

GOVERNMENT OF KERALA
HEALTH & FAMILY WELFARE DEPARTMENT

Hridayaragam

From the Heart

A community-led model for safe, continuous NCD care

SAFE CARE FOR LIFE!



WORLD PATIENT SAFETY DAY

2026

**Safe Care for
Non-Communicable Diseases**

17 September 2026

The 2026 Theme: Safe Care for NCDs

Since 2019, WHO Member States have observed World Patient Safety Day every year in line with World Health Assembly Resolution WHA 72.6 : to keep patient safety a key strategic priority worldwide.

Each year WHO identifies a priority patient-safety issue as the theme. The 2026 theme **“Safe care for Non-Communicable Diseases”** highlights the need for safe, integrated, people-centred care across the full continuum of NCD management.

“Safe Care for Life!”

The World Patient Safety Day 2026 campaign slogan underscoring safe, quality care from prevention and early detection through treatment and long-term management.

The safe-care continuum



Prevention



Early Detection



Treatment



Rehabilitation



Palliative Care

Hridayaragam at a Glance



Modeled on the original Nilambur Model, Kerala’s pioneering community NCD care approach



Community-based, geo-tagged, digital house-to-house screening for adults aged 18 and above



A population-based continuum: risk factors → suspected disease → confirmed disease → treatment → follow-up

378

Wards across 3 pilot sites

5.65
lakh+

Population to be covered

18+

Target age group (years)



Nilambur

Malappuram

RURAL

174 wards · 2,32,384 persons



Idukki / Kattappana

Idukki

HILLY

180 wards · 1,67,822 persons



Vattiyoorkavu

Thiruvananthapuram

URBAN

24 wards · 1,65,272 persons

Mapped to the Safe Care Continuum



Prevention

- Community mobilisation & IEC
- Lifestyle risk-factor awareness: tobacco, alcohol, diet, inactivity



Early Detection

- Geo-tagged house-to-house screening
- Digital registration with UHID / QR



Treatment

- Mass referral & super-specialty camps
- Diagnostic work-up & treatment initiation



Rehabilitation & Follow-up

- Individual health diaries
- ASHA home visits, telemedicine & JAK peer-support groups



Safety & Accountability

- 24-hr / 2-week follow-up guarantee
- Digital tracking & weekly review

Reaching Every Population, Every Geography



North Keralam

Predominantly rural

Remote households · Accessibility challenges · Community mobilisation



Central Keralam

Hilly / difficult to reach

Terrain-related access issues · Transport challenges · Strong field coordination

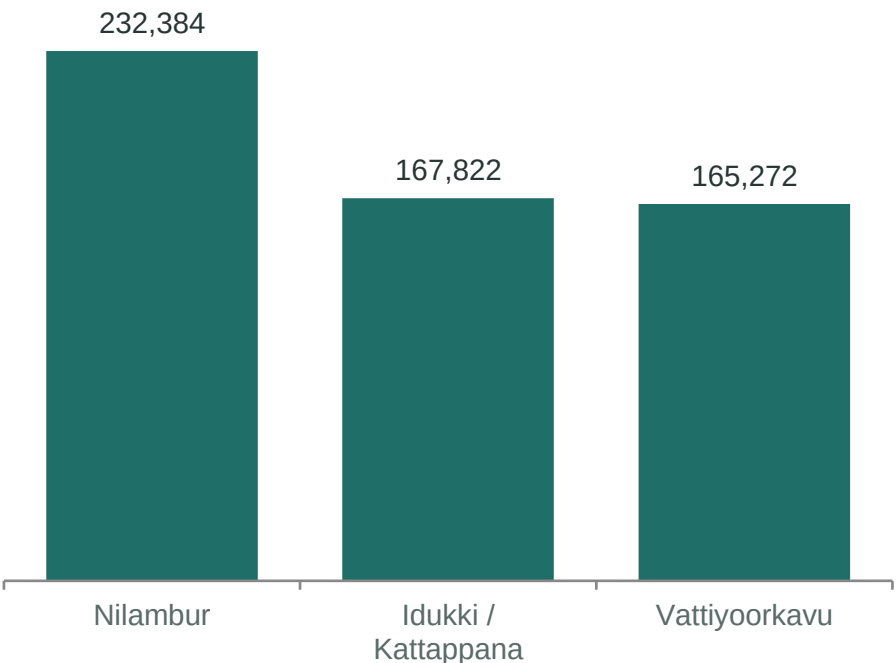


South Keralam

More urban settings

Urban lifestyle · Sedentary behaviour · High population density

Population Covered by Pilot Site



Major NCD Risk Areas Addressed



Cardiovascular

Hypertension, diabetes, obesity & other cardiovascular risks



Renal

Identification of individuals at risk; early referral and follow-up



Hepatic

Identification of risk factors, followed by early referral



Cancers

Identification of warning signs & risk factors; screening and referral, where indicated

LIFESTYLE RISK FACTORS ADDRESSED

TOBACCO

ALCOHOL

UNHEALTHY DIET

PHYSICAL INACTIVITY

OBESITY

STRESS

Built for Safety: The Digital Backbone



Geo-tagging & Household Registry

Every household and screened individual is mapped and tracked from day one



Digital UHID / QR Registration

A unique health ID is issued at enumeration through the JAK PH mobile app



Live Monitoring Dashboard

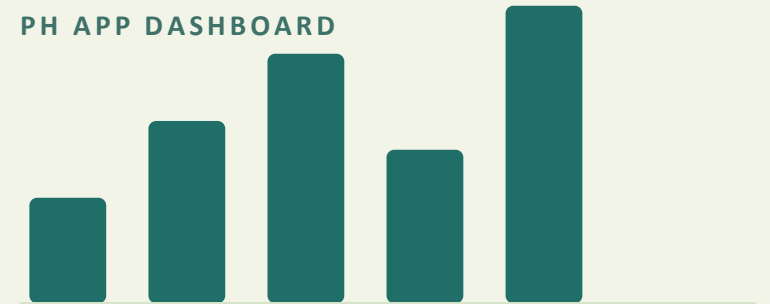
Realtime dashboards track coverage, screening progress and data quality in real time



Interoperable Record Access

QR-based history lookup across FHC / CHC / DH — targeting a 50% cut in doctor lookup time

PH APP DASHBOARD



Screening coverage by week



Data quality: On track



Interoperability: Live



Geo-tagging: Active

No One is Lost to Follow up



24 HOURS

High-risk persons: treatment initiated within 24 hours of screening

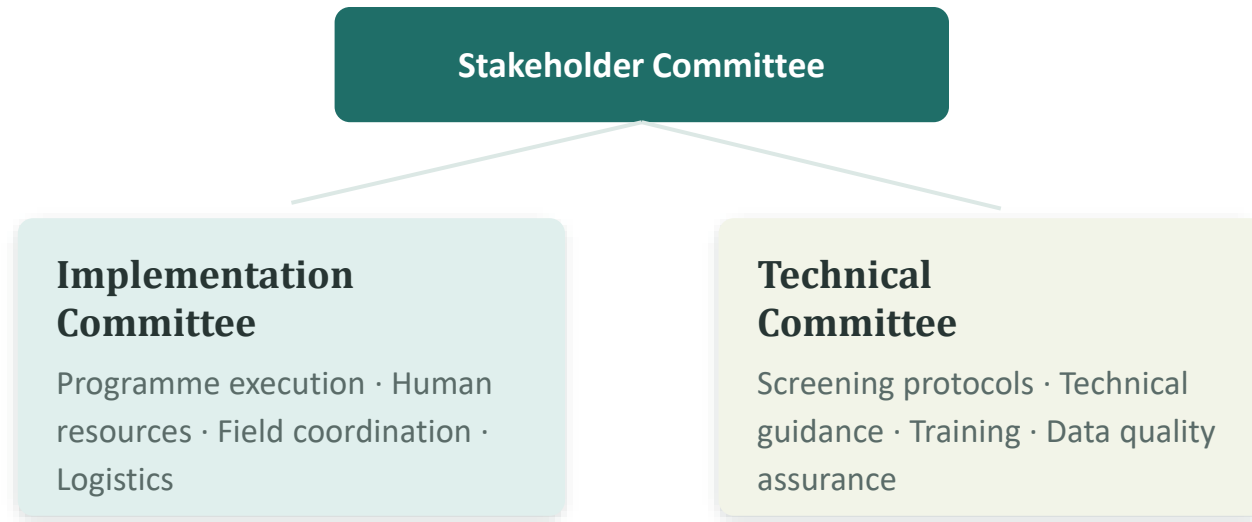


2 WEEKS

Medium-risk persons: treatment initiated within 2 weeks of screening

Tracked per person on the PH App dashboard, which flags any breach for immediate corrective action through the weekly review mechanism.

Multi-Stakeholder Governance for Accountability



Multi-sectoral membership: Health department · Medical professionals · Public-health experts · Programme managers · Local-level stakeholders

WEEKLY REVIEW MECHANISM



Field Team

Weekly data submission



District Review

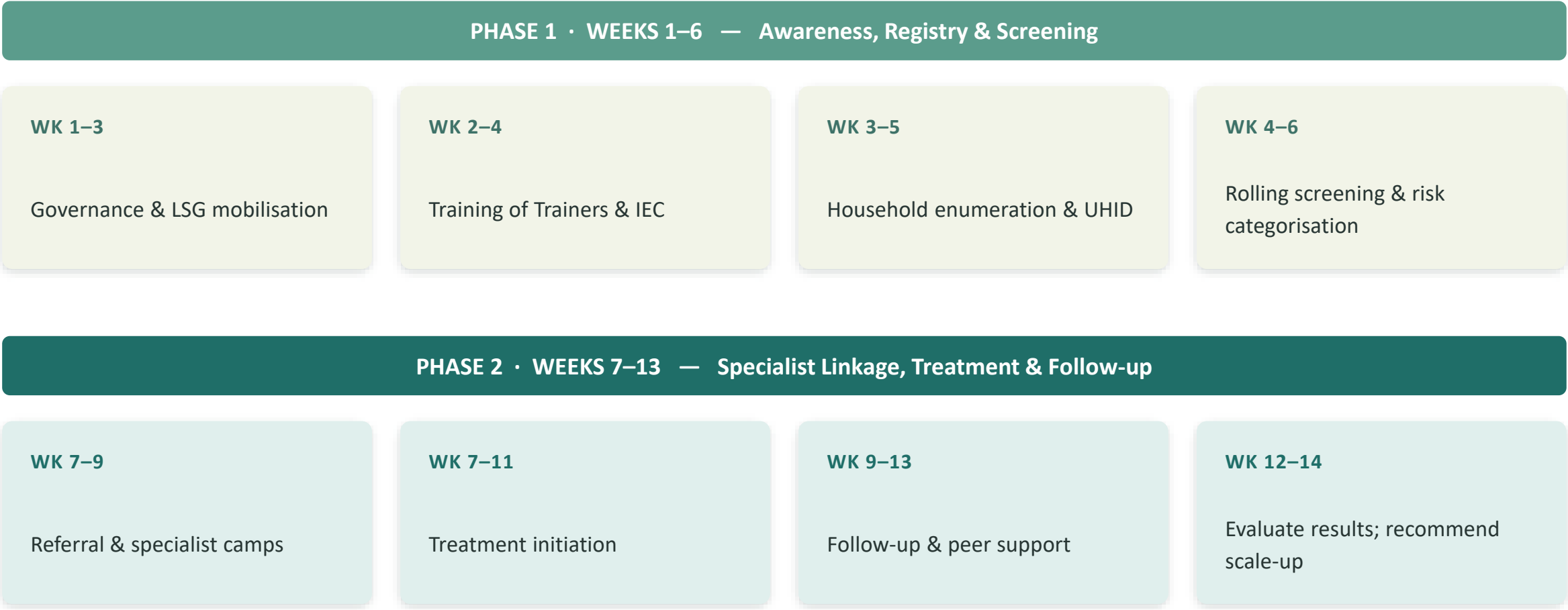
Identification of gaps & problems



State Review

Corrective action & technical support

A 14-Week, Two-Phase Rollout



Runs identically — and independently — across Nilambur, Idukki and Vattiyoorkavu.

Expected Outcomes



100% Coverage

Of the eligible adult population targeted across all three pilot sites



Digital Health Records

For every individual screened — geo-tagged, UHID-linked and trackable



Stronger Referral & Follow-up

Fewer people lost between screening, referral and treatment



50% Faster Record Lookup

Through interoperable, QR-based access to records across facilities



Greater Accountability

Through weekly review, transparent monitoring and rapid corrective action



Safe Care for Life!

“Prevention today is protection for tomorrow.”

Following pilot evaluation in Weeks 12–13, the Hridayaragam model will be placed before the State Apex Committee with a recommendation for statewide scale-up.