



## DIRECTORATE OF HEALTH SERVICES

Vanchiyoor.P.O., Thiruvananthapuram. Pin – 695035

Ph: 0471-2302490

**Email:**dhsKERALA@gmail.com, **Website:** www.dhs.kerala.gov.in

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### Circular

**Subject:-** Reorganisation of field areas of health institutions in the context of final notification of local body wards delimitation by the State Delimitation Commission, Kerala

**Reference:-** 1. No.4167/2023/AD(PH)/DHS (I) dated 14.03.2023

Kerala state has implemented electoral ward delimitation for local bodies, and the State Delimitation Commission has promulgated the final notification. The total number of wards in the state has increased from 21,900 to 23,612. The number of wards in Grama Panchayats has risen from 15,962 to 17,337; those in Municipalities from 3,113 to 3,241, and those in Municipal Corporations from 414 to 421. This comprehensive revision has brought changes in ward names, ward numbers, and ward boundaries across all local bodies in the state. As such, there is an urgent need to reorganize the field areas covered by Janakeeya Arogya Kendrams, Post Partum units, and other health institutions to align with the revised ward boundaries of local bodies.

In this context, the following directions are issued to District Medical Officers (Health) and District Program Managers for immediate compliance.

#### **A) General principles**

Field areas of Janakeeya Arogya Kendrams, PP units, and UPHCs shall be reorganized based on the following principles:

1. All institutions which need to be allotted wards (field area) shall serve the ward in which the institution is physically located, along with adjacent wards if necessary.
2. Wards allocated to an institution shall be geographically contiguous.
3. Field areas allocated to an institution must include full wards, and NOT partial wards.

4. Field areas allotted to a JAK/PP Unit/UPHC should be confined to a single local body viz. Grama Panchayath or Municipality or Municipal Corporation as the case may be.
5. Primary functional linking of JAKs should only be done to UPHC/PHC/FHC/Block FHCs/CHCs which are situated within the same Grama Panchayath or Municipality or Municipal Corporation, as the case may be.
6. Primary functional linking of PP Units should be done to the nearest PHC/FHC/Block FHCs/CHCs
7. All wards of the local body must be allotted either to a Janakeeya Arogya Kendram, UPHC, or PP Unit.
8. All wards of the local body must be distributed across all Janakeeya Arogya Kendrams located within the local body equitably, in keeping with the principles outlined above.
9. In urban local bodies where Janakeeya Arogya Kendrams, PP units and UPHCs coexist, all wards in the urban local body *must be equally distributed across all JPHNs working in the urban area* (under JAKs and UPHCs), irrespective of whether they are regular employees under Health Services Department or contractual employees under National Health Mission.
10. There shall be one ASHA per ward of the local body. In urban local body wards with a population of more than 4,000, there shall be two ASHAs per ward.
11. ASHAs may be transferred from wards with more than one ASHA to cover newly created wards. In such cases, the new ward closest to the ASHA's residence must be allotted.
12. New ASHAs may be recruited ONLY when the total number of ASHAs in position is less than the number of wards in the local body or when the population criteria in urban areas cannot be met even after reorganization. New recruitment of ASHAs in such cases shall only be undertaken after the completion of elections. Recruitment of ASHAs are governed by guidelines issued vide GO(Rt.) No. 483/2023/H&FWD dated 02.03.2023.
13. The final notification of wards for all local bodies in the state is available on the website <https://wardmap.ksmart.live>. Ward-wise shape file of the local body and the final notification document for the local body must be downloaded from this website before undertaking the exercise of allocation of wards.
14. Ward Health Sanitation Nutrition Committees, Janakeeya Arogya Kendram Kshema Samitis, and Mahila Arogya Samitis shall be reconstituted based on the finalised reorganization of field areas.

Reorganization of field areas of institutions physically located in rural local bodies (Grama Panchayats) and ASHAs shall be undertaken by the Medical Officers

of the respective institutions in keeping with the guidelines issued above.

Reorganization of field areas of institutions physically located in urban local bodies (Municipalities and Municipal Corporations) shall be undertaken at the district level jointly by the District Medical Officer (Health) and the District Program Manager (NHM). During this process, every effort must be made to ensure that wards are equitably distributed among all field staff and health institutions within the urban local body.

### **B) Reorganisation of field areas**

The following steps are to be taken to reorganize field areas of health institutions as outlined above.

	<b>Description</b>	<b>Responsibility</b>
1.	New ward data based on ward delimitation 2026 shall added in the eHealth Hospital Management System (HMS)	eHealth Kerala
2.	Default ASHA block against each new ward shall be created in PH web portal	eHealth Kerala
3.	Mapping of institutions to LSGs shall be verified and completed in HMS	eHealth Kerala
4.	Mapping of new wards to JAKs/PP Units or UPHCs shall be done in eHealth Hospital Management System (HMS)	Institution PH Admin
5.	Mapping of new wards to ASHA workers in eHealth Hospital Management System (HMS). If no ASHA available, mark it as "ASHA not available"	JPHN
6.	Verification of ASHA list	PHN/Supervisors
7.	Institution profile verification through PH Web Portal	JPHN, JHI, MLSP
8.	Corrections, if any, in institution profile, to be reported through PH web Portal	JPHN, JHI, MLSP
9.	Reported corrections, except ward mapping to be done through Institution profile portal	District team
10.	ASHA block creation other than default ASHA block available in PH. This can be done only after institution profile confirmation through PH web portal	JAK team
11.	ASHA block profile updating by entering the approximate number of target houses and target members and assigning ASHA mapping.	JAK team
12.	Mapping existing houses to ASHA block	JAK team
13.	Assignment of JPHN/JHI/MLSP to each ASHA Block for conduct of PH Survey and providing services	Supervisors (HI/MO/PHN)
14.	Updating existing house number in JAK App (To be done only after new numbering exercise is undertaken by LSG)	JAK team

Final reorganization of field areas is to be completed within a period of 30 days, and reported to the undersigned. Demographer, DHS, State Surveillance Unit, eHealth Kerala and all program divisions shall ensure congruence of online portals with the reorganized field areas.

**Dr REENA K J**  
**DIRECTOR OF HEALTH SERVICES**

To:

1. All District Medical Officers (Health)
2. All District Program Managers (NHM)
3. All state-level officers in DHS and NHM
4. All district-level officers in DMO(H) and DPMSU
5. Medical officers in charge of all government health institutions