and comprehensive health care affordable and accessible to every individual resident of the State. This was envisaged by Aardram Mission of Navakerala Karma Padhathi.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	Under the Ardram Mission out of the 849 PHCs, 847 have been upgraded to Family Health Centres (832) and Block Family Health Centres (15). In addition to it out of the 226 CHCs, 155 have been upgraded to Family Health Centres (122) and Block Family Health Centres (33).
Innovation/ special aspect about the subject above	• It has provided quality, comprehensive health care that is affordable and accessible to all • People friendly transformation of primary care facilities • Addressing social determinants of health • Health interventions through community participation
Service Delivery Details	• Extended OP timings up to 6pm • Renovation of buildings ensuring lab, waiting area, pre-check area, breast feeding room etc. • Ensuring at least 3 Doctors, 4 Staff nurses, 2 Pharmacists and 1 Lab technician • Extended OP services • Pre-check & Post – Check counselling services • Outreach institutional services at old age homes, hostels etc. • Specialty clinics – SWAAS, Aswaasam, Nayanamritham clinics for (screening and

	management of chest infections (COPD), Depression and eye respectively) • Laboratory services • Non-Communicable Diseases Clinics on all days • Comprehensive Primary Health Care Clinical Guidelines for management of common conditions • Electronic Health Records of patients maintained through eHealth

Initiative/ Project No. 2

<table>
<tr><td>Name of Organisation</td><td>Kerala State Health Services Department</td></tr>
<tr><td>Name of Project/Scheme/Programme</td><td>Annual Health Screening (Shaily)</td></tr>
<tr><td>Introduction</td><td>Aannual health screening of people above the age of 30 years in the State. Aimed at diagnosing and controlling lifestyle diseases, the survey prioritizes cancer, TB, and leprosy, in addition to diabetes and hypertension. The purpose was to develop a population based NCD Registry.</td></tr>
<tr><td>Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)</td><td>In the first phase It screened more than 1.55 crore people. Of the target population, 87% was screened in the first phase. Those identified as being at risk of lifestyle diseases after the survey were prescribed tests and follow-up treatment.
<table>
<tr><td>Indicator</td><td>Round 1</td><td>Round2</td></tr>
<tr><td>Target Population</td><td>17730157</td><td>18111775</td></tr>
<tr><td>Population based screening completed</td><td>15426177 (87%)</td><td>14384591 (79%)</td></tr>
<tr><td>New Hypertension detected</td><td>805413</td><td>434372</td></tr>
<tr><td>New Diabetes detected</td><td>68302</td><td>60137</td></tr>
</table></td></tr>
<tr><td>Innovation/ special aspect about the subject above</td><td>The state health app initiative for lifestyle intervention was successful in that it helped those ignorant to know their status on blood pressure and diabetes, diagnose early and control them, so that complications could be avoided. The 1.55 crore people who underwent screening in the first phase will be screened again in the second phase. It is also identified that 15 lakh people have hypertension and 1.5 lakh have diabetes.</td></tr>
</table>

Service Delivery Details	Home based screening and referral

State Health App initiative for Lifestyle Intervention

Initiative/ Project No. 3

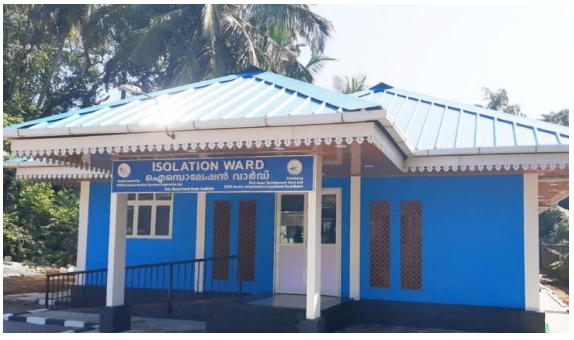
<table>
<tr><td>Name of Organisation</td><td>Kerala State Health Services Department</td></tr>
<tr><td>Name of Project/Scheme/Programme</td><td>“AAROGYAM AANANDAM AKATTAM ARBUDAM”– Cancer Screening Campaign</td></tr>
<tr><td>Introduction</td><td>Kerala Health has launched a historic health campaign to screen all its citizens above 30 years for cancers in 2025. It is named ‘Arogyam Anadam- Akattam Arbutham’ meaning ‘Health is Happiness- Let’s End Cancer’. The campaign is a collaborative effort of the Medical Education Department, Regional and Malabar Cancer Centre, Women and Child Development Department, National Health Mission, Local Self Governments, Kudumbasree, Private hospitals, Diagnostics, Non-Governmental Organizations and Voluntary Organizations. Kerala State Women’s Development Corporation, CSR initiatives of the corporates and Public Sector Units are backing the campaign with its resources.</td></tr>
<tr><td>Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)</td><td>Total Institution: 1544
Total Persons Screened: 21,78,253
Total Persons referred: 57661
<table>
<tr><td></td><td>Breast</td><td>Cervical</td><td>Oral</td><td>Colon</td></tr>
<tr><td>Cancer Detected</td><td>280</td><td>85</td><td>76</td><td>17</td></tr>
</table></td></tr>
<tr><td>Innovation/ special aspect about the subject above</td><td>Screening of all people above 30 years of age for various types of Cancers in a State is a first of its kind due to coverage and magnitude.</td></tr>
<tr><td>Service Delivery Details</td><td>Facilities for preliminary screening are available in all Government hospitals and health centres across the State. Medical Officers and health workers have been trained for the purpose, logistics and facilities are laid out in the centres to accommodate an optimal number of women in the special screening camps and in routine screening in the health centres. Private hospitals, diagnostics and labs also are part of the campaign providing screening at modest rates. People in the Below Poverty Line are screened free of cost. Those screened</td></tr>
</table>

	positive are referred to higher centres for confirmatory tests.

Initiative/ Project No. 4

Name of Organisation	Kerala State Health Services Department
Name of Project/Scheme/Programme	Isolation Wards
Introduction	Recognizing the need for common facilities for quarantining the primary contacts and isolating the symptomatic or confirmed cases of infectious diseases during COVID-19 pandemic, Government has decided to construct new Isolation Wards at all Legislative Assembly Constituencies in the State.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	The Isplation Wards are located in a major Government health institution in every Legislative Assembly COnstituency. In the initial stage of the project it was decided to construct the Isolation Ward in 90 locations. At present 55 projects completed and remaining 30 sites are in the process of completion with a total outlay of Rs 1,31,65,248/- for building construction for each location.
Innovation/ special aspect about the subject above	A 10 bedded 2,400 sq. ft Isolation Ward, equipped with all facilities including medical gas, was constructed using a pre-engineered structure. Each Isolation Ward is equipped with modern facilities including rooms with modern equipment, patient care zone, waiting area with entrance lobby, store, staff room with toilet, doctors' room, dressing room, nurses' station, emergency procedure room, toilet block, room for medical gas storage, and passage.
Service Delivery Details	The 10 bedded 2,400 sq. ft Isolation Ward, equipped with all facilities including medical gas, was constructed using a pre-engineered structure. They are meant to isolate/ quarantine patients of highly infectuious diseases

ISOLATION WARD
ഐസൊലേഷൻ വാർഡ്


ISOLATION WARD
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Initiative/ Project No. 5

Name of Organisation	Kerala State Health Services Department
Name of Project/Scheme/Programme	Health and Wellness Centres
Introduction	All Family Welfare Sub Centres working in the State (5416) were strengthened and upgraded to Health and Wellness Centres. Health and Wellness Centres intend to bring in more participation of people at grass root level. The centres have by and large services with the broad objective of ensuring access to health services for all at their door steps. A Model Health and Wellness Centres has been started at legislative constituency level.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	Physical infrastructure and manpower of the pre-existing Family Welfare Centres were vastly upgraded for the purpose. A total of 36 types of medicines and 10 lab tests intended to treat and detect minor ailments are being provided from the Centre. The staff consist of One Junior Public Health nurse, Junior Health Inspector, Mid-Level Service Provider (MLSP) and ASHA Worker. The working time of a HWC is from 09.00am to 04.00 pm, in which 09.00 am to 01.00pm is meant for field work during which, there will be priority house visits, field level clinics and group works. Every Tuesday will be for Women, Children and adolescent clinics. Every Thursday is for lifestyle diseases and elderly people. From the afternoon 02.00 pm to 04.00 pm there will be check-ups and distribution of medicines. Family welfare methods and equipment for bedridden patients
Innovation/ special aspect about the subject above	Under each HWCs, there are People's Health Clubs, People's Welfare Committee etc. for promotion wellness. The Committees are meant for smooth functioning of Health and wellness Centers and ensuring quality health services to people.
Service Delivery Details	The important services provided from a Health and Wellness Centre include

	• RCH services, • Public Health Services, • First Aid, • continuation care of discharged patients, • identification of life style diseases and diagnosis, • identification of respiratory diseases, • identification of the possibilities of life style diseases complexities. • Examination and review of dental, eye and ear problems. • Comprehensive mental health care, • palliative care, • continuation care of cancer disease, • referral services and awareness programmes. Besides this • simple lab tests using test kits availed from FHC stock.

Initiative/ Project No. 6

Name of Organisation	Kerala Sate Health Services Department
Name of Project/Scheme/Programme	Decentralization of Cancer Care & Cancer Care Grid
Introduction	With a view to decentralizing cancer care, Government has expanded care to 25 General/ District and Taluk Hospitals. The health department of Kerala also launched the State's first Cancer Grid to make cancer diagnosis and management more efficient.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	The Government has expanded care to 25 General/ District and Taluk Hospitals. District Hospitals and Taluk Level Hospitals of all districts have been introduced Mammogram, Biopsy and Pap Smear facilities to detect breast cancer in the early stages. In the first phase, Mammogram was started in 8 hospitals. The hospital building of Kochi Cancer Centre is getting ready to function. A Bone Marrow Donor Registry has also been introduced. Basic screening facilities, logistics and trained staff for cancer have been made available in all health centres and Health and Wellness Centres in the State
Innovation/ special aspect about the subject above	The expanding cancer care services to 25 District and General hospitals vastly improved the accessibility of cancer care. The cancer grid connects cancer screening centers, hospitals with treatment facilities, diagnostic centers, and regional cancer centers across the State, creating a comprehensive network. This integrated system ensures uniform and high-quality cancer care throughout the State.
Service Delivery Details	The Cancer Grid maps out the availability of cancer screening facilities, referral centers for suspected cases, and the necessary services required at each stage of cancer diagnosis and treatment. When cancer is detected

	at any health facility, the Grid identifies the nearest specialist centers for follow-up testing and treatment. Patients are referred to an appropriate center convenient to them and is notified in advance. After providing samples, patient can return home, and test results are communicated through nearest health centre. If further follow up services are needed, patients are referred to advanced centers, while post treatment care is provided through Health Centres.

Initiative/Project No: 7

Name of Organisation	Kerala State Health Services Department
Name of Project/Scheme/Programme	Universal Palliative Care- Kerala Care
Introduction	Kerala Care is the palliative care grid with one of the largest networks of palliative care volunteers, primary and secondary units that offer palliative care services to all registered patients in the State. The palliative care is intended to offer physical, mental, social and spiritual support to those individuals and their families who suffer from serious diseases.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	In the primary palliative care system of the State, there are more than 2000 units, 1 lakh volunteers, 1.5 lakh bed bound patients and 4 lakh people with severe chronic illnesses spread over all local bodies of the State. The Secondary Care System has 345 units, 26867 patients among 230 CHCs, 117 Taluks. There is one tertiary palliative care unit in every district with training centers for structured training programmes for doctors, nurses and other professionals. At present there are 2000 NGOs/ CBOs providing palliative care and 500 NGOs/CBOs providing nursing and medical care at home.
Innovation/ special aspect about the subject above	The entire activities of Kerala Palliative care are captured digitally on a real time basis and augment the services and continuum of care through a digital network so that every patient requiring palliation would get the right service at the right time which can be effectively monitored at various levels. The features of Palliative Care Grid include: • Facility registration • NGO/CBO registration-health department and LSG level • Volunteer registration • Public dashboard up to ward level

	• admin dashboard at ward level • API integration with Sannadha Sena Portal As per the provisions of the grid every person requiring palliation will be registered online, the supportive care of each patient will be mapped online either through a Government or NGO network. Each patient will be assigned to a volunteer to ensure care. All medical needs including supportive care and devices and morphine therapy will be mapped. Thus, all activities can be monitored online through dashboard at various levels.
Service Delivery Details	As per the provisions of the grid every person requiring palliation will be registered online, the supportive care of each patient will be mapped online either through a Government or NGO network. Each patient will be assigned to a volunteer to ensure care. All medical needs including supportive care and devices and morphine therapy will be mapped. Thus, all activities can be monitored online through dashboard at various levels.

1141 Primary Palliative Care Units

113 Secondary level Palliative Care Units in major hospitals

231 Secondary units in Community Health Centres

Palliative Units in 8 Medical Colleges, RCC and MCC

44 Secondary units under ISM

18 Secondary units under Homeo Department

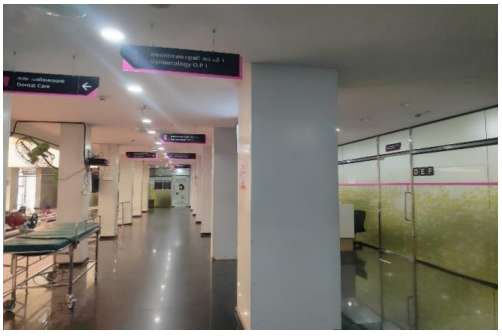
More than 500 NGO/CBO providing Medical and Nursing care at home

Many Charity and social organisations providing psychosocial and financial support

Initiative/Project No: 8

Name of Organisation	Kerala State Health Services Department
Name of Project/Scheme/Programme	LaQshya Certification
Introduction	LaQshya is a quality improvement initiative by the Ministry of Health and Family Welfare, Government of India, launched to improve the quality of care in public health facilities, labor rooms and maternity operation theaters. The program's primary objectives are to reduce maternal and newborn mortality and morbidity, ensure patient-centric and respectful care, and improve the overall experience of women and newborns during childbirth.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	Objectives of the LaQshya Program are to decrease preventable deaths and illness in mothers and newborns during and after delivery. to improve care during the intrapartum (during labor) and immediate postpartum (after birth) periods, to focus on the needs of the patient, ensuring dignity and respectful treatment. 17 hospitals in the State have so far received LaQshya Certification.
Innovation/ special aspect about the subject above	It aims to provide patient-centric care, enhance satisfaction, and ensure Respectful Maternity Care (RMC) for all pregnant women by improving infrastructure, resources, and staff skills.
Service Delivery Details	Quality gynaec and obstetric care, Respectful Maternity Care (RMC)

MOTHER AND BABY FRIENDLY HOSPITAL



പ്രസവമുറി സമുച്ചയം
LABOUR ROOM COMPLEX

Initiative/Project No: 9

Name of Organisation	Kerala State Health Services Department
Name of Project/Scheme/Programme	National Quality Assurance Standards (NQAS)
Introduction	National Quality Assurance Standard is an initiative implemented by the Ministry of Health & Family Welfare, GOI to improve the quality of government hospitals across India for the overall development of the health sector.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	309 Government Hospitals in the State have so far received NQAS Accreditation. It Includes 9 General/ District Hospitals, 8 Thaluk Level Hospitals, 14 Community Health Centres, 51 Urban Primary Health Centres, 177 Family Health Centres, and 50 Health and Wellness Centres
Innovation/ special aspect about the subject above	The assurance ensures the quality of the hospital services to a national level. Thus, the Government hospitals can offer services in a low-cost manner.
Service Delivery Details	Enhances quality of healthcare

Govt. TALUK HOSPITAL FEROKE

Initiative/Project No: 10

Name of Organisation	Kerala State Health Services Department
Name of Project/Scheme/Programme	Nirnaya Lab Network
Introduction	It networks the existing laborotaries in public health facilities with the setting up of a stipulated number of tests at each level and hub laboratories at primary and secondary levels. The network is being introduced in all health blocks to address gaps in testing at primary facilities. An electronic-reporting solution for laboratory tests is also being rolled out wherein patients will be intimated on test reports and sent quantifiable primary test results.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	1300 labs in the Government Health Institutions are part of this initiative. The State has around 885 Family Health Centres and five primary health centres, 152 block-level health centres, 88 taluk hospitals, 36 district-level hospitals and nine Women and Child Hospitals. The labs are set up at these institutions based on the hub-and-spoke model. The services are provided free of cost to the BPL families. For others, costs will be calculated based on norms. A system to send reports to patients will be introduced. Discussions are ongoing on launching a portal, through which patients can access reports.
Innovation/ special aspect about the subject above	All basic tests are being made available at primary health centres with the launch of Nirnaya. The first phase of the project aims to ensure standardisation of labs and that the 62 basic tests, according to the checklist, are available at the primary level. Blood samples are collected at the peripheral-level labs, at primary and Family Health Centres. Necessary logistics facilities are arranged so that the samples can be sent to hub-level labs at taluk hospitals, district hospitals and medical colleges on the same day. Sample transportation facilities are arranged by health centres or local self-governments.

Service Delivery Details	The State has around 885 Family Health Centres and five primary health centres, 152 block-level health centres, 88 taluk hospitals, 36 district-level hospitals and nine Women and Child Hospitals. The labs are set up at these institutions based on the hub-and-spoke model.

Initiative/Project No: 11

Name of Organisation	Kerala State Health Services Department
Name of Project/Scheme/Programme	Laboratories in Primary Health Centres
Introduction	This program aims to improve diagnostics services and diagnose primary organs by establishing laboratory facilities in the state.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	As part of this, a gap analysis of the laboratory tests and services currently provided by all the public health centers (PHC/FHC/CHC/Taluk/District/General) in the state was completed and based on that, a list of tests for which mandatory testing facilities were prepared at each level. Accordingly, it is aimed to provide facilities for 62 tests at the PHC/FHC level, 81 tests at the CHC level and 131 tests at the district/general hospital levels. The work is progressing in a time-bound manner to complete the specified services in the labs across the state by March 31, 2026. Along with this, steps are being taken to ensure the quality of tests in the labs of the public health centers in the state and to set up IQA (Internal Quality Assurance) and EQC (External Quality Control) in all the labs.
Innovation/ special aspect about the subject above	The necessary procedures are being taken to set up samples on a hub & spoke model at the district level. At the institutional level, the logistics system required for the testing network is being set up by utilizing funds through the 15th Finance Commission grant and adhering to the current standards.
Service Delivery Details	62 tests at the PHC/FHC level, 81 tests at the CHC level and 131 tests at the district/general hospital levels.

SEROLOGY
HEMATOLOGY

IMMUNO ASSAY
OPPO Reno7 Pro 5G

Initiative/Project No: 12

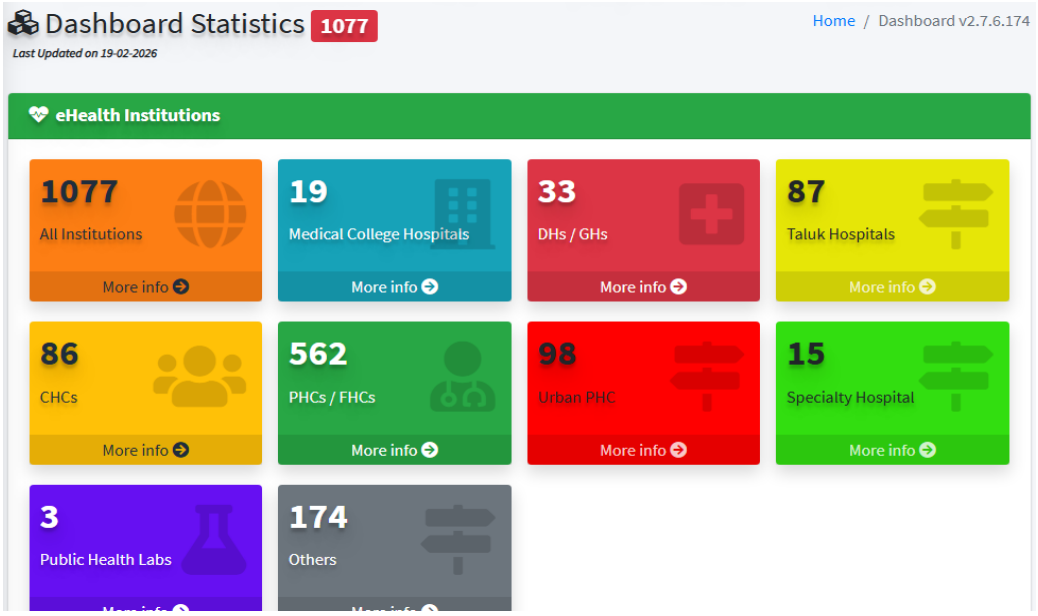
Name of Organisation	Kerala State Health Services Department
Name of Project/Scheme/Programme	Solid Waste Management in Hospitals
Introduction	The Health Department lays high priority to solid and liquid waste disposal system for the hospitals at various levels. Different methods such as sewage treatment plants, biogas plants, incinerators, aerobic composting are being adopted to manage waste generated in hospitals by including them in the Annual Plan
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	The Health Department lays high priority to solid and liquid waste disposal system for the hospitals at various levels. Different methods such as sewage treatment plants, biogas plants, incinerators, aerobic composting are being adopted to manage waste generated in hospitals by including them in the Annual Plan
Innovation/ special aspect about the subject above	The Health Department lays high priority to solid and liquid waste disposal system for the hospitals at various levels. Different methods such as sewage treatment plants, biogas plants, incinerators, aerobic composting are being adopted to manage waste generated in hospitals by including them in the Annual Plan
Service Delivery Details	Scientific solid and liquid waste disposal system for the hospitals at various levels. Different methods such as sewage treatment plants, biogas plants, incinerators, aerobic composting are being adopted to manage waste generated in hospitals by including them in the Annual Plan

Initiative/Project: 13

Name of Organisation	Kerala State Health Services Department
Name of Project/Scheme/Programme	Dialysis Units
Introduction	A total of 125 dialysis units are currently operating in Government health institutions in the State. In the year 2024-25, a total of 5000 patients benefited from these. In addition to hemodialysis, a peritoneal dialysis system is also available that patients can perform at home
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	A total of 125 dialysis units are currently operating in Government health institutions in the State. 64000 Dialysis cycles run per year. In addition to hemodialysis, a peritoneal dialysis system is also available that patients can perform at home. Currently, 600 people in the state are being provided with free peritoneal dialysis facilities.
Innovation/ special aspect about the subject above	Dialysis services is provided to the needy through low cost and qualitative manner
Service Delivery Details	Dialysis services for eligible patients with kidney diseases.

Initiative/Project No: 14

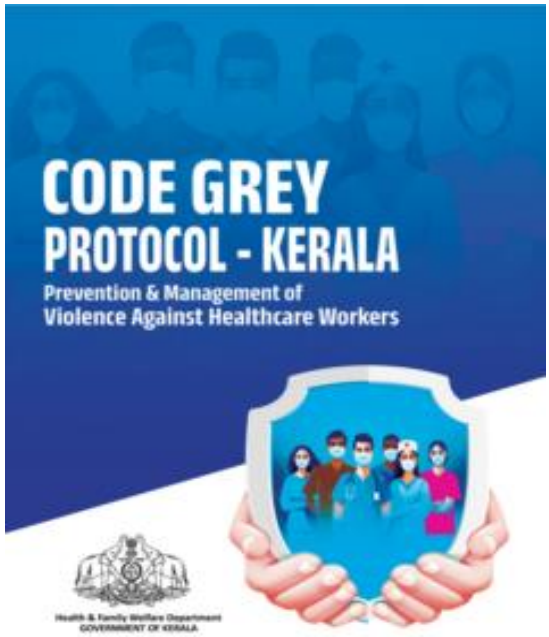
Name of Organisation	Kerala State Health Services Department
Name of Project/Scheme/Programme	Modernisation of Institutions (e-Health)
Introduction	**One citizen, One Health Record:** Unique Health Record for Citizens by virtue of Aadhaar Based Unique Health Identity Card. He/ She can use the card for lifelong at Government Hospitals for getting treatment. **Online advance booking**: Citizen can book online appointments at e-Health enabled Government Hospitals through Citizen Portal. **Telemedicine Consultation:** eHealth offers the citizens to consult the expert doctors virtually through Telemedicine facility provided through M-eHealth mobile app. For the time being review consultations are started as pilot and will be extended to general public for booking advance appointments.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	A total of 1077 health institutions including Medical Colleges, GH/ DH, TH, CHC and FHCs have joined the bandwagon of the e-Health network. It covers patient registration, outpatient (OP) consultation, inpatient (IP) management, pharmacy, blood bank services and discharge process. Renovation of DHS & DMO/ CMO offices: Infrastructure development of DHS and DMO offices has also been initiated.
Innovation/ special aspect about the subject above	One citizen, One Health Record, online advance booking, Telemedicine Consultation, and modernisation of infrastructure. All these efforts make the actions hassle free and electronically recordable and retrievable.
Service Delivery Details	The e-Health implemented institutions includes 19 Medical Colleges, 33 DHs/CHCs, 87 THs, 86 CHCs, 562 PHCs/ CHCs, 98 Urban FHCs, 15 Specialty Hospitals, 3 Public Health Labs and 174 other institutions.


Dashboard Statistics 1077
Home / Dashboard v2.7.6.174
Last Updated on 19-02-2026
eHealth Institutions
1077
All Institutions
More info
19
Medical College Hospitals
More info
33
DHs / GHs
More info
87
Taluk Hospitals
More info
86
CHCs
More info
562
PHCs / FHCs
More info
98
Urban PHC
More info
15
Specialty Hospital
More info
3
Public Health Labs
174
Others

Initiative/Project No: 15

Name of Organisation	Kerala Sate Health Services Department
Name of Project/Scheme/Programme	Code Gray Protocol
Introduction	The Code Grey protocol outlines pre-emptive actions to ensure hospital, staff, and patient safety, as well as procedures for security, reporting, and follow-up in the event of a breach. Additionally, the protocol includes instructions for providing psychological support and legal protection to employees.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	Health workers and security personnel will receive specialized training to implement the protocol, and various committees will be formed at hospital and state levels to ensure safety. Furthermore, security audits of hospitals have been completed, and actions to strengthen security will be based on these audit reports. Regular mock drills will also be organized to assess security arrangements." CCTV cameras, public address system for emergency communication, walkie-talkies to enhance coordination between hospital staff and security teams, special display boards containing safety guidelines, partition systems in high-risk areas like emergency departments were installed to ensure safety. In addition to the existing safety equipment, more safety equipment will be purchased in the next year. Mock drills will be organized to provide safety training to hospital staff. Safety awareness training and a lone worker policy will also be implemented. In addition, the main deficiencies in the state will be studied in detail and the basic safety systems will be developed in a phased manner
Innovation/ special aspect about the subject above	The programme is intended to increase the safety and security of the hospitals' personnel and infrastructure. The set of activities aimed are auditable, reviewable and also trainings are also implemented. Equipment purchases and infrastructure developments are also included.

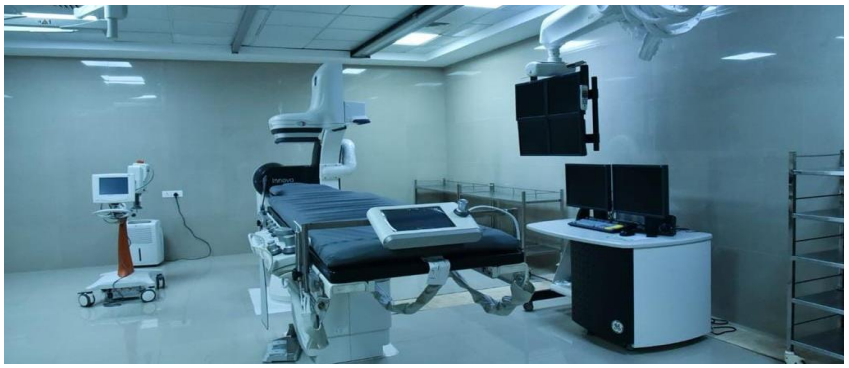
Service Delivery Details	Pre-emptive actions to ensure hospital, staff, and patient safety, as well as procedures for security, reporting, and follow-up in the event of a breach. Additionally, the protocol includes instructions for providing psychological support and legal protection to employees. Health workers and security personnel will receive specialized training to implement the protocol, and various committees will be formed at hospital and state levels to ensure safety. Furthermore, security audits of hospitals have been completed, and actions to strengthen security will be based on these audit reports. Regular mock drills will also be organized to assess security arrangements.



Initiative/Project No: 16

Name of Organisation	Kerala Sate Health Services Department
Name of Project/Scheme/Programme	Cath Labs in all Districts
Introduction	With a view to prevent deaths due to heart disease, Cath labs are being set up in all districts of the State. ICU facilities are also strengthened for rapid interventions.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	Financial assistance has been provided through Ardram Mission of the State Government to set up one Cath lab facility in one district-level hospital for each district. Currently, 12 Cath labs are functional under the Directorate of Health Services (DHS). Cath labs are functioning GH Thiruvananthapuram, DH Kollam, GH Pathanamthitta, GH Kanjirappally, GH Ernakulam, GH Thrissur, GH Palakkad, GH Manjeri, GH Kozhikode, DH Mananthavady, DH Kannur, DH Kanhangad. Procedures like Coronary Angiogram, percutaneous Transluminal Coronary Angioplasty, Permanent Pacemaker implantation, Cardiac Resynchronization Therapy, Implantable cardioverter Defibrillator, Peripheral Angiogram, Graft Angiogram are being performed in the Cath labs. New facilities are under way at Alappuzha General Hospital and the Taluk Headquarters Hospital, Adimali (THQH Adimali).
Innovation/ special aspect about the subject above	Kerala is the first State in the Country to have Cath Labs in all districts in the Government sector.
Service Delivery Details	There is one cath lab in the district hospitals of each district 12 Cath labs are functional under the Directorate of Health Services (DHS). Cath labs are functioning GH Thiruvananthapuram, DH Kollam, GH Pathanamthitta, GH Kanjirappally, GH Ernakulam, GH Thrissur, GH Palakkad, GH Manjeri, GH Kozhikode, DH Mananthavady, DH Kannur, DH Kanhangad. Procedures like Coronary Angiogram, percutaneous Transluminal Coronary Angioplasty, Permanent Pacemaker implantation, Cardiac Resynchronization Therapy, Implantable cardioverter

	Defibrillator, Peripheral Angiogram, Graft Angiogram are being performed in the Cath labs. New facilities are under way at Alappuzha General Hospital and the Taluk Headquarters Hospital, Adimali (THQH Adimali).



Initiative/Project No: 17

Name of Organisation	Kerala Sate Health Services Department
Name of Project/Scheme/Programme	Super Specialty Services in Major Hospitals
Introduction	By 2026 March, quality super specialty services will be ensured in all major hospitals under the Health Department. More dialysis centers will be started in district-level hospitals. Neurology & Neurosurgery: Stroke care units and neurosurgical services will be improved in selected district hospitals.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	By 2026 March, quality super specialty services will be ensured in all major hospitals under the Health Department.
Innovation/ special aspect about the subject above	Continuous investment, strategic planning and equitable distribution of infrastructure are essential to further strengthen the public health sector of Kerala and to make super specialty services easily available to the common man.
Service Delivery Details	More dialysis centers in district-level hospitals, Neurology & Neurosurgery: Stroke care units and neurosurgical services in selected district hospitals.

Initiative/Project No: 18

Name of Organisation	Kerala Sate Health Services Department
Name of Project/Scheme/Programme	Mother and Child Hospitals
Introduction	The government has recognized the importance of women and children hospitals. Currently, Women and Child hospitals are functioning 9 districts and steps are underway to set up new hospitals in the rest of 5 districts. A plan has been prepared to start infertility treatment departments with modern laboratory facilities in all women and children's hospitals in a phased manner.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	Kerala has maintained high standards in maternal and reproductive health. According to the 2017 Sample Registration System (SRS), Kerala recorded the lowest maternal mortality rate of 24 (MMR Bulletin, SRS) and infant mortality rate of 5 (SRS Data). This is because of the increased institutional delivery and medical care. Hospitals play a big role in this.
Innovation/ special aspect about the subject above	Children and women are considered as the weaker sections of the society. So they need special protection and consideration. Establishing Mother and Child Hospitals are of profound importance in this context.
Service Delivery Details	Specialized care for mother and baby

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Initiative/Project No: 19

Name of Organisation	Kerala Sate Health Services Department
Name of Project/Scheme/Programme	Kerala United Against Rare Diseases
Introduction	KARE is a comprehensive care program using crowd funding prepared by the State government to prevent diseases, detect them early, provide them with treatments where available, provide therapies other than drugs, provide technical assistance, ensure home-based services, and ensure psychosocial support for parents.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	260 children with rare diseases are given treatment to the tune of an average of Rs. 1 crore per year per child. Lives of the 97 percent of the children under treatment have been saved. Vertebrae of 12 children with SMA have been corrected with specialized surgical procedures.
Innovation/ special aspect about the subject above	Rare diseases like SMA, Goucher and Pompe are attended, treated and financial assistance is provided under this scheme. Counselling services are also provided for the parents of the children who suffer from this.
Service Delivery Details	SMA clinic has been set up at the Thiruvananthapuram SAT Hospital for the first time at the government level by coordinating various treatment departments. It includes experts from the departments of Pediatric Neurology, Genetics, Orthopedics, Pulmonary Medicine, Physical Medicine & Rehabilitation. Facilities are being prepared here to diagnose and provide various treatments to children with this condition. Facilities for diagnosing children and detecting the disease during pregnancy have been prepared through the CDC in Thiruvananthapuram. Subsequently, information about SMA sufferers in Kerala is collected and examinations are being conducted under the leadership of a special doctor at Thiruvananthapuram SAT Hospital, Kottayam Medical College, and Kozhikode Medical College.

KARE

Initiative/Project No: 20

Name of Organisation	Kerala Sate Health services Department
Name of Project/Scheme/Programme	Hridyam
Introduction	Hridyam is a web platform based early identification, treatment and follow up of congenital heart diseases of children till 18 years of age.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	More than 8802 surgeries and interventions have already been performed through this scheme. 15420 children have been given various treatment as per conditions. SAT (Sree Avitam Thirunal Hospital) Thiruvananthapuram, Medical College Kottayam, Medical College Kozhikode Hospital and private hospitals like Amrita Institute of Medical Sciences Kochi, Lissy Hospital Ernakulam and Believers Church Hospital Thiruvalla have been empanelled as per the RBSK guidelines. The scheme has received the 2018 Scotch Swachh Bharat Gold Award and Express Healthcare Award, National Awards. He has also received the Kerala State E-Governance Award in 2017 and the Kerala State Chief Minister's Award in 2019.
Innovation/ special aspect about the subject above	Screening for Heart disease is ensured for 12 lakh children born in government hospitals. To ensure care for all children, screening is carried out at homes, in Anganwadis and in schools. If symptoms of heart disease are identified, specific tests including echo are carried out. If heart disease is confirmed in the foetus child, further treatment is ensured from birth. Surgery is provided in government hospitals or empaneled private hospitals.
Service Delivery Details	8 government and private hospitals have been empaneled in the Hridyam scheme. In the past three years, more than 1000 children have been provided with specialist heart disease treatment at SAT Hospital in Thiruvananthapuram. A paediatric heart surgery department has been set up and expensive ECMO treatment and complex heart surgery have been started.

Hridyam
for little hearts...

Initiative/Project No: 21

Name of Organisation	Kerala State Health Services Department
Name of Project/Scheme/Programme	VIVA Campaign
Introduction	VIVA (Vilarchayil Ninnum Valarchayilekku) Campaign seeks to test the haemoglobin level of women aged 15 to 59 years and provide treatment to those suffering from anaemia after National Family Health Survey-V found that anaemia among women was lower than in the NFHS IV.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	5479889 women have been tested under this scheme across the state. Out of the women who have tested, 1% have been diagnosed with severe anaemia and provided treatment. In the second phase of VIVA, along with testing and treating, widespread awareness campaigns will be undertaken to create awareness about anaemia among women and its prevention and treatment.
Innovation/ special aspect about the subject above	The VIVA (Vilarchayil Ninnum Valarchayilekku - From Anemia to Growth) campaign is a State government initiative to screen and treat iron-deficiency anemia in women and adolescent girls and women. Launched in 2022 and 2023 by the Health & Family Welfare, Women and Child Development Departments, it uses a "test, treat, and talk" strategy to identify mild-to-moderate anemia and provide necessary iron supplementation and dietary advice. The campaign is also linked to weekly Well Women Clinics at HWCs for women, which focus on early diagnosis of anemia and other health issues
Service Delivery Details	5479889 women have been tested under this scheme across the state. Out of the women who have tested, 1% have been diagnosed with severe anaemia and provided treatment. In the second phase of VIVA, along with testing and treating, widespread awareness campaigns will be undertaken to create awareness about anaemia among women and its prevention and treatment.

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Initiative/Project No: 22

Name of Organisation	Kerala Sate Health Services Department
Name of Project/Scheme/Programme	Ashadhara Scheme
Introduction	Aashadhara is a comprehensive and decentralized scheme implemented for patients suffering from diseases like hemophilia, sickle cell anemia, thalassemia.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	3546 patients are registered under the scheme
Innovation/ special aspect about the subject above	As part of the Aashadhara scheme, children up to the age of eighteen were able to switch to the innovative monoclonal antibody emicizumab prophylaxis. This treatment is a major transformation in hemophilia care in the state of Kerala, which has greatly helped improve the quality of life of children suffering from severe hemophilia A.
Service Delivery Details	The main functions of the District Daycare Centers are to register patients, provide awareness as part of patient care, provide check-ups at regular intervals, and conduct prophylaxis for children. Apart from this, the DDCC is also trying to make arrangements to provide other services available in the district in a beneficial manner to the patients. Physiotherapy service is the main one in this.

Initiative/Project No: 23

Name of Organisation	Kerala State Health Services Department
Name of Project/Scheme/Programme	District Early Intervention Centre
Introduction	A system for early detection and treatment of developmental delays and disabilities in children is functioning in all districts under the name of District Early Intervention Centers.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	Operations have started in independent buildings in Kannur, Wayanad, Malappuram, Thrissur, Alappuzha and Kollam districts after 2021.
Innovation/ special aspect about the subject above	Comprehensive health check-ups under the leadership of a pediatrician, medical officer and dental doctor, as well as therapy services such as speech therapy, physiotherapy, audiology, optometry, special education, and psychological counseling are available from here completely free of cost.
Service Delivery Details	Operations have started in independent buildings in Kannur, Wayanad, Malappuram, Thrissur, Alappuzha and Kollam districts after 2021.

Initiative/Project No: 24

Name of Organisation	Kerala State Health Services Department
Name of Project/Scheme/Programme	Anti-Microbial Resistance Intervention for Total Health (AMRITH)
Introduction	The AMRITH (Antimicrobial Resistance Intervention for Total Health) initiative in Kerala is a program launched by the State's Drug Control Department in January 2024 to combat antimicrobial resistance (AMR). Its main goal is to eliminate the over-the-counter (OTC) sale of antibiotics without a doctor's prescription. The initiative involves surprise inspections, public reporting of violations through a toll-free number, and strict penalties for pharmacies that do not comply with the ban on selling antibiotics without a prescription.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	• Antibiogram preparation • District & Block level AMR Committees • Antibiotics in blue cover • More than 100 hospitals are Antibiotic smart • Antibiotic literate Panchayaths • Decrease of Antibiotic sales by decrease of 300 crores. • 39 Tons of useless Antibiotics are scientifically disposed.
Innovation/ special aspect about the subject above	The irrational use of Antibiotics may lead to the resistance of microbial and may pose threat to the health as well as animals. The program enforces a strict interpretation of the 2011 H1 rule, which prohibits the sale of antibiotics without a prescription. Kerala has a history of tackling AMR, launching the Kerala Antimicrobial Resistance Strategic Action Plan (KARSAP) in 2018 in collaboration with the WHO.

Service Delivery Details	Antibiogram, published every year since 2022 District & Block level AMR Committees Antibiotics distributed to patients in blue cover More than 100 hospitals are prepared to become Antibiotic Smart Antibiotic literate Panchayaths Decrease of Antibiotic sales by decrease of 300 crores in one year 39 Tons of useless Antibiotics are scientifically disposed.

2. Directorate of Medical Education (DME)

Initiative No 1

Name of Organisation	**Government Medical College, Thiruvananthapuram**
Name of Project/ Scheme/ Programme Introduction	**Comprehensive Stroke Centre and Interventional Neurology Cath Lab Service**s The Government of Kerala launched the Interventional Neurology Cath Lab services at GMCT in May 2023 to unite advanced stroke care facilities under one roof. The centre provides rapid imaging and high-end interventions for acute stroke patients, including thrombolysis and mechanical thrombectomy. It serves as a pioneer in the government sector for treating complex extracranial, intracranial, and spinal vascular diseases.
Basic Fact Sheet covering all Indicators.	**Output:** Cerebral Angiograms (400+ procedures), Mechanical Thrombectomies, (7 procedures), Carotid Stenting (25+procedures), Aneurysm Coiling (10+procedures), Other Embolizations (AVM, Spinal, Tumor, MMA) -25+ procedures
Innovation/special aspect about the subject	This initiative marks the **first time** Interventional Neurology services and Mechanical Thrombectomy have been made available within the **Government Sector in Kerala**. A key innovation is the integration of a dedicated **Stroke Cath Lab (INNOVA IGS 540)** and a specialized **Stroke ICU** with an **ICMR stroke registry** to track patient outcomes and improve data-driven care. Furthermore, the project utilizes a Public-Academic partnership model, evidenced by an MOU with SNIF for faculty advanced training.
Service Delivery Details	• **Emergency Access:** A dedicated Stroke helpline is available at **99 463 32 963**. • **Rapid Intervention:** Acute stroke patients receive immediate imaging via CT Angiogram (GE Revolution EVO CT) followed by rapid thrombolysis or thrombectomy. • **Comprehensive Procedures:** Delivery of specialized treatments including coiling for brain aneurysms, embolization for AVMs, and angioplasty for arterial stenosis. • **Expert Oversight:** Services are led by a specialized Nodal Officer (Associate Professor) with FNB training in Neurovascular interventions. • **Operational Goal:** The centre is currently working toward providing **24/7 Mechanical Thrombectomy services** to all eligible acute stroke patients

Figure 1Comprehensive Stroke Centre, GMC Trivandrum

Figure 2 Neuro Cath Lab, GMC Trivandrum

Initiative No 2

Name of Organisation	**SAT Hospital, Government Medical College, Thiruvananthapuram**
Name of Project/ Scheme/ Programme Introduction	**Centre of Excellence (CoE) for Rare Diseases** Designated in December 2022 under the National Policy for Rare Diseases (NPRD) 2021, this centre is one of only 15 such specialized facilities in India. It provides a comprehensive framework for the prevention, early diagnosis, and multidisciplinary management of rare genetic disorders. The initiative integrates clinical care with advanced research and academic capacity building to support patients requiring high-cost specialized therapies.
Basic Fact Sheet (Output and Outcome Indicators)	**Output** (Jan 2023 to Sept 2025) Total Patients Registered -493 patients Beneficiaries Receiving Funded Therapy-66 patients SMA Patients under KARE Programme-203 children **Outcome** Financial Assistance Disbursed -Approximately ₹5 crore National Standing -One of 15 recognized Centres in India Academic Expansion | New Department of Medical Genetics started
Innovation/special aspect about the subject	The CoE features an integrated diagnostic network linking SAT Hospital with CDC Thiruvananthapuram, SHRDHA Clinic, MRDRL, and a DBT-supported NIDAN Kendra, ensuring seamless antenatal, prenatal, molecular, and cytogenetic testing. It has also enabled public-sector access to high-cost, life-saving therapies such as enzyme replacement and SMA-specific treatments.
Service Delivery Details	• **Clinical Facilities:** Dedicated Rare Disease/Genetic Clinic with OPD and IPD care. • **Multidisciplinary Review:** All cases assessed by expert teams per national guidelines. • **Therapeutic Access:** Provides ERT, Growth Hormone, IVIG, and SMA therapies. • **Support Services:** Genetic counselling with linkage to government financial schemes. • **Academic Hub:** Training in cytogenetics/molecular labs; launching DM and Fellowship programs in Medical Genetics.

Figure 3 SAT Hospital, GMC Thiruvananthapuram

Figure 4 Rare Diseases Day Celebration, SAT Hospital, Thiruvananthapuram

UNION HEALTH MINISTRY NOTIFIES NEW CENTRE OF EXCELLENCE FOR RARE DISEASE TREATMENT IN KERALA

Figure 5 Centre of Excellence for Rare Diseases

Initiative No 3

Name of Organisation	**Government Medical College, Thiruvananthapuram**
Name of Project	**Linear Accelerator (LINAC) and Telecobalt Machine for Radiotherapy** This initiative involves the installation of a modern Linear Accelerator (LINAC) system, a sophisticated facility designed for highly precise cancer treatment. The system is housed in a newly constructed specialized building adjacent to the Outpatient (OP) block, representing a significant infrastructure upgrade for the oncology department.
Basic Fact Sheet (Output and Outcome Indicators)	**Output** • Infrastructure Investment- ₹18 crore **Outcome** • Annual Patient Reach -1,750 to 2,000 new cancer patients • Treatment Precision- High-precision radiation dose delivery
Special aspect about the project	The innovation lies in the transition to **Linear Accelerator technology**, which allows for more targeted radiation therapy compared to traditional methods. By delivering highly precise doses, the system minimizes damage to surrounding healthy tissues, significantly improving the quality of care for cancer patients within the government healthcare sector.
Service Delivery Details	• **Specialized Infrastructure:** The equipment is located in a dedicated, newly built facility specifically designed to house high-energy radiation equipment. • **Patient Access:** The facility serves a high volume of the oncology population, providing critical radiotherapy to approximately 2,000 new patients annually. • **Advanced Treatment:** Utilizes the LINAC system to deliver exact radiation protocols as part of a comprehensive cancer management plan.

Figure 6 Linear Accelarator in GMC Thiruvananthapuram

Figure 7 Telecobalt machine in GMC Thiruvananthapuram

Initiative No.4

Name of Organisation	**Government Medical College, Thiruvananthapuram**
Name of Project	**Centre of Excellence (CoE) for Trauma Care and Burns Treatment** Officially notified in January 2025 under the National Programme for Prevention and Management of Trauma and Burns Injuries (NPPMT&BI), GMC-TVM serves as Kerala's apex hub for emergency, trauma, and burns management. It is one of only eight such national Centres of Excellence in India, joining the ranks of institutions like AIIMS Delhi and PGI Chandigarh. The centre acts as a critical tertiary referral facility for Thiruvananthapuram, Kollam, and southern Tamil Nadu, addressing a high-burden region where Thiruvananthapuram district alone recorded 543 road accident fatalities in 2022
Basic Fact Sheet (Output and Outcome Indicators)	**Output** • Daily Emergency Patient Load- Average 800+ patients per day • Total Bed Capacity-110 beds (distributed across Red/Yellow/Green zones) • Specialized Units- 7-bed EM-ICU and 50-bed Transit Ward **Outcome** • National Standing-One of 8 elite National Centres of Excellence • Training Reach- Statewide simulation-based training via ATELC.
Special aspect about the project	The centre features Kerala's first **Apex Trauma & Emergency Learning Centre (ATELC)**, inaugurated in 2021 with support from Tata Trusts. This innovation focuses on **simulation-based training**, providing BLS/ALS and EMT skills to healthcare professionals statewide to bridge gaps in "golden hour" response. The facility also enables advanced simulations for specialized areas such as endosurgery, stroke interventions, and disaster management.
Service Delivery Details	• **Triage System:** Structured ED with Red, Yellow, Green zones for efficient flow. • **Advanced Diagnostics:** 128-slice CT, digital radiography, and 24/7 imaging/labs. • **Surgical Capacity:** Six trauma theatres and eight+ ventilators for critical care. • **Educational Integration:** Training hub for doctors, nurses, and paramedics with standardized pre- and in-hospital care protocols.

Figure 8 Emergency Medicine Department, GMC Thiruvananthapuram

Figure 9 Advanced Ambulance for Emergency Care

Figure 7 Red Zone facility, Emergency Department

Figure 11 Imageology for Emergency Department

Initiative No.5

Name of Organisation	**SAT Hospital, Government Medical College, Thiruvananthapuram**
Name of Project	**Department of Paediatric Cardiology and Cardiac Surgery** The department has evolved into an advanced tertiary care centre providing comprehensive diagnosis and management for children with congenital and acquired heart diseases. Closely integrated with Kerala's **Hridyam project**, it serves as a major hub for early detection, triage, and definitive treatment.
Basic Fact Sheet	**Output** • **Paediatric Cardiac Interventions:** Successfully performed more than 850 paediatric cardiac interventions over the past six years. • **Specialized Facilities:** Operates a dedicated Paediatric Cath Lab and an in-house ECMO system for advanced organ support. • **Complex Interventions (2025):** Performed 3 specialized cases of covered stent occlusion of sinus venosus ASD. • **Procedure Volume:** Provides comprehensive catheter-based and surgical corrections for a wide range of congenital heart diseases. **Outcome Indicators** • **Clinical Capability:** Advanced procedures including pulmonary valve replacement and pacemaker in a 6-month-old. • **Program Alignment:** Major tertiary hub for Hridyam, ensuring protocol-based care. • **Enhanced Survival:** Improved long-term outcomes for children with heart disease in Kerala.
Special aspect about the project	A standout feature of this department is its ability to perform **rare and technically demanding procedures** that allow children to avoid high-risk open-heart surgery. Innovations include **percutaneous pulmonary valve replacement** and **covered stent occlusion** for complex defects. Furthermore, the integration of an **in-house ECMO system** for postoperative and critical care (such as severe myocarditis or ARDS) provides a life-saving safety net for the most vulnerable Hridyam beneficiaries

Service Delivery Details	• **Catheter-Based Interventions:** Performs device closures for ASD, VSD, and PDA, along with advanced stenting for coarctation and pulmonary arteries. • **Surgical Excellence:** Provides definitive open-heart corrections including arterial switch operations (TGA), repair of TAPVC, and ALCAPA repair with coronary translocation. • **Neonatal Care:** Specialized capability for neonatal surgery, including aortic arch repairs and BT shunts in newborns. • **Critical Care Support:** Utilization of ECMO for salvaging critically ill children with decompensated cardiac or respiratory failure. • **Hridyam Integration:** Ensures a seamless continuum of care from early case detection and referral to definitive intervention and long-term follow-up

Figure 9 Paediatric ECHO screening

Figure 8 Paediatric ECHO room

Initiative no. 7

Name of Organisation	**Government Medical College Hospital, Kottayam**
Name of Project	**Emergency Medicine Department-Quality Excellence and NABH Accreditation** Established in 2018, the Emergency Medicine Department has evolved into a state-of-the-art clinical and academic unit. It achieved NABH (Emerald) accreditation, becoming the first Government Medical College Hospital in Kerala to receive this recognition. The initiative focuses on international quality standards, patient safety, and clinical excellence through a robust quality control framework.
Basic Fact Sheet (Output and Outcome Indicators)	**Output Indicators** • **Quality Infrastructure:** Established a Quality Control Cell under a Nodal Officer and 22 specialized committees (e.g., Patient Safety, Infection Control, Clinical Audits). • **Clinical Facilities:** Includes a 4-bedded ED Transit ICU, structured triage, resuscitation area, and 24/7 laboratory/radiology support. • **Advanced Equipment:** Equipped with point-of-care ultrasound, advanced airway equipment, and portable X-ray facilities. **Outcome Indicators** • **NABH Accreditation:** Achieved NABH (Emerald) status, validating commitment to global patient safety standards. • **First in State:** First Emergency Department in a Kerala Government Medical College to reach this quality benchmark. • **Sustained Excellence:** Continuous monitoring of key performance indicators and triage efficiency
Special aspect about the project	The primary innovation is the **institutionalized quality framework**, featuring a dedicated **Quality Control Cell** and **22 domain-specific committees**. This structure ensures that emergency care—typically a high-pressure environment—is governed by rigorous clinical audits, medication safety protocols, and emergency preparedness benchmarks, transforming the department into a national benchmark for government healthcare

Service Delivery Details	• **Standardized Triage:** Utilizes a structured triage area and a fully equipped resuscitation zone for rapid patient stabilization. • **Integrated Diagnostics:** Features point-of-care testing and 24/7 blood bank, lab, and radiology services to minimize turnaround time. • **Critical Care Access:** Provides a dedicated 4-bedded Transit ICU for immediate stabilization of critically ill patients.

Figure 14 Emergency Medicine team, GMC Kottayam

Initiative No 8

Name of Organisation	**Government Medical College Hospital, Kozhikode**
Name of Project	**PET-CT scan Diagnostic Facility** With the rising demand for advanced cancer diagnostics, Kozhikode Medical College Hospital established a PET-CT facility to provide high-quality imaging previously restricted to the private sector. This project was realized through the Medical College Hospital Development Society funds following administrative approvals. It aims to ensure that economically disadvantaged patients have access to timely and effective cancer staging and treatment planning
Basic Fact Sheet (Outcome Indicators)	**Outcome Indicators** • **Diagnostic Access:** Significantly improved access to quality cancer diagnostics for economically disadvantaged patients. • **Service Availability:** Transition of a critical diagnostic service from being exclusively private sector based too available in the public sector. • **Treatment Impact:** Facilitated timely and effective treatment through advanced diagnostic accuracy
Special aspect about the project	The innovation lies in the **financing and democratization** of high-cost technology. By leveraging a **Hospital Development Society and bank loan** to bypass traditional budget constraints, the institution successfully broke the private-sector monopoly on PET-CT scans in the region. This ensures that "gold-standard" cancer imaging is no longer a financial barrier for the public
Service Delivery Details	• **Targeted Care:** Specifically designed to meet the growing diagnostic needs of cancer patients. • **Economic Support:** Provides high-end imaging at accessible rates for patients who previously could not afford private sector fees. • **Integrated Treatment:** Ensures PET-CT results are integrated into the hospital's clinical workflow to facilitate rapid treatment decisions

Figure 10 PET CT, GMC Kozhikode

Figure 11 PET CT, GMC Kozhikode

Initiative 9

Name of Organisation	**Government Medical College Hospital, Thiruvananthapuram**
Name of Project	Apex Trauma and Emergency Learning Centre (ATELC) (under Government Medical College, Thiruvananthapuram) Inaugurated in February 2021, ATELC is Kerala's pioneering facility dedicated to advanced trauma care training. Spanning 25,000 square feet, the centre utilizes simulation-based education to enhance emergency response statewide. It focuses on standardizing care protocols through a "train-the-trainer" model for doctors, nurses, and paramedics
Basic Fact Sheet (Outcome Indicators)	**Outcome Indicators** • **Standardization of Care:** Prepares nominated healthcare professionals to implement uniform emergency protocols across strategic locations in Kerala. • **Enhanced Clinical Competency:** Focuses on improving "golden hour" response, team dynamics, and leadership in trauma situations. • **Educational Innovation:** Successfully transitioned training from traditional methods to high-fidelity, simulation-based learning
Special aspect about the project	The core innovation is the **simulation-based education model**, which uses high-fidelity manikins and debriefing software to mimic high-pressure medical emergencies. By adopting a **"train-the-trainer"** approach, ATELC ensures that advanced trauma management expertise is not localized but cascaded throughout the entire state's healthcare network.
Service Delivery Details	• **Targeted Curriculum:** Provides specialized training for various levels, from Nurse Assistant (1 day) to Advanced Emergency Courses for Doctors (5 days). • **Practical Skills focus:** Includes hands-on training for life-saving procedures like defibrillation, intercostal drainage, and ventilator management. • **Triage Training:** Introduces and standardizes international triage systems such as the Canadian and START scores for efficient patient sorting.

Figure 12 High fidelity Mannequins for training, ATELC Trivandrum

Figure 13 Training facility,ATELC

Initiative 10

Name of Organisation	**Government Medical College Hospital, Thrissur**
Name of Project	**National Emergency Life Support (NELS) Skill Training Centre** The NELS Skill Training Centre was established with central funding of ₹2.76 crore to serve as a hub of excellence for medical and paramedical training in central Kerala. It features a state-of-the-art skills laboratory with advanced mannequins and simulation facilities to provide realistic emergency care practice
Basic Fact Sheet (Outcome Indicators)	• **Financial Investment:** Established with central funding amounting to ₹2.76 crore. • **Training Volume:** Conducted 16 major training programs, reaching over 400 undergraduate students and 212 technical trainees. • **Infrastructure:** Features a state-of-the-art skills laboratory including simulation facilities. • **Program Range:** Modules cover obstetric/paediatric emergencies, trauma, ventilator care, poisoning, and snake bites • **National Benchmark:** The only center in India to successfully complete three Training-of-Trainers (TOT) programs under the Ministry of Health & Family Welfare.
Special aspect about the project	The centre is unique as the **only skill center in the state** to integrate both **cadaveric and simulation laboratories**, allowing for a highly realistic and comprehensive training environment. Its success in national **Training-of-Trainers (TOT)** programs highlights its role as a premier institution for standardizing emergency medical education across the country
Service Delivery Details	• **Broad Target Group:** Provides comprehensive training to undergraduate students, nurses, paramedical trainees, and practicing doctors. • **Practical Readiness:** Uses hands-on sessions and mock drills to ensure trainees gain confidence in managing life-threatening situations. • **Specialized Care Modules:** Focuses on critical emergency scenarios including respiratory support, trauma management, and obstetric emergencies.

	• **State-wide Impact:** Plays a vital role in strengthening the overall emergency preparedness and response capabilities in Kerala

Figure 14 NELS Centre , GMC Thrissur

Figure 15 Simulation Training, NELS, Thrissur

Figure 16 NELS, GMC Thrissur

Project No. 11

Name of Organization	**Government T.D. Medical College, Alappuzha** **Department of Radiodiagnosis**
Name of Project Introduction	**Radiodiagnosis Strengthening & Interventional Radiology** Under the PMSSY scheme, the Department of Radiodiagnosis was strengthened with advanced imaging infrastructure and procedural facilities. This initiative established Interventional Radiology services and digital imaging upgrades, enhancing tertiary care capability and reducing dependency on external referral
Basic Fact Sheet (Output and Outcome Indicators)	**Output Indicators** • Interventional Radiology – Biplane Cath Lab procedures: 8–10 cases per month • Digital Fluoroscopy procedures: 50–70 cases per month • Doppler Ultrasound including USG-guided biopsies: o 20 image-guided biopsies per month o 100 Doppler and special ultrasound studies per month **Outcome Indicators** • Expansion of minimally invasive image-guided therapeutic procedures • Reduced referrals to higher centres for vascular and non-vascular interventions • Improved patient throughput and optimized procedural scheduling • Strengthened oncology and emergency interventional support
What is the Innovation/ special aspect about the subject	Interventional Radiology enables organ-specific, image-guided, minimally invasive therapeutic procedures with: • Reduced surgical morbidity and Lower complication rates • Shorter hospital stays and Faster recovery • Real-time imaging precision using biplane technology
Service Delivery Details	Services are provided to: • Inpatients (IP) and Outpatients (OP) • Emergency and trauma cases • Oncology patients requiring diagnostic and therapeutic image-guided procedures

Figure 17 Biplane Cath Lab, GTDMC Alappuzha

Figure 18 Biplane Cath Lab, GTDMC Alappuzha

Figure 19 Cath Machine, Biplane Cath Lab, GTDMC Alappuzha

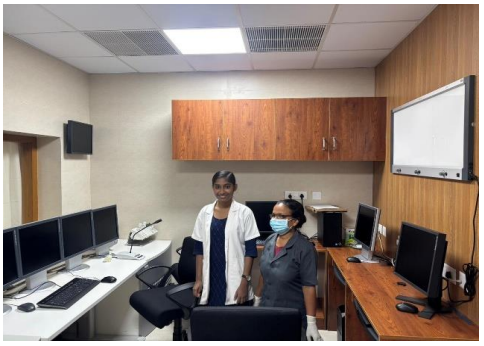

Figure 20 Console, Biplane Cath Lab, GTDMC Alappuzha

Initiative 12

Name of Organization	**Government T.D. Medical College, Alappuzha**
Name of Project Introduction	**National Mental Health Survey-2 (NMHS-2)** The Government of India, through NIMHANS, Bangalore. Government TD Medical College, Alappuzha, acts as the implementing agency for Kerala via its Psychiatry and Community Medicine Departments
Basic Fact Sheet	**Target Demographics:** Estimating prevalence among adults (18+), adolescents (13–17), and children (7–12). • **Sample Size:** Planned study of 5,313 adults and 2,125 adolescents across 212 clusters in Kerala. • **Geographic Coverage:** Conducted in five districts (Alappuzha, Kottayam, Pathanamthitta, Palakkad, and Wayanad) and four major cities (Kannur, Kozhikode, Kochi, and Thiruvananthapuram). • **Financial Assistance:** Total funding of ₹94,44,000.00. • **Human Resources:** Recruitment of Field Data Collectors (FDCs) and Supervisors (MSW/MSc holders) for 8-month contracts. • **Capacity Building:** 1.5-month structured training program at Government TD Medical College, Alappuzha, on tablet-based survey instruments. • **Research Scope:** Examination of mental disorders among vulnerable groups (elderly, women, tribal communities, and sexual minorities) and the impact of climate change.
What is the Innovation/ special aspect about the subject	NMHS-2 is the **largest national survey on mental health** ever conducted in India. It goes beyond simple prevalence by integrating a **mental health system assessment** that maps available resources and analyses help-seeking behaviour. This data provides robust evidence on the **socio-economic burden** and caregiver stress, linking mental health to co-morbid physical illnesses and environmental factors.
Service Delivery Details	Not Applicable

Figure 21 NMHS-2, GTDMC Alappuzha

Figure 22 NMHS-2, GTDMC Alappuzha

Figure 23Field visit,NMHS-2, GTDMC Alappuzha

Figure 24 NMHS-2, GTDMC Alappuzha

Initiative 13

Name of Organization	**Government Medical College, Ernakulam**
Name of Project and Introduction	**Viral Research & Diagnostic Laboratory (VRDL)** Established under the Indian Council of Medical Research (ICMR) programme, the Viral Research & Diagnostic Laboratory (VRDL) is designed to strengthen virology diagnostic capacity. The project focuses on the early detection, confirmation, and surveillance of viral diseases of public health importance. An amount of ₹1,50,70,000/- has been sanctioned to equip the facility with modern diagnostic infrastructure and trained manpower
Basic Fact Sheet	**Outcome Indicators** • **Disease Detection:** Enabled early detection of viral infections and potential outbreaks. • **Clinical Impact:** Improved patient diagnosis leading to timely treatment. • **Preparedness:** Strengthened regional epidemic and pandemic preparedness. • **Public Health:** Enhanced overall public health response capabilities
What is the Innovation/ special aspect about the subject	The primary innovation is the **establishment of an advanced molecular diagnostic facility at the district-level medical college**. This allows for **real-time viral disease surveillance** and reporting. By providing faster diagnosis, the lab reduces critical delays in patient management and significantly strengthens regional preparedness for future outbreaks
Service Delivery Details	• **Clinical Support:** Diagnostic services are provided to both inpatients and outpatients of Government Medical College, Ernakulam. • **Regional Reach:** Testing of samples referred from peripheral health institutions throughout the Ernakulam district. • **Surveillance Integration:** Direct support to the Disease Surveillance Programme and active involvement in outbreak investigations. • **Reporting:** Timely communication of results to clinicians and public health authorities for rapid action. • **Monitoring:** Continuous monitoring and reporting of priority viral diseases to maintain public safety

Figure 25 VRDL GMC Ernakulam

Figure 26 Virology Lab, VRDL GMC Ernakulam

Figure 27 VRDL GMC Ernakulam

Figure 28 VRDL GMC Ernakulam

Initiative 14

Name of Organization	**Medical Education Department**
Name of Project and Introduction	LaQshya Accreditation and Standardization of Labour Rooms and Maternity Operation Theatres The **LaQshya (Labour Room Quality Improvement Initiative)** is a flagship program aimed at reducing preventable maternal and newborn mortality, morbidity, and stillbirths by improving the quality of care in Labour Rooms (LR) and Maternity Operating Theatres (OT). Under the Directorate of Medical Education, major Government Medical Colleges (GMCs) in Kerala have undergone rigorous transformation to meet national quality standards, ensuring respectful and clinical-grade maternity care.
Basic Fact Sheet	**Output Indicator:** • Number of GMCs achieving National LaQshya Certification - 4 (Trivandrum, Kozhikode, Kottayam, Wayanad). • Establishment of "Standard Labour Rooms" – 2 (GMC Konni and Alappuzha). • Achievement of Platinum/Gold badges for Quality Standards in maternity care. • Documented improvement in the "Respectful Maternity Care" (RMC) index.
What is the Innovation/ special aspect about the subject	• Implementation of the **"Birth Companion"** policy, allowing a female relative to support the mother during labour, which was a significant shift in traditional clinical protocols. • **Special Aspect:** Structural redesign of labour rooms into "LDR" (Labour, Delivery, and Recovery) suits in select GMCs to provide privacy and dignity. • Use of digital "Safe Childbirth Checklists" and real-time monitoring of maternal vitals to prevent complications like Postpartum Haemorrhage (PPH).

Service Delivery Details	• **Accredited Facilities:** GMC Trivandrum, GMC Kozhikode, GMC Kottayam, and GMC Wayanad have achieved full accreditation, meeting 100% of the essential criteria. • **Newer Standards:** GMC Konni and GMC Alappuzha have upgraded their labour rooms to meet the **LaQshya Standard**, focusing on infection control, availability of emergency drugs, and 24/7 specialist availability. • **Patient Centricity:** Services include pain management options, immediate breastfeeding support, and skin-to-skin contact initiatives for newborns

Figure 29 Inauguration of LaQshya standard Labor room, GMC Konni

Initiative 15

Name of Organization	**Government Medical College, Thrissur**
Name of Project and Introduction	**Completion of Emergency Department with dedicated Triage, Red zone, EOT, and Starting of Emergency Medicine MD PG Course**. The ED Building was completed to streamline emergency care services and reduce morbidity and mortality by ensuring rapid assessment, prioritization, and management of critically ill patients. Following its completion, the Department of Emergency Medicine was strengthened, and the Emergency Medicine postgraduate course was initiated to build specialist manpower in acute care.
Basic Fact Sheet	Output Indicators: • Completion and operationalization of dedicated Emergency department Block • Establishment of structured triage protocols • Initiation of MD Emergency Medicine course • Dedicated resuscitation bays and red zone with largest critical care bed capacity in Kerala. Outcome Indicators: • Reduced waiting time in Emergency Department • Improved survival rates in trauma and critical emergencies Increased specialist emergency care manpower • Improved patient satisfaction and streamlined patient flow
What is the Innovation/ special aspect about the subject	• Structured triage system with color-coded categorization • Integration of teaching, training, and service delivery • Dedicated Emergency Medicine academic program strengthening acute care capacity
Service Delivery Details	• * 24×7 emergency services • Dedicated triage officers and trained emergency teams • Emergency Medicine PG training with hands-on simulation-based training

Figure 30 Emergency Department GMC Thrissur

Figure 31 Red Zone, Emergency Department GMC Thrissur

Figure 32 Red Zone, Emergency Department GMC Thrissur

Figure 33 Red Zone, Emergency Department GMC Thrissur

Initiative No 16

Name of Organisation	**Government Medical College Thrissur**
Name of Project Introduction	**Establishment of Burns Unit under National Programme for Prevention and Management of Burn Injuries (NPPMBI)** A dedicated Burns Unit was established under the National Programme for Prevention and Management of Burn Injuries to provide specialized burn care, reduce mortality, and improve rehabilitation services.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	**Output Indicators:** • Dedicated Burns ICU and ward • Specialized burn care equipment • Trained burn care team **Outcome Indicators:** • Reduced burn mortality rates • Early wound management and skin grafting • Reduced infection rates • Rehabilitation and counselling services
What is the Innovation/ special aspect about the subject	• Dedicated infection-controlled burn ICU • Multidisciplinary approach including plastic surgery, physiotherapy, psychiatry • Community awareness on burn prevention
Service Delivery Details	• 24×7 emergency burn care • Skin grafting and reconstructive procedures • Psychological and rehabilitative support

Figure 34 Burns Theatre, GMC Thrissur

Figure 35 Burns Unit, GMC Thrissur

Initiative No 17

Name of Organization	**Government Medical College, Kozhikode**
Name of Project/Scheme/Programme	Human Milk Bank
Introduction in Brief	Established to support the nutritional needs of preterm and low-birth-weight infants by providing safe, pasteurized donor milk.
Basic Fact sheet covering all indicators (Output and outcome indicators)	**Funding Agency:** National Health Mission (NHM). **Output:** A fully functional human milk bank with facilities for screening, pasteurizing, and storing donor milk. **Outcome:** Inaugurated on 17.09.2021 and fully commissioned, providing safe donor milk to infants whose mothers cannot provide sufficient milk.
What is the innovation/special aspect about the subject	This life-saving initiative follows a "Mother and Baby Friendly" approach, providing screened and pasteurized donor human milk as the next best option when a mother's own milk is unavailable.
Service Delivery Details	Collects, screens, pasteurizers, and distribute donor human milk to infants in need, particularly in the neonatal intensive care unit.

Figure 36 Human Milk Bank, GMC Kozhikode

Figure 37 Human Milk Bank, GMC Kozhikode

Initiative No 18

Name of Organization	**Government T D Medical College, Alappuzha**
Name of Project/Scheme/Program Introduction	**Half Birthday Celebration** The first 1000 days of life are a critical window for brain development and immune maturation. This initiative targets the 6-month transition from exclusive breastfeeding to complementary feeding, a period where inadequate nutrition often leads to growth faltering. The program addresses caregiver ignorance and the challenges of introducing a family pot diet
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	**Output Indicators:** • Monthly conduction of "Half Birthday" sessions for babies delivered at the facility. • Exhibition of a variety of common, nutritious food items. • Involvement of senior faculty, residents, nursing students, and REIC staff. **Outcome Indicators:** • Improved maternal knowledge on infant nutritional management. • Early identification of growth and development issues through 6-month assessments. • High rates of positive feedback from participating caregivers.
What is the Innovation/ special aspect about the subject above (Mention briefly)	This is a novel project which is going to have a significant positive effect in the nutrition and health of infants in our place
Service Delivery Details	NIL

Figure 38 Half Birthday Celebration, GTDMC Alappuzha

Figure 39 Half Birthday Celebration, GTDMC Alappuzha

Initiative No 19

Name of Organization	**Government Medical College, Kozhikode**
Name of Project/Scheme/Program Introduction	**MD in Nuclear Medicine** As per official sanction (S3/52/2023-Health dated 22.09.2023), permission has been granted to start 2 Postgraduate seats in MD Nuclear Medicine at GMC Kozhikode. The commencement of these super-specialty seats strengthens tertiary care academic services and enhances the institution's capacity to deliver advanced clinical services.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	Outcome Indicators: • Improved patient care in Nuclear Medicine services. • Increased availability of super-specialty consultations and procedures. • Better academic exposure and hands-on training for postgraduate students. • Strengthening of referral services in the North Kerala region.
What is the Innovation/ special aspect about the subject above (Mention briefly)	**Government Medical College (GMC), Kozhikode**, recently became the **first government-run medical college** in the country to launch a postgraduate course in **Nuclear Medicine**.
Service Delivery Details	• Nuclear Medicine services including PET-CT based diagnostics, radio nuclide therapy, and oncological imaging • Increased consultant availability due to involvement of Residents. • Round-the-clock specialty support in relevant departments • Improved patient waiting time and procedural access

Initiative No. 20

Name of Organization	Government Medical College, Kozhikode
Name of Project/Scheme/Programme	CO_2 Laser System for Airway Disorders in Newborns
Introduction in Brief	Procurement of a specialized CO_2 Laser System for the ENT department to treat complex tracheal disorders and respiratory distress in newborns with precision.
Basic Fact sheet covering all indicators	**Total Outlay:** ₹1.11 Cr (₹100 lakhs from Govt, ₹11 lakhs from KASP). **Output:** A state-of-the-art CO_2 Laser System installed in the ENT department. **Outcome:** Significantly enhances the department's ability to provide lifesaving, minimally invasive treatment for neonatal airway conditions, reducing the need for more invasive surgeries.
Innovation/special aspect about the subject above	This highly specialized equipment allows for precise, minimally invasive surgery in the delicate airways of newborns, a critical advancement that greatly improves outcomes for this vulnerable patient group.
Service Delivery Details	Provides precision laser treatment for newborns with tracheal disorders and other airway obstructions.

Figure 40 CO_2 Laser System for Airway Disorders in Newborns, GMC Kozhikode

Initiative/Project No. 21

Name of Organization	Government Medical College, Kozhikode
Name of Project/Scheme/Programme	New High-Throughput Cath Lab
Introduction in Brief	The establishment of a new, high-throughput Catheterization Lab to meet the growing demand for cardiac interventions in the region.
Basic Fact sheet covering all indicators (Output and outcome indicators)	**Total Outlay:** (Not specified in source). **Output:** A functional, high-volume cardiac catheterization lab. **Outcome:** The lab has shown remarkable progress, with procedures increasing from 2,340 major procedures in 2021 to 4,060 in 2024, demonstrating significantly enhanced service delivery.
Innovation/special aspect about the subject	The installation of a high-throughput lab has transformed the institution into a major cardiac care hub in the government sector, capable of managing a high volume of both routine and complex procedures.
Service Delivery Details	Performs diagnostic and interventional cardiac procedures, including angiograms and angioplasties.

CATH ICU 2
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Initiative 22

Name of Organization	**Directorate of Medical Education (DME), Kerala**
Name of Project/Scheme/Programme	Establishment of New Government Medical Colleges (GMCs) at Konni, Idukki, Kasaragod, and Wayanad
Introduction in Brief	Over the last decade, Kerala has strategically expanded its medical education footprint to ensure equitable access to healthcare and professional education. This initiative involved the establishment and operationalization of four new GMCs in previously underserved districts: Pathanamthitta (Konni), Idukki, Kasaragod, and Wayanad. This move completes the "Medical College in Every District" vision
Basic Fact sheet covering all indicators (Output and outcome indicators)	**Seat Increase:** Addition of 300 MBBS seats to the state pool. **Operational Timeline:** GMC Konni (2022), GMC Idukki (Reopened/Expanded 2022), GMC Kasaragod & Wayanad (MBBS approved for 2025-26). **Infrastructure:** Integration of tertiary care hospitals (e.g., 500-bed facility at Konni). **Access:** Reduction in referral distance for specialty care for 2.5 million+ residents in hilly and border regions.
Innovation/special aspect about the subject	**Geographical Equity & Tribal Outreach:** Unlike older urban-centric colleges, these are in "Health Gap" zones. Specifically, GMC Wayanad and Kasaragod provide high-end medical training and care in tribal-heavy and border districts, respectively, reducing long-standing dependence on Mangalore or Kozhikode.
Service Delivery Details	**Academic:** Delivering NMC-approved MBBS curriculum with state-of-the-art labs and hostels. **Clinical:** Functioning as "Premier Referral Centres" for the district with 24/7 Emergency, Cath Labs, and ICU facilities.

Figure 41 GMC Kasaragod

Figure 42 GMC Wayanad

Figure 43 GMC Konni

Figure 44 GMC Idukki

Initiative 23

Name of Organization	**Government Medical College, Trivandrum**
Name of Project/Scheme/Programme	First Skin Bank and Processing Facility
Introduction in Brief	A pioneering innovation in trauma and burn care, this facility marks the first of its kind in Kerala's government sector. Established at **Government Medical College, Thiruvananthapuram**, it was sanctioned in 2024 to modernize the management of severe burn injuries
Basic Fact sheet covering all indicators	**Investment** • Established with a total capital investment of **₹6.75 Crore** **Timeline:** • Became operational in late 2025, with specialized processing officially commencing in **December 2025**. **Capacity:** • Full-scale infrastructure for the collection, processing, and long-term storage of donated human skin. **Outcome:** • Drastically enhances the survival rate of patients with extensive burns by providing immediate biological coverage
What is the innovation/special aspect about the subject	This is a major leap in surgical innovation for the state. By using processed donor skin, the facility provides a "biological shield" that prevents infection and fluid loss, reducing the need for immediate painful autografts in critically ill patients
Service Delivery Details	**Collection:** Mobile retrieval teams and dedicated suites for harvesting skin from deceased donors. **Processing:** Advanced sterilization and glycerolizing to ensure graft safety and viability. **Storage:** High-tech preservation units allowing skin to be stored and utilized for various trauma and reconstructive surgeries across the state.

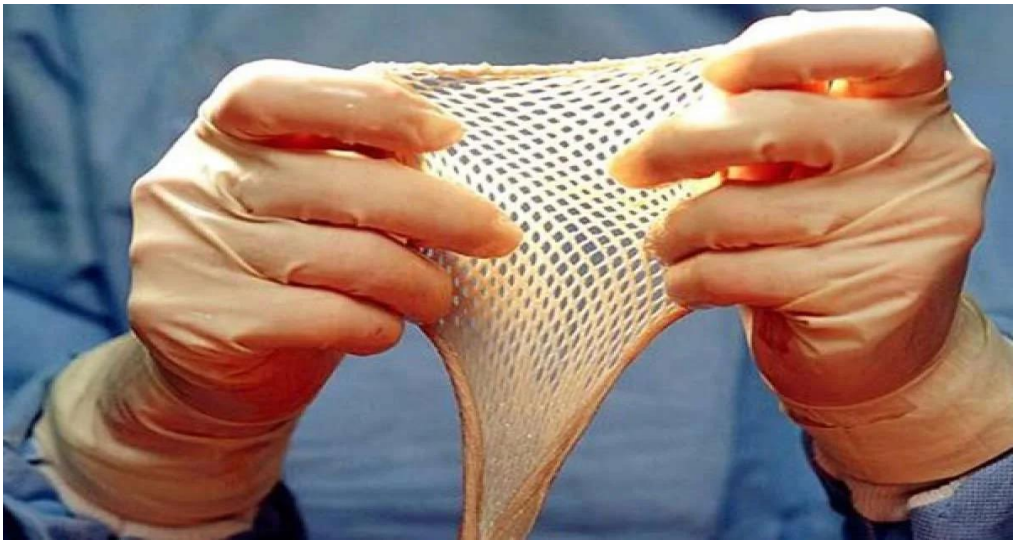


Figure 45 Harvested Skin for Transplant, GMC Trivandrum

Figure 46 Skin Bank, GMC Trivandrum

Figure 47 Burns ICU and Skin Bank

Initiative 24

Name of Organization	**Government Medical College, Kozhikode**
Name of Project/Scheme/Programme	**Centre for Audiology & Speech Pathology (CASP)**
Introduction in Brief	Inaugurated on **November 29, 2016**, CASP is one of the largest audiology and speech therapy centers among state government Medical Colleges in India. Spanning 5,000 sq. ft., it provides comprehensive services to approximately **12,000 patients annually** and houses the most successful Cochlear Implant (CI) program in Kerala.
Basic Fact sheet covering all indicators (Output and outcome indicators)	**Cochlear Implants:** 514 surgeries performed (444 under the *Sruthitharangam* scheme), the highest among medical colleges in Kerala. **Advanced Surgeries:** 16 Bone Conduction Implantable Aids (BCIA) for congenital malformations. **Speech Therapy:** 917 patients enrolled for regular therapy; 2,000 speech-language evaluations annually. **Diagnostics:** 600 BERA (Brainstem Evoked Response Audiometry) tests conducted annually. **Community Outreach:** 102 workshops organized for parents on early detection and management.
What is the innovation/special aspect about the subject	**Global Recognition:** The department is the **first among State Govt. Medical Colleges in India** to become a member of the **World Hearing Forum, WHO**, recognized for its outstanding performance in ear and hearing care. **Infrastructure:** Features unique advanced equipment (ASSR, VRA, Real Ear Measurement)
Service Delivery Details	**Comprehensive Clinical Care:** Includes hearing evaluation, speech-language therapy for adults and children, and auditory verbal therapy. **Social Support:** Free hearing aids for children (via RBSK) and the elderly (via *Rashtriya Vayoshri Yojana*). **CI Specialized Care:** Post-implant switch-on, mapping, and long-term maintenance. **Digital Health:** Implementation of **10 Tele-practice rooms** for online consultation and therapy.

Figure 48 Centre for Audiology and Speech Pathology

Figure 49 Centre for Audiology and Speech Pathology

Figure 50 Bret Lee Global Hearing Ambassador, visited GMC Kozhikode

Figure 51 Centre for Audiology and Speech Pathology

Initiative 25

Name of Organization	**Government Medical College, Kozhikode and Wayanad**
Name of Project/Scheme/Programme	**National MusQan Certification** (under National Quality Assurance Standards - NQAS)
Introduction in Brief	This initiative focuses on certifying government medical colleges for providing "excellent baby-friendly" and high-quality paediatric services. **GMC Kozhikode (IMCH)** became the first hospital in Kerala to receive this national recognition in January 2024.
Basic Fact sheet covering all indicators (Output and outcome indicators)	• **Top Scores:** GMC Kozhikode achieved a **96% score**, and GMC Wayanad secured **95%** during national assessments. • **Departmental Scope:** Certification covers Paediatric OPD, Paediatric Ward, SNCU (Sick Newborn Care Unit), and NRC (Nutrition Rehabilitation Centre). • **Investment Example:** Manjeri Medical College (the 3rd to be certified) utilized **₹2.66 crore** to upgrade pediatric HDUs and ICUs. • **Outcome:** Integration of "Respectful Maternity Care" and child-friendly environments across the state's premier medical institutions.
What is the innovation/special aspect about the subject	The MusQan certification specifically uses a multi-pronged assessment (Observations, Staff Interviews, Record Reviews, and Patient Interviews) to ensure humanized and empathetic paediatric care.
Service Delivery Details	• **Clinical Protocols:** Standardized management of antibiotics, oxygen, and fluid therapy. • **Ambience:** Child-friendly infrastructure including play areas and parent-attendant counselling zones. • **Referral & Follow-up:** Strengthened tracking systems for discharged newborns to ensure long-term health outcomes.

Figure 52 MusQan Certification, GMC Kozhikode and Wayanad

Figure 53 Paediatric ICU

3. Commissionerate of Food Safety (CFS)

Initiative – 1

Name of Organization	Commissionerate of Food Safety
Name of Project/Scheme/Programme	Clean Fruit and Vegetable Market
Introduction	To upgrade existing condition of fresh fruits and vegetable markets across the country and provide clean and fresh produce to consumers, benchmark guidelines for hygiene and safety requirements are framed and included in this document by FSSAI. In addition, infrastructure support in providing common facility like cold rooms, ripening chambers, common hygiene station for handlers, waste disposal are etc. will also be part of the initiative with the support of state government bodies and other stakeholders, large scale trainings, certification and capacity building of vendors would be an integral pillar of this initiative. Credibility may be provided by recognizing such markets/area as "Clean and Fresh Fruit and Vegetable Market" through plaques/certificate of excellence.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	Output indicators:42 Outcome indicators: Reduced contamination risks and better handling and sanitation in fruits and vegetable markets
Innovation/ special aspect about the subject above	● Upgrade condition of local unorganized organic/non-organic fruits and vegetable retail markets across the country by integrating local vendors with organized retailers including e-commerce platforms. It will also build trust among consumers to have clean and safe fresh produce. ● 'Clean and Fresh Fruit and Vegetable Market' initiative will revolutionize unorganized retail sector of organic/non-organic fruits and vegetables in the country making it safe and 'most trusted' for consumers and buyers while also decreasing the incidences of health hazards due to unsafe fresh produce.

Galaxy F22

BAVA

Initiative – 2

Name of Organization	Commissionerate of Food Safety
Name of Project/Scheme/Programme	Clean Street Food Hub
Introduction	A hub or cluster of vendors/shops/stalls selling popular street foods, 80 percent or more of which represents local and regional cuisine and meets the basic hygiene and sanitary requirements. It aims to raise the quality of street food vending to the level of food courts and the established hotels and restaurants. This will build trust among consumers to have a safe and hygienic local eating experience.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	Output indicators:30 Outcome indicators: Improved hygiene practices among vendors and safer food available to the public
Innovation/ special aspect about the subject above	The Clean Street Food Hub initiative under FSSAI is a first-of-its-kind program in India that focuses on transforming popular street food clusters into safe, hygienic, and organized food destinations — without compromising on local flavor and affordability. Traditionally, street food vending operates outside formal regulation. This initiative mainstreams food safety into informal food businesses. Instead of targeting individual vendors, the initiative certifies an entire street or food hub, promoting collective responsibility among vendors. The street food Vendors receive FoSTaC training and are sensitized to best practices, leading to long-term sustainable change. These certified hubs act as model food streets that boost local economy and safe food tourism.

Initiative – 3

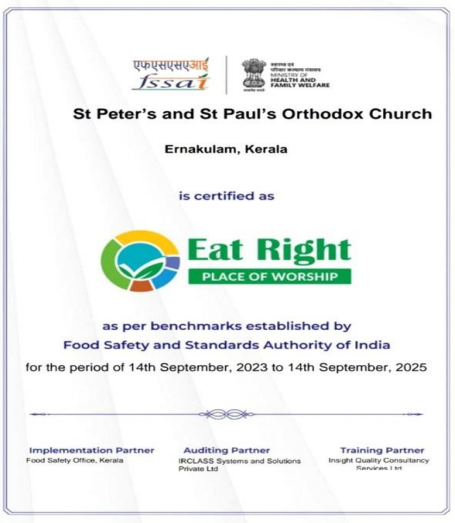
Name of Organization	Commissionerate of Food Safety
Name of Project/Scheme/Programme	Eat Right Station
Introduction	The Eat Right Railway Station is one of the initiatives under the Eat Right India movement led by FSSAI. Under this initiative, all food vendors on the railway station, both organized catering units/ restaurants/ food courts as well as small vendor kiosks/ retail outlets/ booths etc are targeted to ensure they follow safe cooking and handling practices during preparation and serving of food to the railway passengers, officials and staff. To be certified under this initiative, all the food handlers at the designated railway station are required to be trained under FSSAI's FoSTaC program, followed by a third party audit as well as certification based on a predefined checklist.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	Output indicators:23 Outcome indicators: Enhanced food safety and hygiene for passengers and food handlers at stations
Innovation/ special aspect about the subject above	Integrates food safety into the Indian Railways system, reaching millions of daily travelers. Food stalls, and vending units are certified for hygiene using FSSAI guidelines. Encourages clean travel ecosystems, bridging food safety with transport infrastructure.

Tellicherry

FOOD TO ACK

Initiative – 4

Name of Organization	Commissionerate of Food Safety
Name of Project/Scheme/Programme	Eat Right Place of Worship
Introduction	Eat Right Places of Worship (PoW) is an initiative of FSSAI to encourage Places of Worship (PoW) to adopt and maintain food safety and hygiene as well as convey food safety messages through such places to the people to follow as responsible citizens. It aims at creation of awareness amongst the Places of Worship to prevent malpractices and irregularities related to food served as Prasad/langar, etc. and ensuring proper regulatory compliance of the Food Safety and Standards Act, 2006 and Rule and Regulations made thereunder.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	Output indicators: 78 Outcome indicators: Safe prasad distribution, community awareness
Innovation/ special aspect about the subject above	Focuses on food served in religious places (prasad, langar, annadanam) which are usually outside regulatory focus. Ensures that food distributed in the name of faith is safe, hygienic, and respectful of food safety norms.



ചക്കുളത്ത് കാവ് ശ്രീ ഭഗവതി ക്ഷേത്രം, ആലപ്പുഴ ജില്ല

ചെട്ടികുളങ്ങര ഭഗവതി ക്ഷേത്രം, ആലപ്പുഴ ജില്ല

Initiative – 5

Name of Organization	Commissionerate of Food Safety
Name of Project/Scheme/Programme	Hygiene Rating
Introduction	FSSAI's Hygiene Rating Scheme is an online, transparent scoring and rating process which certify food businesses (hotels, restaurants, cafeteria, dhabhas, etc.), sweet shops, bakeries and meat retail stores) on the basis of their food safety compliance and allow consumers to make informed choices. This scheme aims to – 1. Encourage food businesses to improve their hygiene and safety standards. 2. Allow consumers to make informed choices pertaining to food outlets they eat or procure food.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	Output indicators: No of eateries certified: 4507 Outcome indicators: Improved consumer confidence Higher compliance with food safety and hygiene standards
Innovation/ special aspect about the subject above	The Hygiene Rating initiative launched by FSSAI is a unique and voluntary disclosure system that encourages food service establishments to adopt high standards of hygiene and food safety while informing consumers about the level of hygiene being maintained. The Hygiene Rating initiative is innovative because it blends food safety compliance with consumer empowerment, encouraging businesses to improve voluntarily while helping consumers choose safer food outlets. It promotes a culture of hygiene, accountability, and informed eating in India.

VERIFIED
ALI AZA SPARTA
HYGIENE RATING
Excellent

Initiative – 6

Name of Organization	Commissionerate of Food Safety
Name of Project/Scheme/Programme	Eat Right School
Introduction	Eat Right School programme aims at creating awareness about food safety, nutrition & hygiene among school children, and through them among the community at large
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	Output indicators: 76 Outcome indicators: Students adopted healthy eating habits
Innovation/ special aspect about the subject above	Eat Right School initiative aims at building a culture of healthy eating and safe food habits from a young age. It Uses engaging tools like activity books, videos, pledge campaigns, and competitions.

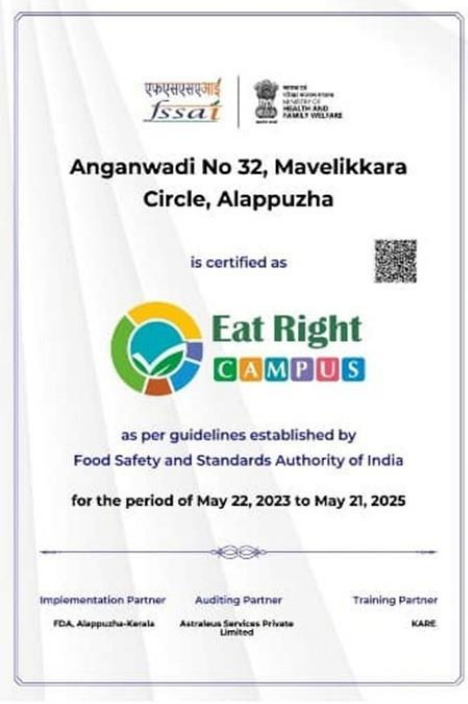
Eat Right India
fssai
Dept. of Food
Alappuzha District
Eat Ri
Challe
Phase -

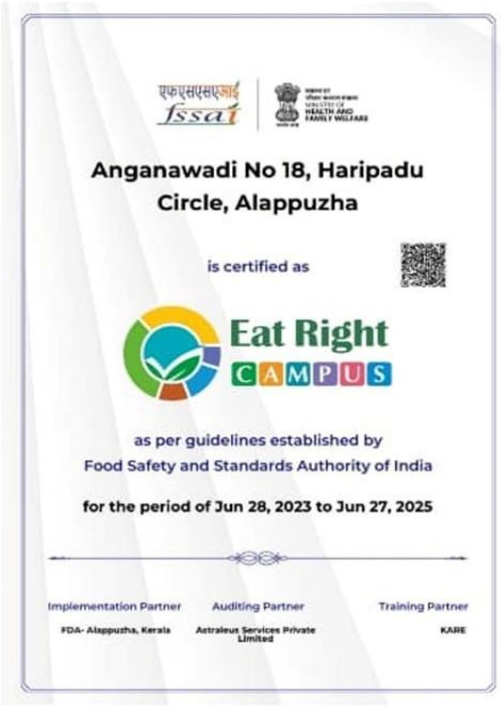
DEPT.OF FOOD SAFETY
IDUKKI DISTRICT, KERALA
Eat Right
YOGA
2023 SEPTEMBER 18, VILLAGE INTERNATIONAL SCHOOL THODUPUZHA

MILLETS
Eat Right School
AL FEROKE RESIDENTIAL SCHOOL

Initiative – 7

Name of Organization	Commissionerate of Food Safety
Name of Project/Scheme/Programme	Eat Right Campus
Introduction	The 'Eat Right Campus' initiative led by FSSAI aims to promote safe, healthy and sustainable food in campuses such as universities, colleges, workplaces, hospitals, tea estates etc. across the country. The objective is to improve the health of people and the planet and promote social and economic development of the nation
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	Output indicators: 224 Outcome indicators: Safe food environment and promotion of healthy diet in large institutions.
Innovation/ special aspect about the subject above	Targets large institutions (colleges, universities, offices) to make their food services safe and healthy. Promotes a "whole-of-campus" approach —from canteens to vending to awareness activities.




Anganawadi No 18, Haripadu Circle, Alappuzha
is certified as
Eat Right CAMPUS
as per guidelines established by
Food Safety and Standards Authority of India
for the period of Jun 28, 2023 to Jun 27, 2025
Implementation Partner
FDA- Alappuzha, Kerala
Auditing Partner
Astraleus Services Private Limited
Training Partner
KARE

Anganwadi Centre No 32, Kayamkulam Circle, Alappuzha
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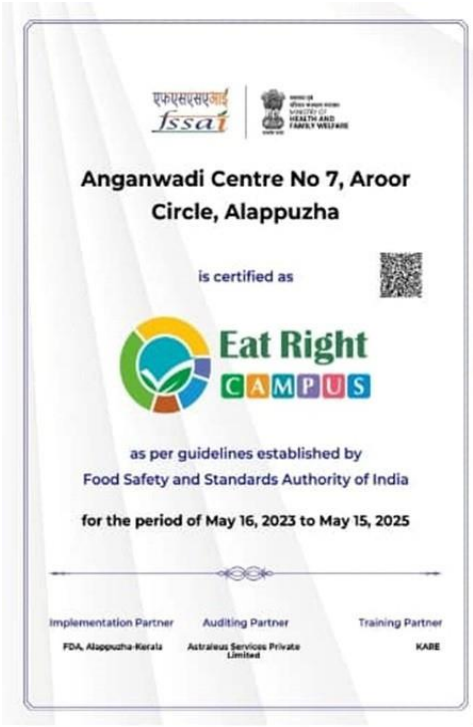
as per guidelines established by
Food Safety and Standards Authority of India
for the period of Jun 28, 2023 to Jun 27, 2025
Implementation Partner
FDA- Alappuzha, Kerala
Auditing Partner
Astraleus Services Private Limited
Training Partner
PARIKSHAN

അങ്കണവാടി


fssai
Anganwadi Centre No 7, Aroor Circle, Alappuzha
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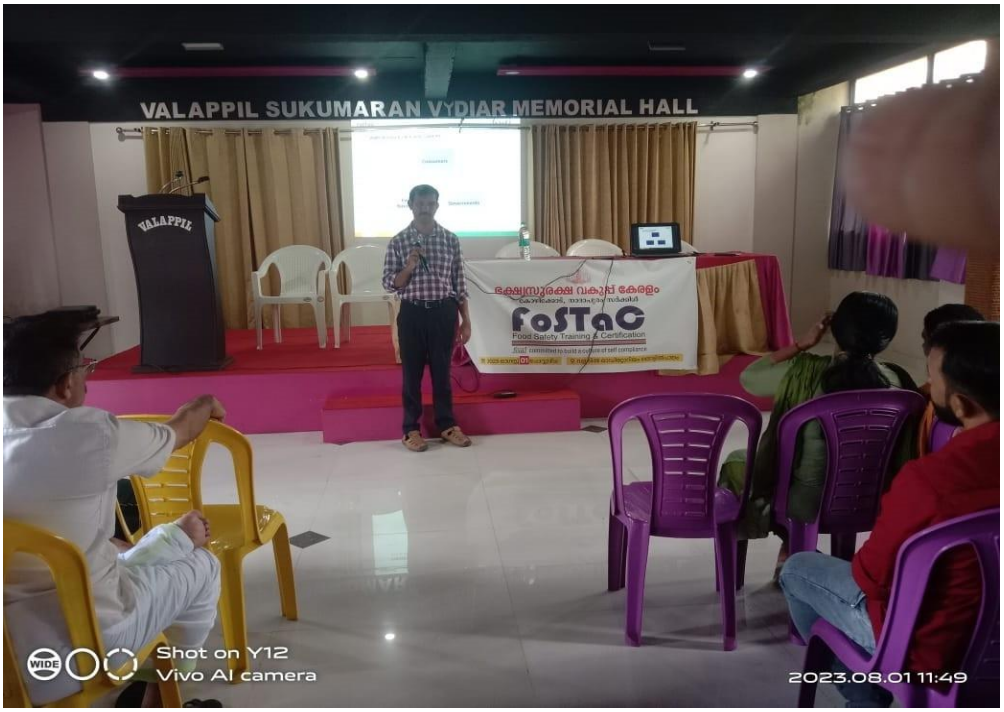
KARE

Initiative – 8

Name of Organization	Commissionerate of Food Safety
Name of Project/Scheme/Programme	FoSTaC
Introduction	FSSAI had initiated the largest Food Safety Training & Certification (FoSTaC) programme in July, 2017. The FoSTaC programme is aimed at creating a pool of food safety supervisors (FSS), who are trained in good hygiene and manufacturing practices as per requirements in Schedule 4 of Food Safety and Standards Licensing and Registration Regulations, 2011. Objective: To enhance the availability of skilled/ trained manpower in the food industry. Creating an improved environment of self-compliance to FSS Act, Rules and Regulations by the responsible Food Businesses. Bringing a behavioural change and inculcating a culture of Food safety in the country.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	Output indicators: 2472 training 88207 trainees Outcome indicators: Trained food handlers demonstrate improved hygiene and safety practices at workplace, reduction in food safety violation during inspections
Innovation/ special aspect about the subject above	The FoSTaC program launched by FSSAI is a transformative capacity-building initiative by FSSAI that has made food safety training systematic, inclusive, and practical, empowering food handlers across the country to ensure safe and hygienic food for all

FoSTaC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VALAPPIL
FoSTaC
Food Safety Training & Certification
Shot on Y12
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Registration
FOSTAC

FoSTaC

Initiative – 9

Name of Organization	Commissionerate of Food Safety
Name of Project/Scheme/Programme	RUCO
Introduction	RUCO stands for Repurpose Used Cooking Oil, an initiative launched by FSSAI (Food Safety and Standards Authority of India aimed at collecting used cooking oil (UCO) from food business operators (FBOs) like restaurants, hotels, canteens, and converting it into biodiesel or other value-added products. The goal is to prevent the reuse of harmful used oil in food preparation and ensure safe disposal practices.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	Outcome indicators: Reduction in repeated usage of cooking oil. Increased number of FBOs adopting safe disposal practices
Innovation/ special aspect about the subject above	RUCO (Repurpose Used Cooking Oil) is a first-of-its-kind national initiative by FSSAI that addresses the health and environmental hazards of repeated use of cooking oil, by creating a structured system for its safe disposal and conversion into biodiesel. It tackles a major hidden public health risk while also promoting green energy and environmental sustainability. It is a practical, scalable, and impactful model that aligns food safety with the Swachh Bharat and clean fuel missions.

AL TAZA

Initiative – 10

Name of Organization	Commissionerate of Food Safety
Name of Project/Scheme/Programme	Safe Kitchen Initiative
Introduction	Safe Kitchen Initiatives is a novel programme initiated by State Government in 23-24 which aims to ensure people have access to safe and nutritious food in their home. 32 sub centers have been taken in these initiatives which serve as a primary point of contact between health care system and the community. Each sub center covers an average population of 5000 people. Special awareness camp were organised at each sub center to educate people about safe food practices at home.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	Output indicators: 30 Outcome indicators: Created a safer and healthier environment for families across Kerala.
Innovation/ special aspect about the subject above	Emphasized the importance of Asha workers role in spreading the message about these initiatives in their community.

fssai

Initiative – 11

Name of Organization	Commissionerate of Food Safety
Name of Project/Scheme/Programme	Food Safety Town
Introduction	Certain municipal areas in the State were identified and got them transformed into food safety town. It involved conducting license and registration meal in each municipality to ensure that all food business operating in the area were duly licensed and registered. Training about safe food practices and a demo on sample testing was given to the public with the help of food safety on wheels. Distribution of IEC materials that focused on creating a safe, healthy and sustainable food environment was carried out. Various awareness classes for various sectors of society, such as anganwadi workers, Asha workers, Kudumbasree workers, residence association members etc. These classes encourage adoption of safe food practices and promote the benefit of healthy food habits.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	Output indicators: 6 Outcome indicators: Transformed the municipal areas into food safety towns by ensuring food consumed by the public is safe.
Innovation/ special aspect about the subject above	To ensure the food consumed by the public is same, the adoption of safe food practices and promote the benefits of healthy and sustainable food environment.

FOOD SAFETY TOWN
ALAPPUZHA MUNICIPALITY
ഭക്ഷ്യസുരക്ഷാ നഗരം
പദ്ധതി 2023-24
Rotary
CLUB OF ALLEPPEY
CREATE HOPE
in the WORLD

FOOD SAFETY TOWN
ALAPPUZHA MUNICIPALITY
ഭക്ഷ്യസുരക്ഷാ നഗരം
പദ്ധതി 2023-24

ഭക്ഷ്യ സുരക്ഷ നഗരം പദ്ധതി 2023-24
ASHA / കുടുംബശ്രീ പ്രവർത്തകർക്കായുള്ള
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Initiative – 12

Name of Organization	Commissionerate of Food Safety
Name of Project/Scheme/Programme	Model Food Safety Grama Panchayath
Introduction	Under this initiatives panchayath across the State are empowered to take pro- active measures to ensure the safety and quality of food available. Food Safety awareness were conducted for food business operators, students, anganwadi workers, Kudumbasree workers, fish merchants, residence association etc. Public water distribution sources of the panchayat are examined and IEC materials on food safety were distributed to all State holders in the Panchayat. License/Registration melas were conducted as part of this programme.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	Output indicators: 587 Outcome indicators: Transformed the Panchayath into Model Food Safety Grama Panchayath by ensuring food consumed by the public is safe.
Innovation/ special aspect about the subject above	The programme aims to create a culture of accountability and responsibility towards food safety at the grass route levels, ultimately contributing the overall wellbeing of Kerala's residents.

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പള്ളിക്കത്തോട് പഞ്ചായത്ത്

Kottappady
Panchayat
Food safety
Panchayat Program

Initiative – 13

Name of Organization	Commissionerate of Food Safety
Name of Project/Scheme/Programme	SNF @ work place
Introduction	The rise in obesity and non-communicable diseases due to unhealthy eating habits in work places is a growing concern. To address this issue State Government has launched SNF @ work place to recognize and reward companies that provide healthy eating options.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	Output indicators: 10 Outcome indicators: Ensured easy access to healthy food options in work places.
Innovation/ special aspect about the subject above	The programme aims to prevent rise in obesity and non-communicable diseases due to unhealthy eating habits in work places

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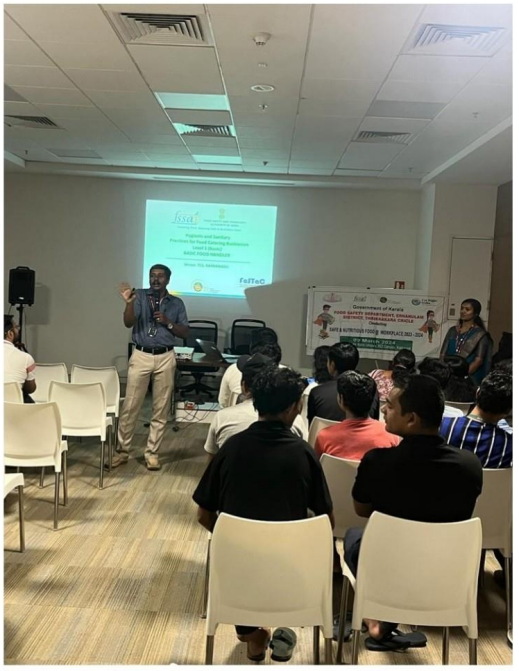
Eat Right India
Government of Kerala
FOOD SAFETY DEPARTMENT, ERNAKULAM
DISTRICT, THRIKKAKARA CRICLE
Conducting
SAFE & NUTRITIOUS FOOD @ WORKPLACE 2023 - 2024
09 March 2024
TCS Centre Kochi Infopark, SEZ Campus, Kakkanad
SNF @Work place
TCS, Infopark



SAFE & NUTRITIOUS FOOD
@ WORK PLACE

Eat Right India
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ഗവ. ഹോമിയോ മെഡിക്കൽ കോളേജിനെ
"SNF @ WORKPLACE" ക്യാമ്പസ്
ആയി പ്രഖ്യാപിക്കുന്നു
Safety Kozhikode & GHMC, Kozhikode.
GOVT HOMOEOPATHIC MEDICAL COLLEGE

Initiative – 14

Name of Organization	Commissionerate of Food Safety
Name of Project/Scheme/Programme	SNF @ School
Introduction	This initiative aims to alter the mindset of school going children by instilling a culture of safe and wholesome food from an early age. The primary goal is to promote awareness among students about the significance of safe and nutritious food.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	Output indicators: 587 Outcome indicators: Promoted healthy eating habits and safe food practices for healthy life among students.
Innovation/ special aspect about the subject above	The department is taking proactive steps towards preventing life style diseases and ensuring a healthier future for the younger generation through this initiative.

Commissioner of Food Safety

4. Drugs Control Department (DCD)

Initiative/ Project No. 1

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Name of Organisation	DRUGS CONTROL DEPARTMENT
Name of Project/Scheme/Programme	Development of Online Portal for service delivery with respect to Poison Permit/Licenses, RMIs/Narcotic Drug Allotment, Blood Storage Centers, Prosecution and Drug Quality Monitoring by CDIT.
Introduction	As per the proposal submitted during the Second Phase (2023–24), an amount of ₹166.67 lakhs was proposed for the development of an online portal for service delivery relating to RMI/Narcotic Drug allotment, Blood Storage Centres, prosecution, and drug quality monitoring. All modules of the software have been completed by CDIT. The security audit is in process with KELTRON, a CERTIN empaneled agency. Go-live of the software are scheduled for March 2026. An amount of ₹24.32522 lakhs have been expended so far.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	740 RMIs and 146 Blood Storage Centers are functioning within the State. They benefit from the online portal for prompt processing of application. It will be in line with ease of doing business.
Innovation/ special aspect about the subject above	The software will be useful for applicants of all blood storage centers and palliative care institutions, and it will also benefit department officials. It is expected to benefit approximately 740 palliative care institutions and 146 blood storage center permit holders within a year. The sample module benefits the public by ensuring the availability of quality drugs and keeping the market free from counterfeit, spurious, and substandard drugs.
Service Delivery Details	All modules of the software are completed by CDIT. Security Audit to be completed.

Initiative/ Project No. 2

Name of Organisation	DRUGS CONTROL DEPARTMENT
Name of Project/Scheme/Programme	nPROUD Project
Introduction	nPROUD (New Programme for removal of unused drugs Project) represents a transformative approach to pharmaceutical waste management in India. By combining regulatory foresight with community engagement, the program strengthens Kerala's AMR containment strategy while setting an example for other states. With the pilot phases in Kozhikode Corporation and Ulliyeri Panchayath successfully completed, the nPROUD program is poised for strategic expansion. The quantitative success of the pilot, coupled with positive behavioral indicators from household surveys, provides a solid foundation for both scaling up operations across districts and institutionalizing the program as a regulatory norm. An amount of 62.54 lakhs expended so far.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	Around 27-ton unused drugs are collected and disposed. Unused drugs are not a burden to the public if the project is implemented state wide.
Innovation/ special aspect about the subject above	As part of the project, unused medicines will be collected from homes or facilities will be provided for their disposal at designated places. This is the first time such a project has been launched and implemented at the Government level in the country. Based on the output of Pilot Study and action plan will be prepared for implementation of project in all the districts throughout the State.
Service Delivery Details	Pilot Study of the project completed in the Kozhikode Corporation and Ulliyeri Grama Panchayat. Financial Feasibility Study of the project has also been completed. Soft copy submitted to Hon'ble Additional Chief Secretary.

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nPROUD

Initiative/ Project No. 3

Name of Organisation	DRUGS CONTROL DEPARTMENT
Name of Project/Scheme/Programme	Development and installation of Android based software for reporting of non-compliances at distributor level by field officers.
Introduction	As per the proposal submitted during the Second Phase (2023–24), an amount of ₹20 lakhs was proposed for the purchase of Tablets (E-Device) for use by field officers of the Enforcement Wing. However, no expenditure has been incurred so far. The e- tender procedure has been completed, and the purchase will be completed within the current financial year.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	Introduction of real time reporting of non-compliance will instill transparency in the inspection process there by building public confidence in the enforcement activities of the Department.
Innovation/ special aspect about the subject above	The main outcome is the speedy action of the enforcement activities of the Department.
Service Delivery Details	e-Tender process ongoing.

Initiative/ Project No. 4

Name of Organisation	DRUGS CONTROL DEPARTMENT
Name of Project/Scheme/Programme	Development of KOMPOUNDER, MEDWATCH Mobile Applications. Training & accreditation of 100 selected retails pharmacies as SENTINEL PHARMACIES.
Introduction	• Development of KOMPOUNDER, Mobile application for track and trace of Antimicrobial/ Narcotic drugs. • Development of MEDWATCH mobile application for track and trace of NSQ/Banned drugs. • Training & accreditation of 100 selected retails pharmacies as SENTINEL PHARMACIES.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	The primary goal of the KOMPOUNDER application is to prevent the unauthorized sale and misuse of antibiotics and narcotic drugs. The involvement of registered pharmacists in pharmacies is ensured by the application and real-time verification of stock and sale is facilitated thereby enhancing the accountability of drug dispensing. The MEDWATCH mobile application has been designed with the primary objective of providing a user-friendly platform that allows the quality of drugs to be verified by the public. Specific drug information, such as the batch number and drug name, can be entered by users to access testing results that have been obtained from accredited laboratories across the country.

Innovation/ special aspect about the subject above	**COMPOUNDER** • Enhances the oversight of antibiotic and narcotic drug sales, contributing to public health safety. • Deters illegal practices in pharmacies through rigorous monitoring and accountability measures. • Empowers regulatory bodies with timely information to combat drug misuse effectively. **MEDWATCH** • Awareness and prevention of drug-related health risks among the public will be increased. • Information decision-making when purchasing or using medications will be facilitated. • Transparency and accountability in the pharmaceutical sector will be enhanced.
Service Delivery Details	Under process

5. National Health Mission (NHM)

Initiative/ Project No. 1

Name of Organisation	National Health Mission
Name of Project/ Scheme/ Programme	KARE – Kerala's Comprehensive Care Programme for Rare Diseases
Introduction	KARE, Kerala's Initiative for Rare Diseases, is a state-led comprehensive care programme designed to address the multifaceted needs of individuals affected by rare diseases. Launched by the Government of Kerala, the programme focuses on prevention, early diagnosis, and accessible treatment, while also incorporating holistic care approaches. Recognizing that curative treatments are not available for many rare conditions, KARE adopts international best practices, combining medical interventions with supportive therapies and rehabilitation to enhance the quality of life of patients
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	Since its inception, KARE has successfully provided free medication support to 107 children diagnosed with Spinal Muscular Atrophy (SMA). In addition, the programme caters to patients with Gaucher disease, Pompe disease, and Growth Hormone Deficiency, among other rare conditions. Beyond drug therapies, KARE ensures access to physiotherapy, occupational therapy, and assistive devices, which together contribute to improved patient outcomes, early intervention, and reduced disease burden across the state.
Innovation/ special aspect about the subject above	The programme is distinguished by its integrated and inclusive approach, making it one of the pioneering state-level rare disease initiatives in India. It provides free access to high-cost medications that are often unaffordable for families, combines medical treatment with rehabilitative and home-based care, and extends structured psychosocial support to parents and caregivers. The cross-sector collaboration between government health institutions, social services, and expert committees further strengthens patient management. Kerala's model has been widely acknowledged at national and international forums as an innovative and scalable framework for rare disease care.
Service Delivery Details	KARE ensures that essential medicines are distributed free of cost through government-supported channels. Patients receive individualized therapeutic support

	including physiotherapy, occupational therapy, and customized assistive devices. Home-based care services allow for continuous monitoring and reduce the logistical and emotional burden on families. Structured counselling and psychosocial support are provided to caregivers, and regular follow-ups and evaluations are conducted to track patient progress and adapt care plans as needed.

Initiative/ Project No. 2

Name of Organisation	National Health Mission
Name of Project/ Scheme/ Programme	ASHADHARA – Comprehensive Care for Haemophilia, Thalassemia, and Sickle Cell Anaemia
Introduction	ASHADHARA is Kerala's state-wide programme aimed at providing comprehensive care for patients suffering from Haemophilia, Thalassemia, and Sickle Cell Anaemia. The initiative ensures that affected individuals have access to systematic screening, registration, treatment, and follow-up care. Recognizing the challenges posed by chronic blood disorders, the programme has established District Day Care Centres (DDCCs) in every district, each managed by a Nodal Officer and a full-time Patient Care Coordinator, to deliver specialized services close to patients' homes.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	To date, 3,598 patients have been registered under ASHADHARA across Kerala. Regular laboratory investigations are conducted, awareness programs are organized for patients and their families, and systematic follow-up ensures continuity of care. A significant milestone of the programme has been the transition from conventional intravenous clotting factor prophylaxis to the use of Emicizumab for children with severe Haemophilia A. This advancement has significantly improved treatment adherence and quality of life for affected children.
Innovation/ special aspect about the subject above	The programme is innovative for its state-wide, structured, and decentralized approach to chronic blood disorder management. By providing advanced prophylaxis therapy free of cost, ASHADHARA has transformed Haemophilia care in Kerala. Its integration of patient registration, awareness generation, periodic investigations, and follow-up represents a holistic model of care that can serve as a national benchmark.

Service Delivery Details	ASHADHARA ensures that all registered patients are tracked through electronic records maintained at district centres. Treatment services include free provision of clotting factors, transfusions, and advanced therapies like Emicizumab. Laboratory investigations are conducted periodically to monitor disease progression, while counselling and awareness sessions for patients and families enhance compliance and understanding. Dedicated staff at each DDCC coordinate care, link patients to necessary services, and conduct follow-ups to ensure that interventions are timely and effective.

Initiative/ Project No. 3

Name of Organisation	National Health Mission
Name of Project/ Scheme/ Programme	Vivakerala – Statewide Anaemia Screening and Treatment
Introduction	Vivakerala is a flagship programme of the Government of Kerala targeting anaemia among women and adolescent girls aged 15–59. Implemented through Primary Health Centres (PHCs) and People's Health Clinics, it combines large-scale screening with treatment and health awareness campaigns. The programme aims to reduce the prevalence of anaemia through early detection, medical management, and behavioural interventions, thereby improving overall health and productivity.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	Over five million women have been screened under Vivakerala, and those diagnosed with anaemia are assured follow-up care and treatment. The initiative is integrated into routine health services at PHCs as well as school and community health programmes. It has contributed to increased awareness about the importance of nutrition, iron supplementation, and lifestyle modifications in preventing anemia.
Innovation/ special aspect about the subject above	Vivakerala is distinguished by its population-wide coverage and its integration into primary healthcare. By decentralizing screening and embedding treatment within existing health infrastructure, the programme achieves high reach at low cost. Its emphasis on community engagement and health education makes it an innovative model for anemia control that can be replicated in other states.
Service Delivery Details	Women and adolescent girls undergo haemoglobin testing at PHCs, outreach camps, and People's Health Clinics. Those identified with anemia receive free iron and folic acid supplementation and are monitored through follow-up visits at PHCs. Health workers and ASHAs conduct awareness sessions to educate the community about nutrition, menstrual hygiene, and preventive practices. The programme ensures that screening, treatment, and follow-up are seamlessly integrated to achieve sustainable reductions in anemia prevalence.

വിവ
കേരളം

Initiative/ Project No. 4

Name of Organisation	**National Health Mission**
Name of Project/ Scheme/ Programme	Pediatric Palliative Care Unit
Introduction	Kerala's Pediatric Palliative Care Unit is a dedicated initiative aimed at providing specialized care for children with chronic illnesses, disabilities, and rare diseases requiring long-term management. The programme emphasizes home-based care, recognizing that many children benefit from treatment in familiar environments alongside professional medical oversight.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	Pilot activities including workshops and home visits have already been conducted in collaboration with specialists and voluntary organizations. Training modules and implementation guidelines are under preparation, with full-scale programme rollout planned in the next financial quarter.
Innovation/ special aspect about the subject above	This programme is the first of its kind in India at the state level, focusing exclusively on pediatric palliative care. Its innovative approach combines home-based medical care with psychosocial support for families, and it emphasizes caregiver training to ensure continuity of care.
Service Delivery Details	The programme plans to deliver home-based medical and nursing care tailored to each child's condition, including provision of assistive devices for bedridden or disabled children. Caregivers will receive structured training and counselling, while staff and volunteers will participate in workshops to enhance capacity. Guidelines for pediatric palliative care delivery are being developed to standardize services across the state, ensuring that children and their families receive comprehensive support.

Initiative/ Project No. 5

Name of Organisation	National Health Mission
Name of Project/ Scheme/ Programme	Pratheeksha (Hope) – Pediatric Nephrology Care
Introduction	Pratheeksha is a comprehensive state-level programme designed to provide care for children born with congenital kidney and urinary tract anomalies. The initiative facilitates early diagnosis, specialized treatment, and long-term follow-up through coordinated efforts between tertiary care centres and district-level services.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	The Nephrology Department at SAT Hospital serves as the nodal centre, while district-level coordination will be managed through District Early Intervention Centres (DEICs). A dedicated dialysis unit has been established at SAT Hospital to provide immediate care for critical cases. The programme ensures timely intervention and continuous monitoring of pediatric patients with kidney conditions.
Innovation/ special aspect about the subject above	Pratheeksha is innovative as the first structured state programme for pediatric nephrology care in India. It integrates tertiary care centres with district-level coordination and includes a dedicated web portal for patient registration and tracking, ensuring seamless case management and continuity of care.
Service Delivery Details	Children requiring specialized treatment receive dialysis and other nephrology services at SAT Hospital. Coordination with DEICs ensures that patients in remote areas will be monitored and linked to care centres which will be established at other major medical colleges (GMCH Kannur, IMCH Kozhikode, GMCH Thrissur, ICH Kottayam). The web portal will facilitate patient registration, appointment tracking, and follow-up, while counselling services are provided to caregivers to support treatment adherence and improve overall patient outcomes.

Initiative/ Project No. 6

Name of Organisation	National Health Mission
Name of Project/ Scheme/ Programme	Comprehensive Lactation Management Centre (CLMC)
Introduction	Comprehensive Lactation Management Centres (CLMCs) are state-level initiatives aimed at promoting breastfeeding and supporting neonatal health through donor human milk (DHM) collection, screening, processing, storage, and distribution. CLMCs are established in government medical colleges and district hospitals with high delivery loads and neonatal care facilities.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	CLMCs contribute to the Baby Friendly Hospital Initiative by ensuring that vulnerable newborns, particularly preterm and sick infants, receive safe and screened donor milk. The programme supports Kangaroo Mother Care and promotes exclusive breastfeeding in healthcare facilities.
Innovation/ special aspect about the subject above	CLMCs represent the first structured DHM banking system integrated into public hospitals in Kerala. The initiative enhances neonatal survival, reduces dependence on formula feeding, and promotes mother-infant bonding, making it a globally recognized model of neonatal care.
Service Delivery Details	The programme collects donor milk from screened mothers, ensures pasteurization and microbiological safety, and distributes it to NICU and SNCU infants in need. Lactation counselling and support are provided to mothers to encourage breastfeeding and facilitate Kangaroo Mother Care, ensuring that both the immediate and long-term nutritional needs of newborns are met.

COMPREHENSIVE LACTATION
MANAGEMENT CENTRE (CLMC)

Galaxy S23

COMPREHENSIVE LACTATION MANAGEMENT CENTRE

Initiative/ Project No. 7

Name of Organisation	National Health Mission
Name of Project/ Scheme/ Programme	Clubfoot Clinic – Towards a Clubfoot Free Kerala
Introduction	The Clubfoot Clinic is a state-wide initiative in collaboration with CURE India and NHM, aimed at detecting, treating, and rehabilitating children with congenital clubfoot. The programme provides corrective shoes and orthopaedic care to children, with the ultimate goal of achieving a Clubfoot Free Kerala.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	Over 4,000 children have been enrolled in the programme and are receiving corrective treatment. Weekly clinics are operational in medical colleges and district hospitals, where orthopaedic specialists provide casting and follow-up care.
Innovation/ special aspect about the subject above	This programme is innovative for providing state-wide, free corrective care for congenital clubfoot, integrating treatment, rehabilitation, and long-term follow-up. The collaboration between NGOs and government hospitals ensures sustainability and comprehensive coverage.
Service Delivery Details	Children receive regular orthopaedic care, including casting and corrective interventions. FAB (special corrective shoes) are distributed free of cost. Follow-up and rehabilitation services are provided over an extended period to ensure optimal functional outcomes and long-term correction.

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Clouds
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Initiative/ Project No. 8

Name of Organisation	National Health Mission
Name of Project/ Scheme/ Programme	State NCD Cell "Arogyam Anandam, Akattam Arbudham'' Cancer Screening Campaign
Introduction	Kerala's Health Department rolled out a groundbreaking statewide cancer prevention and screening campaign, Arogyam Anandam, Akattam Arbudham, launched on February 4, 2025 (World Cancer Day). The first phase (February 4 to March 8, International Women's Day) focused on women's cancers—particularly breast and cervical cancers—emphasizing early detection through wide-ranging collaboration with public, private, and community stakeholders. The primary objective of raising awareness about cancer and emphasizing the importance of early detection through screening. The campaign aims to reduce stigma and fear associated with cancer, promote timely screening, and establish robust systems for cancer screening and management across the state. All diagnosed cases were systematically followed up and linked to mapped treatment facilities under the State Cancer Grid to ensure access to standardized care, treatment, and necessary support services. Details of screening, investigations, diagnosis and treatment are captured through a special cancer care portal developed by e health. The second phase, which commenced on May 31, 2025, expanded its focus to include colorectal and oral cancers in men as well.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	
Innovation/ special aspect about the subject above	The initiative is Kerala's largest-ever cancer prevention campaign, mobilizing over ten lakh screenings within a month Mobilizing Cross-Sector Partnerships Launched with broad collaboration: government (including Health Dept., Women & Child Development), medical colleges, Regional Cancer Centre, Arogya Keralam, NGOs, voluntary groups, private hospitals, labs, diagnostic centers, and local self-governments

	Inclusive Accessibility & Subsidization Free screenings for BPL individuals; subsidized rates for APL groups Mass Awareness and Community Engagement Use of public, private and grassroots outreach (e.g., ASHA workers, Anganwadi staff, media professionals, Secretariat employees, Technopark staff) to drive demand and participation Transition to Routine Accessibility Post-campaign, cancer screenings have been institutionalized at family health centres, available twice weekly for men and women, reflecting sustainability and normalization of early detection.
Service Delivery Details	Infrastructure 1,517 hospitals enabled for screening during the main phase Post-launch expansion into family health centres across the state, with routine screening services twice weekly Diagnostic & Referral Pathways Individuals with suspected cases are referred for diagnostic follow-up and treatment at appropriate institutions, including Regional Cancer Centre and medical colleges as per Cancer Grid Cost Model Free for Below Poverty Line families. Nominal/subsidized charges for Above Poverty Line

Initiative/ Project No. 9

<table>
<tr><td>Name of Organisation</td><td>National Health Mission</td></tr>
<tr><td>Name of Programme</td><td>Nayanamritham – Diabetic Retinopathy Screening Programme</td></tr>
<tr><td>Introduction</td><td>Launched in 2019 as a pilot by UK's Moorfields Eye Hospital, Nayanamritham was designed to address Kerala's growing burden of diabetic retinopathy (DR) by embedding technology-enabled DR screening into primary care. The pilot at Family Health Centers (FHCs), Thiruvananthapuram, demonstrated feasibility through handheld fundus cameras, digital image transfer (PACS→RIO), and rapid grading (<30 min). Pilot outcomes reflected population risk: any DR – 17.4%, STDR – 3.3%. With diabetes prevalence in Kerala (~23.6%) well above the national average, the programme was scaled state-wide.

Nayanamritham 2nd phase (April 2024 to present): Introduced offline, on-device AI for instant triage, relocated devices to CHCs (optometrist-led), and expanded training, maintenance, and tele-ophthalmology support. Screening scope expanded to 3-in-1 AI (DR/AMD/Glaucoma) at point of care.</td></tr>
<tr><td>Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)</td><td>
<table>
<tr><td>Metric</td><td>Value</td></tr>
<tr><td>Total Fundus Images Taken</td><td>2,665</td></tr>
<tr><td>Gradable Images</td><td>1,870</td></tr>
<tr><td>DR AI Used</td><td>1,458</td></tr>
<tr><td>AMD AI Used</td><td>791</td></tr>
<tr><td>DR/AMD Cases Detected</td><td>313</td></tr>
<tr><td>DR/AMD Cases Treated</td><td>214</td></tr>
<tr><td>Glaucoma AI Used</td><td>1,080</td></tr>
<tr><td>Glaucoma Cases Detected</td><td>118</td></tr>
<tr><td>Glaucoma Cases Treated</td><td>40</td></tr>
</table>
</td></tr>
<tr><td>Innovation/ special aspect about the subject above</td><td>

World's first government-backed, comprehensive, offline AI eye-screening programme at scale.
Instant triage (<10 sec): AI detects DR, AMD, and Glaucoma directly on device, with no internet dependence.
Optimized ophthalmologist workload: Only AI-positive/suspected cases escalated.
Universal usability: Operable by optometrists, nurses, and ASHAs/MLSPs with structured training.
State capacity building: Make-in-Kerala Drishti AI by K-DISC & C-DAC; integration with E-Health for dashboards and closed-loop care.

</td></tr>
</table>

Service Delivery (Current Modality)	Sites & Frequency: ● THQH/DH: daily ● CHCs: ≥3 days/week ● FHCs: 1–2 days/month ● Community camps & mobile units ● Workflow: ASHAs/MLSPs & NCD staff identify diabetics → Optometrist-led fundus imaging → Offline AI triage (DR/AMD/Glaucoma, <10 s) → Tele-ophthalmology/online confirmation → Referral for treatment (laser, anti-VEGF, OCT). Nayanamritham 2.0 is Kerala's pioneering model for AI-enabled population eye health, unifying public-health service delivery, digital governance, and capacity building to prevent avoidable blindness. Through offline AI, tele-ophthalmology, and strong maintenance systems, Nayanamritham 2.0 has created a scalable and cost-effective model that got replicated across various states. Extending beyond eye health, this cutting-edge technology aims to address other chronic conditions by leveraging the retina as a biomarker for systemic diseases such as CKD and CVD, thereby enabling convergence with broader NCD control.

Initiative/ Project No. 10

Name of Organisation	National Health Mission
Name of Programme	Continuous Ambulatory Peritoneal Dialysis Program (CAPD) in Kerala
Introduction	Continuous Ambulatory Peritoneal Dialysis Program (CAPD) was initiated in the State of Kerala as a pilot project in 2018 in 3 districts of Palakkad, Ernakulam and Thiruvananthapuram. Considering the success of the pilot in 3 districts the project was included in the subsequent PIPs of NHM as an innovation under the PMNDP Program. In 2020 Government of India introduced the CAPD Program as a National level program under PMNDP.As the program gained acceptance among the public, the program was currently implemented in all 14 districts in one major hospital of every district. Peritoneal dialysis (PD) is a form of renal replacement therapy used when the kidneys can no longer adequately filter the blood due to kidney failure. Instead of using a machine-like in hemodialysis, PD uses the body's own abdominal lining—the peritoneum—as a natural filter to remove waste products and excess fluid from the bloodstream which is done by insertion of a CAPD Catheter in the peritoneal cavity. Under the CAPD programme the catheter insertion was performed under the guidance of the available Nephrologists in the system or from the nearest Medical College and the CAPD Fluid was distributed from the hospitals selected under the program. All selected Hospitals were provided Rs 5 Lakh each to set up the CAPD unit with the necessary infrastructure and equipment. The doctors, Nurses and field staff were trained in CAPD patient care and in-house training for all staff were arranged concerning Hospitals. The CAPD fluid and the consumables were procured through KMSCL and distributed directly to the concerned institutions.

<table>
<tr><td>Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)</td><td>
<table>
<tr><th>Districts</th><th>Total number of CAPD Patients</th></tr>
<tr><td>Trivandrum</td><td>51</td></tr>
<tr><td>Kollam</td><td>45</td></tr>
<tr><td>Pathanamthitta</td><td>15</td></tr>
<tr><td>Alappuzha</td><td>47</td></tr>
<tr><td>Kottayam</td><td>22</td></tr>
<tr><td>Idukki</td><td>13</td></tr>
<tr><td>Eranakulam</td><td>98</td></tr>
<tr><td>Thrissur</td><td>40</td></tr>
<tr><td>Palakkad</td><td>67</td></tr>
<tr><td>Malappuram</td><td>53</td></tr>
<tr><td>Kozhikode</td><td>61</td></tr>
<tr><td>Wayanad</td><td>39</td></tr>
<tr><td>Kannur</td><td>20</td></tr>
<tr><td>Kasaragod</td><td>6</td></tr>
<tr><td>Total</td><td>577</td></tr>
</table>
</td></tr>
<tr><td>Innovation/ special aspect about the subject above</td><td>It was for the first time in India that a state came up with an innovative project for initiating Peritoneal dialysis instead of Hemodialysis, which is comparatively cost effective, patient friendly and avoids hospital visits. Since all districts didn't have nephrologists a tie-up was done with the medical colleges where the catheter insertion would be done. The patients will be provided one month CAPD fluid free of cost. Training was given to the health staff inhouse and also to the field functionaries. The project was piloted in 3 districts and later expanded to all 14 districts.</td></tr>
<tr><td>Service Delivery Details</td><td>The discretion of selection of patients for CAPD lies with the nephrologist or the treating physician. The initial evaluation of the patient will be done by the physician and the catheterization will be performed by the nephrologist/ physician. The first dose of the fluid will be given in the presence of the physician and the patient will be kept in observation for 3 days. Later he will be discharged and sent back home for further dialysis at home. All services including fluid and the consumables are given free of cost.</td></tr>
</table>

Initiative/ Project No. 11

<table>
<tr><td>Name of Organisation</td><td>National Health Mission</td></tr>
<tr><td>Name of Programme</td><td>Universal Palliative Care Program</td></tr>
<tr><td>Introduction</td><td>Palliative care activities were started in Kerala in 1993. Kerala was the first state in India to draft a palliative care policy in 2008. In accordance with the policy, palliative care programmes were implemented under the leadership of Local Self-Government Institutions and health institutions. The Palliative Care Policy was further revised in 2019 based on the experience gained during the past ten years of implementing the programme. The state Palliative Care High Power Committee and working group drafted an action plan for the implementation of the revised palliative care policy after discussions at various levels which was approved by the govt. in July 2023.

As per the Annual health screening data, it is estimated that 0.6% of the population in Kerala is bedridden due to various co-morbidities. Also, another 2% of the population is not bedridden but suffers from serious illnesses due to chronic diseases. (Serious Health Suffering-SHS).

There are 1141 primary palliative care units in Kerala comprising units in all grama panchayaths, municipalities and corporations. There are 345 secondary palliative care units functioning in Community Health Centres and Major hospitals under the health department. There are palliative care units in Regional Cancer Centre (RCC), Malabar Cancer Centre (MCC) and eight medical colleges. Apart from this, there are 44 secondary level units under the Indian Systems of Medicine (ISM) dept. and 18 secondary units under the Department of Homoeopathy. In the NGO/CBO sector, more than 500 units have home care services and are providing medical care and nursing care. There are more than 1000 charitable and social organizations providing psychological and financial support to palliative care patients across Kerala. This strong support system makes Kerala an ideal state for ensuring universal palliative care services across the state.</td></tr>
<tr><td>Basic Fact Sheet covering all Indicators.</td><td><table><tr><td>Indicator</td><td>Value</td></tr><tr><td>No. of primary palliative care units</td><td>1141</td></tr></table></td></tr>
<tr><td>Service Delivery Details</td><td><table><tr><td>No. of bed bound persons registered with primary units</td><td>1,82,923</td></tr></table></td></tr>
</table>

<table>
<tr><td></td><td><table>
<tr><td>No. of secondary palliative care units</td><td>345</td></tr>
<tr><td>No. of persons registered with secondary units</td><td>26,867</td></tr>
<tr><td>No. of patients registered in palliative care grid till date</td><td>1,96,882</td></tr>
<tr><td>No. of govt. facilities registered in palliative care grid</td><td>1,374</td></tr>
<tr><td>No. of NGOs registered in palliative care grid</td><td>1,129</td></tr>
</table></td></tr>
<tr><td>Innovation/ special aspect about the subject above</td><td>Universal Palliative Care program focuses on the coordination and integration of palliative care services available at various levels. As part of this program:

· Each bedridden patient is connected to trained volunteers in their neighbourhood

· A Neighbourhood Network for Palliative Care (NNPC) team is being formed under the leadership of ASHA workers to help the needy patients in each ward.

· Palliative Care Units are functional in all LSGIs and provide home based care to bedridden patients. The home care team is led by community nurses. As part of the universal palliative care program, the home care team will visit the homes of all bedridden patients at least once a month to ensure that necessary care and support is provided.

· Janakeeya Arogya Kendram (JAK) registers patients with Serious Health Suffering and ensures that they receive the follow-up care they need. Mid-Level Service Providers (MLSPs) are being trained for this purpose.

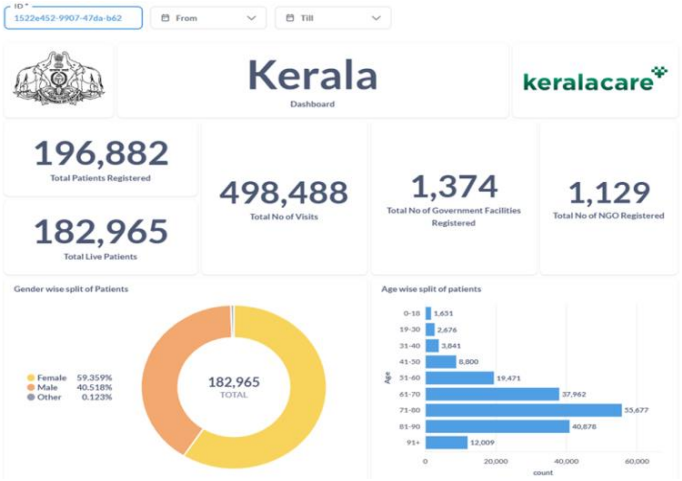
· The directors of the Health Services, Indian Systems of Medicine and homoeopathy departments ensure that all Community Health Centres and major hospitals have specialized secondary palliative care programmes, a trained nurse and a medical officer. Doctors will also visit patients at their homes once a week.

· Special palliative care units in medical colleges and cancer centres will be empowered. Palliative care units will be started in all medical colleges, including those in the private sector, to ensure that medical students will be sensitised with the palliative care program during their training period itself. Palliative care will be made part of the curriculum in all medical and nursing schools/colleges.

· State-level registration of NGO/CBO, that provide home care services including medical and nursing care has been implemented to ensure their participation. Units providing psychosocial support to palliative care patients shall also be provided registration by their</td></tr>
</table>

	respective LSGIs. Common platforms have been formed, and training is being provided at all levels to facilitate cooperation. · In the public sector, training centres are functioning in all 14 districts to provide palliative training to health workers. There are also six training centres functioning in the voluntary sector. The training programs provided included six weeks training for doctors (BCCPM), six weeks training for nurses (BCCPN), four months training for community nurses (CCCPN), 10 days training for doctors and nurses, 3 days training for health workers, and 3 days training for volunteers. The health department has released a unified syllabus for these courses. · A project to provide vocational rehabilitation for paraplegic persons has been launched in Ernakulam and Malappuram districts in collaboration with Kudumbasree Mission. · SCOLE Kerala, in collaboration with the Education dept., has started a six-month course named 'Diploma in Domiciliary Nursing Care' with the objective of providing scientific training to home nurses. · Govt. aims to make Kerala a fully palliative-friendly state by strengthening and further expanding its achievements in the field of palliative care. The universal palliative care program ensures that everyone in need of palliative care can get the best care in their homes. This is done in collaboration with various govt. departments, LSGIs, NGO-CBOs, other voluntary organisations and volunteers. · The Kerala Care Palliative Grid was launched with the objective of coordinating the above activities. The entire range of activities under the universal palliative care program is captured digitally on a real time basis to augment the services and ensure continuum of care through a digital network so that every person requiring palliative care will get the right service at the right time and effectively monitored at all levels. · The Kerala care grid now provides Facility registration, NGO/ CBO registration, Volunteer registration, training and onboarding, Patient direct registration services and also has a public dashboard and admin dashboard up to ward level. The portal is also integrated with the Sannadha Sena Portal which provides volunteer registration services. · To date, 1374 government institutions and 1129 NGO/CBOs providing palliative care have been registered on the grid. Electronic Medical Records of over 1.8 lakh persons are available on the grid. Their follow-up activities will be coordinated through the grid. For this purpose, the government is providing continuous training to doctors, nurses, other health workers and palliative care volunteers. · All persons who are willing to spend at least an hour for a bedridden patient in their neighbourhood have been given an opportunity to

	register as volunteers on the Sannadha Sena portal. Around 10,000 new volunteers have been registered in the last one month alone. The registered volunteers are given three days of training on coordinating the care required by patients through the palliative care grid and work has been initiated to make them part of the grid. It is estimated that more than one lakh volunteers are currently serving in the field of palliative care. The government intends to include them as part of the grid by providing scientific training · Various agencies, including the World Health Organization, have appreciated the palliative care activities in Kerala. Once fully equipped, the palliative care grid is sure to become the best model that Kerala is contributing to in this field.
Service Delivery Details	Each bedbound patient shall be visited at least once every month by the home care team led by a community nurse. Other patients with serious health suffering are visited by the MLSPs during their priority house visits Each bed bound patient will be visited by a trained volunteer once every 2 weeks Patients needing additional care and support will be linked to NGO/CBOs or to specialised secondary or tertiary level units Comfort devices will be provided from JAK and primary level units Psychosocial support will be ensured by Ward team lead by ASHA Medicine will be provided form the hospital as per the existing system Hospital staff will be trained to provide inpatient palliative care. Discharge follow up will be ensured by the home care team Trained domiciliary nurses to be made available to patients needing daily nursing care Care homes and hospices to be strengthened by capacity building of care givers and monthly visits by home care team


ID *
1522e452-9907-47da-b62
From
Till
Kerala
Dashboard
keralacare
196,882
Total Patients Registered
498,488
Total No of Visits
1,374
Total No of Government Facilities Registered
1,129
Total No of NGO Registered
182,965
Total Live Patients
Gender wise split of Patients
Female 59.359%
Male 40.518%
Other 0.123%
182,965
TOTAL
Age wise split of patients
0-18 1,631
19-30 2,676
31-40 3,841
41-50 8,800
51-60 19,471
61-70 37,962
71-80 55,677
81-90 40,878
91+ 12,009
Age
0
20,000
40,000
60,000
count

Initiative/ Project No. 12

<table>
<tr><td>Name of Organisation</td><td colspan="2">National Health Mission</td></tr>
<tr><td>Name of Project/ Scheme/Programme</td><td colspan="2">360° Metabolic Centre</td></tr>
<tr><td>Introduction</td><td colspan="2">The concept of the 360° Metabolic Centre was first piloted at Ernakulam General Hospital in November 2018. These centres aim to provide comprehensive care for NCDs under one roof, facilitating early diagnosis and management of Diabetes and Hypertension along with its complications like diabetic retinopathy, nephropathy, and peripheral neuropathy. The system envisages 360-degree management of metabolic disorders. There will be a facility for primary screening for Diabetes and Hypertension followed by Retinopathy screening using Non Mydriatic Camera, Peripheral neuropathy screening using Biothesiometer, Renal function test using point of care devices, PFT using spirometer, breast cancer screening etc. Following its success, in 2021, the Kerala government has decided to establish similar centres across all districts. 10 more 360° Metabolic Centre is currently functional in the state and 18 more will be operationalised by the end of this year.</td></tr>
<tr><td>Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)</td><td colspan="2"><table>
<tr><td>District</td><td>Functional 360° Metabolic Centres</td></tr>
<tr><td>Kollam</td><td>THQH KOTTARAKKARA</td></tr>
<tr><td>Alappuzha</td><td>GH Alappuzha</td></tr>
<tr><td></td><td>THQH Kayamkulam</td></tr>
<tr><td>Idukki</td><td>THQH KATTAPPANA</td></tr>
<tr><td>Ernakulam</td><td>GH MUVATTUPUZHA</td></tr>
<tr><td>Thrissur</td><td>THQH Chavakkad</td></tr>
<tr><td>Malappuram</td><td>DH Tirur</td></tr>
<tr><td></td><td>THQH Thirurangadi</td></tr>
<tr><td>Kozhikode</td><td>DH Vadakara</td></tr>
<tr><td>Wayanad</td><td>THQH Bathery</td></tr>
</table></td></tr>
</table>

Innovation/ special aspect about the subject above	The 360° Metabolic Centres exemplify Kerala's innovative approach to healthcare by integrating multiple services for NCD management. These centres offer a range of diagnostic and counselling services, including diabetic foot and eye examinations, pulmonary function tests, dietary counselling, blood pressure and kidney function monitoring. Consolidating these services, the centres aim to provide holistic care, improving patient outcomes and reducing the burden on the healthcare system.
Service Delivery Details	·Integrated Care: Combining various diagnostic and treatment services for NCDs in a single location. ·Patient Tracking: Issuing unique IDs and follow-up books to patients for continuous monitoring and care. ·Accessibility: Providing services free of cost to economically backward population ensuring equitable access to healthcare. This model supports the state's goal of early detection and management of NCDs, aiming to reduce complications and improve quality of life for patients.

Initiative/ Project No. 13

Name of Organisation	National Health Mission
Name of Project/ Scheme/Programme	National Urban Health Mission (NUHM) Urban Polyclinic Programme Project: Specialist Services offered Closer to the Community
Introduction	Services for specialist consultation (Medicine, ENT, Orthopedics, Obstetrics & Gynaecology, Pediatrics, Ophthalmology, Dermatology, Psychiatry/Psycho-social care), are provided on a rotational basis at UPHC-HWCs or at Urban CHCs. The range of clinical specialties at polyclinics range from a minimum of two to nine per week as per the needs of the community and the requirements which they listed. Complementing the clinical specialties, other specialties such as optometry, dietetics, palliative care, physiotherapy are also provided. The timings are displayed along with the days of the visit. Information on specialty services at polyclinics are publicized at all the Urban HWCs also, which are established under the AB-HWC programme. Infrastructure upgradation is also done to house the specialists properly and to optimize the service delivery. Laboratory tests for the specialties concerned along with point of care testing are also provided. Sample transport under a hub and spoke model is also arranged for high end tests. Medicines required to provide the specialist services at the UPHCs / urban CHCs are arranged under the Free Drugs Services Initiative. Clear referral pathways with mapping of the Specialty Services (type of services and timings for which they are available) are established between Urban-HWCs and UPHCs / urban CHCs providing specialist services. Referral linkages are also assured with higher centres like DH and Medical College Hospital in the City/District. Side by side to the access to specialist services, polyclinics are strengthened with equipment, laboratory services for diagnosis, disease surveillance, public health etc., by effectively utilising funds from the Fifteenth FC health grants. These Poly clinics also serve as a referral point and link with a telemedicine hub at a medical college, thereby reducing the congestion at secondary and tertiary level hospitals.

Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	Data shows a substantial increase in the OP turn up at UPHCs with their upgradation into polyclinics and the improvement in the patient experience with the specialty doctors. Total OP in the UPHCs in 2024 was 2794709 against 2738789 in the previous year. Sanctioned - 102 Operational - 102 % Operational - 100%
Innovation/ special aspect about the subject above	Provision of maximum number of specialties closer to the community. Physical consultation is made possible which is totally free of cost. Continuum of care is ensured. At places, specialists posted in specialties are deployed for up to 2 days per week to a major hospital nearby to ensure continuum of care for patients seen at Urban polyclinic OPDs who require surgical/procedural interventions. Further, efforts are made to mobilize patients requiring post-hospital follow-up to the polyclinic fixed day service. As elsewhere in the country, Kerala urban settings are characterized by heterogeneous populations that often live in close juxtaposition. Polyclinic services are patronized by people across different socio-economic strata.

DOT CLINIC

Initiative/Project No: No. 14

<table>
<tr><td>Organisation</td><td>National Health Mission</td></tr>
<tr><td>Name of Project/ Scheme</td><td>Urban Health and Wellness Centres

Project: Quality Health Care Closer to the Community</td></tr>
<tr><td>Introduction</td><td>Urban HWCs (UAAMs) are established in the state approximately for 15000-20000 population which increases the reach in the urban areas and covers the vulnerable and the marginalized by acting as satellite centres under the UPHCs. Kerala runs 102 UPHCs in 58 cities. Each UPHC that caters to a population of approximately 50,000, now has 3 UHWCs under it, depending on the vulnerable population of the urban local body. The less populous cities which have no UPHC due to the population norms, are also provided with 2 U-HWCs. Altogether, 319 U-HWCs are functional in the state and the state is on the attempt to operationalize another 61 such centres.

State now demonstrates that provision of health care services by trained service providers from U-HWCs closer to poorer, and vulnerable urban communities have improved the access to an expanded range of services, reduced OOPE, improved disease surveillance, and strengthened referral linkages.

Establishment of U-HWCs has created a second Primary Health Care revolution as visualized by the WHO by addressing the entire urban population across all sections. Decentralizing primary health care in urban areas shows visible enhancement in disease surveillance and improved reporting for epidemic/outbreaks and risk factor mitigation through focused health promotion and wellness activities.</td></tr>
<tr><td>Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)</td><td>Basic Fact Sheet in a table covering all indicators (Output and outcome Indicators)
<table>
<tr><th>Name of District</th><th>Total Urban Local Bodies</th><th>No. of cities where UPHC(s)is/are functional</th><th>Total No. of UPHCs</th><th>No. of Cities having no UPHCs</th><th>Total No. of U-HWCs operational</th><th>Total monthly OP UHWC (Average)</th></tr>
<tr><td>01.TVM</td><td>5</td><td>4</td><td>18</td><td>1</td><td>31</td><td>7</td></tr>
<tr><td>02.KLM</td><td>5</td><td>3</td><td>5</td><td>2</td><td>18</td><td>30</td></tr>
</table></td></tr>
</table>

	03.PTA	4	2	2	2	7	21
	04.ALP	6	3	6	3	24	18
	05.KTM	6	2	3	4	17	24
	06.IDK	2	2	2	0	5	7
	07.EKM	14	4	15	10	53	11
	08.TSR	8	5	7	3	26	10
	09.PKD	7	3	5	4	20	17
	10.MLPM	12	12	14	0	41	23
	11.KKD	8	5	12	3	40	32
	12.WYD	3	2	2	1	8	28
	13.KNR	10	8	8	2	23	15
	14.KSD	3	3	3	0	9	13
	Kerala	**93**	**58**	**102**	**35**	**322**	**18**
Innovation/ special aspect about the subject above	Urban-HWCs enable decentralised delivery of primary health care to smaller populations, closer to their homes, thereby increasing access to free and universal care especially for the vulnerable and marginalised. The OP timing is arranged in such a way to enable the urban poor, who are mostly daily wage labourers, to avail medical care without compromising their work.						

Service Delivery Details	Urban-HWCs deliver comprehensive primary health care to the community, and public health related actions and also enable strengthening the care continuum for upward and downward linkages, improve access to high quality care, zeroing in the out-of-pocket expenditure incurred on health care services, and decongestion of secondary and tertiary health care facilities. Decentralizing primary health care in urban areas would enable improved disease surveillance and reporting for epidemic/outbreaks and risk factor mitigation through health promotion and wellness activities. The following 3 critical components in health care are now performed through the U-HWCs, they are, 1. Providing comprehensive primary health care (CPHC) and undertaking public health action. 2. Ensuring continuum of care by linking with secondary and tertiary care through appropriate mechanisms 3. Promoting community engagement through various platforms and ensuring universal reach of public health interventions, including action on wellness promotion and social and environmental determinants.

Initiative/Project No: 15

Name of Organisation	National Health Mission
Name of Project/ Scheme/ Programme	Janakeeya Arogya Kendram Fixed Day, Fixed Clinic Programs
Introduction	The Fixed Day Fixed Clinic approach integrates a series of community and facility-based health programs aimed at delivering comprehensive, accessible, and equitable healthcare services. These programs are strategically scheduled to ensure continuity of care, promote preventive health practices, and strengthen community participation in wellness initiatives. The core activities include Priority Household Visits, Well Woman Clinics, NCD/Elderly Clinics, Patient Group Meetings, Janakeeya Arogya Clubs, and Ayushman Arogya Shivir. Collectively, these initiatives enhance the reach of healthcare services, promote early detection of diseases, empower individuals to manage their health, and reduce out-of-pocket expenditure.
Innovation/ special aspect about the subject above	Priority Household Visits: Brings focused attention to vulnerable households identified by ASHAs, ensuring targeted interventions for poverty, disease risk, and inadequate housing. Well Woman Clinics: Provide comprehensive preventive and promotive healthcare for women, focusing on reproductive, child, and general health while encouraging early screening and lifestyle education. NCD/Elderly Clinics: Enable early detection, diagnosis, and long-term management of chronic diseases such as diabetes, hypertension, and related complications, closer to the community. Patient Group Meetings: Foster peer support, improve treatment adherence, and reduce isolation by creating platforms for shared experiences and health education. Janakeeya Arogya Clubs: Promote community ownership of wellness activities, mobilizing local leaders and groups to sustain yoga, physical activity, and mental wellness initiatives. Ayushman Arogya Shivir: Brings together a comprehensive package of essential services in fixed- day health camps, improving accessibility,

	reducing healthcare costs, and addressing the full spectrum of health needs from RCH to NCDs.
Service Delivery Details	1. Priority Household Visits- Conducted for at least 8 days each month by JAK team members, these visits focus on: JPHN: Pregnant women, children, adolescents. JHI: Communicable disease prevention, vector surveillance, TB & leprosy, NCD risk screening. MLSP: Chronic disease management, care for individuals with serious health-related suffering. 2. Well Woman Clinics (Tuesdays, minimum 4/month)-Led by JPHN, services include: Antenatal registration and checkups and Screening for anemia, NCDs, and cancers in women. Family planning, child health, and reproductive health services and Awareness and health education sessions. 3. NCD/Elderly Clinics (Thursdays, minimum 4/month)- Led by JHI, services include: Blood pressure and blood sugar measurement, Screening for complications of diabetes and hypertension. Counselling on risk factors (tobacco, alcohol, sedentary lifestyle), Referral to higher centers and follow-up of treated cases and Promotion of treatment adherence and healthy behaviors. 4. Patient Group Meetings (Fridays & Saturdays, minimum 4/month)- Facilitated by MLSP, these meetings cover: Healthy diet education for people with or at risk of NCDs, Inhaler use and insulin management for patients. Pregnancy care, lactation, and infant feeding for families, Adolescent health awareness. Tobacco harm reduction campaigns. 5. Janakeeya Arogya Clubs (Monthly)- Community wellness platforms coordinated by JAK teams, involving resident leaders, sports and cultural groups. Activities include: Community walks, yoga, and cycling events, Sports, cultural, and mental wellness programs. Mobilizing residents for participation in health promotion initiatives.

	6. Ayushman Arogya Shivir (Monthly, Fixed-Day Health Camp)- Comprehensive outreach activity at SCs, PHCs, and CHCs offering: RCH services (antenatal, postnatal, immunization), TB, leprosy, and communicable disease screening/treatment. Population enumeration and ASHA-based assessment, Screening for cancers, mental health, sensory impairment, NCDs, and elderly health issues. Distribution of spectacles and hearing aids, Wellness activities (yoga, hygiene education, nutrition, mental health awareness, substance abuse prevention)

Initiative/Project No: 16

Name of Organisation	National Health Mission
Name of Project/ Scheme/ Programme	Structured Lifestyle Modification Intervention
Introduction	The Structured Lifestyle Modification Intervention (SLMI) is a peer-group–based program for patients diagnosed with hypertension or diabetes. It is part of Kerala's statewide effort to strengthen community control of non-communicable diseases by focusing on lifestyle modification, behavioral change, and peer support. The program is implemented across all 14 districts of Kerala and aims to achieve better disease control and improved quality of life (QoL).
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	Conducted SLMI Session : 162 Number of participants Registered: 1775 Number of participants attended : 1729 Participants per session: 11
Innovation/ special aspect about the subject above	Objective: To improve the control of hypertension and diabetes through structured lifestyle modification and peer-led support. Community Model: Context-specific, resource-sensitive, and aligned with Kerala's public health system. Evidence Base: International experience shows potential to improve control rates up to ~80%. Sustainability: Relies on ongoing peer motivation for lasting behavior change. Innovation: A scalable model that integrates behavioral science with grassroots mobilization to improve QoL. Technical Support: Provided by SCTIMST (AMCHSS) through Training of Trainers (ToT) and development of standardized materials for uniform implementation.

Service Delivery Details	Peer Group Formation: At least one peer group comprising a minimum of 15 members is formed at each center. Duration & Monitoring: Groups are monitored for one year with structured interventions. Meetings: Conducted once every month at Janakeeya Arogya Kendras (JAKs)

Initiative/ Project No: 17

Name of Organisation	National Health Mission
Name of Project/ Programme	PM-ABHIM
Introduction	PM-Ayushman Bharat Health Infrastructure Mission (PMABHIM) was introduced to strengthen public health infrastructure, ensuring efficient management and response to future pandemics and epidemics. The Atma Nirbhar Bharat Package for the health sector is being implemented through PM-ABHIM, a Centrally Sponsored Scheme with some Central Sector Components. This initiative aims to address critical gaps in health research, surveillance, and infrastructure in both rural and urban areas, preparing communities to manage health crises and pandemics. The initiatives under PM-ABHIM in all districts are being implemented through the National Health Mission. The key schemes involved are as follows: ● Construction of Critical Care Blocks ○ To strengthen public health facilities in delivering critical care, the Indian government will support the establishment of 100- and 50-bedded Critical Care Hospital Blocks/Wings under the PM Ayushman Bharat Health Infrastructure Mission. These units in each district will enhance the capacity to manage critical cases during pandemics, emergencies, and post-infectious recovery. ○ Capital Cost: Construction of 100 bedded Critical Care Blocks @ Rs. 40.05 Crore per unit & Construction of 50 bedded Critical Care Blocks @ Rs. 23.75 Crore per unit ● Establishment of Integrated Public Health Lab The implementation of Integrated District Laboratory Systems is essential to improve the efficacy and efficiency of laboratory services and support programmatic scale-up. Establishing Integrated Public Health Laboratories in each district will enhance cost- effectiveness, optimize human resources, strengthen quality assurance, and increase access. ○ **Capital Cost: Strengthening /establishing District IPHLs in 14 districts @ Rs. 1.25 Crore per unit**

<table>
<tr><td>Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)</td><td>Integrated Public Health Labs at the District Level:
<table>
<tr><th>Operationalized IPHL</th><th>Civil Work Completed</th><th>Work progressing</th><th>Work under tendering</th><th>DPR under preparation</th></tr>
<tr><td>5</td><td>3</td><td>4</td><td>0</td><td>2</td></tr>
</table>
Construction of Critical care unit at the District Level:
<table>
<tr><th>Operationalized CCB</th><th>Civil Work Completed</th><th>Work progressing</th><th>Work under tendering</th><th>DPR under preparation</th></tr>
<tr><td>0</td><td>0</td><td>6</td><td>5</td><td>3</td></tr>
</table></td></tr>
<tr><td>Innovation/ special aspect about the subject above</td><td>• Critical Care Blocks will enhance the capacity to manage critical cases during pandemics, emergencies, and post-infectious recovery.
• Integrated Public Health Labs will be a platform to establish close integration and co- ordination between health & other concerned departments ensuring early response to outbreaks for better clinical outcomes.</td></tr>
<tr><td>Service Delivery Details</td><td>• Critical Care blocks will include essential services such as emergency rooms, ICUs, isolation wards with oxygen-supported beds, surgical units, two labour and delivery rooms (LDRs), and newborn care corners. Support services like imaging, nutrition, CSSD, and automated laundry will be integrated with existing District Hospitals or newly created if not already available. The blocks will also feature medical gas pipelines, oxygen plants, air handling units, and infection control measures. They will be set up at District Hospitals and Medical College Hospitals
• An integrated model is key to boosting productivity, avoiding resource duplication, improving patient care, building multi-disease testing capacity, and preparing for emerging health threats.</td></tr>
</table>

Initiative/Project No: 18

Name of Organisation	National Health Mission
Name of Programme	Govt Hub and Spoke Lab Network - Nirnaya
Introduction	As part of the Navakerala Karma Padhathi II (Aardram Mission), the Govt Hub and Spoke Lab Network Programme was envisaged and is being implemented in the State of Kerala from Year 2023. The Network has been functioning in the Districts and the necessary guidelines and G.O s were issued in the year 2023 (G.O.(Rt)No.1668/2023/H&FWD Dated, Thiruvananthapuram, 11-07-2023, 1) G.O (P) No. 10/2021/P&EA dated 01/08/2021,2) G.O (Rt) No. 2615/2021/H&FWD dated 23/11/2021 ,3) G.O (Rt) No. 221/2022/H&FWD dated 25/01/2022, 4) G.O.(Rt)No.526/2022/H&FWD; Dated,Thiruvananthapuram, 08-03-2022). As per Government Orders mentioned above, the Hub and Spoke Laboratory Network aimed at the standardisation and comprehensive laboratory service delivery for ensuring the public is an important thematic area of the NavakeralaKarmapdhathiII . This pillar has been identified as an important one in delivering comprehensive health services to the public while providing people friendly services and reducing out of pocket expenditure as envisaged in Aardram Mission. In the Kerala Delivery Model we have incorporated the elements of the free diagnostics model, however with the existing robust diagnostic infrastructure and systems in place we are not doing the tests entirely free of cost except for certain sections. The Diagnostic service delivery for patients coming to UPHC s are done entirely free of cost and the tests for BPL patients (walk-in patients in RPHL s and DPHL s). Extremely poor Patient List Patients in Rural Health Centres and other labs coming under Dept of Health Services are also getting diagnostic services delivered free of cost. For standardising the programme across the state, the logistic component of the same is being upgraded through the India Postal Department Network from August 2025. In this regard, the system is being upgraded with the logistic facility and services of India Post being roped in. In this new system, all the NHM institutions, UPHC s, UCHC s are being roped

	in and the diagnostic service delivery for these Institutions shall follow the Free Diagnostics Model.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	**The Designated Number of Tests (Types of Tests at Each Level):**

FHC	**62**
CHC	**81**
TH	**96**

THQH	**96**
DH	**131**
GH	**131**

Output and Outcome Indicators (Data Captured_June 2025)

Nirnaya Hub and Spoke Lab Network Status June 2025

	Thiruvananthapuram	Kollam	Pathanamthitta	Alappuzha	Kottayam	Idukki	Ernakulam	Thrissur	Palakkad	Malappuram	Kozhikode	Wayanad	Kannur	Kasaragod
No of Health Blocks	19	16	10	12	16	7	19	15	14	15	16	5	13	8
# health blocks with Functional Nirnaya Network	19	16	10	3	8	7	19	5	12	15	14	5	13	8
# institutions	128	93	65		82		129	8		136	104	39	112	60
#Primary Hubs(CHCs/TH Hubs)	2 (CHC)	11	5	10	22	11	30	23	1	15	20	5	20	10
#Spokes(Primary FHC/PHC Spokes)	94	91	61	61	56	69	84	85	21	85	81	27	79	39
#Primary Hub:Spoke Units Functional	4	91	61	65	32	11	114	8	21	5	19	27	87	57
# Monthly Samples Transported	1694	2152	1289	1803	406	1560	1392	1117	1098	2943	2397	1756	717	2053
# institutions with functional Nirnaya Network	94	91	61	38	39	57	129	52	21	130	73	39	112	60
No of Institutions-PHC/UPHC/F-HC	88	63		55	56	69	93	88		100	73	27	87	
No of institution conducting 62 tests	0	0	0	12	8	0	83	2	67	8	15	Nil	0	2
#CHC/BPHC	22	16	13	16	19	7	21	22		20	16	6	13	41
#CHC/BPHC with 81 Tests	0	0	1	5	0	0	14	0	18	4	0	Nil	0	1
#TH	8	9	4	2	3	4	11	6	#TH	7	7	2	9	5
#TH with 96 Tests	0	1	0	2	0	0	8	0	0	0	0	1	0	1
#DH/GH	4	1	3	2	4	2	3	3	#DH/GH	4	3	2	3	2
#DH/GH with 136 tests	0	1	0	0	0	0	3	0	0	0	0	Nil	0	0
# institutions without labs	4	1	7	12	4	5	8	7	7	11	3	0	22	3
Labs to be ready by Dec 2025	1	Eravipuram FHC	3	12	4	F.H.C Cherthamon nar	7	7	4	FHC Nannarmukku , FHC Kannamangalam	2	0	14	2

Innovation/ special aspect about the subject above	This service delivery network intends to reduce the out-of-pocket expenditure of the patients by ensuring the necessary diagnostic tests are provided to the patients from a single point through the hub-and-spoke system. The reports of the diagnostic tests are delivered to the patients electronically, through a messaging system. With the roping in of the India Post Logistic Network for sample transportation, the logistics is also met in a cost-effective manner for the Public Health expenditure.

Initiative/Project No: 19

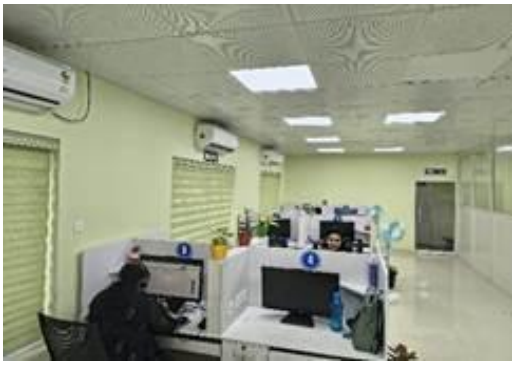
Name of Organisation	National Health Mission
Name of Project/ Scheme/ Programme	Mental Health Programme JEEVARAKSHA - Suicide Prevention
Introduction	Jeevaraksha is a community-based suicide prevention initiative aimed at building the capacity of key frontline stakeholders to act as Community Gatekeepers. The program specifically targets doctors, health workers, teachers, police personnel, Local Self-Government (LSG) elected representatives, and religious leaders—individuals who are often the first point of contact for people in distress. The main objective is to enable these gatekeepers to recognize early warning signs of suicide, provide immediate psychological support through Psychological First Aid (PFA), and facilitate timely referrals to mental health services. By decentralizing suicide prevention efforts, Jeevaraksha fosters a proactive and inclusive approach to mental health at the grassroots level.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	·Total Trained: 29,302 gatekeepers ·Training Batches: 527 ·Core Focus: Suicide risk detection, basic psychological support, and referral linkage
Innovation/ special aspect about the subject above	A key innovation of the Jeevaraksha program lies in its community gatekeeping model, which extends suicide prevention efforts beyond clinical settings into the heart of communities. By training a diverse group of stakeholders—including doctors, teachers, health workers, police personnel, local elected representatives, and religious leaders—the program ensures that those most likely to interact with individuals in distress are equipped to recognize early warning signs and respond appropriately. The inclusion of Psychological First Aid (PFA) in the training makes the approach both accessible and practical, empowering non-specialists to provide immediate emotional support and connect individuals to professional help. This multi-sectoral and culturally sensitive approach enhances the program's reach and

	sustainability, making it a replicable model for grassroots suicide prevention
Service Delivery Details	Jeevaraksha training is conducted through structured, in-person half day workshops The sessions include interactive components such as lectures, role plays, and case-based discussions to enhance practical understanding of suicide prevention and Psychological First Aid (PFA). The program is implemented across districts in coordination with all the line departments. After the training, participants are linked with the District Mental Health Programme and the 24×7 toll-free TeleMANAS helpline to ensure continued support and effective community-level intervention.

Initiative/Project No: 20

Name of Organisation	National Health Mission
Name of Project/ Scheme/ Programme	Tele MANAS - National Tele Mental Health Programme
Introduction	Tele MANAS Kerala is a 24x7 toll-free mental health helpline (14416) launched on 26th October 2022 by the Hon'ble Minister for Health. It provides round-the-clock mental health support through tele-counselling and video consultations. The service is staffed by a multidisciplinary team including psychiatrists, clinical psychologists, psychiatric social workers, and counsellors, ensuring professional and timely intervention for individuals in psychological distress. Tele MANAS serves as a vital mental health access point, offering immediate support and referral to district-level services when needed.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	·Total Calls Handled (Till Date): 36,560 ·Support Areas: • Emotional and behavioral issues • Suicidal tendencies • Substance abuse and de-addiction • Child and adolescent mental health • Relationship and family issues • General mental health concerns
Innovation/ special aspect about the subject above	Tele MANAS integrates mental health care into a scalable, technology-driven platform, ensuring continuous access through both voice and video consultations. The model emphasizes accessibility, allowing individuals from all backgrounds to seek help anonymously and conveniently. Its linkage with District Mental Health Programs (DMHPs) for in-person follow-up ensures a seamless care continuum. Weekly training sessions and clinical case presentations keep the service team updated, maintaining high standards of care

Service Delivery Details	Tele MANAS operates 24x7 through the toll-free number 14416, offering immediate mental health support via telephone and video-based services. A team comprising psychiatrists, clinical psychologists, psychiatric social workers, and counsellors handles calls, providing assessments, counselling, and referrals when necessary. The service also facilitates direct linkage with District Mental Health Programs (DMHPs) for further care. Continuous professional development is ensured through weekly training and clinical case discussions for all staff



Initiative/Project No: 21

<table>
<tr><td>Name of Organisation</td><td>National Health Mission</td></tr>
<tr><td>Name of Project/ Scheme/ Programme</td><td>State Training Division, NHM
Learning Management System (LMS)</td></tr>
<tr><td>Introduction</td><td>In Kerala, the National Health Mission NHM collaborates with the Department of Health Services and C- DIT to develop an online training platform called the LMS (Leaming Management System) starting in 2020. Healthcare professionals from different agencies, including the State Health Department program divisions and KSIFIFW, can access and participate in courses through the LMS.</td></tr>
<tr><td>Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)</td><td>The LMS has a total of 155 uploaded training contents as of March2025.
Enrolments in the LMS till March 2025 were 45,681, and course certificates issued are 60,795
<table>
<tr><td colspan="4">LEARNING MANAGEMENT SYSTEM (LMS)</td></tr>
<tr><td>SL</td><td>Parameter</td><td>Cumulative</td><td>June-2025</td></tr>
<tr><td>1</td><td>Total enrollment</td><td>49,598</td><td>1237</td></tr>
<tr><td>2</td><td>Total courses/ Modules</td><td>158</td><td>Nil</td></tr>
<tr><td>3</td><td>Total number of certificates issued</td><td>51,010</td><td>3326</td></tr>
</table></td></tr>
</table>

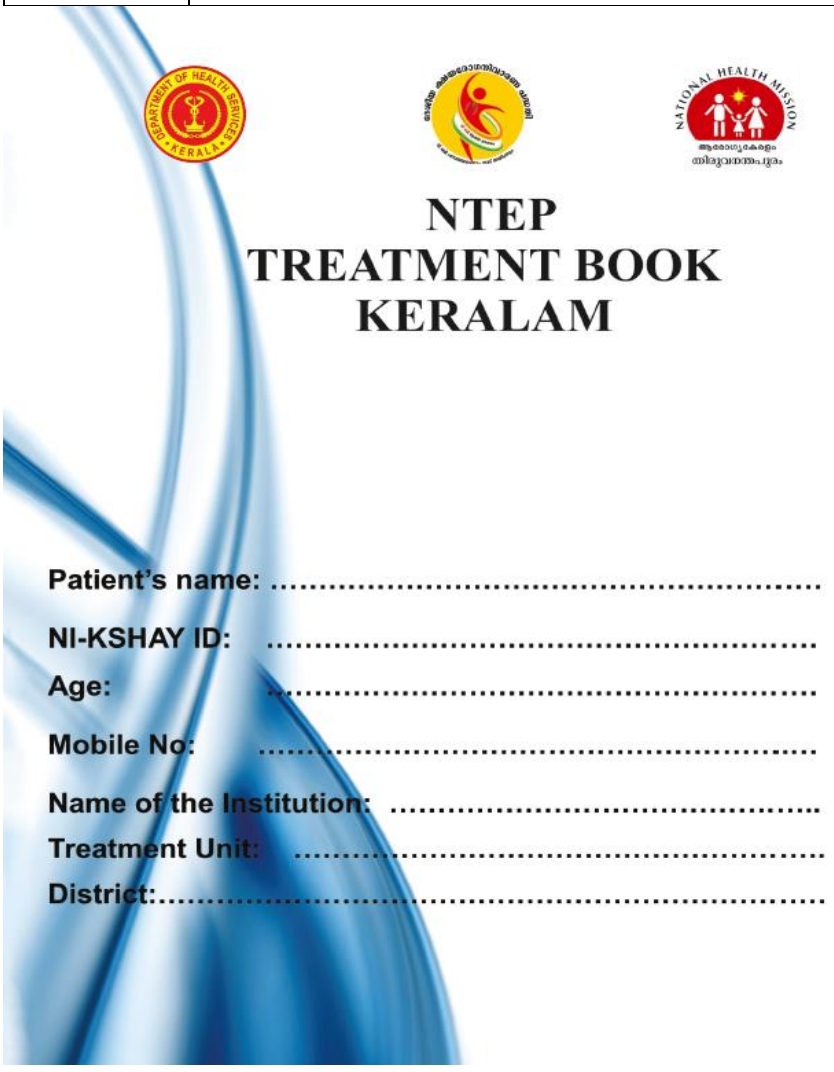
Innovation/ special aspect about the subject above	In Kerala, statewide health-related training courses are handled by DHS, KSIFIFW training institutes, and skill labs. District-wise training is supervised by DMOs under DHS and DPMs. The NHM also has a YouTube channel, Kerala Health Online Training, which contains public awareness and health-related training videos and materials. Linkhttps://www.youtube.com/channel/UCSE0zP8darFGvDn3CyC2ERg

Initiative/Project No: 22

Name of Organisation	National Health Mission
Name of Programme	National TB Elimination Program (NTEP)
Introduction	In Kerala, building a strong TB diagnostic network depends on advanced lab infrastructure and reliable sample transport. Despite modern labs, challenges like inconsistent protocol adherence and sample quality in transit persist. The State TB Office (STO) under the National TB Elimination Programme (NTEP) launched a collaborative initiative. It aims to establish a streamlined, cost-neutral sample transport network linking peripheral health centres to central labs, addressing these gaps. The STO held extensive consultations with potential agencies before partnering with India Post, the world's largest public sector postal network. Key concerns were addressed collaboratively—India Post raised safety concerns for staff handling TB samples, while STO highlighted high pickup costs, often exceeding transport charges. In a show of commitment to TB elimination, India Post agreed to waive pickup fees, significantly reducing overall costs. Subsequent stakeholder meetings culminated in the signing of a Memorandum of Understanding (MoU) with India Post to guarantee sample delivery from any location in the state to designated laboratories within 24 hours, as mandated by NTEP. Comprehensive mapping was undertaken to link all healthcare institutions and TB laboratories—including Intermediate Reference Laboratories—to their nearest post offices. Concurrently, extensive training was provided to the personnel of both the STO and India Post on MoU implementation and quality assurance protocols. To ensure sustainability, additional partnerships were established to fund high-quality packaging, settle India Post billing, and expand molecular diagnostic capacity—ensuring uninterrupted case-finding without imposing additional financial burdens

<table>
<tr><td>Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)</td><td>Key indicators of TB diagnosis before and after the implementation of sample transportation system through India Post
<table>
<tr><th>Indicator</th><th>Before</th><th>After</th></tr>
<tr><td>Proportion of samples offered molecular WHO-recommended rapid diagnostic tests (mWRD) as the first test</td><td>49%</td><td>76%</td></tr>
<tr><td>Proportion of microbiologically confirmed pulmonary TB patients with valid test result for Rifampicin resistance</td><td>88%</td><td>94%</td></tr>
<tr><td>Proportion of microbiologically confirmed extrapulmonary TB patients with valid test result for Rifampicin resistance</td><td>85%</td><td>86%</td></tr>
<tr><td>Proportion of microbiologically confirmed pulmonary TB patients with valid test result for Isoniazid resistance</td><td>66%</td><td>73%</td></tr>
<tr><td>Proportion of microbiologically confirmed extrapulmonary TB patients with valid test result for Isoniazid resistance</td><td>29%</td><td>31%</td></tr>
<tr><td>Average number of days from date of diagnosis to date of valid test result for Rifampicin resistance</td><td>16</td><td>1</td></tr>
<tr><td>Average number of days from date of diagnosis to date of valid test result for Isoniazid resistance</td><td>29</td><td>12</td></tr>
</table></td></tr>
<tr><td>Innovation/ special aspect about the subject above</td><td>As these discussions have created momentum and highlighted the challenges in financial audits and compliance. On March 6, 2025, an official directive issued from LSGD, with new policy guidelines directing all GPs and ULBs to implement nutritional support for TB patients as part of their annual plans (G.O. (Rt) No. 623/2025/LSGD). The directive grants permissive sanction to all GPs and ULBs to provide nutritional food kits to consented TB patients worth INR ₹1,500 every month up to 21 months, based on the treatment period. The policy ensures its implementation through various funding sources, including General Category Grants, Own Funds, Development Funds, and Fifteenth Finance Commission Grants already allocated to GPs and ULBs. The technical advice, capacity building and other implementation support are provided by the health department. The policy underlines regular monitoring, public awareness campaigns, and systematic evaluation to ensure effectiveness and sustainability of TB Nutrition Support.</td></tr>
</table>

Service Delivery Details	This policy advocacy successfully integrates the TB nutritional support within Kerala's decentralized governance, creating a scalable and accountable model. This initiative strengthens local ownership, ensures sustainable funding, and enhances TB treatment outcomes.



6. E- Health Kerala

Initiative/ Project No. 1

Name of Organization	State Digital Health Mission
Name of Project/Scheme/Programme	eHealth Implementation
Introduction	The eHealth Project is a transformative initiative aimed at leveraging information and communication technology to improve the accessibility, efficiency, and quality of healthcare services. By enabling digital health records, seamless data exchange, and integrated health applications, the project supports better clinical decision-making, enhances patient experience, and strengthens health system governance. The eHealth Project plays a key role in modernizing healthcare delivery by promoting transparency, interoperability, and continuity of care across various levels of the health system.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	**Output Indicators** • Health facilities onboarded to the eHealth platform – **1,077 nos** • Patients registered digitally – **2.65 Cr** • OPD transactions captured electronically – **9.83 Cr** • IPD transactions captured electronically – **18.25 lakhs** • Electronic prescriptions generated – **7.10 Cr** • Electronic lab reports generated – **2.52 Cr** **Outcome Indicators** • Reduced patient waiting and registration time • Improved accuracy and availability of patient records • Enhanced clinical decision-making and continuity of care • Improved transparency and monitoring of health services • Increased patient satisfaction and service accessibility
Innovation/ special aspect about the subject above	• The project digitizes the complete patient journey from registration and consultation to diagnostics, pharmacy, discharge, and follow-up, ensuring seamless continuity of care. • Creation of a longitudinal digital health record for every patient enables clinicians to access past medical history, investigations, and prescriptions across visits and facilities. • A single, uniform eHealth system is deployed across public health institutions, ensuring consistency in workflows, data capture, and reporting, while reducing fragmentation.

	• Designed to align with national digital health standards, the system supports secure data exchange and future integration with national health digital ecosystems. • Faster services, accurate records, reduced repeat tests, and improved care continuity enhance the overall patient experience.
Service Delivery Details	• The eHealth Project facilitates integrated and digitized healthcare service delivery across public health institutions by streamlining clinical and administrative processes. • Patient services begin with digital registration and OPD management, enabling quick patient identification, electronic OP tickets, and accurate capture of clinical details, thereby reducing waiting time. Inpatient services are managed through electronic admission, treatment documentation, and discharge processes, ensuring continuity and quality of care. • Laboratory and diagnostic services are integrated with clinical workflows, allowing online test orders, faster reporting, and easy access to investigation history. • Pharmacy services operate through electronic prescriptions, improving drug utilization tracking and minimizing prescription and dispensing errors. • The project ensures secure electronic health record management, enabling longitudinal patient records that support better clinical decision-making. • Administrative and reporting services provide real-time dashboards and automated MIS reports, strengthening monitoring, transparency, and governance.

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7. Kerala Medical Services Corporation Limited (KMSCL)

Initiative/ Project No. 1

Name of Organisation	Kerala Medical Services Corporation Ltd
Name of Project/Scheme/Programme	MCH Ernakulam - 256 Slice CT Scanner
Introduction	Modern diagnostic imaging plays a pivotal role in contemporary healthcare, enabling early detection, accurate diagnosis, and effective treatment planning. The installation of a 256-slice Computed Tomography (CT) scanner at Government Medical College Hospital (MCH), Ernakulam, represents a significant advancement in radiological services within the region. This state-of-the-art imaging system enhances the hospital's diagnostic capabilities by providing high-resolution images with improved speed, precision, and patient safety.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	• **Institution:** Government Medical College Hospital (MCH), Ernakulam • **Department:** Radiodiagnosis • **Equipment:** 256-Slice Computed Tomography (CT) Scanner • **Level of Care:** Tertiary Care Teaching Hospital • **Target Beneficiaries:** Inpatients, outpatients, emergency cases, and referred patients The introduction of the 256-slice CT scanner at MCH Ernakulam enhances diagnostic precision, strengthens emergency response capability, and promotes equitable access to advanced imaging services. The initiative contributes to improved clinical outcomes, institutional efficiency, and overall quality of tertiary healthcare delivery.
Innovation/ special aspect about the subject above	The installation of the 256-slice CT scanner at MCH Ernakulam represents a major advancement in public-sector diagnostic services. This state-of-the-art technology enables high-resolution, rapid imaging with reduced radiation exposure, significantly enhancing patient safety and diagnostic accuracy. It supports advanced cardiac, trauma, and stroke imaging, thereby improving timely clinical decision-making in critical cases. The initiative strengthens tertiary care capacity, reduces referral burden to private centers, and promotes equitable access to advanced imaging for the community.

Service Delivery Details	The 256-slice CT scanner offers advanced imaging features, including rapid acquisition times, superior spatial resolution, and reduced radiation exposure compared to earlier-generation CT systems. It facilitates comprehensive evaluation of complex anatomical structures, particularly in cardiology, neurology, trauma care, and oncology. By integrating this advanced technology, MCH Ernakulam strengthens its commitment to delivering high-quality, evidence-based healthcare services while supporting academic training and research in medical imaging.

Initiative/ Project No. 2

Name of Organisation	Kerala Medical Services Corporation Ltd
Name of Project/Scheme/Programme	MCH Kottayam - 256 Slice CT Scanner
Introduction	Modern diagnostic imaging plays a pivotal role in contemporary healthcare, enabling early detection, accurate diagnosis, and effective treatment planning. The installation of a 256-slice Computed Tomography (CT) scanner at Government Medical College Hospital (MCH), Kottayam, represents a significant advancement in radiological services within the region. This state-of-the-art imaging system enhances the hospital's diagnostic capabilities by providing high-resolution images with improved speed, precision, and patient safety.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	• **Institution:** Government Medical College Hospital (MCH), Kottayam • **Department:** Radiodiagnosis • **Equipment:** 256-Slice Computed Tomography (CT) Scanner • **Level of Care:** Tertiary Care Teaching Hospital • **Target Beneficiaries:** Inpatients, outpatients, emergency cases, and referred patients The introduction of the 256-slice CT scanner at MCH Kottayam enhances diagnostic precision, strengthens emergency response capability, and promotes equitable access to advanced imaging services. The initiative contributes to improved clinical outcomes, institutional efficiency, and overall quality of tertiary healthcare delivery.
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Initiative/ Project No. 3

Name of Organisation	Kerala Medical Services Corporation Ltd
Name of Project/Scheme/Programme	MCH Kottayam – 14 Modular OT
Introduction	Government Medical College Hospital (MCH), Kottayam, has strengthened its surgical infrastructure with the establishment of 14 modular operation theatres (OTs). This advanced surgical complex represents a significant enhancement in tertiary healthcare delivery, ensuring a sterile, safe, and technologically advanced environment for a wide range of surgical specialties. The modular design incorporates laminar airflow systems, HEPA filtration, positive pressure ventilation, and infection control mechanisms aligned with national and international standards.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	• **Institution:** Government Medical College Hospital (MCH), Kottayam • **Department:** Surgical Block • **Equipment:** 14 Modular OT • **Level of Care:** Tertiary Care Teaching Hospital • **Target Beneficiaries:** Inpatients, outpatients, emergency cases, and referred patients The establishment of the 14 Modular Operation Theatres at MCH Kottayam enhances surgical efficiency, improves infection control outcomes, expands specialty surgical services, and strengthens tertiary healthcare delivery. The initiative contributes to improved patient safety, reduced surgical delays, and enhanced academic and clinical excellence within the institution.
Innovation/ special aspect about the subject above	The establishment of 14 fully equipped modular operation theatres at MCH Kottayam represents a major advancement in public-sector surgical infrastructure. The facility integrates laminar airflow systems, HEPA filtration, and positive pressure ventilation to ensure enhanced infection control and patient safety. The centralized, multi-specialty OT complex improves surgical efficiency, reduces procedure delays, and strengthens emergency response capability. As part of a tertiary teaching hospital, it also significantly enhances postgraduate training, skill development, and multidisciplinary surgical coordination.

Service Delivery Details	The 14 modular OTs are equipped to support major and super-specialty procedures, including general surgery, orthopaedics, neurosurgery, cardiothoracic surgery, obstetrics and gynaecology, and other critical interventions. The facility improves surgical efficiency, reduces postoperative infection rates, and enhances patient safety outcomes. Furthermore, as a teaching institution, MCH Kottayam benefits from strengthened academic training, skill development, and research opportunities in surgical disciplines.

Initiative/ Project No. 4

Name of Organisation	Kerala Medical Services Corporation Ltd
Name of Project/Scheme/Programme	Cochin Cancer Research Center, Ernakulam – MRI 1.5T Normal Bore
Introduction	The installation of a 1.5 Tesla (1.5T) Normal Bore Magnetic Resonance Imaging (MRI) system at the Cochin Cancer Research Center (CCRC), Ernakulam, represents a significant enhancement in advanced diagnostic imaging services for oncology care. MRI plays a pivotal role in the detection, characterization, staging, and follow-up of various malignancies, offering superior soft tissue contrast without exposure to ionizing radiation. The introduction of this system strengthens the institution's capacity to deliver precise, timely, and comprehensive cancer diagnostics.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	• Institution: Cochin Cancer Research Center (CCRC), Ernakulam • Department: Radiology / Oncologic Imaging • Equipment Installed: 1.5 Tesla (1.5T) Normal Bore MRI System • Type of Facility: Specialized Oncology Care and Research Center • Operational Status: Fully Functional • Target Beneficiaries: Oncology patients (inpatients, outpatients, referrals) The introduction of the 1.5T Normal Bore MRI system at CCRC, Ernakulam, enhances diagnostic precision in oncology care, supports evidence-based treatment planning, and improves patient outcomes. The facility strengthens comprehensive cancer management, promotes equitable access to advanced imaging services, and reinforces the institution's role as a center of excellence in cancer diagnosis and research.
Innovation/ special aspect about the subject above	The installation of a 1.5T Normal Bore MRI system at CCRC represents a significant advancement in dedicated oncologic imaging within the public healthcare sector. The system provides high-resolution, radiation-free imaging with advanced applications such as diffusion-weighted imaging and contrast-enhanced studies, enabling precise tumor detection, staging, and treatment monitoring. Its integration within a specialized cancer center strengthens multidisciplinary decision-making, reduces referral

	dependency, and enhances timely initiation of cancer therapy. Additionally, the facility supports academic research and evidence-based oncology practice.
Service Delivery Details	The 1.5T MRI system provides high-resolution imaging for neurological, musculoskeletal, abdominal, pelvic, and whole-body oncologic evaluations. It supports advanced applications such as contrast-enhanced imaging, diffusion-weighted imaging (DWI), and functional studies, which are critical in tumor assessment and treatment planning. By integrating this technology, the Cochin Cancer Research Center enhances diagnostic accuracy, supports multidisciplinary cancer management, and promotes research and academic excellence in oncologic imaging.

Initiative/ Project No. 5

Name of Organisation	Kerala Medical Services Corporation Ltd
Name of Project/Scheme/Programme	MCH Trivandrum – SPECT Scanner
Introduction	The installation of a Single Photon Emission Computed Tomography (SPECT) scanner at Government Medical College Hospital (MCH), Trivandrum, marks a significant advancement in nuclear medicine and functional imaging services. SPECT imaging plays a crucial role in evaluating physiological and metabolic processes, thereby enabling early detection, accurate diagnosis, and effective monitoring of various diseases. The introduction of this technology enhances the institution's capability to provide comprehensive diagnostic support across multiple specialties.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	• Institution: Government Medical College Hospital (MCH), Trivandrum • Department: Nuclear Medicine • Equipment Installed: Single Photon Emission Computed Tomography (SPECT) Scanner • Level of Care: Tertiary Care Teaching Hospital • Operational Status: Fully Functional • Regulatory Compliance: AERB Approved and Licensed • Target Beneficiaries: Cardiology, Oncology, Nephrology, Endocrinology, and Orthopedic patients (IP/OP/Referrals) The installation of the SPECT scanner at MCH Trivandrum significantly enhances functional imaging capacity within the public healthcare system. It enables accurate diagnosis and monitoring of cardiac, oncologic, renal, and endocrine disorders, thereby improving clinical outcomes and strengthening tertiary care services. The initiative promotes equitable access to advanced nuclear medicine services while supporting academic excellence and evidence-based patient management.
Innovation/ special aspect about the subject above	The introduction of the SPECT scanner at MCH Trivandrum represents a significant advancement in functional imaging within the public healthcare system. Unlike conventional imaging modalities that primarily assess anatomical structures, SPECT provides metabolic and physiological information, enabling early and more accurate diagnosis of cardiac, oncologic, renal, and endocrine disorders. Its integration within a tertiary

	teaching hospital strengthens multidisciplinary clinical decision-making, enhances cardiac risk stratification and cancer staging, and reduces dependence on private-sector nuclear medicine facilities. Additionally, it supports advanced training and research in nuclear medicine.
Service Delivery Details	The SPECT scanner facilitates advanced cardiac perfusion studies, bone scans, thyroid imaging, renal scans, and oncologic evaluations. By offering functional imaging alongside conventional anatomical modalities, it improves diagnostic precision and supports evidence-based clinical decision-making. As a tertiary care teaching hospital, MCH Trivandrum also benefits from strengthened postgraduate training, research opportunities, and multidisciplinary collaboration in nuclear medicine. The addition of SPECT services contributes to improved patient outcomes and expanded access to advanced diagnostic care within the public healthcare system.

Initiative/ Project No. 6

Name of Organisation	Kerala Medical Services Corporation Ltd
Name of Project/Scheme/Programme	MCH Kottayam – 3T MRI Wide bore
Introduction	Government Medical College Hospital (MCH), Kottayam, has enhanced its advanced diagnostic capabilities with the installation of a 3 Tesla (3T) Wide Bore Magnetic Resonance Imaging (MRI) system. This state-of-the-art imaging modality provides superior image resolution, faster acquisition times, and improved diagnostic accuracy compared to conventional MRI systems. The wide-bore design enhances patient comfort, particularly for pediatric, geriatric, obese, and claustrophobic patients, thereby improving patient compliance and overall imaging quality.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	• Institution: MCH Kottayam • Department: Radiology / Oncologic Imaging • Equipment Installed: 3 Tesla MRI wide bore • Operational Status: Fully Functional • Target Beneficiaries: Oncology patients (inpatients, outpatients, referrals) The installation of the 3T Wide Bore MRI at MCH Kottayam significantly enhances diagnostic precision, improves accessibility to advanced imaging services, and strengthens tertiary care delivery. The facility contributes to improved clinical outcomes, operational efficiency, academic advancement, and equitable healthcare access in the public sector.
Innovation/ special aspect about the subject above	The installation of the 3T Wide Bore MRI at MCH Kottayam represents a significant advancement in public-sector diagnostic imaging. Its high magnetic field strength (3 Tesla) provides superior image resolution and enhanced diagnostic accuracy, enabling early detection of complex neurological, oncological, and musculoskeletal conditions. The wide-bore design improves patient comfort, particularly for claustrophobic, pediatric, geriatric, and obese patients, thereby reducing scan cancellations and improving compliance. The system supports advanced applications such as functional MRI, MR angiography, and spectroscopy, strengthening both tertiary care services and academic research capacity within the institution.

Service Delivery Details	The 3T MRI system supports comprehensive neuroimaging, musculoskeletal imaging, oncological evaluation, cardiac imaging, and advanced functional studies. Its high magnetic field strength enables detailed visualization of complex anatomical structures and subtle pathological changes, facilitating early diagnosis and precise treatment planning. As a tertiary care teaching institution, MCH Kottayam benefits from strengthened clinical services, postgraduate training, and research opportunities through the integration of this advanced imaging technology.

Initiative/ Project No. 7

Name of Organisation	Kerala Medical Services Corporation Ltd
Name of Project/Scheme/Programme	GTSH Kottathara - CT Scanner 16 Slice
Introduction	Government Tribal Specialty Hospital (GTSH), Kottathara, is a tertiary-level healthcare institution committed to delivering advanced and accessible medical services to the tribal and rural populations of the region. As part of its ongoing efforts to enhance diagnostic capabilities, the hospital has installed a 16-slice Computed Tomography (CT) scanner.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	Name of Institution: Government Tribal Specialty Hospital (GTSH), Kottathara Department: Radiology Department Service Type: Advanced Diagnostic Imaging Operational Status: Fully Functional **Institutional Outcomes** • Strengthened diagnostic capacity at GTSH • Enhanced clinical decision-making • Improved interdisciplinary coordination) • Increased service utilization rate of the hospital
Innovation/ special aspect about the subject above	The key innovation of the 16-slice CT scanner at GTSH Kottathara lies in its provision of advanced diagnostic imaging services within a tribal and rural healthcare setting. The installation of this technology significantly enhances local diagnostic capacity, enabling rapid, high-resolution imaging for trauma, neurological, and critical care cases without requiring referral to distant tertiary centers. A notable special aspect is the improved accessibility to affordable, timely, and quality radiological services for underserved populations. By reducing diagnostic delays, travel burden, and out-of-pocket expenditure, the facility promotes healthcare equity while strengthening emergency response and clinical decision-making within the public health system. In essence, the innovation is not merely technological but systemic—integrating advanced imaging into a resource-limited setting to improve early diagnosis, treatment planning, and overall patient outcomes.

Service Delivery Details	A 16-slice CT scanner is an advanced imaging modality that enables rapid acquisition of high-resolution cross-sectional images of the body. By capturing sixteen slices per rotation, the system significantly improves image quality, reduces scanning time, and enhances diagnostic accuracy. This technology is particularly valuable in the evaluation of trauma, neurological disorders, cardiovascular conditions, abdominal pathologies, and oncological assessments. The introduction of the 16-slice CT scanner at GTSH Kottathara represents a substantial advancement in diagnostic infrastructure. It facilitates early disease detection, precise clinical evaluation, and improved treatment planning. Moreover, the availability of this technology within the institution reduces the need for patient referrals to distant centers, thereby ensuring timely and cost-effective healthcare delivery.

Initiative/ Project No. 8

Name of Organisation	Kerala Medical Services Corporation Ltd
Name of Project/Scheme/Programme	DH Mananthavady – Cath Lab
Introduction	District Hospital (DH) Mananthavady has strengthened its tertiary-level healthcare services through the establishment of a fully functional Cardiac Catheterization Laboratory (Cath Lab). This advanced cardiac diagnostic and interventional facility significantly enhances the hospital's capacity to manage cardiovascular diseases, particularly in emergency and high-risk cases. A Cath Lab is a specialized imaging suite equipped with fluoroscopic technology that enables real-time visualization of the heart and blood vessels. It is primarily used for diagnostic coronary angiography and interventional procedures such as percutaneous coronary intervention (PCI), including angioplasty and stent placement. The availability of this facility ensures timely management of acute coronary syndromes, thereby reducing morbidity and mortality associated with cardiac events.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	• **Institution:** District Hospital (DH) Mananthavady • **Department:** Cardiology / Interventional Cardiology • **Facility:** Cardiac Catheterization Laboratory (Cath Lab) • **Operational Status:** Functional **Institutional Outcomes** • Strengthened tertiary care capacity at DH Mananthavady • Enhanced multidisciplinary coordination (Emergency–Cardiology–ICU) • Increased utilization of hospital cardiac services • Improved public trust in district-level advanced healthcare
Innovation/ special aspect about the subject above	The key innovation of the Cath Lab at DH Mananthavady lies in the decentralization of advanced cardiac care to a district-level public hospital serving predominantly rural and tribal populations. Traditionally, interventional cardiology services such as coronary angiography and primary angioplasty were available only at tertiary referral centers located in urban areas. The establishment of this Cath Lab bridges that accessibility gap.

Service Delivery Details	The introduction of the Cath Lab at DH Mananthavady is especially significant for the rural and tribal population of the region, as it reduces the need for referral to distant tertiary centers. By facilitating early diagnosis, prompt intervention, and continuity of cardiac care within the district, the facility contributes to improved patient outcomes and strengthens the overall public health infrastructure. Overall, the Cath Lab represents a major advancement in specialized cardiac services at DH Mananthavady, reinforcing its role as a comprehensive referral center for the region.

Initiative/ Project No. 9

Name of Organisation	Kerala Medical Services Corporation Ltd
Name of Project/Scheme/Programme	TH Chittoor - CT Scanner 16 Slice
Introduction	Taluk Hospital (TH) Chittoor has enhanced its diagnostic capabilities with the installation of a 16-slice Computed Tomography (CT) scanner. This advanced imaging technology represents a significant step toward strengthening secondary-level healthcare services and improving access to timely diagnostic evaluation for the local population.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	Institution: Taluk Hospital (TH) Chittoor Department: Radiology Facility: 16-Slice CT Scanner Operational Status: Functional Target Population: Taluk-level rural and semi-urban population **Institutional Outcomes** • Strengthened secondary-level diagnostic capacity • Improved interdisciplinary coordination • Enhanced service credibility and public trust
Innovation/ special aspect about the subject above	The principal innovation of the 16-slice CT scanner at TH Chittoor lies in the decentralization of advanced diagnostic imaging to the taluk (secondary care) level. Traditionally, CT imaging services were largely confined to tertiary care centers, requiring patients to travel considerable distances for evaluation. By establishing this facility within a taluk hospital, timely access to high-resolution diagnostic imaging is made available to rural and semi-urban populations.
Service Delivery Details	A 16-slice CT scanner is a modern radiological imaging system that captures multiple cross-sectional images of the body in a single rotation, enabling rapid and high-resolution visualization of internal structures. It plays a crucial role in the diagnosis and management of neurological disorders, trauma cases, abdominal pathologies, thoracic conditions, and various emergency situations. The technology ensures faster scanning, improved image clarity, and reduced patient waiting time compared to conventional imaging modalities.

	The establishment of the CT scanner at TH Chittoor reduces dependency on referral to distant tertiary centers, thereby minimizing delays in diagnosis and treatment. It also decreases the financial and logistical burden on patients, particularly those from rural and economically vulnerable backgrounds. Overall, the introduction of the 16-slice CT scanner strengthens the hospital's capacity to provide comprehensive, efficient, and accessible diagnostic services, contributing to improved clinical outcomes and enhanced quality of care.

Initiative/ Project No. 10

Name of Organisation	Kerala Medical Services Corporation Ltd
Name of Project/Scheme/Programme	GH Ernakulam – Cath Lab
Introduction	General Hospital (GH) Ernakulam has strengthened its tertiary-level healthcare services through the establishment of a fully functional Cardiac Catheterization Laboratory (Cath Lab). This advanced cardiac diagnostic and interventional facility significantly enhances the hospital's capacity to manage cardiovascular diseases, particularly in emergency and high-risk cases. A Cath Lab is a specialized imaging suite equipped with fluoroscopic technology that enables real-time visualization of the heart and blood vessels. It is primarily used for diagnostic coronary angiography and interventional procedures such as percutaneous coronary intervention (PCI), including angioplasty and stent placement. The availability of this facility ensures timely management of acute coronary syndromes, thereby reducing morbidity and mortality associated with cardiac events.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	• **Institution:** GH Ernakulam • **Department:** Cardiology / Interventional Cardiology • **Facility:** Cardiac Catheterization Laboratory (Cath Lab) • **Operational Status:** Functional **Institutional Outcomes** • Strengthened tertiary care capacity at GH Ernakulam • Enhanced multidisciplinary coordination (Emergency–Cardiology–ICU) • Increased utilization of hospital cardiac services • Improved public trust in district-level advanced healthcare
Innovation/ special aspect about the subject above	The key innovation of the Cath Lab at GH Ernakulam lies in the decentralization of advanced cardiac care to a district-level public hospital serving predominantly rural and tribal populations. Traditionally, interventional cardiology services such as coronary angiography and primary angioplasty were available only at tertiary referral centers located in urban areas. The establishment of this Cath Lab bridges that accessibility gap.

Service Delivery Details	The introduction of the Cath Lab at GH Ernakulam is especially significant for the rural and tribal population of the region, as it reduces the need for referral to distant tertiary centers. By facilitating early diagnosis, prompt intervention, and continuity of cardiac care within the district, the facility contributes to improved patient outcomes and strengthens the overall public health infrastructure. Overall, the Cath Lab represents a major advancement in specialized cardiac services at GH Ernakulam , reinforcing its role as a comprehensive referral center for the region.

Initiative/ Project No. 11

Name of Organisation	Kerala Medical Services Corporation Ltd
Name of Project/Scheme/Programme	MCH Trivandrum - 256 Slice CT Scanner
Introduction	Modern diagnostic imaging plays a pivotal role in contemporary healthcare, enabling early detection, accurate diagnosis, and effective treatment planning. The installation of a 256-slice Computed Tomography (CT) scanner at Government Medical College Hospital (MCH), Trivandrum, represents a significant advancement in radiological services within the region. This state-of-the-art imaging system enhances the hospital's diagnostic capabilities by providing high-resolution images with improved speed, precision, and patient safety.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	• **Institution:** Government Medical College Hospital (MCH), Trivandrum • **Department:** Radiodiagnosis • **Equipment:** 256-Slice Computed Tomography (CT) Scanner • **Level of Care:** Tertiary Care Teaching Hospital • **Target Beneficiaries:** Inpatients, outpatients, emergency cases, and referred patients The introduction of the 256-slice CT scanner at MCH Trivandrum enhances diagnostic precision, strengthens emergency response capability, and promotes equitable access to advanced imaging services. The initiative contributes to improved clinical outcomes, institutional efficiency, and overall quality of tertiary healthcare delivery.
Innovation/ special aspect about the subject above	The installation of the 256-slice CT scanner at MCH Trivandrum represents a major advancement in public-sector diagnostic services. This state-of-the-art technology enables high-resolution, rapid imaging with reduced radiation exposure, significantly enhancing patient safety and diagnostic accuracy. It supports advanced cardiac, trauma, and stroke imaging, thereby improving timely clinical decision-making in critical cases. The initiative strengthens tertiary care capacity, reduces referral burden to private centers, and promotes equitable access to advanced imaging for the community.

Service Delivery Details	The 256-slice CT scanner offers advanced imaging features, including rapid acquisition times, superior spatial resolution, and reduced radiation exposure compared to earlier-generation CT systems. It facilitates comprehensive evaluation of complex anatomical structures, particularly in cardiology, neurology, trauma care, and oncology. By integrating this advanced technology, MCH Trivandrum strengthens its commitment to delivering high-quality, evidence-based healthcare services while supporting academic training and research in medical imaging.

Initiative/ Project No. 12

Name of Organisation	Kerala Medical Services Corporation Ltd
Name of Project/Scheme/Programme	THQH Payyannur - CT Scanner 16 Slice
Introduction	Taluk Hospital (TH) Payyannur has enhanced its diagnostic capabilities with the installation of a 16-slice Computed Tomography (CT) scanner. This advanced imaging technology represents a significant step toward strengthening secondary-level healthcare services and improving access to timely diagnostic evaluation for the local population.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	Institution: Taluk Hospital (TH) Payyannur Department: Radiology Facility: 16-Slice CT Scanner Operational Status: Functional Target Population: Taluk-level rural and semi-urban population **Institutional Outcomes** • Strengthened secondary-level diagnostic capacity • Improved interdisciplinary coordination • Enhanced service credibility and public trust
Innovation/ special aspect about the subject above	The principal innovation of the 16-slice CT scanner at TH Payyannur lies in the decentralization of advanced diagnostic imaging to the taluk (secondary care) level. Traditionally, CT imaging services were largely confined to tertiary care centers, requiring patients to travel considerable distances for evaluation. By establishing this facility within a taluk hospital, timely access to high-resolution diagnostic imaging is made available to rural and semi-urban populations.

Service Delivery Details	A 16-slice CT scanner is a modern radiological imaging system that captures multiple cross-sectional images of the body in a single rotation, enabling rapid and high-resolution visualization of internal structures. It plays a crucial role in the diagnosis and management of neurological disorders, trauma cases, abdominal pathologies, thoracic conditions, and various emergency situations. The technology ensures faster scanning, improved image clarity, and reduced patient waiting time compared to conventional imaging modalities. The establishment of the CT scanner at TH Payyannur reduces dependency on referral to distant tertiary centers, thereby minimizing delays in diagnosis and treatment. It also decreases the financial and logistical burden on patients, particularly those from rural and economically vulnerable backgrounds. Overall, the introduction of the 16-slice CT scanner strengthens the hospital's capacity to provide comprehensive, efficient, and accessible diagnostic services, contributing to improved clinical outcomes and enhanced quality of care.

Initiative/ Project No. 13

Name of Organisation	Kerala Medical Services Corporation Ltd
Name of Project/Scheme/Programme	GH Alappuzha - CT Scanner 16 Slice
Introduction	Government Hospital (GH) Alappuzha has strengthened its diagnostic infrastructure with the installation of a 16-slice Computed Tomography (CT) scanner. This advanced imaging modality significantly enhances the hospital's capacity to provide accurate, timely, and comprehensive diagnostic services to the population it serves. A 16-slice CT scanner is a modern radiological system capable of acquiring multiple cross-sectional images of the body in a single rotation, thereby producing high-resolution images within a short scanning time. The technology is essential for the evaluation of neurological disorders, trauma, thoracic and abdominal pathologies, vascular conditions, and oncological cases. Its rapid image acquisition and improved clarity facilitate precise diagnosis and effective clinical decision-making.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	Institution: Government Hospital (GH) Alappuzha Department: Radiology Facility: 16-Slice CT Scanner Operational Status: Functional Service Coverage: District and adjoining areas **Institutional Outcomes** • Strengthened diagnostic capacity of GH Alappuzha • Enhanced interdisciplinary coordination (Radiology–Emergency–Medicine–Surgery) • Increased institutional credibility and service demand

Innovation/ special aspect about the subject above	The primary innovation of the 16-slice CT scanner at Government Hospital (GH) Alappuzha lies in strengthening advanced diagnostic imaging services within a public-sector district hospital. By integrating high-resolution, rapid cross-sectional imaging at this level of care, the hospital enhances its capacity to manage trauma, stroke, and other critical conditions without dependence on external referral centers. A significant special aspect is the provision of timely and affordable CT imaging services to a large and diverse population, including economically vulnerable groups. The availability of 24/7 emergency imaging supports faster clinical decision-making, early disease detection, and improved treatment outcomes. Thus, the innovation is both technological and systemic, ensuring equitable access to advanced diagnostic services while improving the efficiency and responsiveness of district-level healthcare delivery.
Service Delivery Details	The establishment of this facility at GH Alappuzha reduces dependency on external referral centers, ensuring prompt management of emergency and critical cases. It also minimizes delays in diagnosis, decreases patient travel burden, and lowers out-of-pocket expenditure, particularly for economically vulnerable sections of the community. Overall, the introduction of the 16-slice CT scanner represents a significant advancement in the hospital's diagnostic capabilities, reinforcing its role as a key public healthcare institution and contributing to improved patient outcomes and service delivery efficiency.

Initiative/ Project No. 14

Name of Organisation	Kerala Medical Services Corporation Ltd
Name of Project/Scheme/Programme	MCH Manjeri – MRI 1.5T Normal Bore
Introduction	The installation of a 1.5 Tesla (1.5T) Normal Bore Magnetic Resonance Imaging (MRI) system at the MCH Manjeri, represents a significant enhancement in advanced diagnostic imaging services for oncology care. MRI plays a pivotal role in the detection, characterization, staging, and follow-up of various malignancies, offering superior soft tissue contrast without exposure to ionizing radiation. The introduction of this system strengthens the institution's capacity to deliver precise, timely, and comprehensive cancer diagnostics.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	• Institution: MCH Manjeri • Department: Radiology / Oncologic Imaging • Equipment Installed: 1.5 Tesla (1.5T) Normal Bore MRI System • Type of Facility: Specialized Oncology Care and Research Center • Operational Status: Fully Functional • Target Beneficiaries: Oncology patients (inpatients, outpatients, referrals) The introduction of the 1.5T Normal Bore MRI system at MCH Manjeri, enhances diagnostic precision in oncology care, supports evidence-based treatment planning, and improves patient outcomes. The facility strengthens comprehensive cancer management, promotes equitable access to advanced imaging services, and reinforces the institution's role as a center of excellence in cancer diagnosis and research.
Innovation/ special aspect about the subject above	The installation of a 1.5T Normal Bore MRI system at MCH Manjeri represents a significant advancement in dedicated oncologic imaging within the public healthcare sector. The system provides high-resolution, radiation-free imaging with advanced applications such as diffusion-weighted imaging and contrast-enhanced studies, enabling precise tumor detection, staging, and treatment monitoring. Its integration within a specialized cancer center strengthens multidisciplinary decision-making, reduces referral dependency, and enhances timely initiation of cancer therapy. Additionally, the facility supports academic research and evidence-based oncology practice.

Service Delivery Details	The 1.5T MRI system provides high-resolution imaging for neurological, musculoskeletal, abdominal, pelvic, and whole-body oncologic evaluations. It supports advanced applications such as contrast-enhanced imaging, diffusion-weighted imaging (DWI), and functional studies, which are critical in tumour assessment and treatment planning. By integrating this technology, the Cochin Cancer Research Center enhances diagnostic accuracy, supports multidisciplinary cancer management, and promotes research and academic excellence in oncologic imaging.

Initiative/ Project No. 15

Name of Organisation	Kerala Medical Services Corporation Ltd
Name of Project/Scheme/Programme	GH Kozhikode – Cath Lab
Introduction	GH Kozhikode has strengthened its tertiary-level healthcare services through the establishment of a fully functional Cardiac Catheterization Laboratory (Cath Lab). This advanced cardiac diagnostic and interventional facility significantly enhances the hospital's capacity to manage cardiovascular diseases, particularly in emergency and high-risk cases. A Cath Lab is a specialized imaging suite equipped with fluoroscopic technology that enables real-time visualization of the heart and blood vessels. It is primarily used for diagnostic coronary angiography and interventional procedures such as percutaneous coronary intervention (PCI), including angioplasty and stent placement. The availability of this facility ensures timely management of acute coronary syndromes, thereby reducing morbidity and mortality associated with cardiac events.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	• **Institution:** GH Kozhikode • **Department:** Cardiology / Interventional Cardiology • **Facility:** Cardiac Catheterization Laboratory (Cath Lab) • **Operational Status:** Functional **Institutional Outcomes** • Strengthened tertiary care capacity at GH Kozhikode • Enhanced multidisciplinary coordination (Emergency–Cardiology–ICU) • Increased utilization of hospital cardiac services • Improved public trust in district-level advanced healthcare

Innovation/ special aspect about the subject above	The key innovation of the Cath Lab at GH Kozhikode lies in the decentralization of advanced cardiac care to a district-level public hospital serving predominantly rural and tribal populations. Traditionally, interventional cardiology services such as coronary angiography and primary angioplasty were available only at tertiary referral centers located in urban areas. The establishment of this Cath Lab bridges that accessibility gap.
Service Delivery Details	The introduction of the Cath Lab at GH Kozhikode is especially significant for the rural and tribal population of the region, as it reduces the need for referral to distant tertiary centers. By facilitating early diagnosis, prompt intervention, and continuity of cardiac care within the district, the facility contributes to improved patient outcomes and strengthens the overall public health infrastructure. Overall, the Cath Lab represents a major advancement in specialized cardiac services at GH Kozhikode, reinforcing its role as a comprehensive referral center for the region.

Initiative/ Project No. 16

Name of Organisation	Kerala Medical Services Corporation Ltd
Name of Project/Scheme/Programme	GH Alappuzha – MRI 1.5T Normal Bore
Introduction	The installation of a 1.5 Tesla (1.5T) Normal Bore Magnetic Resonance Imaging (MRI) system at the GH Alappuzha, represents a significant enhancement in advanced diagnostic imaging services for oncology care. MRI plays a pivotal role in the detection, characterization, staging, and follow-up of various malignancies, offering superior soft tissue contrast without exposure to ionizing radiation. The introduction of this system strengthens the institution's capacity to deliver precise, timely, and comprehensive cancer diagnostics.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	• Institution: GH Alappuzha • Department: Radiology / Oncologic Imaging • Equipment Installed: 1.5 Tesla (1.5T) Normal Bore MRI System • Type of Facility: Specialized Oncology Care and Research Center • Operational Status: Fully Functional • Target Beneficiaries: Oncology patients (inpatients, outpatients, referrals) The introduction of the 1.5T Normal Bore MRI system at GH Alappuzha, enhances diagnostic precision in oncology care, supports evidence-based treatment planning, and improves patient outcomes. The facility strengthens comprehensive cancer management, promotes equitable access to advanced imaging services, and reinforces the institution's role as a center of excellence in cancer diagnosis and research.
Innovation/ special aspect about the subject above	The installation of a 1.5T Normal Bore MRI system at GH Alappuzha represents a significant advancement in dedicated oncologic imaging within the public healthcare sector. The system provides high-resolution, radiation-free imaging with advanced applications such as diffusion-weighted imaging and contrast-enhanced studies, enabling precise tumor detection, staging, and treatment monitoring. Its integration within a specialized cancer center strengthens multidisciplinary decision-making, reduces referral dependency, and enhances timely initiation of cancer therapy. Additionally, the facility supports academic research and evidence-based oncology practice.

Service Delivery Details	The 1.5T MRI system provides high-resolution imaging for neurological, musculoskeletal, abdominal, pelvic, and whole-body oncologic evaluations. It supports advanced applications such as contrast-enhanced imaging, diffusion-weighted imaging (DWI), and functional studies, which are critical in tumor assessment and treatment planning. By integrating this technology, the Cochin Cancer Research Center enhances diagnostic accuracy, supports multidisciplinary cancer management, and promotes research and academic excellence in oncologic imaging.

Initiative/ Project No. 17

Name of Organisation	Kerala Medical Services Corporation Ltd
Name of Project/Scheme/Programme	MCH Konni – Modular Lab
Introduction	The establishment of a Modular Laboratory at MCH Konni represents a significant advancement in strengthening diagnostic services within the institution. Designed in accordance with modern laboratory standards, the modular laboratory ensures a structured, efficient, and contamination-controlled environment for conducting a wide range of diagnostic investigations. A modular laboratory is characterized by its prefabricated, standardized infrastructure with designated work zones, optimized workflow design, and adherence to biosafety and quality control norms. The facility typically incorporates separate areas for sample collection, processing, analysis, and reporting, thereby minimizing cross-contamination and enhancing operational efficiency. The integration of advanced laboratory equipment and automated systems further improves accuracy, turnaround time, and reliability of test results.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	**Institution:** MCH Konni **Department:** Laboratory Services / Clinical Laboratory **Facility:** Modular Laboratory **Operational Status:** Functional **Institutional Outcomes** • Strengthened in-house diagnostic capacity • Enhanced interdisciplinary coordination (Obstetrics–Pediatrics–Medicine–Laboratory) • Increased patient satisfaction and service utilization • Improved institutional credibility and trust
Innovation/ special aspect about the subject above	The key innovation of the Modular Laboratory at MCH Konni lies in its structured, standardized design that integrates modern laboratory infrastructure with optimized workflow and biosafety compliance. Unlike conventional laboratory setups, the modular system ensures clearly demarcated zones for sample collection, processing, analysis, and reporting, thereby minimizing cross-contamination and enhancing operational efficiency. A notable special aspect is the improvement in turnaround time and diagnostic accuracy through automation and

	adherence to internal and external quality control mechanisms. This is particularly significant in a Maternal and Child Health (MCH) setting, where timely laboratory results are critical for antenatal screening, neonatal care, and emergency management.
Service Delivery Details	The introduction of the modular laboratory at MCH Konni enhances the hospital's capacity to deliver timely and precise diagnostic services, which are essential for effective clinical decision-making. It supports improved patient management, reduces dependency on external laboratories, and strengthens infection control practices within the institution. The modular laboratory contributes to improved quality assurance, patient safety, and service efficiency, reinforcing MCH Konni's commitment to providing comprehensive and high-standard healthcare services.

Initiative/ Project No. 18

Name of Organisation	Kerala Medical Services Corporation Ltd
Name of Project/Scheme/Programme	TH Neendakara – Modular Lab
Introduction	The establishment of a Modular Laboratory TH Neendakara represents a significant advancement in strengthening diagnostic services within the institution. Designed in accordance with modern laboratory standards, the modular laboratory ensures a structured, efficient, and contamination-controlled environment for conducting a wide range of diagnostic investigations. A modular laboratory is characterized by its prefabricated, standardized infrastructure with designated work zones, optimized workflow design, and adherence to biosafety and quality control norms. The facility typically incorporates separate areas for sample collection, processing, analysis, and reporting, thereby minimizing cross-contamination and enhancing operational efficiency. The integration of advanced laboratory equipment and automated systems further improves accuracy, turnaround time, and reliability of test results.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	**Institution:** TH Neendakara **Department:** Laboratory Services / Clinical Laboratory **Facility:** Modular Laboratory **Operational Status:** Functional **Institutional Outcomes** • Strengthened in-house diagnostic capacity • Enhanced interdisciplinary coordination (Obstetrics–Pediatrics–Medicine–Laboratory) • Increased patient satisfaction and service utilization • Improved institutional credibility and trust
Innovation/ special aspect about the subject above	The key innovation of the Modular Laboratory at TH Neendakara lies in its structured, standardized design that integrates modern laboratory infrastructure with optimized workflow and biosafety compliance. Unlike conventional laboratory setups, the modular system ensures clearly demarcated zones for sample collection, processing, analysis, and reporting, thereby minimizing cross-contamination and enhancing operational efficiency. A notable special aspect is the improvement in turnaround time and diagnostic accuracy through automation and adherence to internal and external quality control

	mechanisms. This is particularly significant in a Maternal and Child Health setting, where timely laboratory results are critical for antenatal screening, neonatal care, and emergency management.
Service Delivery Details	The introduction of the modular laboratory at TH Neendakara enhances the hospital's capacity to deliver timely and precise diagnostic services, which are essential for effective clinical decision-making. It supports improved patient management, reduces dependency on external laboratories, and strengthens infection control practices within the institution. The modular laboratory contributes to improved quality assurance, patient safety, and service efficiency, reinforcing TH Neendakara's commitment to providing comprehensive and high-standard healthcare services.

Initiative/ Project No. 19

Name of Organisation	Kerala Medical Services Corporation Ltd
Name of Project/Scheme/Programme	MCH Wayanad – Modular Lab
Introduction	The establishment of a Modular Laboratory at MCH Wayanad represents a significant advancement in strengthening diagnostic services within the institution. Designed in accordance with modern laboratory standards, the modular laboratory ensures a structured, efficient, and contamination-controlled environment for conducting a wide range of diagnostic investigations. A modular laboratory is characterized by its prefabricated, standardized infrastructure with designated work zones, optimized workflow design, and adherence to biosafety and quality control norms. The facility typically incorporates separate areas for sample collection, processing, analysis, and reporting, thereby minimizing cross-contamination and enhancing operational efficiency. The integration of advanced laboratory equipment and automated systems further improves accuracy, turnaround time, and reliability of test results.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	**Institution:** MCH Wayanad **Department:** Laboratory Services / Clinical Laboratory **Facility:** Modular Laboratory **Operational Status:** Functional **Institutional Outcomes** • Strengthened in-house diagnostic capacity • Enhanced interdisciplinary coordination (Obstetrics–Paediatrics–Medicine–Laboratory) • Increased patient satisfaction and service utilization • Improved institutional credibility and trust
Innovation/ special aspect about the subject above	The key innovation of the Modular Laboratory at MCH Wayanad lies in its structured, standardized design that integrates modern laboratory infrastructure with optimized workflow and biosafety compliance. Unlike conventional laboratory setups, the modular system ensures clearly demarcated zones for sample collection, processing, analysis, and reporting, thereby minimizing cross-contamination and enhancing operational efficiency. A notable special aspect is the improvement in turnaround time and diagnostic accuracy through automation and adherence to internal and external quality control

	mechanisms. This is particularly significant in a Maternal and Child Health (MCH) setting, where timely laboratory results are critical for antenatal screening, neonatal care, and emergency management.
Service Delivery Details	The introduction of the modular laboratory at MCH Wayanad enhances the hospital's capacity to deliver timely and precise diagnostic services, which are essential for effective clinical decision-making. It supports improved patient management, reduces dependency on external laboratories, and strengthens infection control practices within the institution. The modular laboratory contributes to improved quality assurance, patient safety, and service efficiency, reinforcing MCH Wayanad's commitment to providing comprehensive and high-standard healthcare services.

Initiative/ Project No. 20

Name of Organisation	Kerala Medical Services Corporation Ltd
Name of Project/Scheme/Programme	MCH Trivandrum – MRI 1.5T Normal Bore
Introduction	The installation of a 1.5 Tesla (1.5T) Normal Bore Magnetic Resonance Imaging (MRI) system at the MCH Trivandrum, represents a significant enhancement in advanced diagnostic imaging services for oncology care. MRI plays a pivotal role in the detection, characterization, staging, and follow-up of various malignancies, offering superior soft tissue contrast without exposure to ionizing radiation. The introduction of this system strengthens the institution's capacity to deliver precise, timely, and comprehensive cancer diagnostics.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	• Institution: MCH Trivandrum • Department: Radiology / Oncologic Imaging • Equipment Installed: 1.5 Tesla (1.5T) Normal Bore MRI System • Type of Facility: Specialized Oncology Care and Research Center • Operational Status: Fully Functional • Target Beneficiaries: Oncology patients (inpatients, outpatients, referrals) The introduction of the 1.5T Normal Bore MRI system at MCH Trivandrum, enhances diagnostic precision in oncology care, supports evidence-based treatment planning, and improves patient outcomes. The facility strengthens comprehensive cancer management, promotes equitable access to advanced imaging services, and reinforces the institution's role as a center of excellence in cancer diagnosis and research.
Innovation/ special aspect about the subject above	The installation of a 1.5T Normal Bore MRI system at MCH Trivandrum represents a significant advancement in dedicated oncologic imaging within the public healthcare sector. The system provides high-resolution, radiation-free imaging with advanced applications such as diffusion-weighted imaging and contrast-enhanced studies, enabling precise tumor detection, staging, and treatment monitoring. Its integration within a specialized cancer center strengthens multidisciplinary decision-making, reduces referral dependency, and enhances timely initiation of cancer therapy. Additionally, the facility

	supports academic research and evidence-based oncology practice.
Service Delivery Details	The 1.5T MRI system provides high-resolution imaging for neurological, musculoskeletal, abdominal, pelvic, and whole-body oncologic evaluations. It supports advanced applications such as contrast-enhanced imaging, diffusion-weighted imaging (DWI), and functional studies, which are critical in tumor assessment and treatment planning. By integrating this technology, the Cochin Cancer Research Center enhances diagnostic accuracy, supports multidisciplinary cancer management, and promotes research and academic excellence in oncologic imaging.

Initiative/ Project No. 21

Name of Organisation	Kerala Medical Services Corporation Ltd
Name of Project/Scheme/Programme	MCH Kottayam – Fluroscopy
Introduction	The establishment of a Fluoroscopy Unit at MCH Kottayam represents a significant advancement in diagnostic and interventional imaging services within the institution. Fluoroscopy is a specialized radiological technique that provides real-time moving images of internal structures, thereby enabling dynamic assessment of physiological functions and guided diagnostic or therapeutic procedures.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	• Institution: MCH Kottayam • Department: Radiology • Facility: Fluoroscopy Unit • Operational Status: Functional • Service Coverage: Maternal and child health patients, pediatric and referred cases • **Institutional Outcomes** • Strengthened diagnostic capacity in maternal and child health services • Enhanced coordination between Radiology, Obstetrics, Pediatrics, and Surgery • Increased patient satisfaction and service utilization • Improved readiness for accreditation standards (NQAS/NABL where applicable)
Innovation/ special aspect about the subject above	The key innovation of the Fluoroscopy Unit at MCH Kottayam lies in providing real-time, dynamic imaging capabilities within a dedicated maternal and child healthcare setting. Unlike conventional static radiography, fluoroscopy enables continuous visualization of internal structures, thereby supporting functional assessment and image-guided diagnostic procedures. A notable special aspect is its application in specialized investigations such as hysterosalpingography (HSG), pediatric contrast studies, and micturating cystourethrogram (MCU), which are essential for diagnosing infertility, congenital anomalies, and gastrointestinal or genitourinary disorders. The

	availability of these services within MCH Kottayam reduces dependence on tertiary referral centers and ensures timely, affordable access for women and children. Thus, the innovation is both technological and service-oriented, enhancing diagnostic precision, improving clinical decision-making, and strengthening comprehensive maternal and child healthcare delivery within the public health system.
Service Delivery Details	The fluoroscopy system is particularly valuable in maternal and child healthcare settings, as it facilitates procedures such as contrast studies of the gastrointestinal and genitourinary systems, hysterosalpingography, and selected pediatric imaging investigations. By offering continuous X-ray imaging with contrast enhancement when required, the technology supports accurate diagnosis and precise procedural guidance. The availability of fluoroscopy services at MCH Kottayam enhances clinical decision-making by enabling early detection and evaluation of structural and functional abnormalities. It also reduces the need for referral to higher centers, thereby minimizing patient inconvenience, travel burden, and diagnostic delays. Overall, the introduction of the fluoroscopy unit strengthens the hospital's diagnostic capabilities, improves service accessibility, and contributes to comprehensive, high-quality care in maternal and child health services.

Initiative/ Project No. 22

Name of Organisation	Kerala Medical Services Corporation Ltd
Name of Project/Scheme/Programme	MCH Kottayam – Cath Lab – Cardiology Block
Introduction	MCH Kottayam has strengthened its tertiary-level healthcare services through the establishment of a fully functional Cardiac Catheterization Laboratory (Cath Lab). This advanced cardiac diagnostic and interventional facility significantly enhances the hospital's capacity to manage cardiovascular diseases, particularly in emergency and high-risk cases. A Cath Lab is a specialized imaging suite equipped with fluoroscopic technology that enables real-time visualization of the heart and blood vessels. It is primarily used for diagnostic coronary angiography and interventional procedures such as percutaneous coronary intervention (PCI), including angioplasty and stent placement. The availability of this facility ensures timely management of acute coronary syndromes, thereby reducing morbidity and mortality associated with cardiac events.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	• **Institution:** MCH Kottayam • **Department:** Cardiology / Interventional Cardiology • **Facility:** Cardiac Catheterization Laboratory (Cath Lab) • **Operational Status:** Functional **Institutional Outcomes** • Strengthened tertiary care capacity at MCH Kottayam • Enhanced multidisciplinary coordination (Emergency–Cardiology–ICU) • Increased utilization of hospital cardiac services • Improved public trust in district-level advanced healthcare
Innovation/ special aspect about the subject above	The key innovation of the Cath Lab at MCH Kottayam lies in the decentralization of advanced cardiac care to a district-level public hospital serving predominantly rural and tribal populations. Traditionally, interventional cardiology services such as coronary angiography and primary angioplasty were available only at tertiary referral centers located in urban areas. The establishment of this Cath Lab bridges that accessibility gap.

Service Delivery Details	The introduction of the Cath Lab at MCH Kottayam is especially significant for the rural and tribal population of the region, as it reduces the need for referral to distant tertiary centers. By facilitating early diagnosis, prompt intervention, and continuity of cardiac care within the district, the facility contributes to improved patient outcomes and strengthens the overall public health infrastructure. Overall, the Cath Lab represents a major advancement in specialized cardiac services at MCH Kottayam, reinforcing its role as a comprehensive referral center for the region.

Initiative/ Project No. 23

Name of Organisation	Kerala Medical Services Corporation Ltd
Name of Project/Scheme/Programme	CCRC – 128 Slice CT Scanner
Introduction	The installation of a 128-slice Computed Tomography (CT) scanner at CCRC represents a major advancement in high-end diagnostic imaging services. This state-of-the-art technology significantly enhances the institution's capability to perform rapid, high-resolution, and comprehensive imaging studies across a wide range of clinical specialties. A 128-slice CT scanner is an advanced multi-detector imaging system capable of acquiring 128 cross-sectional images in a single rotation. This enables faster scanning, superior image clarity, and detailed three-dimensional reconstruction of anatomical structures. The technology is particularly valuable in cardiac imaging, trauma evaluation, vascular studies, oncology, and complex neurological assessments. Its high-speed image acquisition reduces motion artifacts and minimizes radiation exposure through optimized dose-modulation techniques.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	• Institution: CCRC • Department: Radiology / Advanced Imaging • Facility: 128-Slice CT Scanner • Operational Status: Functional • Level of Care: Tertiary / Super-specialty • Service Coverage: District/Regional/Referral cases **Institutional Outcomes** • Strengthened tertiary-level diagnostic infrastructure • Enhanced multidisciplinary collaboration (Radiology–Cardiology–Oncology–Emergency) • Increased case complexity handled at CCRC • Improved institutional reputation as a referral center
Innovation/ special aspect about the subject above	The principal innovation of the 128-slice CT scanner at CCRC lies in its high-speed, high-resolution imaging capability, enabling advanced diagnostic applications that are typically available only in super-specialty centers. With the ability to acquire 128 slices per rotation, the system facilitates detailed three-dimensional reconstruction, precise vascular mapping, and non-invasive cardiac imaging such as CT coronary angiography.

	A significant special aspect is its role in comprehensive cardiac, oncological, and polytrauma evaluation with improved diagnostic accuracy and reduced scan time. The advanced dose-modulation technology enhances image quality while optimizing radiation exposure, thereby improving patient safety. Furthermore, the availability of such a high-end imaging modality within CCRC strengthens tertiary-level care, reduces dependency on metropolitan referral centers, and ensures timely, cost-effective access to complex diagnostic services. Thus, the innovation is both technological and strategic, elevating the institution's capacity to manage high-risk and specialized cases efficiently.
Service Delivery Details	The availability of a 128-slice CT scanner at CCRC strengthens diagnostic precision and supports advanced clinical decision-making. It facilitates early disease detection, accurate staging of malignancies, detailed vascular mapping, and timely emergency evaluation. Moreover, the system enhances patient comfort by reducing scan time and improving workflow efficiency. Overall, this advanced imaging modality positions CCRC as a center of excellence in radiological diagnostics, contributing to improved patient outcomes, reduced referral dependency, and strengthened tertiary-level healthcare services.

Initiative/ Project No. 24

Name of Organisation	Kerala Medical Services Corporation Ltd
Name of Project/Scheme/Programme	MCH Kasargode – Modular Lab
Introduction	The establishment of a Modular Laboratory MCH Kasargode represents a significant advancement in strengthening diagnostic services within the institution. Designed in accordance with modern laboratory standards, the modular laboratory ensures a structured, efficient, and contamination-controlled environment for conducting a wide range of diagnostic investigations. A modular laboratory is characterized by its prefabricated, standardized infrastructure with designated work zones, optimized workflow design, and adherence to biosafety and quality control norms. The facility typically incorporates separate areas for sample collection, processing, analysis, and reporting, thereby minimizing cross-contamination and enhancing operational efficiency. The integration of advanced laboratory equipment and automated systems further improves accuracy, turnaround time, and reliability of test results.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	**Institution:** MCH Kasargode **Department:** Laboratory Services / Clinical Laboratory **Facility:** Modular Laboratory **Institutional Outcomes** • Strengthened in-house diagnostic capacity • Enhanced interdisciplinary coordination (Obstetrics–Paediatrics–Medicine–Laboratory) • Increased patient satisfaction and service utilization • Improved institutional credibility and trust
Innovation/ special aspect about the subject above	The key innovation of the Modular Laboratory at MCH Kasargode lies in its structured, standardized design that integrates modern laboratory infrastructure with optimized workflow and biosafety compliance. Unlike conventional laboratory setups, the modular system ensures clearly demarcated zones for sample collection, processing, analysis, and reporting, thereby minimizing cross-contamination and enhancing operational efficiency. A notable special aspect is the improvement in turnaround time and diagnostic accuracy through automation and adherence to internal and external quality control mechanisms. This is particularly significant in a Maternal and Child Health (MCH) setting, where timely laboratory

	results are critical for antenatal screening, neonatal care, and emergency management.
Service Delivery Details	The introduction of the modular laboratory at MCH Kasargode enhances the hospital's capacity to deliver timely and precise diagnostic services, which are essential for effective clinical decision-making. It supports improved patient management, reduces dependency on external laboratories, and strengthens infection control practices within the institution. The modular laboratory contributes to improved quality assurance, patient safety, and service efficiency to providing comprehensive and high-standard healthcare services.

Initiative/ Project No. 25

Name of Organisation	Kerala Medical Services Corporation Ltd
Name of Project/Scheme/Programme	MCH Kottayam – CSSD
Introduction	The establishment of a Central Sterile Services Department (CSSD) at MCH Kottayam represents a critical advancement in ensuring patient safety, infection prevention, and quality assurance within the institution. The CSSD functions as a centralized unit responsible for the systematic cleaning, disinfection, sterilization, and distribution of medical and surgical instruments used across various departments. Designed in accordance with standard infection control guidelines, the CSSD operates through a unidirectional workflow comprising distinct zones for decontamination, preparation and packaging, sterilization, and sterile storage. This structured layout minimizes cross-contamination and ensures adherence to biosafety protocols. The department is equipped with modern sterilization technologies, such as autoclaves and other sterilization systems, along with monitoring mechanisms to validate sterilization efficacy.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	Institution: MCH Kottayam Department: Central Sterile Services Department (CSSD) Operational Status: Functional Service Coverage: Obstetrics, Gynaecology, Paediatrics, Neonatology, Surgery, Emergency, and other clinical departments **Institutional Outcomes** • Strengthened infection prevention and control (IPC) system • Improved interdepartmental coordination • Increased staff confidence in sterile supply reliability • Enhanced institutional credibility and patient trust
Innovation/ special aspect about the subject above	The principal innovation of the Central Sterile Services Department (CSSD) at MCH Kottayam lies in the implementation of a centralized, standardized, and quality-controlled sterilization system within a maternal and child healthcare institution. Unlike decentralized sterilization practices, the CSSD follows a unidirectional workflow with clearly demarcated zones for decontamination, preparation, sterilization, and sterile

	storage, thereby minimizing cross-contamination and ensuring adherence to infection control protocols. A notable special aspect is the integration of sterilization validation mechanisms, including biological and chemical indicators, which enhance reliability and traceability of sterile supplies. This is particularly critical in obstetric, neonatal, and surgical settings where aseptic precision directly influences maternal and neonatal safety. Thus, the innovation is primarily systemic and quality-driven, strengthening infection prevention practices, improving operational efficiency, and reinforcing patient safety standards across the institution.
Service Delivery Details	The availability of a dedicated CSSD at MCH Kottayam enhances the reliability and traceability of sterilized instruments, thereby reducing the risk of healthcare-associated infections (HAIs). It supports critical services including obstetrics, neonatology, surgery, and emergency care, where stringent aseptic standards are essential. Overall, the CSSD strengthens institutional infection control practices, improves operational efficiency, and reinforces MCH Kottayam's commitment to delivering safe, high-quality maternal and child healthcare services.

8. State Health Systems Resource Centre – Kerala (SHSRC – K)

Initiative/ Project No. 1

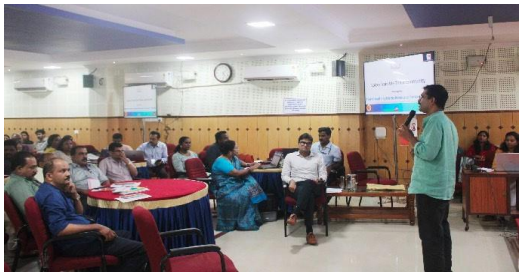
Name of Organisation	State Health Systems Resource Centre Kerala
Name of Project/Scheme/Programme	Queer Inclusive Health System Project Introduction:
Introduction	The Social Development division under the NHM, in collaboration with SHSRC-K, developed a novel initiative, the 'Transgender Community Link Worker (TG-CLW) Programme' to address the healthcare access challenges faced by transgender people in Kerala for improving healthcare delivery for this marginalized group. Under this initiative, a member from the transgender community has been selected to act as a bridge between the trans-community and healthcare centres, such as District and General Hospitals. Training for the community link workers was devised to ensure the inclusion of gender-affirmative and gender-sensitive healthcare delivery mechanisms. As part of it SHSRC-Kerala, in collaboration with the Mariwala Health Initiative, conducted the state's first-ever Queer Affirmative Counselling Practices Residential Programme in the 2023-24 financial year.
Innovation/ special aspect about the subject above	Under the TG-CLW programme, a member from the transgender community has been selected to act as a bridge between the trans community and healthcare centres like District and General hospitals (DH, GH). This arrangement is expected to foster better communication, understanding and trust between the trans community and the health care system, and ultimately lead to improved health outcomes. The programme is being piloted in four districts of Kerala currently- Trivandrum, Ernakulam, Trichur and Kozhikode. The Community Link Worker Programme aligns with the principles of community-based participatory research, which emphasizes the importance of engaging communities in the design and implementation of health interventions. By empowering a member of the trans community to act as a liaison, this initiative recognizes the unique experiences and perspectives of the trans community and incorporates these into the health care system. It is a critical step towards addressing the health care needs of the community and promoting social and health equity. Training for the CLWs were devised ensuring inclusion of gender-

	affirmative and gender sensitive healthcare delivery mechanisms. These were devised following a participatory consultative method where in members of the community were pooled in as the prime experts for providing insights into the development of the module apart from other healthcare professionals who were experts in their fields. In Queer Affirmative Counselling Practices Residential Programme focused on perspective-building to help participants recognize systemic inequalities and understand their impact on mental health. It also provided practical tools to address distress and support the well-being of LGBTQIA+ individuals, fostering a more inclusive and empathetic healthcare system. As part of the Queer Inclusive Health System Project, SHSRC-Kerala conducted four training workshops this financial year for state-level officials, health workers, Bhoomika counsellors, public relations officers, Transgender Community Link Workers (CLWs), and selected district-level officials. These workshops mark the beginning of the second phase in developing a Queer Inclusive Health System in Kerala. A significant shift in knowledge and awareness regarding queer individuals (LGBTQIA+) was a key outcome of the workshops. Various institutions across the country are approaching SHSRC-Kerala to share expertise in this field, both as faculty and panelists. The next set of training has been charted for the next financial year with MHI to contribute discussions and training sessions. This growing recognition highlights the impact of SHSRC-Kerala's efforts in fostering an inclusive and equitable healthcare system for queer individuals.

Queer Inclusive Health System Workshop

Initiative/ Project No. 2

Name of Organisation	State Health Systems Resource Centre Kerala
Name of Project/Scheme/Programme	Health Systems Responsiveness to the Health care needs of Tribal communities through Family Health Centres in Kerala
Introduction	This study seeks to examine how the FHCs address the health care needs of the STs and what are the issues faced in the provision of services, along with beneficiary perspectives. This study aims to provide policy recommendations for development of inclusive strategies to improve the health care service delivery for tribal population at the FHC level which may help in framing specialized service packages
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	The outcomes that are identified in the study are: Linguistic disconnect and lack of cultural sensitivity, Perceptions of discrimination, Government 'freebies' create dependency, Absence or poor mobile network, Lack of accessibility, Inadequate communication channels, Health beliefs, Timing of FHC, Economic barriers, Lack in addressing mental health issues of tribal communities, Inadequate infrastructure, Lack of Human resources, Lack of proactive engagement of the LSG, Inconsistent medication availability, Inconsistent registration and follow-up practices for NCDs, Fear and reluctance within tribal communities regarding referrals, Lack of functioning of specialized clinic, Lack of special packages, Challenges faced by ASHAs, Issues in data management, reporting and monitoring supportive supervision.



SHSRC-Kerala presentation at Tribal Health Workshop

Initiative/ Project No. 3

Name of Organisation	State Health Systems Resource Centre Kerala
Name of Project/Scheme/Programme	Healthy Ageing Initiatives
Introduction	The most contemporary definition of healthy ageing, described as the process of developing and maintaining functional ability for well-being in older age (WHO, 2015), serves as the foundation for the transformative Healthy Ageing initiative. This flagship program, led by the State Health Systems Resource Centre - Kerala, within the Kerala State Health Department, carries a resounding mission: to enhance the overall health and well-being of Kerala's vibrant elderly population. This visionary endeavor transcends traditional healthcare boundaries, delving into the very essence of ageing in the 'God's Own Country.' Its core objectives extend beyond the horizon—envisaging a paradigm shift in policy-making, both at the state and central levels, and a radical transformation of primary healthcare for Kerala's elderly population. Kerala, with its distinctive demographic profile characterized by a rapidly growing elderly population, stands as a living testament to the challenges and opportunities posed by population ageing. The state's progressive approach to social and healthcare systems has not only extended the lifespans of its seniors but has also nurtured a vibrant culture of respect and inclusion for the elderly. Kerala's elders, who have gracefully withstood the test of time, now stand as custodians of wisdom, culture, and tradition, enriching the tapestry of the state's social fabric. However, the intricate interplay of age-related issues, healthcare demands, and socioeconomic factors calls for perpetual innovation and adaptation in policy and practice to ensure that Kerala's elders continue to thrive in an era that celebrates longevity as a hallmark of a life well- lived.
Innovation/ special aspect about the subject above	Since 2022, under the umbrella of the Healthy Ageing initiative, we have embarked on a journey marked by five ground-breaking research projects aimed at comprehensively addressing the unique healthcare needs of Kerala's elderly population. These projects, including "Evaluation of the National Program for Health Care of the Elderly in the State of Kerala,"

	"Risk Assessment for Falls Among Older Persons in Kerala," "Interventions for Prevention of Falls Among Older Persons - a Randomized Control Trial in Kerala, India," "Development of a Screening Tool for Identifying Home Fall Hazards of Older Persons," and "Towards Inclusive Elderly Health Interventions: Social Engagement for Studying Semantics of Ageing, Health, Illness, and Quality of Life in Older Persons," symbolize a visionary effort to understand and improve the lives of Kerala's elderly citizens. As part of the "Risk Assessment for Falls Among Older Persons in Kerala" project, we have conducted extensive surveys and organized medical camps in Manikkal and Nellanad Grama Panchayats, directly benefiting over 500 elders. These camps have gone beyond delivering basic healthcare services and medicines; and have also provided valuable awareness classes delivered by experts on fall prevention. These classes have incorporated exercises and tailored physical activities to enhance muscle tone and strength while contributing to the physical, social, and mental well- being of the elderly population. The Home Hazard Fall Risk Tool Development Study has engaged in household surveys and observations involving 400 households of elderly individuals across 21 wards of Manikkal Panchayat. This comprehensive study has meticulously identified environmental hazards that pose fall risks, taking a crucial step towards ensuring the safety and welfare of our elderly residents. Our project, "Interventions for Prevention of Falls Among Older Persons - A Randomized Control Trial in Kerala, India," offers algorithmic solutions for systematic scaling to enhance holistic well-being, spanning physical, mental, and social facets for the elderly. The initial results of our "Towards Inclusive Elderly Health Interventions: Social Engagement for Studying Semantics of Ageing, Health, Illness, and Quality of Life in Older Persons" project have revealed profound insights into the unique healthcare requirements of the elderly, setting the stage for potential enhancements to the existing state geriatric policy. Looking ahead, the Healthy Ageing research initiative of SHSRC-K is poised to build on its successes and expand its reach. Future plans encompass the continuation of medical camps,

	preventive interventions, and community engagement programs across various panchayats in Kerala. The initiative is also set to focus on capacity building, healthcare professional training, and raising public awareness about healthy ageing. Collaborative efforts with local self- government bodies (LSG) and active elderly neighborhood groups, such as in Manikkal Panchayat, alongside proposed partnerships with esteemed institutions like Achutha Menon Centre for Health Science Studies (AMCHSS), Sree Chitra Tirunal Institute for Medical Sciences and Technology (SCTIMST), Trivandrum, and other stakeholders, including NGOs and volunteers, will play a pivotal role in sustaining and expand commitment to enhancing the ageing experience for Kerala's elderly population, ensuring they age gracefully and enjoy a high quality of life while simultaneously informing future policy directions to better cater to the unique healthcare needs with the extensive support from the health systems and the state government. 1. Developed India's first context-specific multi-factorial screening tool for assessing individual fall risk among the elderly. 2. Developed India's first context-specific screening tool to identify fall hazards among the elderly. 3. Designed and developed a multifactorial fall prevention program for Kerala's elderly population. The intervention comprises education on falls, lifestyle advice, medication reviews, and exercise intervention, along with recommendations for environmental adaptation.

Community intervention for fall prevention. Under RCT

Initiative/ Project No. 4

Name of Organisation	State Health Systems Resource Centre Kerala
Name of Project/Scheme/Programme	Kerala Public Health Act
Introduction	The Government of Kerala, Dept. of Health and Family Welfare took a significant step by implementing the Public Health Act. To ensure the effective execution of the Act, the Health and Family Welfare Department was tasked with formulating the necessary rules. a 12-member committee was established to oversee this process. The committee is chaired by the Directorate of Health Services (DHS), with the State Health Systems Resource Centre-Kerala (SHSRC- Kerala) Executive Director Dr. V Jithesh serving as the convener. The remaining members were appointed to contribute to the development of the rules.
Innovation/ special aspect about the subject above	Given its role as the convener, SHSRC-Kerala played a pivotal role in drafting the rules. To facilitate this, SHSRC-Kerala organized both online and offline meetings. One physical meeting was conducted in the initial stage of preparing the draft and other one is in the final stage to evaluate and prepare the draft, followed by the initial physical meeting several online discussions were conducted to draft rules. During these meetings, the committee members deliberated on the draft, which was subsequently sent to the DHS. As the committee reviewed the Act, they recommended certain amendments to enhance its effectiveness. These recommendations were highlighted by SHSRC-Kerala and the team members during the rule- making process. Once the DHS completes its verification and evaluation of the rules and recommendations, they will communicate with the team member for the modification and be forwarded to the Kerala Government, Health and Family Welfare Department for further review and amendments. Based on the feedback and suggestions from higher officials, SHSRC-Kerala will revise and redraft the rules, accordingly, ensuring that the final version aligns with the objectives of the Public Health Act and addresses the needs of the public health system in Kerala

Kerala Public Health Act Meeting

Initiative/ Project No. 5

Name of Organisation	State Health Systems Resource Centre Kerala
Name of Project/Scheme/Programme	Public Health Cadre
Introduction	To revamp the Public Health Management Cadre, the Government of Kerala's Health Department conducted several official meetings with SHSRC-Kerala and other committee members to restructure the existing public health system. As part of this initiative, Hon. Health Minister Veena George chaired a meeting with health officials to discuss and refine the proposal for the cadre's revamp. At the request of the Government of Kerala and the Health Department, SHSRC-Kerala prepared a draft proposal outlining the restructuring plan and submitted it to the Directorate of Health Services for verification
Innovation/ special aspect about the subject above	The primary objective of this proposal is to develop a Public Health Management Cadre that can be effectively integrated into Kerala's health system. It also aims to define the structure and functions of the cadre, ensuring a more organized and efficient public health framework in the state. As a part of the framework of the Public Health Cader SHSRC-Kerala receives the official invitation from an international conference as a resource person to talk on a session on State Experiences with PH Cader: Kerala from the Department of Public Health Community Medicine, Kasaragod, Kerala

Initiative/ Project No. 6

Name of Organisation	State Health Systems Resource Centre Kerala
Name of Project	Code Grey Protocol
Introduction	To safeguard healthcare workers and protect health institutions, the Health Department has introduced the Code Grey Protocol. This protocol establishes guidelines on law, order, and conduct concerning healthcare professionals, ensuring a safer and more secure working environment. By reviewing and cross-checking the existing Code Grey Protocol, the Health Department ensures its effectiveness in maintaining law, order, and the protection of healthcare workers and institutions. The *Code Grey Protocol* was approved and subsequently published by the Hon'ble Minister Veena George. to ensure effective implementation at the operational level, institutions required clear directives and orders.
Innovation/ special aspect about the subject above	To facilitate this, the State Health Agency has entrusted SHSRC-Kerala to help fulfill set of key tasks, including: • Formation of a State-Level Resource Group • Development of a comprehensive training module • Implementation of the *Code Grey Protocol* at the hospital level • Creation of a toolkit, Standard Operating Procedures (SOPs), policy documents, and other necessary resources In response to these directives, SHSRC-Kerala conducted a preliminary meeting. The meeting brought together representatives from the State Health Systems Resource Centre, State Health Agency, National Health Mission, and Aardram Mission. During the discussion, members of the State-Level Resource Group were identified to oversee the implementation of the *Code Grey Protocol* across the state. Following the meeting, SHSRC-Kerala drafted a list of State-Level Resource Group members and provided necessary directions to ensure the protocol's successful execution. This list of resource group has been submitted to the Minister's office for review and approval.

Initiative/ Project No. 7

Name of Organisation	State Health Systems Resource Centre Kerala
Name of Project/Scheme/Programme	Best doctors & Nurses award
Introduction	The Government of Kerala's Health and Family Welfare Department annually conducts the Best Doctor Award recognizing outstanding performers in the field, the Directorate of Health Services tasked SHSRC Kerala with revising the award criteria, which was approved by the Director of Health and the criteria want to be constant for every year. The Directorate of Health Services has entrusted SHSRC-Kerala with drafting the selection criteria for the Best Nurse Award in the health department. Following this directive, SHSRC- Kerala developed the criteria and drafted the report. Recognizing its contributions, the fare Department has appointed SHSRC-Kerala as a member of the State-Level Scrutinizing Committee for the State Nurse Award 2024.
Innovation/ special aspect about the subject above	SHSRC-Kerala conducted a thorough review of the revised award criteria, finalizing the selection guidelines for best doctor award categories through multiple discussions with the Directorate of Health Services. Based on mutual decisions from both sides, the Government approved the revised guidelines, establishing them as the final criteria for the Best Doctor Award. The finalized criteria, refined by SHSRC-Kerala, have now been issued as a Government Order and formally adopted as the official Guidelines for Selection. The selection committee for best Nurse award is responsible for evaluating all nominations received under the Clinical Nursing and Public Health Nursing categories based on merit. The State-Level Award Committee will then unanimously recommend one outstanding nurse from the Clinical Nursing category and one Auxiliary Nurse and Midwife (ANM) from the Public Health Nursing category for the Best Nurse Award 2024. Every year, on May 12, the Best Nurse Award is presented in honour to the memory of Sister Lini Puthusserry,

Initiative/ Project No. 8

Name of Organisation	State Health Systems Resource Centre Kerala
Name of Project/Scheme/Programme	Referral protocol
Introduction	Existing guidelines on the referral protocol system in the state for referring cases from secondary- to tertiary-level institutions (district hospitals, general hospitals, medical college hospitals, and other specialty institutions) were initially developed against the backdrop of the need for a well-organised referral system in Kerala. Healthcare institutions at the primary, secondary, and tertiary levels of care across the state, however, vary in terms of their infrastructure, availability of equipment, and human resources. There was a need for these existing guidelines for referring cases to higher-level institutions to be further contextualised and made applicable to the realities of service delivery in the state.
Innovation/ special aspect about the subject above	SHSRC-Kerala was entrusted with the responsibility of drafting the revised guidelines catering to the needs of the state. Efforts were undertaken to categorise healthcare institutions, in terms of their infrastructure, the availability of human resources and other diagnostic services for the ease of physicians to refer and receive referrals of their patients. These guidelines were aimed to benefit health professionals working within the health system and improve patient health outcomes. To draft these revised referral guidelines, state-level workshops and the formation of expert committees were undertaken. Revisions were made and forwarded to the Directorate of Health Services and the Directorate of Medical Education for review and suggestions. The referral protocol underwent several unofficial revisions following its submission to the Directorate of Health Services and the Directorate of Medical Education. These changes were made through a series of online and offline meetings and discussions. After extensive vetting, a final vetting workshop was conducted, where the referral protocol was finalized.

Referral Protocol Workshop

Initiative/ Project No. 9

Name of Organisation	State Health Systems Resource Centre Kerala
Name of Project/Scheme/Programme	Upscaling of Primary Stroke Care Units in Kerala to Certified Stroke Care Centres: An Implementation Research
Introduction	This participatory implementation research aims to enhance the quality of care provided in Primary Stroke Units (PSUs) to levels that will make them eligible for quality certification by the World Stroke Organization (WSO).
Innovation/ special aspect about the subject above	Upgrading the PSUs to WSO standards will bring in a drastic change in the way PSCUs function in Kerala and the way Stroke is managed both in the acute phase and the long-term follow-up phase. The Research was started in the end of the previous financia year and in this financial year the research team completed the Phase 1 of the Situational analysis of primary stroke units in 10 hospitals in Kerala namely General Hospital (GH) Pathanamthitta, G H Trivandrum, G H Kozhikode, District Hospital Kollam, District Hospital Perinthalmana, G H Kottayam, District Hospital Palakkad, G H Thrissur, GH Ernakulam, District Hospital Thodupuzha. Team from SHSRC-Kerala and ICMR Project staff visited the 10 hospitals in the state with Primary Stroke Units (PSU) to analyse the current function of PSU's. A Situational analysis report was made based on the findings. This report was presented in a 2-day workshop involving the stroke care team and the administrative staff of the 10 hospitals. Simultaneously, a patient database is being developed in collaboration with Digital University Kerala (DUK) for proper documentation and monitoring of the quality outcome. A stroke-specific case sheet was developed following a discussion with neurologists for implementation in all District/ General hospitals with PSU.

Workshop on Upscaling Primary Stroke Care Units in Kerala

Initiative/ Project No. 10

Name of Organisation	State Health Systems Resource Centre Kerala
Name of Project/Scheme/Programme	Nurse Initiated Community health worker Empowerment (NICE) Study- Developing community-based COPD management package in Primary health care setting: Randomized Control Trial
Introduction	In 2017, in the backdrop of the 'Aardram' mission, COPD clinics were established in primary health centres - "Step Wise Approach to Airway Syndromes" (SWAAS) clinics. The study focuses on developing a comprehensive intervention (pulmonary rehabilitation) which includes exercise training, education and behavioural modifications, thereby enhancing the health-related quality of life (HQOL) of COPD patients.
Innovation/ special aspect about the subject above	Part 1 of the study, which includes situational analysis of SWAAS clinics at 16 pre-selected FHC's, completed by the end of November 2024, Qualitative analysis of which is ongoing. Simultaneously, a cross-sectional survey to assess the Prevalence and determinants of COPD across Thiruvananthapuram district has been initiated since December 2025, and data collection is ongoing

Spirometry Test workshop

Initiative/ Project No. 11

Name of Organisation	State Health Systems Resource Centre Kerala
Name of Project/Scheme/Programme	Convergence and integration of programmes and leveraging technology for enabling healthcare teams for delivery of equitable, high-quality primary healthcare services through Health and Wellness Centres (CONVERTECH- HWCs) in Wayanad district of Kerala - An implementation Research
Introduction	This multistate implementation research was approved under the Division of Socio- behavioural, Health Systems & Implementation Research. This 3-year implementation research has been designed to develop an effective implementation of contextualised strategies to improve the coverage and equity in delivering comprehensive primary healthcare services through the health and wellness centres through an iterative approach. The study is taking place in the Wayanad district of Kerala
Innovation/ special aspect about the subject above	The ICMR project commenced at the start of the previous financial year on February 19, 2024, with its implementation in Kerala beginning on May 18, 2024. In the initial phase, preparatory activities, stakeholder sensitization, and a baseline assessment of Comprehensive Primary Healthcare (CPHC) services were conducted across 204 Sub Centre - Health and Wellness Centres (SC-HWCs) in Wayanad district. A series of capacity-building workshops was organised, covering CPHC services, action plan development, and both qualitative and quantitative research methodologies, including household surveys. Various assessments were carried out, including a rapid evaluation of SC-HWCs to identify gaps and assess effectiveness, a household survey to understand community perceptions and service utilization, and qualitative research through in-depth interviews (IDIs), semi-structured interviews (SSIs), and focus group discussions (FGDs) with healthcare providers, beneficiaries, non-users, and officials from health and other departments. Facility exit interviews provided direct patient feedback, contributing to an understanding of service satisfaction. Additionally, a village survey examined the broader healthcare context, while a facility survey assessed infrastructure, resources, and service delivery. These efforts collectively provided a comprehensive understanding of SC-HWC

	operations and challenges. Regular workshops and stakeholder meetings facilitated the discussion of findings and collaborative planning for intervention strategies. As part of the first step of model implementation, the selection of HWCs for conversion was completed after discussions with the respective medical officers and superintendents. In the second year, the focus will shift to piloting and optimizing the intervention model before full- scale implementation. Based on formative research findings, implementers and researchers will co-develop context-specific delivery strategies.

Various workshop of CONVERTECH- HWCs study

Initiative/ Project No. 12

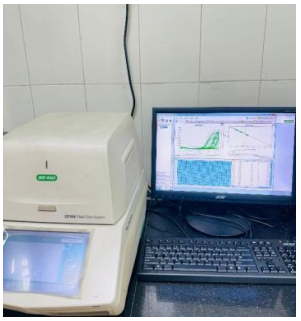
Name of Organisation	State Health Systems Resource Centre Kerala
Name of Project/Scheme/Programme	State Health Systems Resource Centre Kerala Sub/Project: The Aspire study- Antenatal Salivary progesterone to detect Pre-term births and Improve Reproductive Endpoints: A prospective observational study
Introduction	A handful of studies have shown that there is an association between salivary hormone levels and preterm births
Innovation/ special aspect about the subject above	This study seeks to study the diagnostic validity of salivary hormones such as progesterone, estriol and cortisol as a biomarker for preterm births in terms of sensitivity, specificity, positive predictive value, negative predictive value, and likelihood ratios. This study also seeks to determine the incidence and outcomes of preterm births in Kerala, and to assess the factors that would influence the acceptability of such a test to predict preterm births. For the study, 2 districts, namely Ernakulam and Trivandrum, are selected with 4 hospitals based on the number of OP and total number of deliveries. 2 project technical staff and 1 project research scientist are posted to each district.

ASPIRE Study Consultative meeting

9. Kerala University of Health Sciences (KUHS)

Initiative/ Project No. 1

Name of Organisation	School of Family Health Studies, KUHS
Name of Project/Scheme/Programme	"New born screening for severe inborn errors of immunity –A pilot study- Phase I
Introduction	In the Phase 1 study, a cohort of newborns delivered at Government Medical College, Kozhikode over one year will be screened for life threatening inborn errors of adaptive immunity including Severe Combined Immune Deficiency (SCID) and X - linked agammaglobulinemia (XLA), for which treatment is available, but exorbitantly expensive. A qPCR - based test for assay of TRECs and KRECs that represent naive T and B cells will be used to screen samples of DNA at the MRU at GMC, Kozhikode. Early diagnosis will enable access to life - saving treatment and prophylaxis and improved outcomes.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicator	**Output indicators** 1. Number of healthy newborns screened 2. Number of abnormal initial TREC / KREC assays 3. Number of repeat tests performed 4. Number of newborns referred for treatment of IEIs 5. Number of families provided with psychological Support **Outcome indicators** 1. Enhanced awareness regarding inborn errors of Immunity 2. System for recall / follow up after newborn Screening 3. System for early diagnosis of inborn errors of Immunity 4. Model for NBS for IEIs replicable in other states
Innovation/ special aspect about the subject above (Mention briefly)	This is the first time that newborn screening for lethal inborn errors of immunity is being carried out in the country as a public health measure.

Service Delivery Details	This project can pave the way for incorporation of newborn screening for SCID and other inborn errors of immunity into the newborn screening program existing in the state of Kerala.
	

Kerala University of Health Sciences (KUHS)

Initiative/ Project No. 2

Name of Organisation	School of Family Health Studies, KUHS
Name of Project/Scheme/Programme	New born screening for severe inborn errors of immunity: A pilot study- Phase II
Introduction	The SDGs mandate global reduction of infant and child mortality by 2030. Although Kerala is one of the states with lowest infant and child mortality, further reduction is possible by incorporating technology for diagnosis of previously undiagnosed diseases that are lethal, but amenable to treatment. At present, the new born screening program in Kerala that has been implemented successfully for more than a decade does not include screening for disorders like Severe Combined Immune Deficiency (SCID), the most severe of the inborn errors of immunity which invariably results in death before one year of age. If hematopoietic stem cell transplant (bone marrow transplant) is performed before 3.5 months of age, the survival rate is more than 90% and it affords a permanent cure. Similarly, X– linked Agamma globulinemia is an inborn error of immunity which requires lifelong immunoglobulin prophylaxis but if diagnosed late, it may result in lifelong morbidity.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	**Output indicators** 1.Number of healthy newborns screened 2. Number of abnormal initial TREC / KREC assays 3. Number of repeat tests performed 4. Number of newborns referred for treatment of IEIs 5. Number of families provided with psychological Support **Outcome indicators** 1. Enhanced awareness regarding inborn errors of Immunity 2. System for recall / follow up after newborn Screening 3. System for early diagnosis of inborn errors of Immunity 4. Model for NBS for IEIs replicable in other states

Innovation/ special aspect about the subject above	This pilot project using a cheap RT -PCR based test has the potential to result in its widespread use across the country in future.
Service Delivery Details	Envisages screening of newborns delivered ta GMC Kozhikode, GMC Manjeri and GMC Trissur over one year.

Initiative/ Project No. 3

Name of Organisation	School of Public Health, KUHS
Name of Project/Scheme/Programme	Inauguration of School's New Building
Introduction	The completed School of Public Health building at Thiruvananthapuram Medical College Campus, which serves as Kerala Medical University's off-campus centre for continuing education research, was officially inaugurated by Honourable Minister of Health, Women, and Child Development, Smt. Veena George, under the chairmanship of Hon. Kazhakootam Constituency MLA Shri. Kadakampally Surendran on March 4,2004 at 4.30 pm. The School of Public Health represents a significant turning point in the areas of scientific study, health research, giving clinicians guidance, and other research-related activities in the capital city.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	**Output indicators** An advanced training and research centre with two departments under the school. Department of Epidemiology and Department of Health Policy Studies **Outcome indicators** Engaged in research methodology promotion as a capacity building activity for a production of good-quality research evidence to health policy studies
Innovation/ special aspect about the subject above	Act as a centre for facilitating health sector policy formulation and implementation
Service Delivery Details	

Initiative/ Project No. 4

Name of Organisation	School of Public Health, KUHS
Name of Project/Scheme/Programme	International Seminar on Virology And Immunology
Introduction	On the occasion of celebrating 70th anniversary of Govt. Medical College, Thiruvananthapuram, Kerala University of Health Sciences and the Alumni Association had organised an international seminar on "Virology and immunology". The programme was inuagrated by Prof. Dr.Mohanan Kunnummal, Vice-Chancellor- Kerala University of Health Science. The session was "Virology and Immunology" by Prof. Robert Gallo, Director, Institute of Human Virology Baltimore, USA and Prof. Anders Vahine, Professor Emeritus in Clinical Virology, Karolinska Institute, Stockholm, Sweeden. .
Service Delivery Details	

Initiative/ Project No. 5

Name of Organisation	School of Public Health, KUHS
Name of Project/Scheme/Programme	Workshop – "Public health interventions for post COVID-19 scenario: an integrative model for improving Quality of Life and tapping research potentials"
Introduction	We have conducted a workshop for finalising the protocol on "Public health interventions for post COVID-19 scenario: an integrative model for improving quality of life and tapping research potentials" (Project awarded by Govt. of Kerala under the Plan Scheme as per GO (Rt.) No. 2467/2023/H&FWD Dated Thiruvananthapuram 27/09/2023). The date and time of the workshop on 29/12/2023, 10.00 am to 01.00 pm at the Conference Hall, Super specialty Block, Govt. Medical College, Thiruvananthapuram. The Hon. Vice Chancellor, Kerala University of Health Sciences (KUHS), inaugurated the meeting. Dr. P. K. Jameela, Member, State Planning Board; Dr. Thomas Mathew, DME; and Dr. P. R. Sudhakaran, Member, GC, KUHS, and Public Health Expert were presented.
Innovation/ special aspect about the subject above	Review of common symptoms- customisation of symptomatology in our context- characterising symptomatology and pathophysiological markers. Biomarkers and viral markers -what literature says- how to go, what and where to go - research gaps Rationale for existing guidelines- evidence gap analysis-Existing management framework review and evidence base for management in Kerala context
Service Delivery Details	-

Initiative/ Project No. 6

Name of Organisation	School of Public Health, KUHS
Name of Project/Scheme/Programme	Workshop for Discussion of the results of Mortality reduction Project
Introduction	"Capacity Building for Strengthening Management Information Systems to Capture Infant Mortality and Consolidate the Mortality Reduction Experience in Kerala, focusing on Infant Death Audit'' is one of the main projects under SPH, Tvpm, and now this is getting finished. So we have conducted a workshop for discussion of the results. We sought the involvement of key persons like all District RCH officers, the State Demographer, the Additional Director and Deputy Director of Family Welfare, and other key state- level officials of family welfare. The workshop was conducted on February 24, 2024, at NHM Hall, Thiruvananthapuram. The Honourable Vice Chancellor, KUHS, inaugurated the program. Dr. Rahul, the State Child Health Nodal Officer, was a full-time participant in the same.
Innovation/ special aspect about the subject above	This project is intended to provide input for making the mortality information capture complete and improve the efficiency of surveillance systems.

NATIONAL HEALTH MISSION

Initiative/ Project No. 7

Name of Organisation	School of Public Health, KUHS
Name of Project/Scheme/Programme	Research methodology Promotion:
Introduction (in Brief	Teaching learning activities targeted to faculty of all streams Conducting certificate programs and short courses in research methodology. **1. Certificate programmes** 1. Certificate programme on Medical certification of cause of death and essential Nosology for clinicians: Notification called for 2. Certificate programme on Practice of Clinical epidemiology and evidence-based medicine andclinical appraisal: Notification called for 3. Certificate programme on Introductory Health policy 4. Certificate programme on Essential clinical health economics for KUHS faculty 5. Certificate programme on Database Management in Health Science Research. **2. M-Phil Clinical Epidemiology Course (Part time)** Second batches are going on for this course. All students of the first batch have successfully completed the course, and Convocation was conducted on July 26, 2023. This is a program of post PG course in Clinical Epidemiology for the faculty in affiliated colleges under KUHS. Now the course is renamed as M.Sc. (Advanced PG Programme) Clinical Epidemiology (Part-time) course. **3. Other research Methodology Training Programs** For postgraduates from affiliated institutions where research methodology training facilities are inadequate or absent. The school has developed an *e- module and uploaded this in the site.* **4. Research methodology consultations**: Faculty from various affiliated Institutions come regularly for Consultations. In addition to this, through e-mail and

	other social blogs, faculty are involved in consultation. Most of the consultations are now happening online. The professor also takes classes or guide students from affiliated institutions and takes part in teaching. **5. Improving the Research environment in Affiliated Institutions**: MCI has identified Journal club as a teaching learning platform. In many of the institutions the journal clubs are not active. In order to make journal clubs more efficient the faculty need to be trained in critical appraisal techniques. The school has started a project for training faculty towards critical appraisal techniques and other capacity building for updating of faculty through journal club activities.

Initiative/ Project No. 8 (1)

Name of Organisation	School of Fundamental Research in Ayurveda, KUHS
Name of Project/Scheme/Programme	STUDENT RESEARCH CONCLAVE "VEEKSHA
Introduction	SFRA conducts the Student Research Conclave every year to promote and create research awareness among postgraduate students. The VEEKSHA program has consistently served as a dynamic platform for Ayurvedic students to present and validate their research, fostering a culture of scientific inquiry and academic excellence. It has significantly contributed to enhancing students' ability to translate their research findings into practical and impactful healthcare solutions
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	-
Innovation/ special aspect about the subject above	-
Service Delivery Details	

Initiative/ Project No. 8 (2)

Name of Organisation	School of Fundamental Research in Ayurveda, KUHS
Name of Project/Scheme/Programme	Webinar Exploring the possibilities of Utilising AYUSH Fund for Research in AYUSH sector dated 23.11.2021 to 03.12.2021
Introduction	Aligning with the KUHS Academic Council's decision to identify funding opportunities in the AYUSH sector, the School of Fundamental Research in Ayurveda conducted a six- day webinar to guide faculty members on available research funding avenues. Inaugurated by Dr. C. P. Vijayan, Pro Vice Chancellor, the program introduced major funding agencies like ICMR, NMPB, CCRAS, CSIR, DKS, and international collaborators, aiming to empower faculty to undertake impactful, well-funded research.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	
Innovation/ special aspect about the subject above	
Service Delivery Details	

Initiative/ Project No. 8 (3)

Name of Organisation	School of Fundamental Research in Ayurveda, KUHS
Name of Project/Scheme/Programm	Advanced Research Techniques - Awareness Cum Training for KUHS- AYUSH Faculty dated 15.07.2022 to 05.08.2022
Introduction	The training program successfully enhanced awareness among AYUSH faculty about the application of advanced research techniques, including data science and artificial intelligence, in medical research. It fostered interdisciplinary engagement and encouraged the integration of modern tools to improve the quality and acceptance of AYUSH research.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	-
Innovation/ special aspect about the subject above	-
Service Delivery Details	-

Initiative/ Project No. 8 (4)

Name of Organisation	School of Fundamental Research in Ayurveda, KUHS
Name of Project/Scheme/Programme	National Seminar on Ayur Sports
Introduction	The seminar successfully enhanced awareness and knowledge on acute injury management, integrating both modern and Ayurvedic approaches among participants. It also encouraged research participation and visibility, with high-quality paper presentations and active engagement from institutions across the country.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	-
Innovation/ special aspect about the subject above	-
Service Delivery Details	-

Initiative/ Project No. 8 (5)

Name of Organisation	School of Fundamental Research in Ayurveda, KUHS
Name of Project/Scheme/Programme	SCIENTIFIC WRITING - Online Training program dated 06.10.2022 to 16.10.2022
Introduction	Recognizing the importance of scientific writing in research dissemination, SFRA initiated a 12-day online training program for the Ayurveda fraternity, which was approved by the KUHS Board and Academic Committee and officially sanctioned on 19-09-2022. The overwhelming response— 357 registrations within two days and 220 confirmed participants including faculty, PG scholars, practitioners, and researchers—highlighted the strong interest and need for such capacity-building initiatives.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	-
Innovation/ special aspect about the subject above	-
Service Delivery Details	-

Initiative/ Project No. 8 (6)

-

Name of Organisation	School of Fundamental Research in Ayurveda, KUHS
Name of Project/Scheme/Programme	SCIENTIFIC WRITING – HANDS-ON TRAINING 9th, 17th, & 23rd December
Introduction	After the successful completion of the online training program on Scientific Writing, a hands-on practical training was planned in response to participant requests. With university approval, SFRA invited expressions of interest from those who had completed the online course, and after screening attendance records, 27 candidates were selected and confirmed their participation via email.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	-
Innovation/ special aspect about the subject above	-
Service Delivery Details	

Initiative/ Project No. 8 (7)

Name of Organisation	School of Fundamental Research in Ayurveda, KUHS
Name of Project/Scheme/Programme	National Seminar – AHARA RASAYANA dated 27.02.2023 & 28.02.2023
Introduction	The seminar successfully raised awareness among Ayurvedic doctors and students about the crucial role of diet in managing lifestyle diseases, especially diabetes, following a well- received research initiative and hands-on dietary intervention. With participation from over 120 delegates, including faculty, PG scholars, and practitioners, the program fostered academic engagement through essay and logo competitions, encouraging evidence-based dietary practices in clinical care.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	-
Innovation/ special aspect about the subject above	-
Service Delivery Details	

Initiative/ Project No. 8 (8)

Name of Organisation	School of Fundamental Research in Ayurveda, KUHS
Name of Project/Scheme/Programme	2 days Offline "Hands-on workshop on Data Analysis using SPSS 14.12.2023, 15.12.2023
Introduction	On 14th and 15th December 2023, the School of Fundamental Research in Ayurveda conducted a hands-on training program on IBM SPSS Statistics for MPhil Translational Ayurveda scholars and faculty members from KUHS-affiliated Ayurveda colleges, facilitated by Dr. Jeby Jose Olickal from Amrita Institute of Medical Sciences, Kochi. The training empowered 30 participants to perform practical data analysis and statistical computations using real-life case studies, significantly enhancing their research skills in the field of Ayurveda
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	-
Innovation/ special aspect about the subject above	-
Service Delivery Details	

Initiative/ Project No. 8 (9)

Name of Organisation	School of Fundamental Research in Ayurveda, KUHS
Name of Project/Scheme/Programme	PG orientation Programme
Introduction	The orientation program conducted by SFRA effectively introduced first-year Ayurveda PG scholars to the importance of research and its relevance in advancing Ayurvedic knowledge. It helped build foundational skills and inspired participants to engage meaningfully in academic and clinical research from the beginning of their postgraduate studies.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	-
Innovation/ special aspect about the subject above	-
Service Delivery Details	

Initiative/ Project No. 9 (1)

Name of Organisation	School of Fundamental Research in Ayurveda, KUHS
Name of Project/Scheme/Programme	Inauguration of Course of MPhil Translational Ayurveda
Introduction	The inauguration of the first-ever MPhil course in Translational Ayurveda marked a historic step toward integrating scientific rigor with Ayurvedic wisdom.
Basic Fact Sheet covering all Indicators.	-
Innovation/ special aspect about the subject above	The program successfully laid the foundation for a new era of research-driven education in Ayurveda, inspiring the first batch of scholars to lead this academic transformation
Service Delivery Details	

Initiative/ Project No. 9 (2)

Name of Organisation	School of Fundamental Research in Ayurveda, KUHS
Name of Project/Scheme/Programme	Inauguration of Course of MSc Sports Medicine Ayurveda
Introduction	The launch of the MSc Sports Medicine (Ayurveda) program introduced a specialized academic path blending traditional Ayurvedic principles with modern sports science.
Basic Fact Sheet covering all Indicators.	-
What is the Innovation/ special aspect about the subject above	It aims to equip professionals with the knowledge and skills to manage sports-related injuries and enhance athletic performance through holistic Ayurvedic approaches
Service Delivery Details	

Initiative/ Project No. 9 (3)

Name of Organisation	School of Fundamental Research in Ayurveda, KUHS
Name of Project/Scheme/Programme	Certificate course in Role of Diet and Regimes in the prevention and management of Life Style Disorders
Introduction	The certificate course on Diet and Regimes in the Prevention and Management of Lifestyle Disorders received an overwhelming response, with registrations closing ahead of schedule due to high demand.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	-
Innovation/ special aspect about the subject above	The course successfully brought together practitioners from diverse medical systems, fostering interdisciplinary learning and emphasizing the critical role of diet in lifestyle disease management.
Service Delivery Details	

Initiative/ Project No. 9 (4)

Name of Organisation	School of Fundamental Research in Ayurveda, KUHS
Name of Project/Scheme/Programme	Certificate course in Research Methodology for Ayurveda Faculties
Introduction	The Online Certificate Course in Ayurveda Research Methodology provided structured research training to Ayurveda faculty with strong adherence to academic standards. The program ensured rigorous participation, with attendance strictly monitored as per the 80% requirement for certification.
What is the Innovation/ special aspect about the subject above	**Projects** Phytochemical, Metoabolic, Anti –Ageing and Immunomodulatory Properties of Rasayana funded by Government of Kerala in collaboration with CSIR-NIIST, Department of Zoology, University of Kerala and Government Ayurveda College, Thiruvananthapuram
Service Delivery Details	

Initiative/ Project No. 10 (1)

Name of Organisation	Dean Student Affairs, KUHS
Name of Project/Scheme/Programme	Student Welfare Scheme
Introduction	University implemented a 'Student Welfare Scheme' for all registered students under KUHS, in theunfortunate demise of a student, an amount of Rs. 5,00,000/- (Rupees Five Lakhs Only) will be given to their legal heirs (As per Decision No. 80.62 of the 80th Governing Council Meeting held on 01.08.2024). This will be paid from Student Welfare Fund. A committee consisting of Pro Vice Chancellor, Registrar, Finance Officer and Dean Student Affairs has been formed to scrutinize the applications received under the Scheme. The Scrutiny Committee reviews the submitted documents and after scrutiny, recommendations will be given in this regard.
Service Delivery Details	Currently, financial assistance under the Student Welfare Scheme has been transferred to the legal heirs of 3 students

Initiative/ Project No. 10 (2)

Name of Organisation	Dean Student Affairs, KUHS
Name of Project/Scheme/Programme	Conducting of Sports & games events during Independence Day celebrations
Introduction	Various sports competitions were organized in colleges affiliated to Kerala University of Health Sciences on the occasion of 75th,78th Independence Day. About 28,77 colleges conducted sports competitions in connection with these days respectively and submitted their reports to the university
Basic Fact Sheet covering all Indicators.	-
Innovation/ special aspect about the subject above	
Service Delivery Details	

Initiative/ Project No. 10 (3)

Name of Organisation	Dean Student Affairs, KUHS
Name of Project/Scheme/Programme	International Yoga Day
Introduction	International Yoga Day was celebrated at the Kerala University of Health Sciences on June 21, 2024 and June 21, 2025. As part of this, about 100 students, teachers, and university staff participated in the
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	-
Innovation/ special aspect about the subject above	
Service Delivery Details	

Initiative/ Project No. 10 (4)

Name of Organisation	Dean Student Affairs, KUHS
Name of Project/Scheme/Programme	WAYANAD REBUILD- CONSTRUCTION OF 150 SNEHABHAVANANGAL FOR THE VICTIMS OF LANDSLIDE AT MUNDAKKAI, CHOORALMALA, etc.
Introduction	An amount of Rs.13.00 lakhs were collected from various NSS units and transferred to NSS State Cell for construction of 150 snehabhavanangal at Wayanad.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	-
Innovation/ special aspect about the subject above	
Service Delivery Details	

Initiative/ Project No. 10 (5)

Name of Organisation	Dean Student Affairs, KUHS
Name of Project/Scheme/Programme	World No Tobacco day
Introduction	World No Tobacco day celebrated on 31-05-2025. Awareness classes were conducted on various topics by eminent faculties. The function was organised at the Senate Hall and inaugurated by the Hon'ble Vice Chancellor.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	-
Innovation/ special aspect about the subject above	
Service Delivery Details	

Initiative/ Project No. 10 (6)

Name of Organisation	Dean Student Affairs, KUHS
Name of Project/Scheme/Programme	World Anti-drug day
Introduction	World Anti-drug day celebrated on 26-06-2025.Awareness classes were conducted on various topics by eminent faculties. The function was organised at the Senate Hall and inaugurated by Hon'ble Vice Chancellor. A rally was also organised. Employees of KUHS, and students from Thrissur Govt. Medical College/Govt. Nursing College/Govt. Dental College, were participated in this rally from KUHS to Govt. Medical College, Thrissur. The Rally was flag off by the Hon'ble Vice Chancellor.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	-
Innovation/ special aspect about the subject above	
Service Delivery Details	

Initiative/ Project No. 11

Name of Organisation	Examinations, KUHS
Name of Project	Inception of Remote Digital Evaluations:
Introduction	The success of the introduction of digital valuations in the medical postgraduate examinations gave confidence to expand the same to undergraduate evaluations. Initially, the introduction of digital valuations in undergraduate examinations focused on dental examinations. Establishment of **Remote Digital Evaluation Centres (RDECs)** with adequate computer systems and internet connectivity at affiliated colleges was the primary step for this initiative, which proved to be a very significant challenge. The affiliated institutions were briefed on the necessity and advantages of digital valuations and encouraged to start RDECs on their campuses. These RDECs were then inspected for compliance with University requirements before recognising the same. Meanwhile, the KUHS IT section modified the software to suit remote digital evaluation at the RDECs. The scanning software developed by KUHS was also reworked and optimised to improve clarity and reduce the time spent on scanning answer books. The next step was to establish a scanning centre at the University for scanning and digitizing the used answer books. An area within the examination wing was identified for the same, and selected personnel were trained to do the scanning process. These measures helped to succeed in developing a dedicated scanning team for the accurate scanning of answer books. On successful completion of the evaluations of dental examinations and publication of results in record time, the RDEC evaluation was expanded to other streams in a phased manner. Currently, all examinations conducted by the University are evaluated in RDE centres established at various affiliated colleges
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	-

Innovation/ special aspect about the subject above	The advantage of RDE is evident in the fact that, despite the substantial increase in the number of courses and seats over time and the introduction of the semester system in various streams, the University is still in a position to publish the results of examinations in record time, preventing any delay in course completion. When evaluations were being held physically at zonal valuation camps, the University had to transport the answer books to these camps, leading to substantial revenue loss. In addition, the University had to compensate the evaluators with TA and DA for their attendance at these zonal camps. With theinception of remote digital evaluation, such logistical overheads and TA/DA have been forgone, compounding the financial status of the University.
Service Delivery Details	

Initiative/ Project No. 12

Name of Organisation	Examinations, KUHS
Name of Project/Scheme/Programme	Inception of centralised certificate printing:
Introduction	A dedicated centralised printing section was formed for the printing of all degree certificates and mark lists. This section is equipped with a state-of-the-art bulk printer, ensuring the quality of printed certificates. Now, printing of degree certificates, provisional degree certificates and mark lists from all sections of the examination wing is being done at this facility.
Innovation/ special aspect about the subject above	This central printing facility also ensures the security of the printed certificates. The introduction of this printing facility has hastened the process of issuing degree certificates and mark lists to students.

Initiative/ Project No. 13

Name of Organisation	Examinations, KUHS
Name of Project/Scheme/Programme	Introduction of online software-based internship completion certificates:
Introduction	After successful completion of the internship, the students are issued with provisional degree certificates, which are valid until the degree certificates are awarded in the next ensuing convocation. The provisional degree certificates enable students to register with the state council and allow them to advance in their careers. Submission of internship completion certificates issued by the colleges concerned is a mandatory requirement for issuing the provisional degree certificates. To avoid the delay by colleges in issuing the hard copies of internship certificates to students and the subsequent delay in awarding provisional degree certificates, the University has introduced an online portal for colleges to upload the internship details of the students, which is then processed for issuing the provisional degree certificate. Furthermore, the controller of examinations is now digitally signing these certificates.
Innovation/ special aspect about the subject above	These facilities have helped to hasten the issuance of provisional degree certificates substantially.
Service Delivery Details	

Initiative/ Project No. 14

Name of Organisation	Examinations, KUHS
Name of Project/Scheme/Programme	Commencement of a block chain-based digital degree certificate:
Introduction	National and international job providers require the issuing authority to authenticate degree certificates for placements. The authentication process of physical degree certificates issued by the University is time-consuming, which often acts as a hindrance to the candidates. Now, along with the physical copy of the degree certificate, the block chain-based digital version is also issued.
Basic Fact Sheet covering all Indicators.	-
Innovation/ special aspect about the subject above	The authenticity of these digital certificates can be verified by job providers around the world in a matter of seconds, which provides an added edge to students of the University in the job market. The same procedure can help when verification of documents is done for higher studies, also
Service Delivery Details	

Initiative/ Project No. 15

Name of Organisation	Examinations, KUHS
Name of Project/Scheme/Programme	Introduction of a digital platform for the conduct of theory examinations:
Introduction	An exclusive digital platform for the conduct of examinations is being developed, enabling the coordination of the examination centres located at affiliated colleges and the university for the seamless and smooth conduct of examinations. In the first phase, the university has successfully integrated the theory examinations into this system. To start with, the herculean task of enlisting and allotting an identity number to the non-teaching staff, who are involved in various examination duties, of all the affiliated colleges was taken up. The university then implemented the online process. The procedure begins with colleges uploading the details of staff members assigned with examination duties, such as the chief superintendent (C.S.), internal vigilance officer (I.V.O.), invigilators, and clerical staff; after this step, the colleges will be able to download the admit cards of the candidates registered for the examination. This process allows for the online generation of the invigilator's diary, which includes details of assigned students, as well as the CS diary and the IVO report, thereby digitising the entire procedure.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	-
What is the Innovation/ special aspect about the subject above	With this initiative, all payments concerning the conduct of theory examinations can now be directly credited to the bank accounts of all those involved in the duty. This helps to ensure that payments to both the teaching and non-teaching staff concerned are credited on time, thus enabling the university to avoid advance payments for conducting theory examinations. It is also planned to include the conduct of practical examinations in the second phase and the TA/DA bills in the third phase of this software development. The ultimate objective is to ensure that all payments from the university shall be made digitally, ensuring the accuracy and speed of shall be made digitally, ensuring the accuracy and speed of disbursements.
Service Delivery Details	

Initiative/ Project No. 16

Name of Organisation	Examinations, KUHS
Name of Project/Scheme/Programme	Introduction of an online portal for the attempt certificate:
Introduction	An attempt certificate of examination is an official document issued by a University or examination authority that states the number of times a student has appeared for a particular examination. It may also indicate whether the student has passed on the first attempt or required multiple attempts to clear an examination. This certificate is often required for higher education admissions, government jobs, or competitive exams where the number of attempts is considered a criterion.The University has launched an online portal for the issuance of attempt certificates, aimed at simplifying and expediting the application process for students. Through this portal, students can submit requests, track the status of their application, and download the issued certificate without the need for physical visits to the administrative office.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	-
Innovation/ special aspect about the subject above	The digital system ensures transparency, reduces processing times, and minimises paperwork. It also maintains an accurate and secure digital record of all issued certificates. This initiative enhances student convenience.
Service Delivery Details	

Initiative/ Project No. 17

Name of Organisation	Dean, Research, KUHS
Name of Project/Scheme/Programme	KUHS Research Appreciation Award (UG) 2024
Introduction	The KUHS Research Appreciation Award was instituted in 2024 to encourage Under Graduate (UG) students to take up short-term research projects during their training. They can engage in hands on research mentored by senior faculty. Applications are invited from UG students during March2024. Students in their First year and Final Year were not be eligible to apply. The protocols and project reports underwent evaluation by the selection committee. The chosen projects were awarded the prize money (INR 10000) & a certificate. Out of the 328 applications in the year 2024, the applications of 52 were rejected due to insufficient documents. The remaining applications were assessed, and 238 qualified for the final stage. In this stage, these candidates were given 6 months' time to carry out the proposed the research and submit the report. Out of these 238 candidates, 214 submitted reports in March 2025. After evaluation of these reports ,185 were selected and became eligible for the KUHS Research Appreciation Awards 2024.Applications for this award will be invited once in a year. The process of the 2025 KUHS Research Appreciation Award has already begun and we now have more than 900 applications
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	**Output indicators** 1. Number of students applied for the program 2. Number of students got eligible for the Awards **Outcome indicators** 1. Students interested in doing research during UG period 2. Indicating the students who are seriously taking research

Innovation/ special aspect about the subject above	This program is first of its kind by a Health Science University in India with the specific aim of fostering the research engagement during undergraduate health sciences education. This allows undergraduate students to take up short term research projects. The program aims to provide research opportunities for students from all branches of in health sciences. It allows them to develop research skills early in their training. The program involves students writing independent proposals under the mentorship of faculty members, conducting research, and submitting a final report. This allows development of the spirit of collaboration and fosters learning by engaging in hands on research.
Service Delivery Details	This program envisages to enhance research aptitude among UG students by awarding Rs. 10,000/- as scholarship amount for chosen projects.

Initiative/ Project No. 18

Name of Organisation	Dean Research, KUHS
Name of Project/Scheme/Programme	Award for the Publication of PG Thesis 2024
Introduction	The KUHS Post Graduate (PG) Thesis Awards was established to encourage Scientific Writing and Research Publications. Only articles that are published in indexed journals and are based on the PG thesis submitted to KUHS will be taken into account. Applicants are required to publish their papers in the indexed journals recommended by the university. Applications will be invited on an annual basis. The student must be the first author, and KUHS must be mentioned in the author affiliation. The article should be published within one year following the completion of the course. Students who have finished the course within one year from the date of notification are qualified to apply. A sum of rupees 15,000/- (Fifteen Thousand Rupees only) will be granted under this initiative. When the notification was released for the Award for the Publication of PG Thesis 2024 in April 2024, 13 candidates submitted applications, but all of them did not fulfill the criteria set forth by the university.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	**Output indicators** 1. Number of students applied for the program 2. Number of students got eligible for the Awards **Outcome indicators** 1. Students interested in publishing their research work after completion of PG.2.Indicating the students who are seriously taking research
Innovation/ special aspect about the subject above	This program is an ongoing program established by the University to encourage Scientific Writing and Research Publishing by PG students from KUHS. This award will allow the students to disseminate their research by publishing their research in indexed journals. Scientific writing is craft and this is an attempt to foster skills of future researchers
Service Delivery Details	This program envisages to encourage students to publish their papers in journals. The chosen candidates will be awarded Rs. 15,000 and printed certificates.

Initiative/ Project No. 19

Name of Organisation	Dean Research, KUHS
Name of Project/Scheme/Programme	University Fellowship for Full Time PhD
Introduction	1. "University Fellowship for Full-time PhD" is a research fellowship for those eligible for the Full-time PhD programme of KUHS. This will allow the selected candidates to pursue fulltime PhD by working full-time at one of the Schools under the University. 2. ELIGIBILITY The candidates eligible for full-time PhD as per the PhD Regulations in force, can apply for the University Fellowship for full-time PhD, which will be announced after the Entrance Examination for PhD admissions. 3. SELECTION PROCEDURE a) Candidates need to qualify the PhD Entrance Examination conducted by the University. There will be no exemption for the entrance examination other than the exemption as mentioned as per the PhD Regulations in force, or as per any other University order. b) Notification will be issued by the University, after the entrance examination for PhD. c) An application in the prescribed format along with attested copies of certificates including proof of eligibility for admission to the PhD programme in the University, brief synopsis of the proposed programme of research work for PhD, and consent letter from a Supervising Guide in the Schools/Departments of the University, shall be submitted by the candidates in response to the notification. d) The candidates will be interviewed by the Admission Committee of the University, and the successful candidates will be short listed by the Selection Committee constituted by the

	Vice Chancellor. Selection Committee shall include the PhD Supervising Guide. e) Selection Committee shall be comprised of the Dean Research, PhD Supervising Guide under whom the candidates have applied for the Fellowship, Heads of the Schools of the University, and at least two External Experts. Pro Vice Chancellor shall be the Chairman of the Selection Committee. f) Every application received will be evaluated by the selection committee regardless of the number of applications, and only the qualified and suitable candidates will be selected. The selection committee may, if required, interview the eligible candidates before the finalisation of the list of candidates for award of the Fellowship. g) The final list of selected candidates will be published on the website, after getting approval from the Governing Council of the University. h) After the admission to the respective Schools of the University, the fellowship award letter indicating the terms and conditions of the Fellowship will be issued by the University. The candidate has to join the fellowship within a month from the receipt of the award letter, failing which he/she will lose the award offer.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	As the application for the program was invited during April 2025, no measurable outcomes are there
Innovation/ special aspect about the subject above	University Fellowship for Full Time PhD is the program established by the university to encourage students to pursue Full time PhD in any of the schools of the university.

10. Kerala State Medical Councils (KSMC)

Initiative/ Project No. 1

Name of Organisation	KERALA STATE MEDICAL COUNCILS
Name of Project/Scheme/Programme	CME & Renewal Module by CDIT
Introduction	The Kerala State Medical Council (KSMC) has initiated the development of a comprehensive **Online Continuing Medical Education (CME) Accreditation and Registration Renewal Module** in collaboration with the Centre for Development of Imaging Technology (CDIT). The project aims to digitize the entire lifecycle of CME activities including application submission by organizers, scrutiny and approval by the Council, conduct of CME programmes in online mode, issuance of CME credit hours, and digital generation of certificates. In addition, the module integrates a mandatory **Five-Year Registration Renewal System** for all registered medical practitioners, linked with acquisition of minimum prescribed CME credit points as per regulatory norms. This initiative ensures transparency, accountability, ease of access, and uniform implementation of CME requirements across the State.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	**1. Target Beneficiaries:** • All Registered Medical Practitioners under KSMC • CME Organizers (Medical Colleges, Hospitals, Professional Associations) **2. Key Components:** • Online application for CME accreditation • Digital scrutiny and approval workflow • Automated credit hour allocation • Digital certificate generation with verification mechanism • Practitioner dashboard for tracking accumulated credit points • Online 5-year renewal application and approval • Integrated payment gateway • Automated eligibility validation based on minimum CME credits **3. Output Indicators:** • 100% online processing of CME applications • Reduction in processing time

	• Digital issuance of CME credit certificates • Centralized database of CME activities • Automated renewal reminders to practitioners **4. Outcome Indicators:** • Improved compliance with CME norms • Increased participation in CME programmes • Transparent and standardized credit allocation • Elimination of manual errors and duplication • Strengthened monitoring of professional competence
Innovation/ special aspect about the subject above	• Complete digitization of CME accreditation, monitoring, and credit issuance. • Integration of CME credit tracking with mandatory five-year renewal eligibility. • Real-time practitioner dashboard displaying accumulated credit hours. • Automated validation of renewal eligibility based on minimum credit requirement. • Transparent workflow with digital audit trail. • Paperless governance initiative aligned with e-Governance standards. • Collaboration with CDIT for secure, scalable and state-level deployment.
Service Delivery Details	• Online portal accessible 24x7 for CME organizers and practitioners. • End-to-end digital workflow from application to certificate issuance. • SMS and email alerts for approvals, credit updates, and renewal reminders. • Secure login with role-based access (Admin, Scrutiny Officer, Practitioner, Organizer). • Integrated renewal application system linked to credit verification. • Centralized monitoring dashboard for Council administrators. • Technical support through CDIT infrastructure.

REGISTRAR

11. Regional Cancer Centre (RCC)

Initiative/ Project No. 1

Name of Organisation	Regional Cancer Centre (State Cancer Institute) Thiruvananthapuram
Name of Project/Scheme/Programme	New multi storied building
Introduction	The construction of a 14-storey building was commenced in the financial year 2017-18, utilizing state plan funds of ₹187.22 crore. Over time, additional funds of approximately Rs. 60 crores were allocated to the project, which is now nearing completion.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	Inauguration is planned on @#rd February 2026 by Hon'be Chief Minister
Innovation/ special aspect about the subject above	Upon becoming operational, the new facility will alleviate the Centre's acute space constraints, providing ample opportunities for state-of-the-art operation theatres, advanced ICUs, modern wards, radiation therapy facilities, nuclear medicine departments, bone marrow transplant units and so on. All such facility will significantly enhance the Centre's capabilities and services.

Foundation Stone Laying of the New 14 Storied Building of RCC by Shri. Pinarayi Vijayan, Hon'ble Chief Minister of Kerala (26 December 2018)

Project No-2

Name of Organisation	Regional Cancer Centre (State Cancer Institute) Thiruvananthapuram
Name of Project/Scheme/Programme	Ring Gantry (Halcyon) Linear Accelerator, High energy linear accelerators (Vital Beam and True Beam)
Introduction	RCC has been the first public sector cancer care institution in the country to include a Ring Gantry linear accelerator system A number of two state-of-the art linear accelerators (Vital Beam and True Beam) with dual photon energy, multiple electron energies and high dose-rate FFF beam were added
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	This machine is with Kilovoltage imaging systems to provide Image Guided Radiation Therapy (IGRT) and Intensity Modulated Radiation Therapy (IMRT) services
Innovation/ special aspect about the subject above	The system ensures accurate and precise radiation therapy with less collateral tissue damage. This state-of-the-art machine worth Rs. 20 crore was acquired using the funds provided by the Power Grid Corporation of India Ltd. under their CSR scheme.

Linear Accelerator (Vital Beam)

Linear Accelerator (True Beam)

Project no-3

Name of Organisation	Regional Cancer Centre (State Cancer Institute) Thiruvananthapuram
Name of Project/Scheme/Programme	Robotic Surgery Unit
Introduction	The installation of robotic surgery unit at RCC is a matter of pride for Kerala, as it was a first setting in the State's public sector to deliver advanced cancer treatment options. The 'Da Vinci Xi' robotic surgical system, costing Rs. 30 crore using funds from 'Rebuild Kerala' initiative, makes the precision surgery accessible to the common man and to patients from all socio-economic backward sections in the state.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	The 'Da Vinci Xi' robotic surgical system, costing Rs. 30 crore using funds from 'Rebuild Kerala' initiative, makes the precision surgery accessible to the common man and to patients from all socio-economic backward sections in the state.
Innovation/ special aspect about the subject above	The robotic surgery facility at RCC, one of the few available nationally and internationally, confers multiple benefits, including decreased patient pain, reduced intraoperative bleeding, and expedited recovery. To date, more than 200 patients have undergone surgery over a period of 24 months.

Inauguration of Robotic Surgery Unit, Patient Welfare & Service Block, HIPEC Treatment and Clinical Laboratory Tracking system by Shri. Pinarayi Vijayan, Hon. Chief Minister (15 January 2024).

Project 4

Name of Organisation	Regional Cancer Centre (State Cancer Institute) Thiruvananthapuram
Name of Project/Scheme/Programme	Uro-brachytherapy unit
Introduction	The Centre acquired Uro-brachytherapy unit and started radiation for uro-oncology cancers including prostate cancer. This unit provides advanced facilities for brachytherapy, a type of internal radiation therapy used to treat cancer by placing radioactive sources directly at or near the tumor.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	This unit provides advanced facilities for brachytherapy, a type of internal radiation therapy used to treat cancer by placing radioactive sources directly at or near the tumor.
Innovation/ special aspect about the subject above	This system, valued at Rs. 2.50 crore, was funded through the MPLADS assistance from Shri. C.P. Narayanan, an ex-Member of Parliament (Rajyasabha).

Inauguration of Automated Cerviscan, Uro-brachytherapy unit, Gallium Generator and Patient Welfare S Service Block by Smt. Veena George, Hon'ble Minister for Health, Woman and Child Development, Government of Kerala (20 April 2023)

Project 5

Name of Organisation	Regional Cancer Centre (State Cancer Institute) Thiruvananthapuram
Name of Project/Scheme/Programme	CerviScan
Introduction	Collaboration between RCC and the Centre for Development of Advanced Computing (CDAC) led to the development of *'CerviScan'*, an AI-powered automated facility that detects cervical cancer in a cost-effective manner, minimising manufacturing costs while generating high-volume reports.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	This indigenized system uses the methodologies of AI, Robotics and Cloud Technologies and it has been validated on over 10,000 Patient cases across 4 premium cancer care centres of the country, viz. ICMR-NICPR, Noida, Regional Cancer Centre, Thiruvananthapuram, Dr Bhubaneswar Borooah Cancer Institute (BBCI), Guwahati and the Atal Bihari Vajpayee Regional Cancer Centre, Agartala.
Innovation/ special aspect about the subject above	The invention received Indian patent *('A method and system for automated screening of cervical cancer'*; No. 438858 dated 14th July 2023).

DIGISMEAR

Project 6

Name of Organisation	Regional Cancer Centre (State Cancer Institute) Thiruvananthapuram
Name of Project/Scheme/Programme	3-D digital mammography S 3-Tesla MRI scanner
Introduction	State-of-the-art 3-Tesla MRI scanner and a 3-D digital mammography unit, which were made possible through Rs. 22 crore funding from the state plan and state cancer institute funds, respectively.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	New diagnostic services such as tomosynthesis of breast, contrast- enhanced mammography, stereotactic breast biopsy, vacuum assisted breast biopsy, and MR-guided breast biopsy procedures were started with the above additions.
Innovation/ special aspect about the subject above	Provide state of the art diagnostic facilities for oncology patients

3-Tesla MRI scanner

3-D digital mammography

Project 7

Name of Organisation	Regional Cancer Centre (State Cancer Institute) Thiruvananthapuram
Name of Project/Scheme/Programme	HIPEC surgery unit
Introduction	The newly installed Hyperthermic Intraperitoneal Chemotherapy (HIPEC) integrates surgery with heated intraoperative, intraperitoneal chemotherapy in patients with certain advanced abdominal cancers
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	The facility was acquired for Rs. 1.32 crore utilizing State Cancer Institute funds.
Innovation/ special aspect about the subject above	To date, more than 50 patients have undergone HIPEC surgery over a period of 36 months.

Project 8

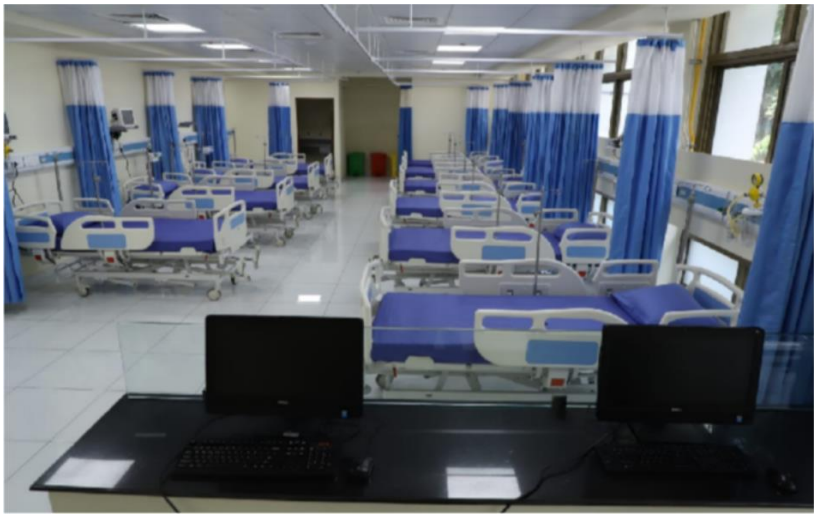
Name of Organisation	Regional Cancer Centre (State Cancer Institute) Thiruvananthapuram
Name of Project/Scheme/Programme	Patient welfare S Service Block
Introduction	A new full-fledged Patient Amenity and Services Block with a host of facilities and services was materialized in the year 2024
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	The new block has a 5000 square feet area and prefabricated material was used for its construction. Beyond a resting facility, the patient welfare and service block commences a community pharmacy services (free drug bank) as a support.
Innovation/ special aspect about the subject above	Currently, a cafeteria has also been initiated. The said block plans more facilities to add on due course, including cloack room, ATM counter, stationary shops and all.

Project 9

Name of Organization	Regional Cancer Centre (State Cancer Institute) Thiruvananthapuram
Name of Project/Scheme/Programme	Gallium-68 Generator
Introduction	The newly installed Gallium-68 Generator provides a portable, on-demand source of radioactive Gallium-68 for producing radiopharmaceuticals used in Positron Emission Tomography (PET) scans, primarily to detect and diagnose cancer with high precision.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	It commenced the services of Gallium-68 DOTATATE scan for neuroendocrine tumour and the PSMA (Prostate-Specific Membrane Antigen) scan for prostate cancer.
Innovation/ special aspect about the subject above	The Kerala State Industrial Development Corporation Ltd. (KSIDC) provided CSR funds for the installation of the system

Project 10

Name of Organization	Regional Cancer Centre (State Cancer Institute) Thiruvananthapuram
Name of Project/Scheme/Programme	State-of-the-art Casualty service
Introduction	The Setting up of a 10-bedded state-of-the –art causality unit enhances the Centre's services, providing round-the-clock emergency care to patients.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	It is a ten bedded facility with all standard of care critical care/ emergency care facilities.
Innovation/ special aspect about the subject above	This is inaugurated through video conferencing by Sri. Pinarayi Vijayan, Hon'ble Chief Minister of Kerala 19th September 2020.



12. Cochin Cancer Research Centre (CCRC)

Initiative/Project No.1

<table>
<tr><td>Name of Organization</td><td>Cochin Cancer Research Centre Under Health Department Kerala</td></tr>
<tr><td>Name of Project/Scheme/Programme</td><td>Project: Establishing Laboratory Service for Ernakulam District Cancer Control Program</td></tr>
<tr><td>Introduction</td><td>District Cancer Control Programme aims at early detection along with cancer screening thereby facilitating earlier treatment. Pathology department of Cochin Cancer Research Centre accepts specimens from various hospitals in Ernakulam district namely GH Muvattupuzha, THQH kothamangalam, THQH North Paravoor, THQH Thrippunithura, DH Aluva, THQH Angamaly. Biopsy/Surgery specimens are transported to CCRC via postal or directly by the staff of respective hospital.</td></tr>
<tr><td>Basic Fact Sheet covering all indicators. (Output and Outcome indicators)</td><td>Basic fact sheet (January 2025 to January 2026) Total no. of samples received are given below:
<table>
<tr><td>January</td><td>92</td><td>August</td><td>128</td></tr>
<tr><td>February</td><td>75</td><td>September</td><td>34</td></tr>
<tr><td>March</td><td>79</td><td>October</td><td>110</td></tr>
<tr><td>April</td><td>86</td><td>November</td><td>105</td></tr>
<tr><td>May</td><td>136</td><td>December</td><td>71</td></tr>
<tr><td>June</td><td>108</td><td>January 2026</td><td>113</td></tr>
<tr><td>July</td><td>81</td><td></td><td></td></tr>
</table></td></tr>
<tr><td>Innovation/special aspect about the subject above</td><td>Malignant Cases
<table>
<tr><td>January</td><td>03</td><td>August</td><td>09</td></tr>
<tr><td>February</td><td>03</td><td>September</td><td>01</td></tr>
<tr><td>March</td><td>04</td><td>October</td><td>03</td></tr>
<tr><td>April</td><td>04</td><td>November</td><td>02</td></tr>
<tr><td>May</td><td>07</td><td>December</td><td>03</td></tr>
<tr><td>June</td><td>05</td><td>January 2026</td><td>06</td></tr>
<tr><td>July</td><td>08</td><td></td><td></td></tr>
</table></td></tr>
</table>

Service Delivery Details	• District Cancer Control Programme project in CCRC enables reporting of histopathology on cases done at peripheral hospitals across Ernakulam where histopathology services are not available. • Histopathology reports are issued with an approximate term around time of 10 to 15 days from the day of specimen receive. • Reports are issued directly or via mail. When malignancy is diagnosed it's ensured that the respective consultant is informed it at the earliest.

Initiative/Project No.2

Name of Organization	Cochin Cancer Research Centre Under Health Department Kerala
Name of Project/Scheme/Programme	Project-2-Central Kerala Population Based Cancer Registry (PBCR) & CCRC Hospital Based Cancer Registry (HBCR)
Introduction	Central Kerala Population Based Cancer Registry (PBCR) & CCRC Hospital Based Cancer Registry (HBCR) Kerala Cancer Control Strategy recommends the formation of Kerala Cancer Registry. The statewide cancer registry is inevitable for cancer control activities and interventions, and to plan appropriate strategies for cancer care. This is expected to cover the entire state of Kerala providing authentic data on cancer incidence and mortality enabling the Government to prioritize the targets in cancer care, develop and implement policies on cancer control, early detection strategies and plan economic flow in cancer care. As per Government Order (G.O.(Rt)No.504/2021/H&FWD Dated 19/02/2021) Government has accorded Sanction to implement Population Based Cancer Registries in Each District. As per this order Cochin Cancer Research Centre is responsible for implementing the Population Based Cancer Registry in Ernakulam District and Idukki District Population Based cancer Registry is an essential component of the cancer registry in any apex cancer centers which help to find out the, incidence, prevalence, causes, mortality, survival, the change in the pattern of cancer in the society, help to identify the areas for fund allotment and research.

Basic Fact Sheet covering all indicators. (Output and Outcome indicators)	• 2020 -1518 patients registered • 2021 -1209 patients registered • 2022-1608 patients registered • 2023 – 1443 patients registered • 2024 – 1153 patients registered • 2025 – 1276 patients registered In the Population-Based Cancer Registry, data collection is currently underway for cancer patients who were registered and treated in 2023 across hospitals and diagnostic centers in the Ernakulam and Idukki districts.
Innovation/special aspect about the subject above	• 2020-out of 1518 patients –835 malignant cases • 2021-out of 1209 patients – 953 malignant cases
	• 2022-out of 1608 patients –1378 malignant cases • 2023-out of 1443patients – 1177malignant cases • 2024-out of 1153 patients – follow up of patients going on • 2025 - out of 1153 patients – HBCR data entering going on
Service Delivery Details	• Follow-up of patients registered at our Centre • Follow-up of patients referred to other centers for best supportive care. • Assessment of the incidence rate and mortality among cancer patients, along with evaluation of their surveillance outcomes.

CCRC
HOSPITAL BASED CANCER REGISTRY
ANNUAL REPORT–2022
FUNDED BY NCDIR, ICMR
icmr | NCDIR

Kalamassery
Presided by
Shri. S. Suhas IAS
(MD, CIAL, Special Officer, CCRC)
18th MARCH 2023
HBCR ANNUAL REPORT "2020" RELEASE
@ 11.00 am

COCHIN CANCER RESEARCH CENTRE
Kalamassery
Presided by
Shri. S. Suhas IAS
(MD, CIAL, Special Officer, CCRC)
Inauguration
Padma Shri Dr. Ravi Kannan
(Director, CCHRC, Assam)
Speech on Cancer Registry
Dr. Aswathy S
18th MARCH 2023
HBCR ANNUAL REPORT "2020" RELEASE
@ 11.00 am
Department of Cancer Registry

Initiative/Project No.3

Name of Organization	Cochin Cancer Research Centre Under Health Department Kerala
Name of Project	Tobacco awareness among the migrant workers at Ernakulam District.
Introduction	The Tobacco Cessation Clinic at Cochin Cancer Research Centre was established in 2021. It is dedicated to supporting cancer patients within our institution who are habitual smokers or users of chewing tobacco. The clinic provides structured programs, counseling, and medical support to help individuals quit tobacco use. This service is particularly focused on patients with lung cancer, offering them specialized guidance to improve their recovery journey. By assisting patients in overcoming tobacco dependence, the clinic not only enhances their overall health but also contributes to faster healing and better treatment outcomes. It has proven to be a highly valuable and effective resource for cancer care
Basic Fact Sheet covering all indicators. (Output and Outcome indicators)	Date and No. of patients 2021- 23nos 2022- 28 nos 2023- 36 nos 2024- 44nos
innovation/special aspect about the subject above	• Specialized support: Counselling sessions are designed for individuals already undergoing cancer treatment. • Continuity of care: Patients are monitored closely even when they are also under the care of other collaborating agencies, ensuring consistent follow-up. • Improved treatment outcomes: By helping patients quit smoking or chewing tobacco, the clinic enhances recovery speed, reduces complications, and improves overall health conditions.

Service Delivery Details	Behavioral Counselling: One-on-one sessions to address triggers, habits, and coping strategies Awareness Programs: Public education campaigns, exhibitions, and training sessions to spread knowledge about tobacco harms. Pharmacotherapy: Nicotine supply for patients Integration with Other Health Services: if the patients themselves fail to retreat from their tobacco related habits, we will collaborate with other agencies in Govt. Stigma & Motivation: Many users hesitate to seek help due to social stigma or lack of motivation.

Initiative/Project No.4 & 5

Name of Organization	Cochin Cancer Research Centre Under Health Department of Kerala
Name of Project	Project -3: Breast Cancer Awareness, Screening & Early Detection Initiative in Ernakulam District Project -4 : Cervical Cancer Awareness, Screening & Early Detection initiative in Ernakulam District.
Introduction	Awareness programs are organized as public campaigns to educate people about breast cancer risk factors, symptoms, and the importance of early detection. These efforts help identify breast cancer at its early stages, when treatment is most effective. To make services more accessible, screening initiatives in Ernakulam District are conducted through outreach camps, ensuring that women have affordable access to both awareness and screening resources. The camps are held in collaboration with voluntary agencies and government organizations. Services provided include clinical breast examinations and Pap smear tests (often combined with breast cancer awareness activities). Suspected cases are promptly referred for confirmatory diagnostic tests and advanced treatment at tertiary care centers.
Basic Fact Sheet covering all indicators. (Output and Outcome indicators)	Date, name of Camp and number of patients consulted are given below: • 18/01/2025 -Medical camp Manjallur -22nos • 02/02/2025- Sneha sparsham super speciality medical camp-12nos • 16/02)2025 -Oppam super speciality medical camp -62nos • 23/2/25- Medical camp Manjallur -44 nos • 8/3/2025- Medical camp kallorkadu-23 nos • 25/10/2025- Medical camp at Valakom Fhc- 48 nos • 22/11/2025- Medical camp at Manjallur Fhc-31 nos • 20/12)2025- Medical camp at Fhc pandapilly- 20 nos

	• 18/01/2026- Santhwanam super speciality medical camp at edavanakad- 37nos • 25/01/2026-Oppam super speciality medical camp at kalamassery -39 nos • 8/02/2026-Snehasparsham super speciality medical camp -12 nos • 14/02/2026-Medical camp at kalloorkad-26 nos • Also conducted Arogram Anantham campaign as a part of international womens day (march 8) at our centre in march 2025 -84 nos.
Innovation/special aspect about the subject above	• 18/01/2025 -Medical camp Manjallur – 14 pap smear taken and test done at CCRC • 23/2/25- Medical camp Manjallur -24 pap smear taken and test done at CCRC • 8/3/2025- Medical camp kallorkadu-13 smear taken and test done at CCRC • 25/10/2025- Medical camp at Valakom Fhc- 27 smear taken and test done at CCRC • 22/11/2025- Medical camp at Manjallur Fhc-19 smear taken and test done at CCRC • 20/12)2025- Medical camp at Fhc pandapilly- 8 smear taken and test done at CCRC • 14/02/2026-Medical camp at kalloorkad-19 • Arogram Anantham campaign – 62 smear taken and test done at CCRC
Service Delivery Details	Suspicious pap smear cases identified during the camps were advised to undergo a repeat pap smear or a biopsy to rule out malignancy or other conditions. If any suspicious findings are detected during a clinical breast examination, patients are advised to consult a specialist doctor or undergo a mammogram or scanning at our center to rule out malignancy.

COCHIN CANCER SOCIETY
MOBILE MAMMOGRAM UNIT
കൊച്ചിൻ കാൻസർ സെന്റർ
മൊബൈൽ കാൻസർ
സ്ക്രീനിംഗ് യൂണിറ്റ്
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കാൻസർ നിർണ്ണയ ക്യാമ്പ്

കൊച്ചി
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ഒപ്പം

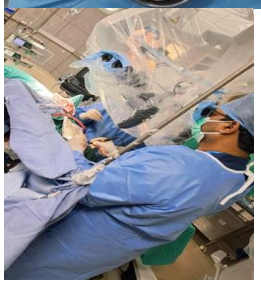
ക്യാമ്പ്

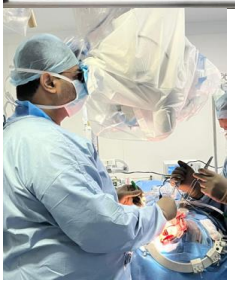
13. Malabar Cancer Centre (MCC)

Initiative /Project No: 01

Name of Organization	Malabar Cancer Centre (Post Graduate Institute of Oncology Sciences and Research), Thalassery
Name of Project/ Scheme/ Programme	Innovative Clinical Initiates in Oncology – Neuro Surgical Oncology Services
Introduction	In November 2022, MCC launched a specialized Neuro-Oncology Unit, establishing the first dedicated brain and spine tumor surgical service in a cancer centre in Northern Kerala. This facility addresses complex neurosurgical oncology needs, including pediatric brain tumors, which constitute a significant proportion of childhood solid malignancies. By offering advanced neurosurgical interventions locally, MCC has reduced treatment delays, improved surgical completeness, and strengthened multidisciplinary coordination.
Basic Fact Sheet covering all indicators (Output and Outcome indicators)	Consistent growth in monthly patient volume. Reducing wait times for critical procedures and improving overall patient throughput Patient Outcomes: Patients now have access to superior diagnostic and surgical procedures, leading to more effective treatments and accelerated recovery times
Innovation/ special about the subject above	It was the first dedicated brain and spine tumor surgical service within a specialized cancer centre in the Northern Kerala region. Acquisition of advanced tools enables complex neurosurgeries to be performed with greater precision and safety and also allows for enhanced intraoperative visualization of tumors, leading to more complete resections.
Service Delivery details	Consistent growth in monthly patient volume • **2023:** Following the establishment, the service managed an average of 58 patients per month during the first year, with a notable peak of 87 patients in October 2023. • **2024:** The first five months of 2024 showed a remarkable surge in activity, with the average monthly volume increasing to 85 patients—a 46% increase compared to the 2023 average. • **2025:** Recent data from late 2025 confirms the continued demand for specialized neuro-oncology care, with consistent volumes averaging 63 patients per month during the third quarter

new craniotomy set 1





Initiative /Project No: 02

Name of Organization	Malabar Cancer Centre (Post Graduate Institute of Oncology Sciences and Research), Thalassery
Name of Project/ Scheme/ Programme	Innovative Clinical Initiates in Oncology – Establishment of Advanced Ocular Oncology
Introduction	Established in August 2022, the Ocular Oncology Division under the Department of Surgical Oncology offers comprehensive diagnosis and treatment for eye cancers, including retinoblastoma, ocular surface tumors, orbital malignancies, and ocular adnexal tumors. The unit addresses complex neurosurgical oncology and pediatric needs by providing advanced therapies such as affordable Intra-Arterial Chemotherapy (IAC), plaque brachytherapy for eye preservation, and transpupillary thermotherapy. Beyond primary tumor management, the service conducts ocular screening for pediatric leukemia patients and manages ocular toxicities resulting from systemic cancer therapies.
Basic Fact Sheet covering all indicators (Output and Outcome indicators)	Consistent growth in monthly patient volume. Reducing wait times for critical procedures and improving overall patient throughput Patient Outcomes: Patients now have access to superior diagnostic and surgical procedures, leading to more effective treatments and accelerated recovery times
What is the innovation/ special about the subject above (Mention briefly)	First-of-its-Kind Integration: This division represents the first government-sector unit in Kerala to offer plaque brachytherapy and intra-arterial chemotherapy for pediatric eye cancers. Eye Salvage Technology: The unit focuses on "Vision and Life" preservation through advanced modalities like transpupillary thermotherapy and cryotherapy, which were previously limited in regional public healthcare. Comprehensive Rehabilitation: For cases where salvage is not possible, the unit provides custom ocular prosthesis, ensuring complete physical and psychological rehabilitation.
Service Delivery details	Ophthalmology Services for the specialized diagnosis, evaluation, and follow-up of orbital tumors with average of 30 to 40 patients monthly. Sustainable and scalable, and will continue to benefit patients through timely intervention, reduced out-of-pocket expenditure, and improved visual and oncological outcomes.

USG A & B Scan

30D lens

Examination under Anaesthesia

Initiative /Project No: 03

Name of Organization	Malabar Cancer Centre (Post Graduate Institute of Oncology Sciences and Research), Thalassery
Name of Project/ Scheme/ Programme	Innovative Clinical Initiates in Oncology – Integrated Sleep Diagnostic and Insomnia Screening Services in Oncology
Introduction	Launched in March 2025, the Sleep Diagnostic Service is a proactive supportive care initiative designed to identify and manage sleep disturbances among oncology patients. Initially focused on Head & Neck and Breast cancer cohorts, the program has expanded across all specialties to address the psychological and physiological impact of insomnia on cancer recovery. The service utilizes standardized screening tools and behavioral interventions to improve patient quality of life and treatment tolerance.
Basic Fact Sheet covering all indicators (Output and Outcome indicators)	Clinical Screening:1,154 patients screened since 04.03.2025 using the Insomnia Severity Index (ISI). Early Detection: Identified a 20% incidence rate (231 patients) of severe insomnia requiring clinical intervention.
What is the innovation/ special about the subject above (Mention briefly)	Universal Screening Protocol: Unlike traditional reactive models, this service mandates sleep screening at the point of entry for high-risk oncology groups, recognizing sleep as a "vital sign" in cancer recovery. Evidence-Based Tools: The use of the ISI questionnaire ensures objective, quantifiable data to distinguish between mild distress and severe clinical insomnia. Behavioral Integration: The program emphasizes non-pharmacological interventions, such as behavioral therapy, alongside traditional medication to foster long-term sleep health. Future-Ready Infrastructure: The current screening framework is designed as a precursor to a full Sleep Lab, which will allow for advanced diagnostics like polysomnography for sleep apnea.
Service Delivery details	The Sleep Diagnostic Service is integrated into the multidisciplinary follow-up clinics to ensure minimal disruption to the patient's primary treatment schedule. Screening Workflow: New patients undergo ISI assessment; results are digitally logged for immediate review by the supportive care team. Clinical Intervention: Patients with severe scores (ISI ≥ 14) are triaged for comprehensive evaluations, identifying underlying causes such as pain, anxiety, or treatment-induced side effects. Individualized Care: Treatment plans are tailored to the patient's specific oncology trajectory, combining sleep

	hygiene education, behavioral therapy, and pharmacological support where indicated. Strategic Roadmap: Routine screening will continue to evolve with the establishment of a dedicated sleep lab to enhance diagnostic accuracy for respiratory-related sleep disorders.

Insomnia Severity Index

1) ഉറക്കം വരുന്നതിനുള്ള പ്രയാസം ?

തീരെ ഇല്ല 0
ചെറുതായിട്ടുണ്ടു 1
തരക്കേടില്ലാതെഉണ്ട് 2
രൂക്ഷമായിട്ടുണ്ട് 3
അതിരൂക്ഷമായിട്ടുണ്ട് 4

2) ഉറക്കത്തിൽ തുടരുന്നതിനുള്ള പ്രയാസം?

തീരെ ഇല്ല 0
ചെറുതായിട്ടുണ്ടു 1
തരക്കേടില്ലാതെഉണ്ട് 2
രൂക്ഷമായിട്ടുണ്ട് 3
അതിരൂക്ഷമായിട്ടുണ്ട് 4

3) രാവിലെ പതിവിലും നേരത്തെ ഉണരുന്നതിനുള്ള പ്രയാസം ?

തീരെ ഇല്ല 0
ചെറുതായിട്ടുണ്ടു 1
തരക്കേടില്ലാതെഉണ്ട് 2
രൂക്ഷമായിട്ടുണ്ട് 3
അതിരൂക്ഷമായിട്ടുണ്ട് 4

4) നിലവിലുള്ള ഉറക്കരീതിയിൽ നിങ്ങൾ എത്രത്തോളം സംതൃപ്തരാണ് / അസംതൃപ്തരാണ്?

വളരെ തൃപ്തി 0
തൃപ്തി 1
നിഷ്പക്ഷം 2
അതൃപ്തി 3
വളരെ അതൃപ്തി

5) നിങ്ങളുടെ ഉറക്കമില്ലായ്മ പ്രശനം നിങ്ങളുടെ ദിനചര്യയിൽ എത്രകണ്ട് ഇടപെടാറുണ്ട് ?

തീരെയില്ല 0
അൽപ്പംഉണ്ട് 1
ഏതാണ്ട് കുറചുണ്ടു 2
അധികമുണ്ട് 3
വളരെ അധികമുണ്ട് 4

6) നിങ്ങളുടെ ഉറക്കമില്ലായ്മ പ്രശ്നം നിങ്ങളുടെ ജീവിതതമേന്മക്ക് വരുത്തുന്ന കോട്ടം മറ്റുള്ളവർക്ക് എത്രത്തോളം ശ്രദ്ധേയമാണെന്നാണ് നിങ്ങൾക്കു തോന്നുന്നത് ?

തീരെ ശ്രദ്ധേയമല്ല 0
ഏതാണ്ട് ഒരു അൽപ്പം ശ്രദ്ധേയമാണ് 1
കുറച്ചൊക്കെ ശ്രദ്ധേയമാണ് 2
ശ്രദ്ധേയമാണ് 3
വളരെ അധികം ശ്രദ്ധേയമാണ് 4

7) നിലവിലുള്ള ഉറക്കമില്ലായ്മയെ കുറിച്ച് നിങ്ങൾ എത്രത്തോളം വ്യാകുലചിത്തരാണ്/ അസ്വസ്ഥരാണ്?

ഒട്ടുമില്ല 0
അൽപ്പം 1
ഏതാണ്ട് കുറച്ച് 2
അധികം 3
വളരെ അധികം 4

Initiative /Project No: 04

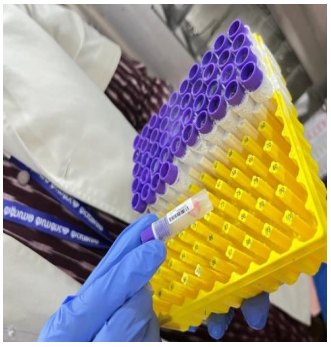
Name of Organization	Malabar Cancer Centre (Post Graduate Institute of Oncology Sciences and Research), Thalassery
Name of Project/ Scheme/ Programme	Innovative Clinical Initiates in Oncology – Onco Fertility Assistance Clinic
Introduction	Launched in April 2025 under the Division of Gynecologic Oncology, the Onco-Fertility Clinic addresses the critical need for reproductive health management in cancer patients. The clinic provides specialized counseling and medical interventions for premenopausal women and men whose fertility may be compromised by gonadotoxic treatments such as alkylating agents, pelvic radiotherapy, or total body irradiation (TBI).
Basic Fact Sheet covering all indicators (Output and Outcome indicators)	Patient Volume: 30 patients evaluated and counseled within the specialized fertility clinic since inception. Informed Decision Making: 100% of referred patients received baseline AMH testing and procedural counseling. Preservation Procedures: 4 patients for sperm cryopreservation; 3 for oocyte cryopreservation; 2 for embryo cryopreservation. Organ/Function Salvage: Successful navigation of patients to specialized cryopreservation even within narrow treatment windows. Advanced Referrals2 patients successfully navigated for In-Vitro Fertilization (IVF) protocols. Continuity of Care: Effective transition from oncological diagnosis to reproductive assistance via collaborative networks. Referral Compliance: Mandatory multidisciplinary board discussion for all planned fertility procedures. Clinical Safety: Ensures fertility interventions do not compromise primary oncological outcomes or treatment timelines.
Innovation/ special about the subject above	Structured Referral Criteria: The clinic utilizes objective thresholds for referral, including specific radiation dose limits (Germ cells >20 Gy; Somatic cells >30 Gy) and mandatory S.FSH monitoring to define Premature Ovarian Insufficiency (POI). Holistic Counseling Matrix: Fertility concerns are uniquely integrated into Psycho-Oncology counseling, ensuring that emotional and social aspects of reproductive loss are addressed. Collaborative Network: Leverages partnerships with nearby specialized centers for rapid-induction oocyte and ovarian tissue cryopreservation. Alternative Family Building: Provides comprehensive guidance on legal surrogacy in Kerala and online adoption

	registration through the CARA portal under the Ministry of Women and Child Development (WCD).
Service Delivery details	Scope of Services: Includes sperm banking, ovarian transposition, and HRT counseling (excluding hormone-sensitive malignancies like Breast cancer or Low-grade ESS). MDT Integration: Every preservation plan is debated in a multispecialty board to balance the potential 2-week delay required for oocyte collection against the urgency of primary cancer treatment. Biochemical Monitoring: Implements a three-value S.FSH protocol (baseline and two post-treatment values 4 weeks apart) to accurately track ovarian reserve. Partner Involvement: Mandatory joint counseling sessions for both partners to facilitate shared reproductive planning and evaluation.

Initiative /Project No: 05

Name of Organization	Malabar Cancer Centre (Post Graduate Institute of Oncology Sciences and Research), Thalassery
Name of Project/ Scheme/ Programme	Cancer Biobank (2021)
Introduction	Inaugurated on 1 October 2021, the MCC Cancer Biobank is Kerala's first disease-specific cancer biobank and serves as a cornerstone for precision oncology in the region. It is a systematically organized collection of human biological samples—including high-quality tumor, margin, and normal tissue—linked with detailed clinical, pathological, and molecular data maintained for translational research and personalized healthcare.
Basic Fact Sheet covering all indicators (Output and Outcome indicators)	Sample Collection:4,218 total samples collected since establishment on 05-05-2021. Precision Research: Provides a high-quality resource for biomarker discovery and targeted therapy development. Storage Infrastructure: Supported by an in-house liquid nitrogen (LN_2) generation facility. Sample Integrity: Ensures long-term preservation of biological materials for future longitudinal studies. Annual Growth Significant surge in 2024 with 1,752 annual samples collected. Scalability: Demonstrated ability to manage high-volume throughput as the institute's research mandate expands. Collaborative Platform Integrated repository for clinicians, scientists, and researchers. Translational Speed: Accelerates the movement of laboratory findings into clinical applications for Indian genetic landscapes.
Innovation/ special about the subject above	• Regional Pioneer: As the first cancer-focused biobank in Kerala, it offers a uniquely representative repository tailored to India's diverse genetic landscape. • Integrated Data: Unlike simple storage facilities, samples are systematically linked with clinical and pathological data to enable multi-omic research. • Sustainable Operations: The facility is supported by its own in-house liquid nitrogen generation, ensuring operational autonomy for specimen preservation.
Service Delivery details	Processing Workflow: High-quality tumor and margin samples are collected during surgeries, processed, and preserved in liquid nitrogen to maintain molecular integrity.

	Usage: Samples are utilized for internal institutional research, clinical trials, and collaborative projects aimed at identifying prognostic markers and improving early detection. Bench-to-Bedside Integration: By maintaining a link between stored specimens and patient outcomes, the facility enables researchers to validate laboratory findings against real-world clinical data.



Initiative /Project No: 06

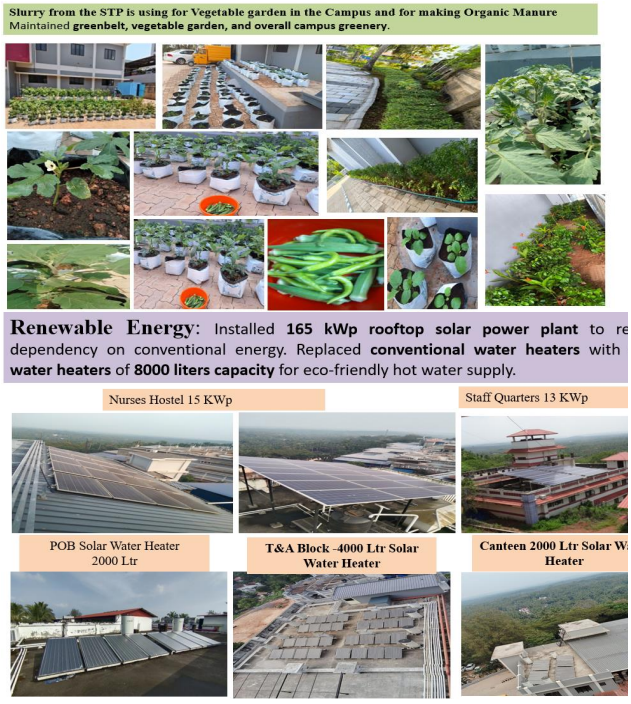
Name of Organization	Malabar Cancer Centre (Post Graduate Institute of Oncology Sciences and Research), Thalassery
Name of Project/ Scheme/ Programme	Low Cost CAR T Cell Therapy
Introduction	MCC-PGIOSR is the second government institution in India to commence the CAR-T Cell therapy procedure, providing a cutting-edge cellular treatment for relapsed B-cell malignancies. By prioritizing affordability and regional accessibility, the center democratizes this advanced immunotherapy across diverse socio-economic groups. This program integrates specialized clinical hematology, advanced transfusion medicine, and strategic industry collaborations to deliver high-end precision medicine within a public-sector framework.
Basic Fact Sheet covering all indicators (Output and Outcome indicators)	Clinical Volume: Seven successful CAR-T cell therapy cases completed to date. Clinical Efficacy: Successful administration of cellular products for relapsed/refractory B-cell malignancies. Industry Synergy: Strategic collaborations established with indigenous firms ImmunoACT (Mumbai) and Immuno Reel. Market Disruption: Successful delivery of therapy at specialized packages (₹22–35 Lakhs), significantly below global market rates.
Innovation/ special about the subject above	Democratized Access: CAR-T therapy is offered at highly affordable rates (starting at a special package), ensuring it is within reach for the common public. Indigenous Partnership: Collaborations with Indian firms like Immuno ACT allow for scaled treatment costs based on patient circumstances, reducing financial toxicity. Pioneering Status: The institute stands as a regional leader, moving from clinical application toward indigenous bench-to-bedside manufacturing.
Service Delivery details	CAR-T cell therapy at MCC is a multidisciplinary effort. Treatment Pathway: Eligible patients with relapsed B-cell malignancies undergo evaluation by the Hematology division, followed by specialized cellular collection. Manufacturing Logistics: Cells are processed using specialized graft engineering techniques, through industry partners

	Financial Navigation: Patients are assisted by dedicated helpdesks to access special indigenous packages, ensuring that supportive care costs remain significantly lower than in private healthcare sectors. Future Trajectory: The service is scaling toward a dedicated "Centre for Immunology, Cell and Gene Therapy" to host affordable, in-house cell therapy platforms.

Initiative /Project No:07

Name of Organization	Malabar Cancer Centre (Post Graduate Institute of Oncology Sciences and Research), Thalassery
Name of Project/ Scheme/ Programme	Carbon Neutral Campus
Introduction	MCC-PGIOSR is actively transitioning toward a net-zero campus by integrating environmental sustainability into its core clinical and administrative operations. This holistic initiative combines renewable energy adoption, scientific waste management, and climate-resilient infrastructure planning to minimize the institution's environmental footprint. By aligning new projects with national green rating standards, the centre serves as a model for sustainable healthcare in India.
Basic Fact Sheet covering all indicators (Output and Outcome indicators)	Waste Management: 400 KLD Sewage Treatment Plant (STP) and specialized biogas plants for organic waste. Resource Recovery: STP slurry is repurposed as organic manure for campus vegetable gardens. Renewable Energy Installation of solar water heaters and deployment of electric buggies/autos for internal transport. Emission Reduction: Lowered reliance on fossil fuels for internal logistics and water heating. Operational Rigor Weekly "Clean Hour" observations and designation of departmental "Green Warriors". Behavioral Shift: High compliance with single-use plastic bans and scientific waste segregation. Infrastructure: All new KIIFB-funded projects aligned with GRIHA norms (Green Rating for Integrated Habitat Assessment). Climate Resilience: Infrastructure designed for long-term energy efficiency and minimal environmental impact.
Innovation/ special about the subject above	Circular Campus Economy: The institute transforms waste into value by using STP byproducts for campus farming and biogas for cooking fuel. GRIHA Alignment: Unlike standard hospitals, all expansion projects strictly follow integrated habitat assessment norms to ensure "Green Building" compliance. The "Half Meal" Initiative: A unique administrative intervention in the canteen specifically designed to reduce food waste at the source. Institutionalized Monitoring: Deployment of a Nodal Officer and "Green Warriors" ensures that sustainability is monitored at a departmental level, not just centrally.
Service Delivery details	The Carbon Neutral initiative is managed as a cross-departmental program led by the Hospital Administrator.

	Green Logistics: Patients and goods are transported within the 26-acre campus using zero-emission electric vehicles. Waste Processing: Non-biodegradable waste (plastics, metals, e-waste) is scientifically segregated and disposed of through a strategic partnership with the Clean Kerala Company. Water Stewardship: Systematic rainwater harvesting and the reuse of treated STP water for gardening and flushing significantly reduce municipal water dependency. Staff Empowerment: Regular "Clean Hours" and performance-based recognition for "Green Warriors" foster a culture of environmental stewardship among the workforce.



Initiative /Project No: 08

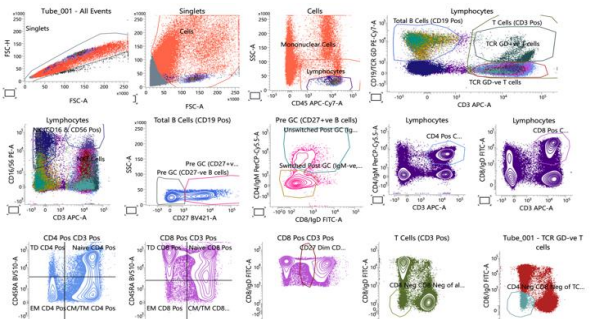
Name of Organization	Malabar Cancer Centre (Post Graduate Institute of Oncology Sciences and Research), Thalassery
Name of Project/ Scheme/ Programme	Establishment of Advanced Robotic Surgery Unit
Introduction	As part of the Rebuild Kerala Initiative, MCC-PGIOSR has established a state-of-the-art Robotic Surgery Unit at a project cost of ₹30 crore. Representing the pinnacle of modern surgical technology, this unit enables highly precise, minimally invasive "keyhole" procedures for complex oncological conditions. By integrating robotic assistance into the surgical workflow, the centre has significantly enhanced safety, reduced recovery times, and improved functional outcomes for patients undergoing major cancer resections.
Basic Fact Sheet covering all indicators (Output and Outcome indicators)	Surgical Volume: 270+ successful robotic surgeries completed to date across multiple oncology sub-specialties. Clinical Throughput: Rapid adoption and high procedural volume indicate high institutional efficiency. Organ Preservation: Targeted procedures for prostate, bladder, and kidney cancers. Function Preservation: High success rates in kidney-sparing surgeries and nerve-sparing prostatectomies. Capacity Building: Specialized robotic training programs completed for multidisciplinary surgical teams and support staff. Institutional Expertise: Established a self-sustaining workforce capable of managing advanced surgical robotics.
Innovation/ special about the subject above	Minimally Invasive Excellence: The robotic "keyhole" approach minimizes blood loss, reduces post-operative pain, and shortens hospital stays compared to traditional open surgeries. Complex Multi-Site Capability: The system is uniquely utilized across diverse domains, including urological (prostate/bladder), gastrointestinal (rectal/abdominal), and thoracic (lung) cancers. Specialized Infrastructure: The project includes a customized, specially equipped operation theatre and advanced plasma sterilization units specifically calibrated for delicate robotic instruments. Public Sector Leadership: MCC-PGIOSR is a regional pioneer in making high-cost robotic oncology accessible within a government-aided framework.
Service Delivery details	The Robotic Surgery Unit functions as a high-end therapeutic division within the Department of Surgical Oncology.

	Surgical Protocol: Procedures are performed via a console-mediated interface, allowing surgeons to operate with 3D high-definition visualization and wristed instruments that exceed the range of motion of the human hand. Integrated Sterilization: The dedicated plasma sterilizer ensures a rapid and safe turnaround for robotic arms and instruments, maintaining a high-volume surgical schedule. Multidisciplinary Coordination: Every robotic case is reviewed by the Tumor Board to ensure the robotic approach offers the maximum therapeutic benefit for the specific cancer stage. Training Hub: The unit serves as a regional center for simulation and hands-on training, ensuring the surgical support staff is adept at preoperative docking and intraoperative assistance.

Initiative /Project No: 09

Name of Organization	Malabar Cancer Centre (Post Graduate Institute of Oncology Sciences and Research), Thalassery
Name of Project/ Scheme/ Programme	Pediatric Bone Marrow Transplant (BMT)
Introduction	MCC(PGIOSR) hosts one of India's leading pediatric bone marrow transplant programs, specializing in life-saving interventions for malignant and non-malignant hematological disorders. The center provides a comprehensive range of transplant modalities, including autologous, allogenic, matched unrelated donor (MUD), haploidentical, and advanced TCR alpha-beta depleted transplants. By integrating high-end graft engineering with social security schemes, the center serves as a critical regional hub for treating rare immunological and bone marrow failure syndromes.
Basic Fact Sheet covering all indicators (Output and Outcome indicators)	Clinical Volume: Over 40 successful pediatric transplants completed since the program's inception in 2014.Therapeutic Success: Successful management of complex conditions like Primary Immunodeficiency and Thalassemia Major. Financial Equity: 98% of pediatric BMT cases covered under the Arogyakiranam scheme. Affordability: Near-universal coverage ensuring that advanced curative care is accessible to economically disadvantaged families. Technological Scope: Implementation of high-complexity TCR alpha-beta depletion and haploidentical transplant protocols. Clinical Innovation: Capability to perform transplants for patients lacking fully matched siblings, expanding the curative pool. Disease Spectrum Treatment of malignant cancers, Aplastic Anemia, and rare metabolic disorders like Mucopolysaccharidosis. Holistic Care: Serving as a comprehensive center for both common hematological cancers and rare life-threatening disorders.
Innovation/ special about the subject above	Inclusive Care Model: The program is a benchmark for social commitment, with almost all pediatric cases receiving full financial backing through state-sponsored health missions. Rare Disorder Management: It is one of the few centers in the region equipped to provide BMT for rare Primary Immunodeficiencies and Inherited Bone Marrow Failure Syndromes. Regional Hub: The facility bridges a critical gap in Northern Kerala by offering a local, high-quality alternative to expensive private-sector transplant units.

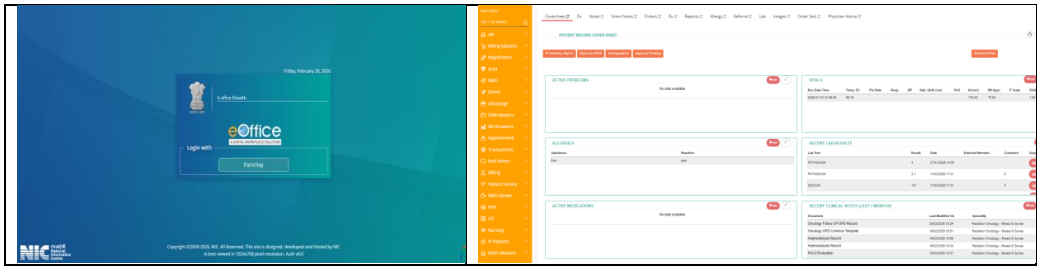
	Advanced Graft Engineering: Utilization of TCR alpha-beta depletion technology allows for successful transplants from partially matched donors while significantly reducing the risk of Graft-versus-Host Disease (GvHD).
Service Delivery details	The Pediatric BMT program is delivered through a specialized multidisciplinary unit involving Pediatric Oncology, Hematology, and Transfusion Medicine. Pre-Transplant Navigation: Patients undergo rigorous HLA typing and work-up, supported by the Arogyakiranam helpdesk to ensure financial clearance before admission. Specialized Infrastructure: Transplants are conducted in high-efficiency particulate air (HEPA)-filtered rooms to maintain strict protective isolation for immunocompromised children. Multimodal Therapeutics: Post-transplant care includes intensive monitoring, specialized nutritional support, and long-term follow-up to manage late effects and ensure developmental milestones.



Initiative /Project No: 10

Name of Organization	Malabar Cancer Centre (Post Graduate Institute of Oncology Sciences and Research), Thalassery
Name of Project/ Scheme/ Programme	Paperless Hospital
Introduction	In MCC (PGIOSR), the e-Office system has been fully implemented, streamlining administrative processes and enhancing efficiency. The implementation of the integrated cancer care Hospital Information and Management system (HIMS)/Electronic Medical Records (EMR) software is currently in progress. The institution aims to become a completely paperless hospital in the near future, promoting sustainability and improving patient care.
Basic Fact Sheet covering all indicators (Output and Outcome indicators)	The proposed system should have the following features; Clinical focus with EMR: The EMR feature together with strong clinical functionality makes for a comprehensive solution for the hospital. Fully Integrated solution: Comprehensive coverage of all hospital functions with integration with external systems like PACS Systems, Lab Auto analyzers, Bar Code, Smart Card, RFID, Biometric, ERP Systems, etc. Modular design: Enables modules to be implemented in a selective and stand alone manner, providing for greater flexibility to meet hospital needs while protecting investment and minimizing the impact of change. Robust & Scalable Architecture using latest Technology: Provides investment protection for the future, while enabling collaboration and enhancements with modular plug and play capabilities. Conformance to International Standards: Compliant with healthcare standards such as HL7, ICD 10, ICD 9, CPT, SNOMED CT, LOINC, HIPAA, etc. Business Intelligence and Performance Management: Advanced Business analytics is designed towards enhanced performance by facilitating better and timely decisions. Mobile Health: Mobile App integrated with EMR allows doctors and health care professionals to view patient information, for timely decisions for patient treatment plan and care. Patient and Doctors Portal: Secure access to personnel and professional data with user Authentication.

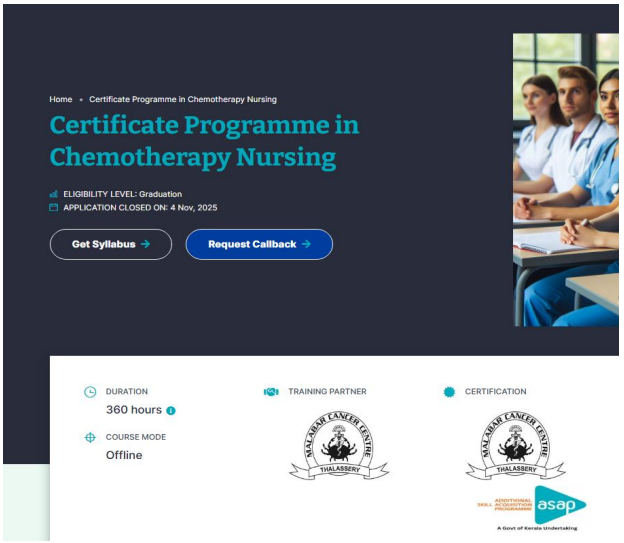
	Clinical analytics, Knowledge insight and Artificial intelligence: For clinical decision support system. Completely Integrated paperless Solutions: A completely integrated paperless solution with Patient Management, clinical Management, financial Management, Operations Management, Allied Service Management, Academic, Research and Education Management.
Innovation/ special about the subject above	The proposed software system may upgrade the existing software environment at MCC(PGIOSR) into a completely digital and paperless Hospital Information and Management System, which will manage all the activities of MCC(PGIOSR), including Clinical, Academic, Administrative, Oncology Education and Research.
Service Delivery details	The software may reduce the rush in counters and will improve quality of care for patients including increased patient safety, enhanced provider to provider sharing of relevant patient information, improved continuity of care, improved access to essential services in underserved areas, simplification of patient education, and decreased costs related to improved efficiencies in management of clinical data and treatment related information. The services are accessible though mobile interface to all the patients and also provide easy and fast payment system.



Initiative /Project No: 11

Name of Organization	Malabar Cancer Centre (Post Graduate Institute of Oncology Sciences and Research), Thalassery
Name of Project/ Scheme/ Programme	Upskilling Training in Association with Other Organizations and Institutions
Introduction	MCC(PGIOSR) actively collaborates with state skill missions, academic partners, and specialist institutes to enhance the competencies of its clinical and administrative workforce.
Basic Fact Sheet covering all indicators (Output and Outcome indicators)	Key initiatives include: With ASAP Kerala (Additional Skill Acquisition Programme) Certificate Programme in Molecular Techniques – Hands-on training in advanced molecular diagnostics relevant to oncology research and clinical applications. Certificate Programme in Medical Secretary – Skills in medical office administration, patient coordination, and healthcare documentation. Certificate Programme in Chemotherapy Nursing – Specialised instruction in safe handling, preparation, and administration of chemotherapeutic agents, with emphasis on patient safety and counselling. With ICT Academy of Kerala (ICTAK) Certificate Programme in Health Information Technology – Training in electronic health records, hospital information systems, and data security, supporting MCC's paperless hospital initiative. With JDT Islam College of Physiotherapy Fellowship in Oncophysiotherapy – A 12-month, academically and clinically intensive programme providing advanced skills in oncology rehabilitation, postoperative care, lymphedema management, and survivorship exercise protocols. With Kerala State Pharmacy Council Fellowship in Oncopharmacy – Practical, hospital-based training in oncology pharmacology, cytotoxic drug preparation, and patient counselling, conducted at MCC's comprehensive cancer care facilities.
Innovation/ special about the subject above	These programmes ensure MCC(PGIOSR)'s teams remain future-ready, patient-centred, and aligned with global best practices in oncology care. By combining in-house expertise with external certifications, MCC(PGIOSR) strengthens service

	quality, fosters innovation, and supports its mission of accessible, affordable, and comprehensive cancer treatment
Service Delivery details	The courses are conducted at MCC(PGIOSR), Thalassery



14. State Health Agency (SHA)

Scheme 1

Name of Organisation	State Health Agency (SHA),
Name of Scheme	Ayushman Bharath Pradhan Mantri Jan Arogya Yojana Karunya Arogya Suraksha Padhathi (AB PM-JAY KASP)
Introduction	Karunya Arogya Suraksha Padhathi (KASP) is a Government of Kerala health assurance scheme providing health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to over 42.8 lakh poor and vulnerable families. The scheme converges RSBY, CHIS, SCHIS, KBF and Ayushman Bharat PM-JAY under a unified platform and is implemented by the State Health Agency (SHA).
Basic Fact Sheet (Output & Outcome Indicators)	• Health cover: Rs. 5 lakhs per family per year • Covers 42 lakh families (~64 lakh beneficiaries) • Cashless treatment in empanelled public & private hospitals • No cap on family size, age or gender • Pre & post hospitalization coverage (3 days pre, 15 days post) • Portability option across India
Innovation / Special Aspect	Convergence of multiple State and Central schemes into a unified trust-mode model with IT-enabled cashless service delivery and nationwide portability.
Service Delivery Details	• Cashless hospitalization • Coverage of diagnostics, medicines, ICU, OT charges • Pre-existing disease coverage from day one • Online claim processing through TPA

Scheme 2

Name of Organisation	State Health Agency (SHA)
Name of Scheme	Karunya Benevolent Fund (KBF)
Introduction	Karunya Benevolent Fund (KBF) is a State Government assurance scheme providing financial assistance to underprivileged patients suffering from serious ailments such as cancer, kidney, heart diseases and haemophilia. Funds are raised through Kerala Lottery and implemented through IT integration with the KASP platform.
Basic Fact Sheet (Output & Outcome Indicators)	Financial aid for serious ailments Income eligibility: Family income below Rs. 3 lakhs Cashless treatment through KASP hospitals
Innovation / Special Aspect	Transition from manual district-level processing to fully IT-integrated digital processing through the PM-JAY portal, ensuring paperless and faster approvals.
Service Delivery Details	Direct application at KASP hospitals Digital verification & approval Online claim settlement to hospitals Enhanced dialysis and specialty package rates

Scheme 3

Name of Organisation	State Health Agency (SHA)
Name of Scheme	Arogyakiranam Scheme
Introduction	Arogyakiranam is a State-run health entitlement scheme providing free treatment (OP & IP) for children aged 0–18 years in Government hospitals. Implemented by SHA from 1st November 2022, the scheme covers all diseases beyond those included in RBSK, irrespective of APL/BPL status.
Basic Fact Sheet (Output & Outcome Indicators)	• Coverage for 0–18 years children • Free medicines, tests and treatment • OP services through separate OP portal • IP services through ABPMJAY TMS portal • Services available from all Govt hospitals in Kerala.
Innovation / Special Aspect	Universal pediatric coverage model ensuring comprehensive OP & IP treatment regardless of economic category, integrated with ABPMJAY verification system.
Service Delivery Details	• Free OP & IP treatment • Eligibility verification at the hospital • Cashless referral services • Digital claim processing

Scheme 4

Sruthitharangam

Name of Organisation	State Health Agency (SHA)
Name of Scheme	Sruthitharangam (Cochlear Implantation Scheme)
Introduction	Sruthitharangam is a cochlear implantation scheme providing free cochlear implant surgery and auditory verbal habilitation for hearing-impaired children aged 0–3 years. Implemented by the State Health Agency from 2023–24.
Basic Fact Sheet (Output & Outcome Indicators)	Free cochlear implantation & AVH therapy Age group: 0–3 years Financial cap: Rs. 5.20 lakhs per patient Technical Committee (SLTC) oversight Cashless treatment through empanelled hospitals Claim processing within 30 working days
Innovation / Special Aspect	Specialized state-funded cochlear implant program with structured technical scrutiny, defined outcome monitoring, and one-year follow-up evaluation.
Service Delivery Details	Application scrutiny by SLTC Cashless surgery & therapy Online OPD claim submission One-year outcome monitoring

Initiative/Project No. 1

Name of Organisation	State Health Agency (SHA)
Name of Project / Scheme / Programme	KASP Kiosk
Introduction	After assuming implementation responsibility of KASP, standardized kiosks were established in all empanelled hospitals to ensure seamless beneficiary access.
Basic Fact Sheet (Output & Outcome Indicators)	Kiosks in all empanelled hospitals Standardized branding End-to-end service delivery Improved access and reduced delays Facility introduced to submit Karunya Benevolent Fund applications directly via kiosks. Simplified financial assistance access Reduced delays
Innovation / Special Aspect	Single-window hospital-based system with complete service cycle management.
Service Delivery Details	Registration & eligibility Verification Treatment facilitation Discharge processing Information dissemination

Photographs

Initiative/Project No. 2

Name of Organisation	State Health Agency (SHA)
Name of Project / Scheme / Programme	24x7 Disha Toll-Free Helpline (1056 / 104)
Introduction	24x7 toll-free helpline has been established for beneficiary queries and grievance redressal.
Basic Fact Sheet (Output & Outcome Indicators)	Round-the-clock service Centralized grievance system Improved beneficiary confidence
Innovation / Special Aspect	Continuous accessibility with centralized complaint handling.
Service Delivery Details	Query clarification Complaint registration Beneficiary guidance

കരുതലിന്റെ
കൈത്താങ്ങ്
ആരോഗ്യം
വിരൽത്തുമ്പിൽ
1056
ആരോഗ്യ പരിരക്ഷാ പദ്ധതികളെക്കുറിച്ചുള്ള സംശയനിവാരണത്തിനും
കൂടുതൽ വിവരങ്ങൾക്കുമായി 24 X 7 മണിക്കൂറും പ്രവർത്തിക്കുന്ന
ദിശ ടോൾ ഫ്രീ നമ്പർ 1056/104.

DIRECT INTERVENTION SYSTEM FOR HEALTH AWARENESS
DISHA
1056

Initiative/Project No. 3

Name of Organisation	State Health Agency (SHA)
Name of Project / Scheme / Programme	KASP Health Mobile Application
Introduction	Mobile app launched to provide scheme details and eligibility access digitally.
Basic Fact Sheet (Output & Outcome Indicators)	Available on the Play Store Real-time eligibility check Hospital search Push notifications
Innovation / Special Aspect	Digital access to scheme services at your fingertips.
Service Delivery Details	Eligibility verification Hospital search Treatment package details Notifications

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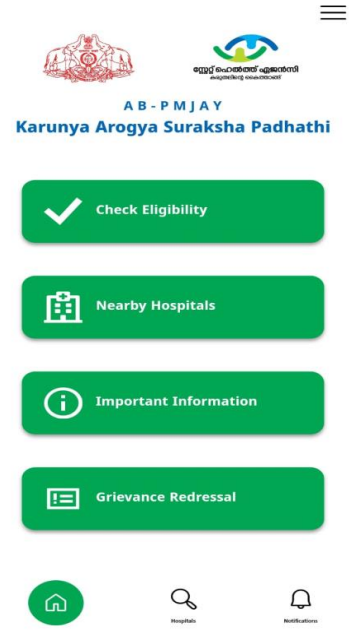
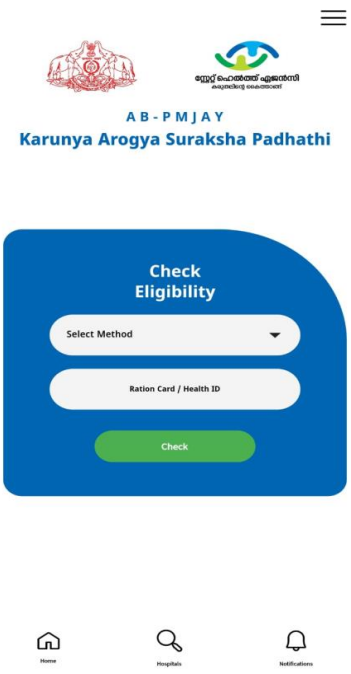
കരുതലിന്റെ കൈത്താങ്ങ്
K-DISC

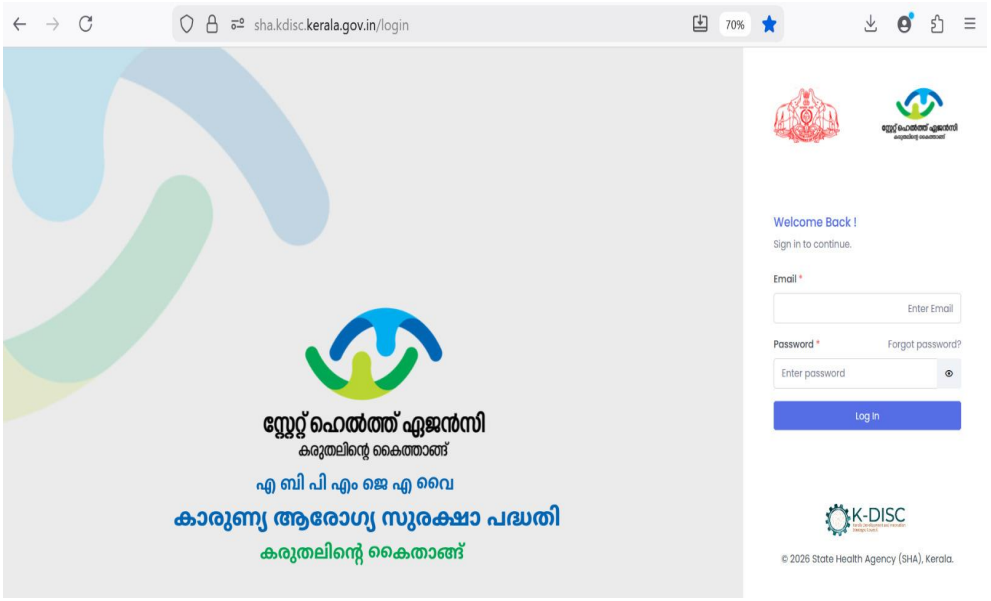

AB-PMJAY
Karunya Arogya Suraksha Padhathi
Check Eligibility
Nearby Hospitals
Important Information
Grievance Redressal

AB-PMJAY
Karunya Arogya Suraksha Padhathi
Search for Hospitals
Location
Speciality
Public/Private
Search here
Empanelled Hospitals
W&C Hospital,Thycaud
Public
Speciality
Approx.Distance 0.1 KM
CHAITHANYA EYE HOSPITAL AND RESEARCH INSTITUTE
Private
Speciality
Approx.Distance 0.8 KM
INDIA HOSPITAL
Private
Speciality
Approx.Distance 1.4 KM
TH Fort


AB-PMJAY
Karunya Arogya Suraksha Padhathi
Check Eligibility
Select Method
Ration Card / Health ID
Check

Initiative / Project No. 4

Name of Organisation	State Health Agency (SHA)
Name of Project / Scheme / Programme	Integrated Web Portal for Scheme Monitoring
Introduction	A web portal developed for hospitals and officials to monitor data and performance.
Basic Fact Sheet (Output & Outcome Indicators)	Beneficiary verification Monthly reports Monitoring dashboard Data-driven decisions
Innovation / Special Aspect	Centralized real-time monitoring platform.
Service Delivery Details	Data access Report generation Performance evaluation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കരുതലിന്റെ കൈത്താങ്ങ്
എ ബി പി എം ജെ എ വൈ
കാരുണ്യ ആരോഗ്യ സുരക്ഷാ പദ്ധതി
കരുതലിന്റെ കൈതാങ്ങ്
Welcome Back !
Sign in to continue.
Email *
Enter Email
Password *
Forgot password?
Enter password
Log In
K-DISC
© 2026 State Health Agency (SHA), Kerala.

Initiative / Project No. 5

Name of Organisation	State Health Agency (SHA)
Name of Project / Scheme / Programme	Disability-Friendly IEC Initiatives
Introduction	Inclusive communication initiatives for differently-abled beneficiaries.
Basic Fact Sheet (Output & Outcome Indicators)	Braille membership card Braille brochures Sign language videos Inclusive access
Innovation / Special Aspect	First-of-its-kind Braille card
Service Delivery Details	Braille materials Sign language videos Accessible support

LAUNCHING

Initiative / Project No. 6

Name of Organisation	State Health Agency (SHA)
Name of Project / Scheme / Programme	Karunya Keralam Bi-Monthly Newsletter
Introduction	A bi-monthly publication to disseminate SHA activities and scheme updates.
Basic Fact Sheet (Output & Outcome Indicators)	17 editions published Regular communication platform Strengthened coordination
Innovation / Special Aspect	Dedicated transparency and best practice sharing platform.
Service Delivery Details	Scheme updates Success stories Stakeholder coordination

കാരുണ്യ കേരളം
സ്റ്റേറ്റ് ഹെൽത്ത് ഏജൻസി വാർത്താപത്രിക
വിഷൻ 2031
ആരോഗ്യ സെമിനാർ : ദശാബ്ദത്തിന്റെ നേട്ടങ്ങൾ! ഭാവി കാഴ്ചപ്പാടുകൾ!

കാരുണ്യകേരളം
സ്റ്റേറ്റ് ഹെൽത്ത് ഏജൻസി
വാർത്താപത്രിക
അനുഭവ് സദസ് 2.0
വ്യത്യസ്ത അനുഭവങ്ങൾ പങ്കിടാൻ വേദിയൊരുക്കി കേരളം

കാരുണ്യ കേരളം
സ്റ്റേറ്റ് ഹെൽത്ത് ഏജൻസി വാർത്താപത്രിക
കുരുന്നുകൾ കാതോർക്കട്ടെ...

15. Kerala State Mental Health Authority (KSMHA)

Initiative

<table>
<tr><td>Name of Organization</td><td>Kerala State Mental Health Authority</td></tr>
<tr><td>Name of Initiative</td><td>Establishment of Mental Health Review Boards in Kerala</td></tr>
<tr><td>Introduction</td><td>The Mental Healthcare Act, 2017 came into force on 29.05.2018. As per the Section 73 of Mental Healthcare Act 2017, the Authority in consultation with State Government have to constitute Mental Health Review Boards.</td></tr>
<tr><td>Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)</td><td>The State Mental Health Authority have constituted five Mental Health Review Boards at Thiruvananthapuram, Kottayam, Thrissur, Kozhikode and Kannur having jurisdiction of two or three districts. The functioning of MHRB at Thiruvananthapuram, Kottayam, Thrissur and Kozhikode have commenced from 01.04.2024. The location for placing MHRB, Kannur has identified at Revenue Tower, Mattanoor, Kannur and its function will be starting soon.</td></tr>
<tr><td>Innovation/ special aspect about the subject above</td><td>The Mental Health Review Boards, functions as quasi-judicial body, for safeguarding the rights of Persons with Mental illness and to discharge the statutory provisions of Mental Health Care Act 2017.The Mental Health Review Boards have to review the admission and treatment of Persons with Mental Illness in Mental Health Establishments. If any violation of rights or deficiency in care or treatment is noticed or encountered by a patient or their caregiver in a Mental Health Establishment, can approach the Mental Health Review Board for their complaint redressal.
As such the statutory provisions of the Act can be complied with.</td></tr>
<tr><td>Service Delivery Details</td><td>The number of Statutory Reviews under the provisions of Act carried out by Mental Health Review Boards are given below.

<table><tr><td>MHRB, TVPM</td><td>919</td></tr><tr><td>MHRB,KTYM</td><td>268</td></tr><tr><td>MHRB, TSR</td><td>803</td></tr><tr><td>MHRB, KKD</td><td>923</td></tr><tr><td>Total</td><td>2913</td></tr></table></td></tr>
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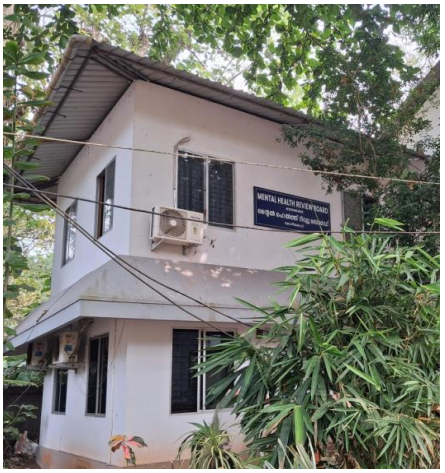
(iv). Photographs:

Mental Health Review Boards at Thiruvananthapuram, Thrissur, Kottayam and Kozhikode have started functioning from 01.04.2024



16. Child Development Centre (CDC)

Initiative/ Project No. 1

<table>
<tr><td>Name of Organisation</td><td>Child Development Centre</td></tr>
<tr><td>Name of Project/Scheme/Programme</td><td>SRADHA – Fetal Medicine Unit (A Government initiative jointly established by SAT Hospital, Thiruvananthapuram, and the Child Development Centre (CDC), Kerala)</td></tr>
<tr><td>Introduction</td><td>Fetal Medicine is a recognized subspecialty of the subject of obstetrics and gynecology. It deals with complications of the foetus inside the mother's womb. Though there are good fetal medicine units in the corporate sector, there were no fetal medicine units in the Government set up. Hence the poor and the needy mothers of Government had to be referred to corporate Hospitals for expertise. It is in this context that the Government of Kerala has taken the initiative of establishing "SRADHA" - Fetal medicine unit as a joint venture of SAT Hospital, Thiruvananthapuram, Child Development Centre (CDC) Kerala. (G.O.(Rt)No2032/2019/H&FWD. Dated 19/08/2019), (DME order - No. F2639/2019/DME dated 13/09/2019).</td></tr>
<tr><td>Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)</td><td>
<table>
<tr><td>Indicator</td><td>Details</td></tr>
<tr><td>Launch Year</td><td>2019 (Functioning since Oct 17, 2019)
First Govt. Hospital for Amniocentesis in Kerala</td></tr>
<tr><td>Location</td><td>SAT Hospital & Child Development Centre, Thiruvananthapuram</td></tr>
<tr><td>Target Population</td><td>Pregnant women, particularly those with high-risk pregnancies</td></tr>
<tr><td>Annual Beneficiaries</td><td>~1400 cases annually;
~650-700 new registrations/year</td></tr>
<tr><td>Service Days</td><td>3 days per week</td></tr>
<tr><td>Key Clinical Services</td><td>Early anomaly scans, growth surveillance, fetal interventions</td></tr>
<tr><td>Diagnostic Procedures Introduced</td><td>Amniocentesis (since 25.03.2023), CVS,
Genetic screening</td></tr>
<tr><td>Teaching/Training</td><td>Postgraduate students in OBG, MCH, and DM Neonatology</td></tr>
<tr><td>Research</td><td>Ongoing; case studies and publications planned</td></tr>
</table>
</td></tr>
</table>

<table>
<tr>
<td>Innovation/ special aspect about the subject above</td>
<td>

First-of-its-kind Government Fetal Medicine Unit in Kerala offering comprehensive fetal diagnostic services, including invasive prenatal testing (amniocentesis, CVS).
Established as a public sector alternative to corporate fetal medicine facilities, ensuring equity in access for underprivileged women.
Multidisciplinary approach involving pediatric subspecialists, neonatologists, and geneticists for fetal anomaly management.
Plan to develop in-house capacity for amniotic fluid testing with high-resolution microscopy (currently outsourced).
CDC identified as the Genetic Centre for the Centre of Excellence in Rare Diseases.
Visionary Phase 3 expansion to include fetal therapeutic procedures such as intrauterine transfusions, laser ablations, and fetal arrhythmia treatments.

</td>
</tr>
<tr>
<td>Service Delivery Details</td>
<td>
Key Services Offered

Pre- and periconceptional counselling
Screening for Down syndrome (11–14 weeks)
First trimester target scan and early anomaly scans (11–17 weeks)
Detailed anomaly scan (18–20 weeks)
Surveillance for fetal growth restriction and twin complications
Fetal echocardiography, neurosonography
Invasive diagnostics: amniocentesis, CVS
Multidisciplinary case discussion and referral
Non-invasive prenatal testing (NIPT) – outsourced
Genetic counselling and linkage with Rare Disease COE

Service Utilization Statistics
Annual Beneficiary Numbers – Level II Ultrasound & Counselling
<table>
<tr><th>Year</th><th>Total Beneficiaries</th><th>Amniocentesis Performed</th></tr>
<tr><td>2021–22</td><td>940</td><td>—</td></tr>
<tr><td>2022–23</td><td>1,157</td><td>—</td></tr>
<tr><td>2023–24</td><td>1,313</td><td>18 cases</td></tr>
<tr><td>2024–25</td><td>1240</td><td>90 cases</td></tr>
<tr><td>2025 April onwards</td><td>311</td><td>33 cases</td></tr>
</table>
</td>
</tr>
</table>

Beneficiary Distribution by Service Type (Estimate):

Sl No	Key Services	Beneficiaires %
1	Pre and periconceptional counselling and care	5%
2	Screening for Downs Syndrome (11-14 weeks)	8%
3	Early assessment of the mother and fetus in high risk pregnancy	26%
4	Surveillance for Fetal Growth disorders	25-28%
5	Surveillance of complicated Multiple pregnancies	8%
6	Anomalies	22%
7	Invasive procedures and foetal intervention- amniocentesis, chorionic villus sampling	58 case
8	Detailed assessment of certain organ system	
9	First Trimester Target scan (11-14 weeks) and Early Target scans (16-17 weeks)	
10	TARGET/TIIFA/Anomaly scan (18-20 weeks)	

Initiative/ Project No. 2

<table>
<tr><td>Name of Organisation</td><td>Child Development Centre</td></tr>
<tr><td>Name of Project/Scheme/Programme</td><td>Autism Park</td></tr>
<tr><td>Introduction</td><td>An innovative initiative by the Child Development Centre (CDC), Government of Kerala, aimed at providing comprehensive, multimodal early intervention and therapeutic services for children with Autism Spectrum Disorder (ASD).

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder characterized by impairments in social interaction, communication challenges, and repetitive or restricted patterns of behavior. The manifestation of autism varies based on the child's age and developmental level. Though diagnosis is possible by age two, early signs (red flags) are often visible earlier. Timely intervention during this early period is crucial for improving outcomes and reducing the burden of lifelong disability.
The CDC, an autonomous body under the Government of Kerala, established its Autism Clinic in 2006 and has since provided interventions including occupational therapy, speech therapy, behavioral therapy, and developmental therapy. With increasing numbers of children diagnosed with ASD, the Centre began group intervention programs in 2017, focusing on parent-mediated, child-centered therapy — a model found to be clinically and statistically effective.
To strengthen these efforts and provide a holistic intervention environment, CDC has proposed and developed an Autism Park within its campus, aimed at combining sensory integration, early detection, therapeutic support, and parent empowerment in a single accessible space.</td></tr>
<tr><td>Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)</td><td>
<table>
<tr><td>Indicator</td><td>Details</td></tr>
<tr><td>Initiating Institution</td><td>Child Development Centre (CDC), Govt. of Kerala</td></tr>
<tr><td>Year Autism Clinic Started</td><td>2006</td></tr>
<tr><td>Group Intervention Initiated</td><td>2017</td></tr>
<tr><td>Target Population</td><td>Children diagnosed with Autism Spectrum Disorder (ASD)</td></tr>
<tr><td>Scope</td><td>Early detection, therapy, parent training, sensory integration</td></tr>
<tr><td>Setting</td><td>On-campus sensory-friendly outdoor and indoor facilities</td></tr>
</table>
</td></tr>
</table>

<table>
<tr><td></td><td><table>
<tr><td>Staff Involved</td><td>Pediatricians, Developmental Pediatricians, Therapists, Special Educators</td></tr>
<tr><td>Key Service Model</td><td>Parent-mediated, child-centered group interventions</td></tr>
</table></td></tr>
<tr><td>Innovation/ special aspect about the subject above</td><td>

Autism Park is an inclusive, sensory-integrated physical and therapeutic environment. It integrates outdoor sensory play, virtual reality, and structured therapy spaces into one cohesive setup.
The program follows a group therapy model with active parent participation, supported by trained developmental therapists.
Music therapy and virtual reality sessions enhance emotional, sensory, and social skills in children with ASD.
Focuses on mainstreaming autistic children through individualized education planning and continuous parent training.
Designed based on input from focus group discussions with parents, addressing service gaps and emotional burden in families.

</td></tr>
<tr><td>Service Delivery Details</td><td>
Objectives of the Autism Park

To provide early intervention services for children with ASD
To encourage group behavior and social participation
To enhance communication levels
To help the child to integrate the senses well
To mainstream children with autism
To provide support services to parents to cope with the myriads of demands of children
To plan educational programs for each autistic child, depending on his/her unique needs

Components of Autism Park
Infrastructure

Sensory outdoor park: A sensory-friendly playground helping people with autism to feel safe and calm.
Different areas in park
<ol type="a">
Auditory area/Music area: with musical instruments such as, drums, xylophone and interactive sound boards.
Visual/ sensory area: Spinners, Squishy Surfaces: Spinning may help with balance. Therapists also encouraged him to walk on soft surfaces, such as a mattress, to improve balance. There are three stand-up spinners, hammocks and basket swings.

</td></tr>
</table>

	Virtual reality room: The room equipped with the VR facility will foster better social and sensory connectivity. **Early intervention room**: to provide early intervention services like group therapy programme and other social skill training activities for children with ASD. **Services Available** 1. Developmental Therapy (Early Detection & Intervention): Screening and developmental assessments conducted by professionals trained in early intervention. 2. Counselling for Parents: Initial and interim counselling services offered to help parents cope with emotional and caregiving challenges. 3. Group Therapy (Parental Training-Based): Structured therapy sessions led by PGDCCD-trained developmental therapists, involving: o Social skill development o Imitation and play behavior enhancement o Communication and motor planning o Self-help skills o Music therapy to improve quality of life and holistic well-being

Initiative/ Project No. 3

<table>
<tr><td>Name of Organisation</td><td>Child Development Centre</td></tr>
<tr><td>Name of Project/Scheme/Programme</td><td>Phase II of Genetic and Metabolic Unit of CDC</td></tr>
<tr><td>Introduction</td><td>Standardizing and starting diagnosis based on FISH (Fluorescent Insitu Hybridization), the first of its kind in Government sector in Kerala was started. The introduction of this new testing facility will help in diagnosing new diseases and to rule out Aneuploidy conditions and Micro deletion syndromes prevailing among children and adolescents.</td></tr>
<tr><td>Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)</td><td>
<table>
<tr><th>Service</th><th>Test/Outcome</th><th>Remarks</th></tr>
<tr><td>Karyotyping</td><td>40–50 tests/month</td><td>Includes detection of chromosomal abnormalities</td></tr>
<tr><td>FISH Testing</td><td>Started in 2023</td><td>Focus on aneuploidy/microdeletions</td></tr>
<tr><td>SMA Testing</td><td>Started in 2021</td><td>Includes carrier detection</td></tr>
<tr><td>LSD & other molecular tests</td><td>Ongoing</td><td></td></tr>
</table>
</td></tr>
<tr><td>Innovation/ special aspect about the subject above</td><td>Genetic testing should become a standardized diagnostic practice in patients affected by global developmental delay (GDD)/intellectual disability. Genetic factors are responsible for up to 40% of intellectual disability cases. Among the genetic causes, chromosomal abnormalities are responsible for 25% of cases. Trisomy 21 is the most frequent chromosomal abnormality associated with GDD/ID. Other chromosomal abnormalities frequently associated with this pathology are the following: other types of trisomies (trisomy 13 or trisomy 18), structural chromosomal abnormalities which often include microdeletions. Monogenic causes are responsible for up to 10% of the GDD/ID cases. Fragile X syndrome is the most common monogenic defect associated with GDD/ID, being responsible for about 5% of the cases of intellectual disability.
In the NABL-accredited genetic and metabolic lab in CDC, karyotyping (40-50 tests/month), FISH (1-2 testing/month) for specific disorders, and molecular genetic studies for lysosomal disorders, and SMA are being done.</td></tr>
<tr><td>Service Delivery Details</td><td>
<table>
<tr><th>Year</th><th>Genetic Karyotyping</th><th>Abnormal karyotypes detec</th></tr>
<tr><td>2020-21</td><td>275</td><td>41</td></tr>
<tr><td>2021 -22</td><td>365</td><td>62</td></tr>
<tr><td>2022 -23</td><td>535</td><td>67</td></tr>
</table>
</td></tr>
</table>

		2023-24	373	44	
		2024-2025	451	51	
		FISH Testing (2023–24)	**No of FISH Test-11**	**FISH Positive-2**	
		SMA Testing (2021–2025)	**No of SMA Test done-104**	SMA- positive-17 Carriers-22	

NABL

CERTIFICATE OF ACCREDITATION

CLINICAL RESEARCH LABORATORY

has been assessed and accredited in accordance with the standard

ISO 15189:2012

"Medical laboratories - Requirements for quality and competence"

for its facilities at

GENETIC AND METABOLIC UNIT, CHILD DEVELOPMENT CENTRE, 3RD FLOOR, ROOM NO: 301, MEDICAL COLLEGE CAMPUS, THIRUVANANTHAPURAM, KERALA, INDIA

in the field of

Medical Testing

Certificate Number: MC-5481

Issue Date: 20/01/2023 Valid Until: 19/01/2025

This certificate remains valid for the Scope of Accreditation as specified in the annexure subject to continued satisfactory compliance to the above standard & the relevant requirements of NABL.
(To see the scope of accreditation of this laboratory, you may also visit NABL website www.nabl-india.org)

Name of Legal Identity : Kerala Clinical Establishment

Signed for and on behalf of NABL

N. Venkateswaran
Chief Executive Officer

NABL Accreditation to CDC Clinical Research Lab (Genetic & Metabolic Lab) CDC – Genetic and Metabolic Laboratory has certified as NABL Accredited Laboratory. **This lab is the first clinical lab in Government sector in Kerala to obtain NABL Accreditation.**

Initiative/ Project No. 4

<table>
<tr><td>Name of Organisation</td><td>Child Development Centre</td></tr>
<tr><td>Name of Project/Scheme/Programme</td><td>Child Psychiatry Clinic (Deeptham)</td></tr>
<tr><td>Introduction</td><td>The Child Development Centre (CDC), Trivandrum, Kerala, was established as a centre of excellence for the care of children with neurodevelopmental disorders (NDDs). Over the years, the centre has evolved into a comprehensive facility providing early identification, intervention, habilitation, and rehabilitation services for children with a wide spectrum of developmental and behavioural challenges.

One of the key services offered at CDC is the weekly Psychiatry Outpatient Department (OPD) clinic, known as “DEEPTHAM”, which focuses on addressing the mental health needs of children and adolescents with developmental and behavioural disorders.</td></tr>
<tr><td>Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)</td><td>Output and Outcome Indicators

<table>
<tr><th>Indicator</th><th>Details</th></tr>
<tr><td>Name of Clinic</td><td>Child and Adolescent Psychiatry Clinic (Deeptham Clinic)</td></tr>
<tr><td>Frequency of Clinic</td><td>Once in a week; every Saturday except Second Saturday and Sunday</td></tr>
<tr><td>Specialist</td><td>Dr. Anilkumar T V, Professor and HOD, Dept. of Psychiatry, Govt. Medical College, Ernakulam</td></tr>
<tr><td>Target Population</td><td>Children and adolescents with neurodevelopmental disorders, behavioural problems, and other psychiatric disorders across Southern part of Kerala and Tamil Nadu</td></tr>
<tr><td>Common Conditions Managed</td><td>ADHD, ASD with irritability, Intellectual Disability, Learning Disability, Oppositional Defiant Disorder, Conduct Disorder, Behavioural Issues, Anxiety Disorder, Depression</td></tr>
<tr><td>Services Provided</td><td>Bio-psycho-social approach to presenting complaints, clinical evaluation, parent management training, psychoeducation, pharmacotherapy</td></tr>
<tr><td>Key Outcomes</td><td>Improved behaviour, improved family dynamics, better scholastic</td></tr>
</table>
</td></tr>
</table>

<table>
<tr><td></td><td>performance, better transition into adulthood</td></tr>
<tr><td>Innovation/ special aspect about the subject above</td><td>The Deeptham clinic serves a diverse group of children and adolescents presenting with a wide range of psychiatric, developmental, and behavioural concerns. The clinic is innovative in its multidisciplinary approach to managing mental health needs of children and adolescents with and without neurodevelopmental disorders.

It uniquely combines psychiatric expertise, parent-mediated interventions, and psychoeducation within a specialized child development centre.</td></tr>
<tr><td>Service Delivery Details</td><td>• Weekly OPD by a senior psychiatrist specialized in child psychiatry
• Dedicated consultation slots for children referred from CDC units
• Seamless referrals for clinical psychology evaluation, neurology evaluation and other medical concerns
• Parent management training included

Service Utilization Statistics<table><tr><th>Year</th><th>Number of Children Attended – Deeptham Clinic (Psychiatry Clinic)</th></tr><tr><td>2021–2022</td><td>325</td></tr><tr><td>2022–2023</td><td>658</td></tr><tr><td>2023–2024</td><td>292</td></tr><tr><td>2024–2025</td><td>820</td></tr><tr><td>2025 (April onwards)</td><td>266</td></tr></table></td></tr>
</table>

Initiative/ Project No. 5

<table>
<tr><td>Name of Organisation</td><td>Child Development Centre</td></tr>
<tr><td>Name of Project/Scheme/Programme</td><td>Pediatric Orthopedic Specialty Clinic</td></tr>
<tr><td>Introduction</td><td>The Pediatric Orthopedic Specialty Clinic at CDC Trivandrum provides specialized care for children with neurodevelopmental disorders and gait abnormalities. Conducted by Dr. Praveen S. Jose, a fellowship-trained Pediatric Orthopedic Surgeon, the clinic ensures integrated orthopedic evaluation within a multidisciplinary developmental setup. The OPD is held monthly on the fourth Friday, offering accessible expert guidance and follow-up.</td></tr>
<tr><td>Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)</td><td>Indicator Details<table><tr><th>Indicator</th><th>Details</th></tr><tr><td>Frequency of Clinic</td><td>Fourth Friday of every month</td></tr><tr><td>Specialist</td><td>Dr. Praveen S. Jose (Fellowship-trained Pediatric Orthopedic Surgeon)</td></tr><tr><td>Target Population</td><td>Children with neurodevelopmental disorders and orthopedic needs in and around Trivandrum</td></tr><tr><td>Common Conditions Managed</td><td>Cerebral palsy, ASD with toe walking, limb deformities, gait issues</td></tr><tr><td>Services Provided</td><td>Clinical evaluation, physiotherapy advice, orthotic recommendation, imaging, surgical referrals</td></tr><tr><td>Coordination</td><td>Close integration with CDC physio and developmental therapy teams</td></tr><tr><td>Key Outcomes</td><td>Improved mobility, gait, independence, and quality of life</td></tr></table></td></tr>
<tr><td>Innovation/ special aspect about the subject above</td><td>The clinic integrates pediatric orthopedics within a child development setting, promoting early identification and tailored interventions for gait and limb issues in children with developmental delays. It enables in-house, multidisciplinary, and child-centered care—minimizing referral delays and improving access to expert orthopedic guidance.</td></tr>
<tr><td>Service Delivery Details</td><td>• Monthly OPD by a trained pediatric orthopedic surgeon
• Dedicated consultation slots for children referred from CDC units
• Seamless referrals for physiotherapy, orthotic intervention, and surgery when required
• Parent education and home program advice included

This specialty clinic strengthens the comprehensive services provided by CDC and reflects its commitment to delivering early, expert-driven, and child-focused care. The Pediatric</td></tr>
</table>

	Orthopedic OPD continues to evolve as a valuable component in supporting the mobility, independence, and overall quality of life of children with developmental needs.

Initiative/ Project No. 6

Name of Organisation	Child Development Centre
Name of Project/Scheme/Programme	Project: Assessment of Neurodevelopmental Status of Primary School Children (Standards 1–4) in Thiruvananthapuram District
Introduction	Neurodevelopmental disabilities (NDDs) are a major but under-recognized public health concern in low- and middle-income countries, including India. NDDs are a diverse group of severe, chronic conditions that begin in childhood—typically before 22 years of age—and often persist throughout life. These include: • Attention Deficit/Hyperactivity Disorder (ADHD) • Cerebral Palsy (CP) and other Neuromuscular Impairments (NMIs) • Epilepsy • Hearing Impairment • Learning Disorders • Mental Retardation (MR) • Pervasive Developmental Disorders (PDD) • Speech and Language Disorders • Vision Impairment Many children present with multiple coexisting disabilities, contributing significantly to childhood morbidity. This ongoing study aims to estimate the **prevalence of NDDs** among children in **standards 1–4 of government lower primary schools** in Thiruvananthapuram district, Kerala.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	**Objectives:** 1. To estimate the prevalence of NDDs among children aged 2–9 years using a two-stage survey method with the **INCLEN Neurodevelopmental Screening Tool (NDST)** 2. To assign diagnostic categories to screen-positive children using **INCLEN Clinical Consensus Criteria (CCC)** 3. To provide **parental counselling** to caregivers of children diagnosed with NDDs 4. To **refer diagnosed children** to appropriate centres for further clinical management and intervention
Innovation/ special aspect about the subject above	**Expected Outcomes:** 1. Determination of **prevalence of NDDs** in children aged 2–9 years in Thiruvananthapuram district

<table>
<tr><td></td><td>2. Facilitate early identification and intervention, enabling children with NDDs to better integrate into society and reach their full potential</td></tr>
<tr><td>Service Delivery Details</td><td>Methodology & Service Delivery:
<table>
<tr><th>Component</th><th>Details</th></tr>
<tr><td>Study Area</td><td>10 selected Government Lower Prim
Thiruvananthapuram district</td></tr>
<tr><td>Target Age Group</td><td>Children aged 6–10 years (studying i</td></tr>
<tr><td>Screening Tool</td><td>INCLEN Neurodevelopmental Screer</td></tr>
<tr><td>Screening Team</td><td>Developmental Therapists and Psych</td></tr>
<tr><td>Diagnostic Follow-up</td><td>Screen-positive children undergo dia
are referred to CDC</td></tr>
<tr><td>Assessment Team at CDC</td><td>Multidisciplinary team including:</td></tr>
<tr><td></td><td>- Developmental Paediatrician</td></tr>
<tr><td></td><td>- Clinical Psychologist</td></tr>
<tr><td></td><td>- Developmental Therapists</td></tr>
<tr><td></td><td>- Audiologist/Speech & Language Pa</td></tr>
<tr><td></td><td>- Ophthalmologist</td></tr>
<tr><td>Diagnostic Criteria</td><td>INCLEN Clinical Consensus Criteria (</td></tr>
<tr><td>Services Offered</td><td>- Clinical evaluation</td></tr>
<tr><td></td><td>- Parent counselling</td></tr>
<tr><td></td><td>- Referral to appropriate interventio</td></tr>
<tr><td>Total Sample Size</td><td>3000 children</td></tr>
<tr><td>Current Status</td><td>Approximately 400 children assesse</td></tr>
</table></td></tr>
</table>

Initiative/ Project No. 7

<table>
<tr><td>Name of Organisation</td><td>Child Development Centre</td></tr>
<tr><td>Name of Project/Scheme/Programme</td><td>Project: GAP Analysis of the District Early Intervention Centres (DEICs) in Kerala</td></tr>
<tr><td>Introduction</td><td>Comprehensive child health screening and management is a key public health strategy under the Rashtriya Bal Swasthya Karyakram (RBSK), ensuring a package of health services for children from birth to 18 years. The District Early Intervention Centres (DEICs), established in each district under RBSK, aim to deliver accessible, interdisciplinary evaluation and intervention services under one roof for health conditions under the “4 Ds”:

• Defects at birth
• Disease
• Deficiencies
• Developmental delays/Disabilities

This project aimed to assess whether DEICs in Kerala are functioning as per the national RBSK guidelines, identify gaps in early detection and intervention, and generate suggestions for improving overall service delivery and functioning.</td></tr>
<tr><td>Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)</td><td>Objectives:

1. To assess facilities available under DEICs (manpower, infrastructure, equipment, and services) in Kerala and identify underutilization or non-utilization.
2. To identify gaps in training, staffing, infrastructure, and service delivery.
3. To generate actionable recommendations for improving program performance.

Methodology:
<table><tr><td>Study Type</td><td>Cross-sectional study using both quantitative and qua</td></tr><tr><td>Participants</td><td>DEIC functionaries and beneficiaries across 14 district</td></tr><tr><td>Tools Used</td><td>FGD guide, In-depth interview, Structured checklists d on RBSK Operational Guidelines</td></tr></table></td></tr>
<tr><td>Innovation/ special aspect about the subject above</td><td>Major Findings:

• Key Gaps Identified:
○ Infrastructure: Inadequate space, lack of essential rooms (e.g., sensory, waiting), limited furniture.
○ Human Resources: Absence of required staff such as developmental therapists, occupational therapists, and shortage of visiting specialists.
○ Training: Need for structured, inclusive, and regularly updated training programs.</td></tr>
</table>

	○ **Equipment:** Uneven access to diagnostic tools, therapy equipment, and essential medicines. ○ **Service Delivery:** Lack of uniformity in **assessment, intervention protocols, and documentation**. ○ **Monitoring & Reporting:** Issues with **Shalabham portal**—technical inefficiencies, reliance on manual entry, and poor internet connectivity. ○ **Governance:** Absence of **standard operating procedures (SOPs)** across DEICs.
Service Delivery Details	Recommendations: *Physical Infrastructure* • Ensure all DEICs have fully equipped buildings with road access, sufficient space, and designated rooms. *Manpower (Staffing & Training)* • Ensure all mandatory staff positions are filled, including occupational and developmental therapists. • Appoint visiting specialists, especially ophthalmologists. • Conduct inclusive and need-based training with regular refresher updates. *Equipment & Tools* • Ensure availability of updated equipment and therapy materials across departments at DEICs and MIUs. *Public Awareness* • Promote DEIC services via print, electronic media, and by sharing success stories. *Recording & Monitoring* • Improve Shalabham portal usability, rectify technical issues, and enhance Wi-Fi connectivity. • Track performance using improved data recording and analysis. *Governance* • Develop and enforce uniform guidelines for assessment, intervention, and reporting. • Formulate and implement Standard Operating Procedures (SOPs). • Utilize existing data to conduct outcome evaluations demonstrating impact and effectiveness.

Initiative/ Project No. 8

<table>
<tr><td>Name of Organisation</td><td>Child Development Centre</td></tr>
<tr><td>Name of Project/Scheme/Programme</td><td>Project: Early-life nutrition in the first thousand days of life and its association with early adiposity rebound, cardio metabolic risk and cardiac function in Low Birth Weight Children at 2 years in Kerala</td></tr>
<tr><td>Introduction</td><td>Inadequate nutrition during the early life of an individual could lead to adiposity gain and early adiposity rebound. Early adiposity is found to be associated with fat deposition during mid childhood and could affect the cardiac structure and function at midlife. It could ultimately predispose an individual to early onset of cardio metabolic diseases. There are limited Indian studies assessing the impact of early feeding practices on the adiposity gain and the consequences of early adiposity rebound. The LBW poses to be a burden in Kerala with a prevalence of 13.3% (NFHS 5). Early identification and stratification of baseline risk and the mediators of such risk in the first thousand days will help us to elucidate opportunities beyond birth to slow down the progression of cardio metabolic risk in LBW children. Proposed to conduct a detailed follow-up of this birth cohort at 2-years to assess the impact of early feeding practices on adiposity gain and the association of adiposity measures and cardio metabolic health of LBW children during the two-years of life. This study is conducted by Sree Chitra Tirunal Institute for Medical Sciences and Technology (SCTIMST) in collaboration with Child Development Centre (CDC).</td></tr>
<tr><td>Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)</td><td>Outcome indicators
<table><tr><th>Outcome</th><th>Measurement</th></tr><tr><td>Cardiometabolic risk</td><td>The study will evaluate cardiometabolic risk throu high blood pressure, abnormal lipid levels, insuli carotid intima-media thickness (cIMT).</td></tr><tr><td>Cardiac structure and function</td><td>Left ventricular mass (LVM) and left ventricular (LVEF) will be measured to evaluate the cardia function of the children</td></tr><tr><td>Neurodevelopment</td><td>Children’s neurodevelopmental status will be asse Developmental Assessment Scales for Indian Infant Vineland Social Maturity Scale (VSMS)</td></tr></table></td></tr>
<tr><td>Innovation/ special aspect about the subject above</td><td>This represents the first birth cohort study in India dedicated exclusively to low birth weight (LBW) children. It will facilitate longitudinal follow-up across various developmental phases, providing insights into how early feeding practices and epigenetic factors impact long-term health outcomes.</td></tr>
</table>

<table>
<tr>
<td>Service Delivery Details</td>
<td>Low birth weight (LBW) children registered at the CDC during the period 2021–2024 will be contacted at two years of age. During this follow-up, their feeding practices, anthropometric measurements, and developmental status will be assessed. In addition, blood investigations (lipid profile, insulin resistance markers, serum protein, and haemoglobin) will be conducted at CDC. Echocardiography and carotid intima-media thickness (cIMT) assessments will be carried out at SCTIMST. Appropriate dietary advice will be provided to all participants. Furthermore, interventions for any detected cardiac structural or functional abnormalities will be offered at SCTIMST, and interventions for neurodevelopmental issues will be provided at CDC.
<table>
<tr><td>Total number of children recruited</td><td>460</td></tr>
<tr><td>Blood analysis completed</td><td>455</td></tr>
<tr><td>Growth and development assessment</td><td>455</td></tr>
<tr><td>Blood pressure monitoring</td><td>450</td></tr>
<tr><td>Echo and cIMT</td><td>115</td></tr>
<tr><td>DNA extraction</td><td>220</td></tr>
</table>
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</table>

Initiative/ Project No. 9

<table>
<tr><td>Name of Organisation</td><td>Child Development Centre</td></tr>
<tr><td>Name of Project/Scheme/Programme</td><td>Pallium India & CDC –OP Initiative Overview</td></tr>
<tr><td>Introduction</td><td>The CDC-OP (Child Development Centre Outpatient) clinic is a dedicated initiative in pediatric palliative care launched in January 2024 at the Child Development Centre near SAT Hospital, Trivandrum. The clinic was established following the pediatric palliative care model first introduced at Pallium India in 2022. It aims to provide comprehensive, multidisciplinary care to children with life-limiting and complex conditions, focusing on symptom relief, psychological support, and caregiver well-being.</td></tr>
<tr><td>Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)</td><td>
<table>
<tr><th>Section</th><th>Key Points</th></tr>
<tr><td>Origin</td><td>Pallium India founded in 2003 by Dr. M.R. Rajagopal; influenced national policy (2012) and NDPS Act amendments (2014). Pediatric palliative care started at Pallium India (2022); CDC-OP started in Jan 2024.</td></tr>
<tr><td>CDC-OP Team Composition</td><td>1 Doctor, 1 Physiotherapist, 1 Pediatric Social Wo 1 Psychologist, 1 Nurse</td></tr>
<tr><td>Target Group</td><td>Children with chronic, complex, and life-lim conditions, mostly in the non-cancer pedi palliative care model</td></tr>
<tr><td>Age Range</td><td>1 to 13 years</td></tr>
<tr><td>Patient Load</td><td>~70 registered children (CDC-OP-NCA)</td></tr>
<tr><td>Care Model</td><td>Holistic, interdisciplinary, and family-centered g assessments with tele-counselling and in-pe follow-ups</td></tr>
</table>
</td></tr>
<tr><td>Innovation/ special aspect about the subject above</td><td>This is among the first non-cancer paediatric palliative care outpatient services integrated into a Child Development Centre in the government sector. It introduces a team-based, family-centered model combining clinical, psychosocial, behavioral, and rehabilitative interventions tailored to the needs of children with neurodevelopmental and chronic disorders, offering integrated tele-counselling and home-based support.</td></tr>
<tr><td>Service Delivery Details</td><td>Service Delivery Details:
<table>
<tr><th>Service Components</th><th>Description</th></tr>
<tr><td>Assessment Approach</td><td>Initial comprehensive group visits by all team members (doctor, physio, psychologist, social worker, nurse)</td></tr>
</table>
</td></tr>
</table>

Psychological Support	Counselling sessions for children and caregivers (13 sessions in April 2025)
Social Work	Socio-economic assessment and counselling (15 sessions in April 2025)
Physiotherapy	Support for motor and movement difficulties (1 session in April 2025)
Nursing Care	Procedures and clinical care (10 sessions in April 2025)
Session Volume (April 2025)	Total: 39 sessions
Follow-up Modalities	In-person and tele-counselling follow-up, caregiver support, psychiatric referrals

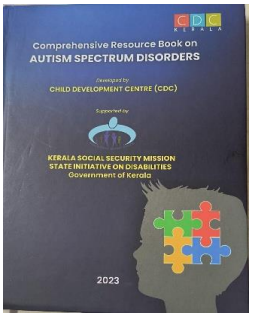
Additional Insights:

- **Group Interventions:** Focus on collaborative planning and delivery
- **Caregiver Services:** Includes psychiatric support and mental health counselling for parents and siblings
- **Conditions Addressed:** Chronic symptoms, behavioral issues, motor impairments, socio-emotional needs
- **Model Strength: Team-based care model** with **flexible follow-up**, ensuring **continuity and compassion**

Initiative/ Project No. 10

Name of Organisation	Child Development Centre
Name of Project/Scheme/Programme	Publication of "Comprehensive Resource Book for Autism Spectrum Disorders"
Introduction	The *Comprehensive Resource Book for Autism Spectrum Disorders* was published in **2023** with the financial support of the **Kerala Social Security Mission**. It was developed through a collaborative and expert-led process aimed at creating a **jargon-free, practical guide** for professionals and caregivers involved in the care of children with Autism Spectrum Disorder (ASD). The editorial leadership was provided by **Dr. MKC Nair**, former Vice Chancellor of KUHS and Founder Director of CDC, and **Dr. Paul Russel**, Professor of Psychiatry, Child and Adolescent Psychiatry Unit, Christian Medical College, Vellore.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	**Content Development Process:** • **Workshops Conducted:** 8 two-day workshops • **Total Experts Involved:** Nearly 60 professionals from various specialties • **Methodology:** o Focused Group Discussions (FGDs) o In-depth interviews of domain experts o National and international literature review o Series of content finalization workshops • **Validation:** Conducted by the Child and Adolescent Psychiatry Unit at CMC Vellore, led by **Dr. Priya Mammen**, Professor & Head **Objective:** To offer a **comprehensive, accessible, and practical guide** for professionals and caregivers involved in the identification, assessment, and multidisciplinary management of Autism Spectrum Disorder in children. **Structure of the Book:** ***SECTION I: General Information on ASD*** 1. Introduction, History & Construct of ASD 2. Epidemiology 3. Aetiology, Clinical Features and Prognosis 4. Diagnosis and Differential Diagnosis 5. Intervention

	SECTION II: Special Information on ASD 6. Developmental Therapy of ASD 7. Management of Communication Issues 8. Management of Behavioural Issues 9. Management of Sensory Issues 10. Biomedical Management 11. Neuropsychiatric Management 12. Educational Management 13. Adaptive Behavior & Social Development 14. Parenting and Family Management
Innovation/ special aspect about the subject above	• First **multidisciplinary, validated, and user-friendly** ASD resource developed in Kerala • Emphasizes **individualized care** and **holistic intervention planning** • Developed and validated by **national leaders in the field of child psychiatry and developmental pediatrics**
Service Delivery Details	Core Intervention Principles Highlighted: 1. **Symptom Minimization & Quality of Life Focus** – Tailored, developmentally sequenced, evidence-based interventions. 2. **Developmental Approaches** – Building core developmental skills. 3. **Communication Approaches** – Enhancing understanding and expression. 4. **Behavioral Approaches** – Targeted behavior modification based on antecedents and consequences. 5. **Educational Interventions** – Structured classroom support with visual aids and consistent strategies. 6. **Social-Relational Interventions** – Promoting emotional bonding and social skills. 7. **Psychological Interventions** – Supporting mental health and coping mechanisms. 8. **Pharmacological Support** – For co-morbid conditions; not for core ASD symptoms.



Initiative/ Project No. 11

<table>
<tr><td>Name of Organisation</td><td>Child Development Centre</td></tr>
<tr><td>Name of Project/Scheme/Programme</td><td>Teen club for children riding on insulin</td></tr>
<tr><td>Introduction</td><td>As a part of 'teenage day oration' of CDC, a teen club was inaugurated on October 31st 2023.The club is exclusively for diabetic teens who registered in SAT diabetic clinic. Club desires to include students from 5th grade till 12th grade. Activities are planned on the 4th Saturday of every month (time 1.30PM to 3.30PM). The main objective behind the club was to give preference to activities to improve children's mental well-being rather than talking about usual diet plan and insulin intake.
1st meeting was held on 25th November 2023. Every month meeting date will be communicated to the teens through "whatsapp" group. The Teen Club model was set up to provide a forum for adolescents to work through the challenges associated with diabetics with the support from health care providers. Over 25 teens gathered for games, seeing friends and a little lesson on adverse effects of drugs.</td></tr>
<tr><td>Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)</td><td>Below is a concise fact sheet table summarizing Teen Club's key indicators
<table>
<tr><th>Indicator</th><th>Details</th></tr>
<tr><td>Club Launched on</td><td>October 31, 2023 (Teenage Day Oratio CDC)</td></tr>
<tr><td>1st Meeting</td><td>November 25, 2023</td></tr>
<tr><td>Target Age Group</td><td>10–18 years</td></tr>
<tr><td>Meeting Schedule</td><td>4th Saturday/month, 1:30–3:30 P (information via Whatsapp group)</td></tr>
<tr><td>Beneficiaries</td><td>A group of teens with Type 1 Diabetes</td></tr>
<tr><td>Current Funders</td><td>Peerless Biotech Pvt. Ltd (refreshmen only)</td></tr>
<tr><td>Spatial Challenges</td><td>No full program funding; teens mi sessions due to transport/parent's loss wages</td></tr>
</table></td></tr>
<tr><td>Innovation/ special aspect about the subject above</td><td>While traditional diabetes programs concentrate heavily on diet and insulin education, our club focuses on teens sharing their own real-life experiences with Type 1 diabetes, which helps them feel understood and less alone, and even improves coping skills and reduce stress levels according to evidence that peer-group led support reduces anxiety and diabetes distress in adolescents</td></tr>
<tr><td>Service Delivery Details</td><td>Services So far.....
Create a supportive environment
• Offering a safe space where teens can share experiences, challenges, and success stories with others who understand what they are going through.
• Providing an environment where members are building lasting friendships based on shared experiences, reducing feelings of isolation.</td></tr>
</table>

	• Teaching adaptive skills on mental health challenges lik stress, anxiety, and depression. ***Understanding Type 1 Diabetes*** • Educating members on important aspects like blood sugar monitoring, insulin therapy, diet management, exercise, and coping with stress. • Encouraging teens to stay updated on new treatments, technologies (like insulin pumps and continuous glucose monitors), and lifestyle modifications. *Encouraging healthy Lifestyle Habits* • Teaching the importance of balanced diet and how food choices are impacting blood sugar levels. • Encouraging regular exercises and other activities like sports or dance emphasizing the importance of staying active for overall health. *Collaborate with Healthcare Professionals* • Arranging guest speakers like endocrinologists, dieticians, psychologists, optometrists and diabetes educators who are providing expert advice and answering questions. • Providing a forum for teens to meet with their healthcare providers for advice or updates on their condition. *Develop life skill-Coping Strategies* • Teaching techniques such as brain gym, mindfulness, yoga, meditation, and relaxation exercises that help to manage stress, which can impact blood sugar control. • Preparing teens for challenging social situations, such as eating out or school parties, where they face diet management. *Enhance leadership qualities* • Empowering older teens to mentor younger members, while developing leadership skills and enhancing a sense of responsibility. • Encouraging active participation in the organization and planning of events, helping teens develop leadership and organizational skills. *Fun & Entertainment* • Organizing entertainment activities such as games, roleplay, mime, or cooking classes. • Celebrating important festivals and events such as Onam, Christmas, New Year etc. *Encourage Family Involvement*

	• Involving families in some activities or meetings to help them better understand the challenges and needs of their teen kids with diabetes. By focusing on these objectives, the club can help diabetic teens gain confidence, improve their knowledge, and feel more empowered to live positive life while managing the condition. **Current Situation** • We couldn't find any funding agency so far. A pharmaceutical company (Peerless Biotech Pvt.Ltd) is currently providing funding, but only for refreshments. • Many teens miss meetings due to financial constraints (e.g. transport costs, loss of wages for the accompanying parent etc.).

Initiative/ Project No. 12

<table>
<tr><td>Name of Organisation</td><td>Child Development Centre</td></tr>
<tr><td>Name of Project/Scheme/ Programme</td><td>Project: Prevention of Non-Communicable Diseases: Lifestyle Disease Screening and Intervention Program for Higher Secondary School Students in Kerala</td></tr>
<tr><td>Introduction</td><td>Non-Communicable Diseases (NCDs) are rising in morbidity and mortality, necessitating preventive measures to reduce their health and socio-economic impact. Since many NCDs are caused by unhealthy lifestyle behaviors, early screening and interventions focusing on limiting these behaviors in childhood and adolescence are crucial. This project, supported by the Department of General Education, Higher Secondary wing, targets lifestyle risk factors among higher secondary school students in Kerala.</td></tr>
<tr><td>Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)</td><td>
<table>
<tr><th>Indicator</th><th>Details</th></tr>
<tr><td>Target Population</td><td>Higher Secondary School Students (Class XI) across Kerala (760 Government schools)</td></tr>
<tr><td>Total Students Screened</td><td>1,00,868 students</td></tr>
<tr><td>Age Range</td><td>Mean age 16.02 years (SD 0.605)</td></tr>
<tr><td>Gender Distribution</td><td>54.9% girls, 45.1% boys</td></tr>
<tr><td>Assessment Tools</td><td>Web-based screening questionnaire, pre-tested lifestyle questionnaire, BP, height, weight</td></tr>
<tr><td>Trained Personnel</td><td>200 IAP Pediatricians, 820 PHC Medical Officers, 820 Souhruda Coordinators, 850 School Counselors</td></tr>
<tr><td>Screening Method</td><td>Self-administered computerized web tool developed by CDC, computerized by NIC, security audited by Kerala State IT Mission</td></tr>
<tr><td>Consent</td><td>Only students with parental consent and personal assent included</td></tr>
<tr><td>Key Lifestyle Indicators Assessed</td><td>Dietary habits, physical activity, screen time, substance abuse, perceived stress</td></tr>
<tr><td>Key Physiological Indicators</td><td>Blood Pressure, Height, Weight</td></tr>
<tr><td></td><td></td></tr>
</table>
Major Findings

• Dietary Habits:
o 50.2% students have healthy dietary habits.
o 25.8% have mild/moderate dietary risk.
o 24% have severe dietary risk (boys more at risk than girls).
</td></tr>
</table>

	○ Highest severe risk districts: Kottayam (29.1%), Ernakulam (28.3%), Alappuzha (27.1%). **Physical Activity:** ○ 33.3% engaged in vigorous sports 5+ days/week. ○ Nearly half of active students exercise less than 30 minutes per day. ○ Only 18% have regular opportunities for physical activity at school. ○ 38.1% rarely or never have such opportunities. ○ Mild/moderate to severe risk of inadequate physical activity in 50% of students. ○ Higher risk in urban students compared to rural. • **Screen Time:** ○ 11% use screen media (TV, computers, mobiles) > 3 hours/day for non-academic use. ○ 20.9% spend 2-3 hours/day on non-academic screen time. • **Anthropometry:** ○ 13.3% overweight, 6.1% obese, 3.9% underweight. ○ Overweight/obesity more prevalent in urban areas and boys. • **Blood Pressure:** ○ 16.4% elevated BP, 11.5% stage 1 hypertension, 4.6% stage 2 hypertension. ○ Higher prevalence of elevated BP and hypertension in boys. ○ No major urban-rural differences in BP.
Innovation/ special aspect about the subject above	• This project uniquely combines large-scale web-based lifestyle screening with comprehensive training for paediatricians, PHC doctors, school counsellors, and teachers, enabling systematic assessment of NCD risk factors among adolescents. • Integration of IEC (Information, Education, and Communication) activities targeted at both students and parents promotes awareness and healthy lifestyle changes. • Early identification and school-based intervention with follow-up at four-month intervals help reduce risky behaviors before chronic disease onset. • Use of technology (web-based tools) for risk assessment and trained school personnel to conduct measurements promotes scalability and sustainability. • Emphasis on multi-sectoral collaboration (health, education) enhances program effectiveness in adolescent health promotion.
Service Delivery Details	• **Screening:** Conducted across 760 government higher secondary schools via a web-based questionnaire and physical measurements (BP, height, weight).

	• **Training:** Online training sessions for 200 IAP paediatricians, 820 PHC Medical Officers, 820 Souhruda coordinators, and 850 school counsellors on NCD risk factors, screening, and interventions. • **Intervention:** Implementation of CDC model intervention package including awareness classes, IEC materials, and lifestyle modification guidance. • **Follow-up:** Four-monthly follow-ups conducted at school level for students identified as high-risk. • **Monitoring & Evaluation:** Continuous assessment through data collected via web tools, with emphasis on improving awareness and promoting healthy behavior change.

17. Institute of Mental Health and Neurosciences (IMHANS)

Initiative/ Project No. 1

Name of Organization	Institute of Mental Health and Neurosciences (IMHANS) Kozhikode.
Name of Project/Scheme/Programme	PGDEI (Post Graduate Diploma in Early Intervention)
Introduction	The **Post Graduate Diploma in Early Intervention (PGDEI)** is a specialized professional program designed to train graduates in the identification and management of developmental delays and disabilities in infants and young children. The course focuses on early detection, assessment, and intervention strategies to support children with developmental challenges. It equips professionals with practical skills in multidisciplinary rehabilitation, family-centered care, and inclusive education. PGDEI aims to promote optimal developmental outcomes through timely and evidence-based early intervention services. This course at IMHANS received Rehabilitation Council of India and KUHS affiliation in 2025.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	**1. Programme Title** Post Graduate Diploma in Early Intervention (PGDEI) **2. Duration** 1 Year (Full-time) *(may vary by institution)* **3. Target Group** Medical Graduates, Psychology Graduates, Rehabilitation Sciences, Nursing, or related health sciences. **4. Objective** To train professionals in early identification, assessment, and intervention for infants and young children (0–6 years) with developmental delays and disabilities.
Innovation/ special aspect about the subject above	The Post Graduate Diploma in Early Intervention (PGDEI) is innovative because it emphasizes **early identification and timely intervention during the critical developmental period (0–6 years)**, when brain plasticity is highest. The course will help to create a big workforce pool at the ground level at identify conditions and limit disability in developmental disorders. It will have far reaching impact on the burden of disability in long term. Currently there is no such course in Kerala.

Service Delivery Details	The PGDEI program also will strengthen the service delivery of Child Developmental Services at IMHANS, through a **multidisciplinary and child- centred model** focusing on infants and young children (0–6 years) with developmental delays or disabilities. **Mode of Service Delivery** • Centre-based early intervention services • Hospital-based developmental clinics • Community outreach and screening camps • Home-based intervention guidance for parents • Tele-consultation (where applicable) **Types of Services Provided** • Developmental screening and assessment • Individualized Early Intervention Plan (IEIP) preparation • Speech and language stimulation • Cognitive and behavioural interventions • Motor skill development therapy • Parent counselling and training • Referral services to specialists (when required) **Target Beneficiaries** • Infants and children (0–6 years) with developmental delays • Children at risk (prematurity, birth complications, genetic conditions) • Parents and caregivers **Service Approach** • Multidisciplinary team collaboration • Family-centred care • Evidence-based intervention strategies • Periodic monitoring and progress evaluation **Monitoring & Follow-up** • Regular developmental progress assessments • Documentation and case reviews Parent feedback and outcome evaluation

EARLY INTERVENTION
PREVENT • DEVELOP • THRIVE
IMPROVING LIVES

Initiative/ Project No. 2

Name of Organization	IMHANS
Name of Project/Scheme/Programme	Recovery Facilitation Unit – OPPAM
Introduction	Oppam is a simple and practical manual prepared by the RFP team. It helps staff members work effectively with people diagnosed with chronic schizophrenia. The main aim of this manual is to provide proper guidance for conducting Social Skills Training (SST) and Life Skills Training.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	Output: • Standardized skill-based training modules • Ensures quality service • Improves staff competency Outcome: • Increased independence in patients • Improved confidence • Better social functioning • Gradual positive change over time
Innovation/ special aspect about the subject above	Oppam focuses on functional recovery, community reintegration, and independence. It shifts the focus from just "managing illness" to "building abilities and strengths."
Service Delivery Details	This program is for: • Individuals diagnosed with chronic mental illness like schizophrenia • Patients attending Day Care Psychiatry Rehabilitation • Patients who are clinically stable and suitable for psychosocial interventions Delivered through group Therapy Service Provider: who have six months experience in psychiatric rehabilitation

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അർഷാറാണി. പി.ടി | അർഷിന പി.കെ | അഖിൽ. പി
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Initiative/ Project No. 3

Name of Organization	Institute of Mental Health and Neurosciences (IMHANS), Kozhikode
Name of Project/Scheme/Programme	Pathways to Recovery
Introduction	Pathways to Recovery: Psychosocial Initiatives for the Residents in HMDC, Kozhikode, and Pratheeksha Bhavan, Thavanur, Malappuram is a project of the Social Justice Department, with the support of IMHANS, for comprehensive rehabilitative and mental health interventions for persons with intellectual disability. Psychiatric social workers, psychiatrists, speech therapists, special educators, and vocational trainers are working on this project. Assessments and interventions are initiated. Staff recruitment occurred in November, and the unit began functioning in November 2025.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	**1. Programme Title** Pathways to Recovery – Psychosocial Initiatives **3. Target Group** Residents with mental health conditions living in HMDC care homes. **4. Objective** To promote psychosocial rehabilitation, improve functional independence, and enhance quality of life among residents through structured therapeutic and community-based interventions.
Innovation/ special aspect about the subject above	Pathways to Recovery uses a person-centered, recovery-focused model integrating life-skills training, vocational rehabilitation, therapeutic activities, and family involvement to enhance independence and quality of life. Until now, the unmet need for mental health interventions among residents of rehabilitation centers has been a big

	problem. The services provided to them through government hospitals were not comprehensive, or multidisciplinary or with a systemic approach. Current project aims to address these issues.
Service Delivery Details	Pathways to Recovery delivers structured psychosocial rehabilitation through individualized care plans, life-skills training, group therapy, vocational activities, family counselling, regular monitoring, and multidisciplinary support through a dedicated team for the same.

Initiative/ Project No. 4

Name of Organisation	Institute of Mental Health and Neurosciences (IMHANS) , Kozhikode
Name of Project/Scheme/Programme	The Center for Interdisciplinary Brain Sciences (CIBS)
Introduction	The Center for Interdisciplinary Brain Sciences (CIBS) is a flagship research center established in 2022 to address fundamental and translational research questions in psychiatric and neurodevelopmental disorders. The Neuroscience Research Laboratory was set up as a part of the Centre of Excellence grant from the Government of India and started functioning to undertake biological psychiatric research and provide services for neuro-diagnostic investigations. The laboratory is interested in understanding the biological basis of behavior and diseases affecting them.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	Sanctioned ongoing research projects: • Role of DNA methylation in OCD; SERB, DST, GOI • Genetics of sleep deficits in ADHD; SERB, DST, GOI. • Sleep quality for carbonyl stress in schizophrenia. KSCSTE • Histamine synthesis pathway in Tourette syndrome. SBMR • Genetic risk factor and elevated carbonyl stress in schizophrenia. ; DHR, GOI- (re-entry fellowship) • Genetic architecture of inherited somniloquy. SERB, GOI. • Vitamin D in children with autism, (SBMR)

Innovation/ special aspect about the subject above	CIBS attempts for Scientific discovery and innovation attempting for breakthroughs in psychopharmacology and neurological interventions. It is important to generate Indian data related to genetics and other biological variables for which CIBS has an important role. IMHANS is uniquely placed for supporting CIBS as an institution associated with mental health training and service delivery, it provides a universe for clinical data and observation.
Service Delivery Details	Sleep laboratory, and EEG for evaluation of clinical conditions related to neurological disorders and mental health conditions.

Initiative/ Project No. 5

Name of Organization	Institute of Mental Health and Neurosciences (IMHANS) Kozhikode
Name of Project/Scheme/Programme	**Recovery Facilitation Project (RFP)**
Introduction	Recovery Facilitation Project (RFP) is a daycare project started in 2018 to facilitate the recovery of adults with severe and chronic mental illness and reintegrate them within the community. The Department of Social Justice, Govt. of Kerala funds it. The age group between 18 - 60 are eligible beneficiaries of the RFP. People using tobacco and occasional alcohol use will be included in the service.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	**Recovery Facilitation Project (RFP) – Summary** RFP is a government-funded daycare programme (since 2018) supporting adults aged 18–60 with severe mental illness through psychosocial rehabilitation and community reintegration. **Output Indicators:** enrolment, attendance, therapy sessions, care plans, vocational training, family counselling, community activities. **Outcome Indicators:** improved daily living and social skills, better medication adherence, reduced relapse, enhanced work readiness, increased community participation, and improved quality of life.
Innovation/ special aspect about the subject above	The innovation of RFP lies in its structured, recovery-oriented daycare model that combines psychosocial rehabilitation, vocational training, and family involvement to promote community reintegration and functional independence. Most of the rehabilitation programs for the mentally ill has been institution-based models which often fails to equip the patients the function as a productive member of the society. RFP attempts to train patients and try to place them in jobs in the community through networking and ongoing support.
Service Delivery Details	RFP provides structured psychosocial rehabilitation through individualized care plans, counselling, life- skills and vocational training, medication support, family involvement, and community reintegration with regular progress monitoring.

Initiative/ Project No. 6

Name of Organization	Institute of Mental Health and Neurosciences (IMHANS), Kozhikode
Name of Project/Scheme/Programme	Tribal Mental Health Project (TMHP)
Introduction	IMHANS has been running the district mental health program (DMHP) in Wayanad district with a significant tribal population for more than ten years from 2007 onwards. We learned from the experience that the present DMHP structure has limitations in bringing mental health services to the tribal population due to cultural, social and economic factors. The tribal mental health program for Wayanad district is planned in this context to address the identified service gaps and as an attempt to fulfil the NMHP objective of bringing mental health services to the doorstep of the tribal population. The project is not parallel to the DMHP.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	A DMHP-strengthening initiative by IMHANS delivering culturally sensitive, doorstep mental health services to tribal communities through outreach camps, screening, treatment, follow-up, awareness, and referrals. **Output Indicators:** camps conducted, hamlets covered, individuals screened, cases identified, follow-ups, medications provided, awareness sessions, workers trained. **Outcome Indicators:** reduced treatment gap, improved adherence, decreased relapse, better service utilization, reduced stigma, and improved functional outcomes.
Innovation/ special aspect about the subject above	The innovation lies in delivering culturally sensitive, doorstep mental health services through outreach and mobile care, specifically tailored to tribal communities, while strengthening the existing DMHP rather than creating a parallel system.
Service Delivery Details	Provides culturally sensitive, doorstep mental health services through outreach camps and mobile clinics, including screening, treatment, follow-up, referrals, and community worker involvement under strengthened DMHP services.

Initiative/ Project No. 7

Name of Organisation	Institute of Mental Health and Neurosciences (IMHANS) , Kozhikode
Name of Project/Scheme/Programme	Autism Center (ANUYATHRA, KSSM)
Introduction	Autism Center (Anuyathra) provides early identification, therapeutic intervention, special education, and family support services, promoting developmental progress, social skills, and inclusive community participation for children with autism.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	ANUYATHRA provides early identification, assessment, therapy, special education, and parent training for children with autism through a multidisciplinary approach. **Output Indicators:** children screened and enrolled, therapy sessions conducted, IEPs prepared, parent trainings held, staff trained, awareness programmes organized. **Outcome Indicators:** improved communication, social and adaptive skills, reduced challenging behaviors, better school readiness, increased inclusion, and enhanced family coping and quality of life.
Innovation/ special aspect about the subject above	ANUYATHRA's innovation lies in its integrated, multidisciplinary early-intervention model combining therapy, special education, and structured parent training, ensuring holistic, family-centered, and outcome-focused autism care.
Service Delivery Details	ANUYATHRA delivers multidisciplinary autism services including developmental screening, diagnostic assessment, individualized education plans, speech therapy, occupational therapy, behavioral intervention, social skills training, and structured parent counselling. Services are provided through individualized, goal- oriented plans with regular progress monitoring, family involvement, school readiness support, and community inclusion initiatives to ensure holistic developmental outcomes.

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SOCIAL JUSTICE DEPARTMENT
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(AUTISM CENTRE)
പ്രധാന സേവനങ്ങൾ
കുട്ടികളിലെ വളർച്ച വികാസത്തിലെ കാലതാമസം,
ഓട്ടിസം എന്നിവ എത്രയും നേരത്തെ കണ്ടെത്തുന്നു.
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ഫിസിയോതെറാപ്പിസ്റ്റ്, ഒഡിയോളജിസ്റ്റ്/സ്പീച്ച് തെറാപ്പിസ്റ്റ്,
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Initiative/ Project No. 8

Name of Organization	Institute of Mental Health and Neurosciences (IMHANS), Kozhikode
Name of Project/Scheme	Tele-Manas
Introduction (in Brief)	**Tele MANAS (Tele Mental Health Assistance and Networking Across States)** is a Government of India initiative launched to provide free, 24/7 tele-mental health services across the country. It aims to offer immediate psychological support, counselling, and referral services through a nationwide toll-free helpline to improve access to mental healthcare.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	**Tele MANAS (Tele Mental Health Assistance and Networking Across States)** **1. Programme Title** Tele MANAS **2. Implementing Authority** Government of India – Ministry of Health & Family Welfare **3. Launch Year** 2022 **4. Objective** To provide free, 24/7 tele-mental health counselling, crisis support, and referral services across India through a nationwide toll-free helpline. **5. Target Beneficiaries** • Individuals experiencing stress, anxiety, depression, or emotional distress • People in crisis situations • Individuals from underserved and remote areas • Youth, elderly, and vulnerable populations
Innovation/ special aspect about the subject above	Tele MANAS provides 24/7 free tele-mental health support, ensures confidential access nationwide, integrates referral services, and strengthens crisis intervention through a technology-enabled network
Service Delivery Details	Tele MANAS delivers 24/7 tele-counselling via toll- free helpline, providing crisis support, psychological first aid, follow-up care, and referral through a structured two-tier system.

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18. State Institute of Medical Education and Technology (SIMET)

INITIATIVE/ PROJECT NO. 1

Name of Organisation	STATE INSTITUTE OF MEDICAL EDUCATION & TECHNOLOGY UNDER GOVERNMENT OF KERALA
Name of Project	**Establishment of New Nursing Colleges**
Introduction	The Kerala Government has taken a significant step to boost nursing education in the state by establishing 7 new nursing colleges under SIMET across Kerala during 2023. This initiative aims to provide students with increased opportunities to pursue nursing education within their home state.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	***Output Indicators*** • **Academic output :** 7 new nursing colleges across Kerala under SIMET. 60 students admitted to BSc Nursing course per batch/college annually. 420 students admitted. 126 faculty recruited .Pass percentage >90% in the initial semester. • **Geographic Coverage:** Colleges distributed across different districts to ensure statewide access. 3 colleges in North Kerala at Tanur, Dharmadam & Taliparanmba. And the other colleges at Konni,Nooranad,varkala and Neyyattinkara,. • **Infrastructure Development:** New campuses with classrooms, well equipped labs, library and clinical training facilities at Government hospitals with good patient strength. ***Outcome Indicators*** • **Regional Equity Enhanced Access to Nursing Education within the state**. Rural and urban students gain opportunities closer to their residence • **Healthcare Quality Improvement:** Better nurse patient ratios in hospitals and community health centers. • **Employment Opportunities:** Increased job prospects for nursing graduates in India and abroad. • **Long-term Health System Strengthening:** Supports Kerala's reputation for strong public health services. • **Contribution to National/Global workforce Demand:** Addresses shortage of nurses in India and abroad.
Innovation/ special aspect about the subject above	• Establishing 7 nursing colleges simultaneously under a single umbrella (SIMET) ensures uniform standards, centralized governance, and coordinated curriculum delivery.

Service Delivery Details	• **Policy Framework:** SI-MET serve as the nodal agency to ensure standardized governance. • **Human Resources:** Recruitment of qualified nursing faculty and administrative staffs • Infrastructure **Development:** Construction of college building, classrooms, laboratories, hostels, and clinical training facilities. • **Curriculum Implementation:** Delivery of B.Sc Nursing programs aligned with Indian Nursing Council standards. • **Admissions:** Transparent admission process • **Clinical Training:** Partnerships with Govt. hospitals and health centers for hands-on practical exposure.

INITIATIVE/ PROJECT NO.2

Name of Organisation	STATE INSTITUTE OF MEDICAL EDUCATION & TECHNOLOGY UNDER GOVERNMENT OF KERALA
Name of Project/Scheme/Programme	**Establishment of new SIMET College of Nursing at Chavara (Kollam Dist) 2025**
Introduction	SIMET is expanding its nursing education network, and a new college is being established at Chavara in Kollam District. This initiative aims to provide students with increased opportunities to pursue nursing education within their home state, Kerala.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	**Output indicators** • 1 new college at Chavara, Kollam with 60 student intake • Infrastructure arrangement of college building, Classrooms, labs, library, hostel facilities, etc • Faculty Recruitment: Increased demand for qualified nursing educators and support staff. **Outcome indicators** • Increase in nursing seats available in Kerala • Enhanced career opportunities for local students • Contribution to Kerala's healthcare workforce over time • Improved healthcare service delivery in Kollam district and surrounding areas.
What is the Innovation/ special aspect about the subject above (Mention briefly)	• Bringing nursing education closer to students in Kollam district, reducing the need to relocate to major cities utilizing the health care facilities of Govt. Hospitals. • Countering "educational out-migration" by enabling Kerala students to pursue nursing within their home state • Training nurses who are more likely to serve their own communities, addressing regional healthcare gaps.
Service Delivery Details	• **Policy Framework:** SIMET serve as the nodal agency to ensure standardized governance. • **Human Resources:** Recruitment of qualified nursing faculty and administrative staffs • Infrastructure **Development:** Construction of college building, classrooms, laboratories, hostels, and clinical training facilities. • **Curriculum Implementation: Delivery of B.Sc** Nursing programs aligned with Indian Nursing Council standards.

	• **Admissions:** Transparent admission process • **Clinical Training:** Partnerships with Govt. hospitals and health centers for hands-on practical exposure.

INITIATIVE/ PROJECT NO. 3

Name of Organisation	STATE INSTITUTE OF MEDICAL EDUCATION & TECHNOLOGY UNDER GOVERNMENT OF KERALA
Name of Project/Scheme/Programme	Global Skill Partnership Program
Introduction	SIMET has collaborated with University of Klinikum Saarlandes (UKS) in Germany through Global Skills Partnership Program (GSP) in nursing, an innovation initiative, first of its kind in India. An MOU has been signed with UKS in Germany, GIZ (A development agency under German federal ministry) and SIMET. The students enrolled in the program will receive free training in German language and will be employed as registered nurse by the employer in UKS and their hospitals. The project aims to establish a training partnership with SI-MET in Kerala and Health Care Organization in Germany with the aim for a recognizable nursing qualification in accordance with German requirements, including German language skill at a suitable language level.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	**Output indicators** • Tripartite agreement (SIMET + UKS + GIZ) • Free language training provided (cost savings per student) • Number of graduates employed as registered nurses at UKS • Indian nursing degree recognized under German requirements **Outcome Indicators** • Percentage of graduates securing overseas nursing positions • Sustainable channel for skilled Indian nurses to German healthcare system ensure fair and safe migration process. • SIMET's capability to deliver internationally benchmarked training • Graduates' ability to work in diverse healthcare environments • Economic contribution to Kerala/India through nurse earnings abroad • skilled nurses addressing UKS workforce gaps • Potential for scaling GSP model to other Indian

	nursing institutions
Innovation/ special aspect about the subject above	• India's first GSP nursing partnership —first of its kind in Indian nursing education (pilot for national replication) • Seamless blend of Indian degree + German language + geriatric specialization • Guaranteed employment pre-linked to education • Sustainable India-Germany skills corridor established • Free German language training funded through partnership (GIZ/SIMET/UKS), removing financial barriers for students
Service Delivery Details	• International nursing education with integrated German language training and guaranteed overseas employment • Bilateral skills partnership under Germany's Global Skills Partnership framework • Aligned with German healthcare requirements for elderly care • German authorities' recognition of Indian nursing degree

INITIATIVE/ PROJECT NO.4

Name of Organisation	STATE INSTITUTE OF MEDICAL EDUCATION & TECHNOLOGY UNDER GOVERNMENT OF KERALA
Name of Project/Scheme/Programme	**Research Activities & Opportunities**
Introduction	SI-MET engage in a dynamic range of research activities designed to involve every level of academic community. It include Faculty-Led Projects, Student Research Programs, Faculty Development Program Unit, Technological Integration, etc.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	***Output Indicators*** • Faculty members with doctorate degree-11 • Faculty pursuing PhD-25 • PhD projects supervised by Faculty-20 • 25-30 Research projects every year by undergraduate students ***Outcome Indicators*** • Paper/poster presentation in National & International conferences by faculty members and students • Paper publications in peer reviewed/indexed journals • Faculty appraisal linked to research output
Innovation/ special aspect about the subject above	SI-MET treats research not as an isolated activity but as an institutional culture-building process- where technology enables access, development ensures quality, and students/faculty co-create knowledge across all levels.
Service Delivery Details	SI-MET operates as an integrated service ecosystem ensuring that faculty and students can seamlessly move between training, research execution, and professional development while receiving consistent, high-quality administrative and technological backing.

INITIATIVE/ PROJECT NO. 5

Name of Organisation	STATE INSTITUTE OF MEDICAL EDUCATION & TECHNOLOGY UNDER GOVERNMENT OF KERALA
Name of Project/Scheme/Programme	**Technological Integration**
Introduction	SI-MET is enhancing the learning spaces with cutting-edge technology. Each SIMET institution is equipped with an Interactive Smart Boards for dynamic presentations and real- time annotation
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	**Output Indicators** • Number of Interactive Smart Boards- one smart board installed per institution • Faculty trained on Smart Board usage- training given to all faculty members of institution • Number of technical support staff- one technical person per institution • Frequency of Smart Board use- 4-6 hours per day/week) **Outcome Indicators** • Shift toward active learning culture campus • Increase in interactive teaching methods & Reduction in instructor-centered lecture time • Faculty digital pedagogy competency growth • Reduction in traditional whiteboard/chalkboard dependency
Innovation/ special aspect about the subject above	SI-MET treats Smart Boards not as presentation upgrades but as pedagogical transformation engines—where technology erases the boundary between instructor and learner content control, making thinking visible, collaborative, and captured for deeper learning.
Service Delivery Details	• Standardized vendor selection across all SI-MET institutions • Professional mounting in classrooms/labs; integrated with existing AV/IT infrastructure; network connectivity setup • Mandatory orientation and training sessions & hands-on workshops for all faculty members

INITIATIVE/ PROJECT NO. 6

Name of Organisation	STATE INSTITUTE OF MEDICAL EDUCATION & TECHNOLOGY UNDER GOVERNMENT OF KERALA
Name of Project/Scheme/Programme	**Academic & Curriculum Innovation**
Introduction	• ***Post Graduate Nursing program:*** SIMET is Planning to commence postgraduate programs Medical Surgical Nursing, Mental Health Nursing, Obstetrical and Gynaecological Nursing, Child Health Nursing and Community Health Nursing specialties. • ***Paramedical courses:*** SIMET is set to broaden its academic spectrum by introducing paramedical courses, empowering students with hands-on skills and expertise in diverse paramedical fields. This expansion will provide a holistic learning experience, complementing our existing nursing programs.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	**Output Indicators** • Approval by apex bodies- INC, KNMC & KUHS • Establishment of advanced simulation labs; Specialty equipments and Clinical affiliation. • PG-qualified faculty recruited; Faculty development programs completed **Outcome Indicators** • Advanced clinical skill scores, critical thinking assessment and Research output in specialty areas • Employment in specialty areas and promotion to advanced practice roles • Reduction in specialty nurse shortages and improved patient outcomes.
Innovation/ special aspect about the subject above	SIMET leverages its established BSc Nursing foundation to create a ladderized health education ecosystem- **vertically** (BSc → MSc Nursing) and **horizontally** (Nursing + Paramedical)—producing interoperable healthcare professionals capable of collaborative practice in multidisciplinary teams, addressing both specialized and holistic patient care needs.

Service Delivery Details	SIMET operates a vertically integrated, horizontally connected health education ecosystem—delivering specialized PG Nursing through university-affiliated, research-intensive training and Paramedical courses through industry-aligned, competency-based education.

INITIATIVE/ PROJECT NO. 7

Name of Organisation	STATE INSTITUTE OF MEDICAL EDUCATION & TECHNOLOGY UNDER GOVERNMENT OF KERALA
Name of Project/Scheme/Programme	**Observance of various national health days/weeks**
Introduction	SI-MET regularly observe national health days and weeks to raise awareness about various health issues and promote healthy practices. Through these observances, we engage students, faculty, and the community in health-related activities.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	**Output Indicators** • Number of designated health days/weeks observed annually- 30 • IEC materials developed/distributed (posters, pamphlets, banners) for all designated health events. • Partnerships with health departments/NGOs per event • Availability of expert speakers for seminars and workshops. **Outcome Indicators** • Increase in health awareness for public • Change in health-related attitudes and perceptions • Adoption of healthy practices reported by participants • Student commitment to community health needs
Innovation/ special aspect about the subject above	SI-MET transforms national health observances from ceremonial events into structured learning opportunities where students apply classroom knowledge in real community settings, simultaneously achieving educational outcomes (skill building) and social outcomes (health awareness).
Service Delivery Details	SI-MET operates a structured, calendarized, and academically- integrated health promotion system—combining mandatory student participation with community immersion, clinical service delivery, and multi-stakeholder partnerships—to transform national health observances from symbolic rituals i nto measurable, sustainable community health improvement initiatives.

KEEP WALKWAY CLEAN
ANTI DRUG AWARENESS

SI-MET COLLEGE OF NURSING, TANUR
CHERIYAMUNDAM
JUNE 26
INTERNATIONAL
SAY NO TO
DRUGS
2025

INITIATIVE/ PROJECT NO. 8

Name of Organisation	STATE INSTITUTE OF MEDICAL EDUCATION & TECHNOLOGY UNDER GOVERNMENT OF KERALA
Name of Project/ Scheme/Programme	**Sustainable Development Goals**
Introduction	Integrating SDGs into Nursing Education • Quality Education (SDG 4) • Good Health and Well-being (SDG 3) • Gender Equality (SDG 5) • Partnerships for the Goals (SDG 17)
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	**Output Indicators** • Inclusion of global health and sustainability topics in the syllabus. • Number of case studies developed around SDG concepts. • Mentorship programs for female leadership in nursing. • Formal agreements (MOUs) with NGOs and global health partners. **Outcome Indicators** • Student competency scores in "Social Determinants of Health." • Percentage of female students in leadership or research roles. • Number of joint community projects completed with external partners. • Evidence of Global Citizenship through student participation in diverse cultural health initiatives.
Innovation/ special aspect about the subject above	SI-MET reimagines nursing education as sustainable development infrastructure-where every graduate, course, and partnership explicitly contributes to measurable global goals, transforming the profession from service delivery to justice-oriented, equity-driven, partnership-based change agency.
Service Delivery Details	SI-MET operates a governed, integrated, and impact-accountable SDG implementation system- embedding sustainable development into every dimension of nursing education (curriculum, pedagogy, assessment, community engagement, partnerships, and institutional culture)- with measurable community health outcomes as the ultimate accountability metric, not just graduate production.

FOR EVERY CHILD
HAS EVERY RIGHTS
HAPPY
CHILDREN'S
DAY

INITIATIVE/ PROJECT NO. 9

Name of Organisation	STATE INSTITUTE OF MEDICAL EDUCATION & TECHNOLOGY UNDER GOVERNMENT OF KERALA
Name of Project/Scheme/ Programme	**SIMET Health club**
Introduction	SI-MET is launching a Health Club exclusively for SIMET employees, focusing on holistic well-being. Key programs include; Health Screenings, Health Awareness Sessions, Health Exhibitions, Fitness Initiatives, Stress management programme and Workshops & Seminars. Our goal is to create a supportive environment, promoting physical, mental, and emotional well-being among employees.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	**Output Indicators** • Allocated space for fitness, yoga, and meditation sessions. • Availability of screening equipment (BP monitors, glucometers, weighing scales). • Budget for hiring expert speakers and wellness coaches. • Time dedicated within the work schedule for employee wellness activities. **Outcome Indicators** • Enhancement of Job satisfaction and work productivity • Improvement in clinical indicators (BP, BMI, blood sugar, cholesterol) • Reduction in stress and improvement in mental health • Adoption of healthy lifestyle practices (diet, exercise, sleep hygiene) • improvement in Health-seeking behavior • Increase in emotional resilience
Innovation/ special aspect about the subject above	SI-MET treats employee well-being not as peripheral benefit but as core institutional strategy—creating a dedicated, comprehensive Health Club that addresses physical, mental, and emotional dimensions simultaneously, signaling that healthy employees are essential to educational mission delivery, not just operational overhead.
Service Delivery Details	SI-MET operates a comprehensive, confidential, and inclusive employee well-being ecosystem—combining preventive screening, educational awareness, physical fitness, mental health support, and organizational culture change—with dedicated infrastructure, flexible access, and data-driven continuous improvement to ensure sustainable employee health as a strategic institutional asset.

INITIATIVE/ PROJECT NO. 10

Name of Organisation	STATE INSTITUTE OF MEDICAL EDUCATION & TECHNOLOGY UNDER GOVERNMENT OF KERALA
Name of Project/Scheme/Programme	**Community Outreach programs**
Introduction	A community outreach programs managed by faculty and students was implemented as a commitment to serve the geriatric, palliative and persons with special needs. The programs include Home Visits, Flash mobs & Awareness Campaigns, School Health Programs, Collaboration with NGOs and Health Camps.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	**Output Indicators** • Number of home visits conducted- 600 • Beneficiaries reached (geriatric, palliative, special needs)- 250 • Clinical services provided (health assessment, medication management, wound care, rehabilitation) • Referrals to higher health care centres • Number of campaigns organized- 15 • Number of camps organized-2 • Funding and resources allocated for health camps and school programs- NSS fund **Outcome Indicators** • Improvement in functional ability of elderly • Increase in community awareness on aging, palliative care, disability rights • Caregiver burden reduction • Government scheme linkage (Ayushman Bharat, disability pension)
Innovation/ special aspect about the subject above	• SI-MET targets three traditionally underserved groups (geriatric, palliative, special needs) through student-faculty collaborative practice—transforming community service from charity into competency-based education where students develop specialized skills in compassionate, complex care while communities receive sustained, dignified support.

Service Delivery Details	• SI-MET operates a structured, ethically-governed, and educationally-integrated community outreach system—combining direct clinical care, health promotion, and capacity building for three vulnerable populations through faculty-supervised student practice—with rigorous quality assurance, multi-sectoral partnership, and sustainable community ownership as core operational principles.

19. Institute for Communicative and Cognitive Neurosciences (ICCONS)

Initiative/ Project No. 1

Name of Organisation	Institute for Communicative and Cognitive Neurosciences (ICCONS)
Name of Project	Establishing Sensory Integration Therapy unit at ICCONS Shoranur and Trivandrum
Introduction	Sensory Integration Therapy (SIT) is a therapeutic approach that helps individuals especially children to improve their ability to process and integrate sensory information, leading to better motor skills, social interactions and overall functioning effectively in daily life.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	Sensory Integration Therapy (SIT) is commonly used for children with Sensory processing Disorder (SPD), Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), Developmental Coordination Disorder (DCD), Learning disabilities, intellectual disabilities, behavioral disorders, motor skill delays, anxiety disorders and developmental delays.
Innovation/ special aspect about the subject above	New therapeutical approach to the Autism and other neurodevelopmental disorders
Service Delivery Details	Provide services to children with neurodevelopmental disorders particularly autism spectrum disorder.

Initiative/ Project No. 2

Name of Organisation	Institute for Communicative and Cognitive Neurosciences (ICCONS)
Name of Project	Establishing IT Integrated rehabilitation therapy unit at ICCONS Trivandrum and Shoranur
Introduction	Virtual reality therapy simulates real life learning in cooperating increased sensory input by the use of technology. This technology helps people overcome mental health issues in a controlled and safe environment.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	The primary goal of introducing VR is to enhance the educational experience making learning more engaging interactive and effective. Virtual reality therapy can benefit a wide range of individuals including • Stroke survivors • Parkinson's disease • Autism spectrum disorders • Intellectual disabilities • Language disorders • Social communication disorders VR can be administered by various health care professionals including • Physicians • Licensed Therapists Speech language therapists Physiotherapists Occupational Therapists Psychologists Special educators Clinical linguists
Innovation/ special aspect about the subject above	Health care professionals like Physician and Therapists can apply VR in medical treatment / rehabilitation and patient care. An interdisciplinary approach to virtual reality involves collaboration among professionals from various field to develop and apply VR technology in a comprehensive and effective manner. Therapists lead VR therapy session, guiding individuals through virtual environment and activities designed to improve communication skills. They use VR to simulate real life scenarios. Also use VR games to promote language development. Speech therapists ask questions to encourage the individuals to interact with the VR

	environment such as asking them to describe what they see or experience Physiotherapists guide individuals through virtual environment and activities designed to improve physical function and mobility. They use VR therapy to help individuals improve mobility, balance and overall physical functions. Psychologists can guide individuals through virtual environments and activities designed to improve mental health outcomes. They use VR therapy to treat anxiety disorders, mood disorders, to improve cognitive functions including attention.
Service Delivery Details	Virtual reality therapy can benefit a wide range of individuals including • Autism spectrum disorders • Intellectual disabilities • Language disorders • Social communication disorders • Stroke survivors

Initiative/ Project No. 3

Name of Organisation	Institute for Communicative and Cognitive Neurosciences (ICCONS)
Name of Project/Scheme/Programme	Establishing Sensory Park at Trivandrum & Shoranur
Introduction	Sensory Park is a specialized outdoor space designed to stimulate multiple senses through unique features and equipment.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	These parks are particularly beneficial for children with disabilities, offering inclusive play and opportunities to develop sensory integration skills.
Innovation/ special aspect about the subject above	They incorporate elements like textured pathways, musical instruments, scented plants, and tactile walls, encouraging exploration and interaction with the environment.
Service Delivery Details	Help to improve the outcome in children with neurodevelopmental disorders particularly Autism spectrum disorder.

Initiative/ Project No. 4

Name of Organisation	Institute for Communicative and Cognitive Neurosciences (ICCONS)
Name of Project/Scheme/Programme	Establishing Play therapy Units at Trivandrum and Shoranur
Introduction	Play therapy help children express and process their emotions, behaviours and experiences. It helps to communicate and work through challenges in a fun and interactive way.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	Improves social skills such as communication Improves relationship with family members, friends and peer.
Innovation/ special aspect about the subject above	Improves cognitive skills and reduces behavioral problems such as hyperactivity.
Service Delivery Details	Provide services to differently abled children and those with neurodevelopmental disorders

Initiative/ Project No. 5

Name of Organisation	Institute for Communicative and Cognitive Neurosciences (ICCONS)
Name of Project/Scheme/Programme	Establishing Neuromotor Rehabilitation Unit/PMR at ICCONS Trivandrum
Introduction	The present Physiotherapy unit is working in a very small space which is limiting the service provided. The ICCONS Trivandrum is giving physiotherapy to both adults and children.
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	Children with locomotor abnormalities like CP etc require gait and posture training for which larger area is required.
Innovation/ special aspect about the subject above	Benefit patients with locomotor abnormalities, especially pediatric patients
Service Delivery Details	Improve the rehabilitation services offered to those with locomotor disability

Initiative/ Project No. 6

Name of Organisation	Institute for Communicative and Cognitive Neurosciences (ICCONS)
Name of Project/Scheme/Programme	Augmentation of functions of Genetic lab at ICCONS Shoranur
Introduction	a. Diagnostic test for triplet repeats expansions b. MPLA – based diagnostic test for microdeletion and microduplication syndromes c. Mutation screening for single gene disorders
Basic Fact Sheet covering all Indicators. (Output and Outcome Indicators)	Expansion of trinucleotide repeats (TNR) is now recognized as a major cause of several neurological disorders. In some cases, the number of triplets in the causative gene tends to expand as the disease gene is inherited. As the TNR expands in size, it alters the gene expression and/or function of the corresponding gene. The repeat length is often used clinically to diagnose the disease, to predict disease onset, and to provide insight into aspects of disease outcome. Some of the triplet repeat expansions leading to neurologic diseases are listed below, • CGG – fragile X syndrome, fragile X tremor ataxia syndrome • CAG –Huntington disease, spinal and bulbar muscular atrophy, dentatorubral-pallidoluysian atrophy • CTG – myotonic dystrophy type 1, Fuchs corneal dystrophy • GAA – Friedreich ataxia • GCC – FRAXE mental retardation • GCG – oculopharyngeal muscular dystrophy Microdeletion and microduplication syndromes are defined as a group of clinically recognisable disorders characterized by small (< 5 Mb) deletion or duplication of chromosomal segments spanning disease genes. Based on the birth rate in Kerala and the global prevalence of these syndromes, there is the likelihood of approximately 8 out of 500 children being diagnosed with one of these syndromes, given that approximately 15% of the newborn in Kerala are born with a disability.

	• We propose to develop a diagnostic test, based on MLPA (multiplex ligation-dependent probe amplification) technique, for the detection of a distinct subset of recurrent microdeletions and microduplications in human DNA derived from peripheral blood. The screening test will help in the detection of 31 microdeletion/microduplication syndromes listed below: like • Cri-du-Chat syndrome • Sotos syndrome • Williams-Beuren syndrome • Williams-Beuren duplication syndrome • DiGeorge syndrome-2 • Prader-Willi syndrome • Angelman syndrome • Lissencephaly-1 • NF1 microdeletion syndrome • DiGeorge syndrome • Phelan-McDermid syndrome • Rett syndrome • MECP2 duplication syndrome Single gene disorders are caused by mutations in a specific gene. These disorders are often heritable, and therefore, individuals with a family history of single gene disorders may be at risk for passing the condition onto their children Eg.Sickle cell anaemia, Retts Syndrome, Cystic fibrosis
Innovation/ special aspect about the subject above	Can be offered as a diagnostic test for various neurodevelopmental disorders and other genetic disorders.
Service Delivery Details	Help to diagnose various genetic disorders

20. Kerala State Organ and Tissue Transplant Organisation (K-SOTTO)

Initiative/ Project No. 1

Name of Organisation	Kerala State Organ and Tissue Transplant Organisation (K- SOTTO)
Name of Project/Scheme/Programme	Formation of K-SOTTO
Introduction	K-SOTTO (Kerala State Organ and Tissue Transplant Organisation) was established in 2021 as a government institution under the National Organ Transplant Programme (NOTP) of the Central Government, with the objective of further strengthening and expanding the "Mrithasanjeevani" Deceased Donor Multi Organ Transplant Programme (DDMOTP), which was initiated in 2012 based on the Transplantation of Human Organs Act, 1994. K-SOTTO functions as the nodal agency for coordinating all organ donation and transplantation activities in Kerala. It operates as a centralized authority for monitoring, regulating, and coordinating all aspects related to organ and tissue donation, retrieval, allocation, and transplantation across the State. The primary focus of K-SOTTO is to promote deceased organ donation and to ensure equitable, transparent, and ethical allocation of organs to patients in need, thereby addressing the critical shortage of organs for transplantation. As a regulatory body, K-SOTTO is entrusted with the following responsibilities: • Monitoring and regulating transplant centres • Maintaining a centralized waiting list • Coordinating organ allocation • Conducting public awareness and advocacy campaigns • Providing training to medical professionals • Facilitating legal and ethical compliance in organ transplantation

Service Delivery Details	K-SOTTO ensures efficient service delivery through: • Centralized digital waiting list management • 24×7 coordination for donor identification and organ allocation • Green corridor facilitation for rapid organ transport • Inter-departmental coordination with Police, Transport, Health, and Airport authorities • Continuous training of doctors, transplant coordinators, ICU staff, and clinicians • Public awareness and counselling support systems

Initiative/ Project No. 2

Name of Organisation	Kerala State Organ and Tissue Transplant Organisation (K-SOTTO)
Name of Project/Scheme/Programme	Development of Comprehensive Protocols and Standard Operating Procedures (SOPs) (First in India)
Introduction	Precise guidelines are essential to ensure transparency, efficiency, and ethical compliance in the deceased organ donation process. With this objective, Kerala became the first state in India to develop comprehensive protocols and Standard Operating Procedures (SOPs) for deceased organ donation. Under the leadership of K-SOTTO, detailed protocols and SOPs were formulated covering all stages of the deceased organ donation and transplantation process, including donor identification, certification of brain death, counselling of donor families, organ retrieval, preservation, transportation, allocation, and transplantation. These standardized guidelines ensure: • Uniform practices across all transplant centres • Transparency and accountability in organ allocation • Ethical compliance with legal provisions • Improved coordination among hospitals and agencies • Enhanced efficiency and quality of transplant outcomes
Innovation/ special aspect about the subject above	The major innovation is the development and statewide implementation of comprehensive protocols and SOPs for deceased organ donation, making Kerala the first state in India to establish such a structured operational framework. This initiative ensures: • Uniform clinical and administrative practices • Transparent organ allocation mechanisms • Ethical compliance and legal adherence • Efficient coordination among hospitals and

	agencies • Improved quality and success of transplant procedures • Service Delivery Details • Centralized donor identification and allocation coordination by K-SOTTO • Standardized procedures for brain death certification • Structured family counselling and consent process • Streamlined organ retrieval and preservation systems • Green corridor-enabled rapid organ transportation • Centralized digital waiting list and real-time organ allocation • Continuous monitoring and regulatory oversight

Initiative/ Project No. 3

Name of Organisation	Kerala State Organ and Tissue Transplant Organisation (K- SOTTO)
Name of Project/Scheme/Programme	Launched a new official website and digital portal
Introduction (in Brief)	With the objective of ensuring easy access to information, enhanced transparency, and efficient service delivery in organ donation and transplantation, K-SOTTO, with the technical support of the National Informatics Centre (NIC), launched a new official website and digital portal **(Fig.1).** The portal provides comprehensive information related to organ donation, including patient registration, organ allocation, and transplant-related services, through a user-friendly digital platform. It offers a public interface for citizens and a secure hospital login system for patient registration through treating hospitals. The website was officially launched on 20- 06-2023 by the Hon'ble Minister for Health & Family Welfare, Government of Kerala. This initiative marks a major milestone in strengthening digital governance, transparency, and ethical compliance in the organ donation ecosystem of Kerala.
Innovation/ special aspect about the subject above	The key innovation is the development of a fully integrated, centralized digital platform that brings together patient registration, organ allocation, and public awareness into a single portal. This platform ensures: • One-click access to comprehensive organ donation information • Transparent and traceable organ allocation process • Secure hospital-based patient registration • Elimination of intermediaries and unethical commercial practices • Strengthened public trust and digital governance

	This initiative represents a major step forward in ensuring transparency, accountability, and efficiency in organ donation and transplantation services.
Service Delivery Details	• Public interface providing organ donation awareness and guidance • Secure hospital login system for patient registration • Centralized digital waiting list management • Real-time monitoring and coordination by K-SOTTO • Automated tracking of donor and recipient data • Data security and audit trails to ensure transparency and accountability

Launched a new official website and digital portal

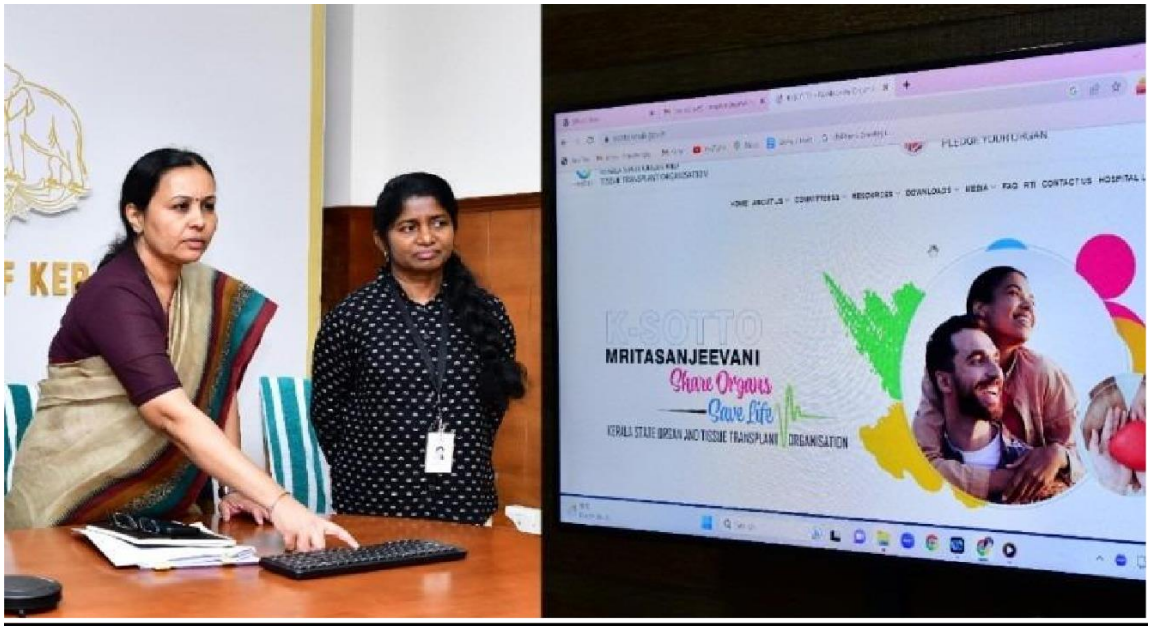


Fig (1): Honourable Minister Mrs. Veena George launching the website of KSOTTO

Initiative/ Project No. 4

Name of Organisation	Kerala State Organ and Tissue Transplant Organisation (K-SOTTO)
Name of Project/Scheme/Programme	Appointment of Deceased Organ Donation Nodal Officers in Zonal Offices
Introduction (in Brief)	The State of Kerala has been divided into three zones for effective coordination of deceased organ donation activities: ɔne: Thiruvananthapuram to Alappuzha Zone: Kottayam to Idukki ɔne: Palakkad to Kasaragod At present, deceased organ donation in the government sector is primarily implemented through the Medical Colleges at Thiruvananthapuram, Kottayam, and Kozhikode. To manage brain death certification, donor identification, organ retrieval, and related procedures, Deceased Organ Donation Nodal Officers and Assistant Nodal Officers have been appointed through the Directorate of Medical Education (DME) in the respective Medical Colleges. In addition, to ensure effective zonal coordination of organ donation activities, Transplant Coordinators have been appointed in four Government Medical Colleges (Thiruvananthapuram, Kottayam, Kozhikode, and Alappuzha) and in the District Hospital, Ernakulam. Roles and Responsibilities The primary responsibilities of the Nodal Officers include: • Coordinating organ donation activities in the Medical Colleges • Submitting budget proposals required for the implementation of the program • Ensuring timely and effective utilization of the sanctioned funds • Supervising donor identification processes in ICUs with the support of neurosurgery, neurology, and critical care teams • Accelerating procedural steps to facilitate timely

	organ retrieval Nodal Officers have also been instructed to ensure technical support for brain death certification and organ retrieval in other hospitals within their respective zones, and to deploy Transplant Coordinators wherever required. By closely monitoring alerts received from various hospitals and ensuring that all potential organ donations are carried out without delay or procedural hurdles, this system will provide significant relief to thousands of patients awaiting life-saving organ transplantation.
Innovation/ special aspect about the subject above	The key innovation is the introduction of a zonal coordination model through the appointment of dedicated Deceased Organ Donation Nodal Officers, Assistant Nodal Officers, and Transplant Coordinators, ensuring decentralized, region-specific, and real-time management of organ donation activities. This approach enables: • Faster donor identification • Prompt brain death certification • Efficient inter-hospital coordination • Timely organ retrieval and allocation • Reduced procedural delays This decentralized operational model has significantly strengthened Kerala's deceased organ donation framework, making it more responsive, efficient, and patient-centric.

Initiative/ Project No. 5

Name of Organisation	Kerala State Organ and Tissue Transplant Organisation (K-SOTTO)
Name of Project	Issuance of Licenses to Organ Transplant Centres
Introduction (in Brief)	K-SOTTO is the designated authority responsible for the issuance and renewal of licenses to healthcare institutions conducting organ transplant procedures. Licenses are issued following a thorough assessment of transplant centres to ensure the availability of requisite infrastructure and facilities for conducting organ transplant procedures. The licensing process is based on a systematic assessment of transplant centres to ensure compliance with statutory and regulatory requirements, including organ-specific infrastructure, qualified multidisciplinary personnel, and essential clinical and support services. Licenses are granted following verification of operational readiness and adherence to prescribed standards, and are subject to periodic monitoring and renewal. This regulatory framework facilitates standardization, quality assurance, and patient safety in the delivery of organ transplantation services across the state. At present, a total of 141 licenses have been issued to organ transplant centres across the state. These licenses have been granted to both government-run and private healthcare institutions. **(Fig 2).**

Issuance of Licenses to Organ Transplant Centres

Fig (2): Honourable Minister Mrs. Veena George presenting license for heart transplantation to Medical Superindent, General Hospital, Ernakulam in the presence of Dr. Noble Gracious, Executive Director, KSOTTO

Initiative/ Project No. 6

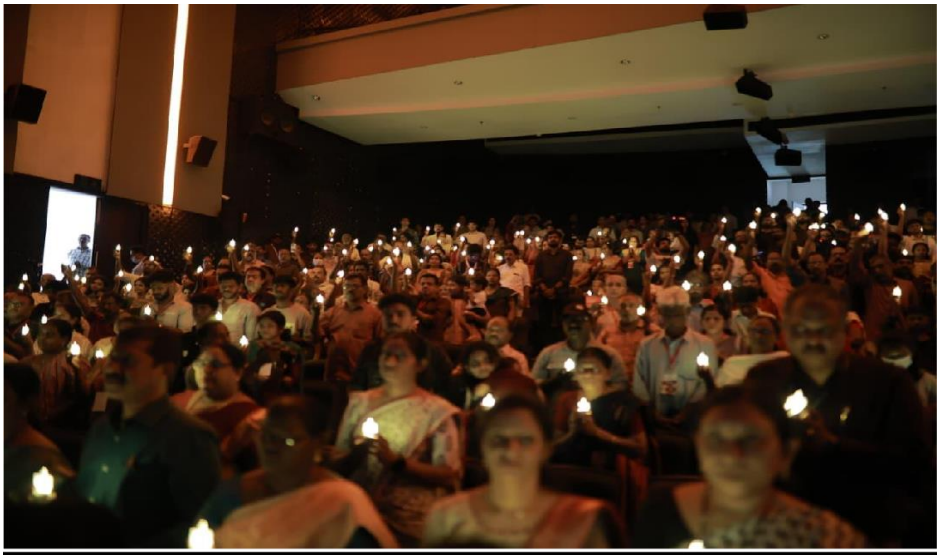
Name of Organisation	Kerala State Organ and Tissue Transplant Organisation (K-SOTTO)
Name of Project	Centralized Waiting List and Transparent Organ Allocation System
Introduction	Kerala State Organ and Tissue Transplant Organization (K-SOTTO) administers a centralized, state-wide waiting list for organ transplantation to ensure uniformity and equity in access to transplant services. Organ allocation is executed through a transparent, algorithm-based system grounded in predefined clinical, immunological, and ethical criteria, in accordance with national regulatory frameworks. This centralized allocation mechanism facilitates objective decision-making, optimizes organ utilization, minimizes inter-institutional and regional variability, and ensures traceability, auditability, and regulatory compliance within the organ donation and transplantation ecosystem. K-SOTTO operates a centralized, computerized waiting list to manage equitable organ allocation from deceased donors based on medical urgency, waiting time, and donor-recipient compatibility. Registration is done through hospitals, not directly by patients, and is free of charge. The system prioritizes patients based on specific criteria and coordinates with NOTTO for inter-state allocations.
Innovation/ special aspect about the subject above	• Registration Process: Patients register through a transplant coordinator at a licensed hospital, not directly on the K-SOTTO website. • Waiting List Management: K- SOTTO (formerly KNOS) maintains a state-wide, computerized, and transparent waiting list for organ failure patients. • Allocation Criteria: Organs are allocated based on a combination of factors: Medical Urgency: Sickest patients may get priority. • Wait Time: Time spent on the waiting list. • Compatibility: Biological matching (blood type, body size)

Initiative/ Project No. 7

Name of Organisation	Kerala State Organ and Tissue Transplant Organisation (K-SOTTO)
Name of Project	Honouring Organ Donor Families – Smrithi Vandanam Programme
Introduction	It is the institutionalized recognition of donor families to promote social acceptance and emotional support. The Smrithi Vandanam Programme is a policy initiative implemented by K-SOTTO to institutionalize the recognition of families of deceased organ donors. The programme is designed to formally acknowledge the social, ethical, and public health significance of deceased organ donation, while ensuring dignified engagement and psychosocial support for donor families. By integrating recognition mechanisms within the organ donation governance framework, Smrithi Vnadanam (Fig 3 -6) aims to enhance public trust, promote positive social attitudes towards organ donation, and support sustained improvements in donor identification and consent rates. The programme aligns with National Organ Transplantation Policies and reinforces ethical standards, transparency, and community participation in the organ donation system.
Innovation / Special Aspect:	Smriti Vandanam (Organ Donor Honouring Initiative) is an innovative social recognition model designed to honor deceased organ donors and their families while strengthening the culture of organ donation. Its innovation lies in blending public recognition, emotional support, digital documentation, and social awareness into one structured system.

Smrithi Vandanam and Donor honouring

Fig(3): Honourable Minister Mrs. Veena George at Smrithi Vandhanam Programme



Fig(4): Smrithi Vandhanam Programme

Fig (5): Donor Honouring by Executive Director, KSOTTO

Fig (6): Donor Honouring by Appropriate Authority

Initiative/ Project No. 8

Name of Organisation	Kerala State Organ and Tissue Transplant Organisation (K-SOTTO)
Name of Project	Green Corridor, Rapid Organ Transportation System (AIRCRAFT SYSTEM) and State wide Taxi Service
Introduction	To ensure the timely and safe transportation of organs across the state, the Government employs an integrated logistics framework that combines police-designated Green Corridors, commercial aircraft and helicopters leased from the Department of Home Affairs. These mechanisms enable uninterrupted, high-priority organ transport, minimizing the ischemic time and maximizing transplant success. The state-leased Home Department Helicopter has already been deployed six times for organ transport operations. **Fig(7-8).** Complementing this transportation infrastructure, KSOTTO has systematically expanded the organ transplantation network by issuing a total of 141 liscenses to both government and private hospitals. This combined approach-coordinating rapid organ delivery with liscensed, standards-compliant transplant centres – enhances operational efficiency, ensures patient safety, and strengthens the overall organ transplantation system statewide.
Innovation/Special Aspect:	Innovation in Road Green Corridors • Real-time traffic control using GPS and police coordination • Signal-free movement through synchronized traffic lights • Inter-agency communication systems • Time optimization algorithms Innovation Value: Reduces ischemia time (organ preservation time outside the body), increasing transplant success rates. Ultra-Fast Long-Distance Connectivity • Connects cities within hours • Enables national organ sharing networks • Expands donor-recipient matching beyond local boundaries Impact: Increases equitable organ allocation across regions.

	-Time-Sensitive Logistics Engineering -Dedicated Air Corridors & Priority Clearance The Green Corridor + Aircraft System is innovative because it: • Converts public infrastructure (roads, airports) into emergency life-saving channels • Uses synchronized governance and technology • Integrates healthcare, aviation, law enforcement, and IT • Creates a time-critical response ecosystem **Statewide Taxi Service** - the empanelment of statewide taxi service provides logistic support to enhance the efficiency and effectiveness of the operation of Kerala State Organ and Tissue Transplant Organization in facilitating organ and tissue transplants across Kerala for the smooth logistic operation of the organisation, including ambulances for the transport of organs. This initiative is a pioneering step of its kind in Kerala. It provides relief to the tedious task of figuring out transportation facilities during the time of emergencies and other official commitments and thereby reducing the delay in the process. The vehicle is proposed to utilize for the following purposes: - i. Transporting organs from retrieval centers to transplant centers. ii. Transporting cross-match samples. iii. Providing conveyance for empanelled doctors from residence to hospitals for brain stem death certification (twice in each case). iv. Arranging conveyance for inspection teams verifying facilities in transplant centers for fresh transplant license applications and renewals. v. Facilitating transportation for teams of doctors conducting inspections and audits in various transplant centers. vi. Providing transportation for training sessions at various centers/ hospitals/public gatherings. vii. Arranging patient transport for shifting brain stem death patients from ordinary hospitals to NTORC/Transplant centers. Providing ambulance for the shifting of bodies of deceased donors from donor hospital to Government Medical College for post-mortem and then to their houses for last rites.

Air Ambulance and Green Corridors organ transport

Fig(7): Airlifting of organs

Fig(8): Airlifting of organs

Initiative/ Project No. 9

Name of Organisation	Kerala State Organ and Tissue Transplant Organisation (K-SOTTO)
Name of Project	IEC & Training and Capacity Building of Medical Professionals
Introduction	Information, Communication & Education IEC is a public health strategy used to create awareness, influence attitudes, and promote healthy behaviours in communities. IEC strategy of KSOTTO has taken the organ donation scenario to new heights. KSOTTO conducts audio-visual announcements highlighting the importance of organ donation at railway stations and KSRTC bus stands where there is a large public presence. All stations of All India Radio in the state are being coordinated to broadcast special awareness programs for a period of one month. Various programs are also being planned, including conclaves for media professionals. In 2025 alone, 400 doctors were given special training to certify brain death, and around 15 training programs were organized for experts in this field. Currently, training is being provided to ICU staff and empanelled doctors across the state for the confirmation of brain death certification. In addition, transplant coordinators in various hospitals are being trained to educate patients and their families about organ donation, ensuring informed understanding and consent. **Fig(9-12)**
Innovation/Special Aspects	KSOTTO has strengthened Kerala's organ donation ecosystem through a structured model of Information–Education– Communication (IEC) and professional training. The innovation lies in converting awareness into measurable transplant outcomes through systemic capacity building. Innovative Elements in IEC: a) Targeted Communication Model • Separate modules for public, students, ICU staff,

	and administrators • Myth-busting campaigns addressing religious and cultural concerns b) Evidence-Based Messaging • Uses transplant success data • Shares donor family stories (ethical & consent-based) c) Multi-Platform Outreach • Hospital-based awareness drives • Academic sessions in medical colleges • Social media campaigns • Community engagement programs Innovation: Moves from general awareness to behavioural changecommunication (BCC) aimed at increasing organ pledge registrations and family consent rates.

IEC & Training and Capacity Building of Medical Professionals

Fig(9): Honourable Minister at Jeevanekam Jeevanakam Programme

Fig(10): Govt. Employees of Thiruvananthapuram Collectorate with District Collector Anukumari at Jeevandhaanam programme

Fig(11): Administrative Officer, KSOTTO, leading a class at IEC training

Fig(12): Audience at IEC training

Initiative/ Project No. 10

Name of Organisation	Kerala State Organ and Tissue Transplant Organisation (K- SOTTO)
Name of Project	Deceased donor organ donation
Introduction	As a result of the awareness and training programs conducted by K-SOTTO and the initiatives taken by the State Government in this direction, there has been a significant increase in the number of deceased organ donations over the past five years. Between 2020 and 2025, 107 deceased organ donors facilitated a total of 349 organ transplant procedures in Kerala. Innovative/Special Aspects: A single deceased donor can save or improve 8+ lives through: • Heart • Lungs • Liver • Kidneys • Pancreas • Intestine And help dozens more via tissue donation: • Corneas (restore sight) • Skin (burn treatment) • Bone, tendons, heart valves One individual can impact *many* recipients simultaneously. **(Fig 13-15)**
Service Delivery Objective	• Increase identification of potential brain-dead donors. • Ensure ethical, transparent, and timely organ retrieval and allocation. • Improve organ transplantation rates. • Strengthen coordination between hospitals and transplant networks.

Deceased Donor Organ Donation

Fig(13): Skin Bank Donation, Government Medical College, Trivandrum

Fig(14): Kin of deceased donor with KSOTTO officials

Fig(15): Deceased donor honouring

Initiative/ Project No. 11

Name of Organisation	Kerala State Organ and Tissue Transplant Organisation (K- SOTTO)
Name of Project	Appointment of Legal Counsel
Introduction	KSOTTO has engaged a legal counsel for handling litigation, providing legal opinions, drafting and reviewing agreements, ensuring regulatory compliance, and providing legal aid in cases filed before courts, tribunals, or other authorities. The legal counsel is appointed to deal with legal issues and to render advice on legal matters related to the administration of the functions of KSOTTO as a regulatory organisation to control the Human Organ Transplantations in Kerala. Duties of Legal Counsel includes: • Providing legal advice and guidance to the Executive Director and other members if needed. • Reviewing and drafting legal documents, contracts, agreements, MoUs and other pertinent matters on behalf of KSOTTO • Representing KSOTTO in legal matters, and any legal proceedings, as required. • Keeping abreast of relevant laws, regulations and legal developments that may impact KSOTTO's operations and providing proactive recommendations.

Initiative/ Project No. 12

Name of Organisation	Kerala State Organ and Tissue Transplant Organisation (K-SOTTO)
Name of Project	Constitution of State Level Technical Committee
Introduction	A State Level Technical Committee comprising experts from different fields, was constituted for providing technical advice to Government on the matters related to the decisions taken by the District Level Authorization Committee and Appropriate Authority to dispose off appeal petitions. Responsibilities of the Committee i. The Committee examines and decide on appeals against the decisions of District Level Authorization Committees and decide by issuing a speaking order attaching all the relevant documents as annexure. ii. The Committee reports their decisions to the Government as and when called for. iii. The Committee provides a thorough technical evaluation of each case, ensuring that the decisions are based on sound medical and legal principles as envisaged in the Act. iv. The Committee submit recommendations from time to time to State Government on improving the procedures and guidelines under the THOT Act 1994. v. The Executive Director K SOTTO submits the decisions of the appeal cases to the Government and overall functioning of K SOTTO.
Innovation /Special aspects:	Expert-Based Selection • Members are selected based on technical qualification and experience. • Ensures professional and evidence- based decisions. Multi-Disciplinary Structure • Combines experts from different departments. • Encourages integrated decision- making. Transparency in Evaluation

	• Uses documented procedures and technical scoring. • Maintains records for accountability. Advisory but Influential Role • Although advisory in nature, its recommendations strongly influence final approvals. • Reduces arbitrary decision-making. Time-Bound Review System • Projects are evaluated within fixed timelines. Helps speed up state-level project implementation

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