GOVERNMENT OF KERALA

Abstract

Health & Family Welfare Department - Order of the Hon'ble Administrative Tribunal dated 29.01.2026 in OA (EKM) 138/2026- Complied with - Orders Issued.

HEALTH & FAMILY WELFARE (C) DEPARTMENT

G.O.(Rt)No.2487/2026/H&FWD Dated,Thiruvananthapuram, 29-07-2026

Read 1. Circular No. DHS/14493/2024-PH5 dated 13.01.2026.

2. Order dated 29.01.2026 of the Hon'ble Kerala Administrative Tribunal in OA (EKM)No.138/2026

3. Representation No. 24/2026 dated 04.02.2026 from the Personal Secretary, Kerala Health Inspectors Union.

4. Letter No.DHS/3431/2026-PH5 dt 11.03.2026 from the Director of Health Services.

5. Letter No.CHK/14/2026-OA Dated 28.03.2026 Project Director, E-Health, Kerala.

6. Letter No.NHM/1831/2026-CPHC -W3 dated 28.03.2026 from the State Mission Director, National Health Mission , Kerala.

ORDER

The OA (EKM) 138/2026 was filed by the Kerala Health Inspectors Union seeking a direction to defer the implementation of regarding BYOD mode of implementation of uploading data in Jan Arogya Kendra & Public Health (JAK / PH) as it was causing various hardships to the Health Inspectors covered under the purview of the Circular read 1st paper above.

2) The Hon'ble Tribunal as per the order read as 2nd paper above disposed the Original Application with a direction to the First respondent i.e. Secretary, Health & Family Welfare Department to consider and pass appropriate orders on Annexure A3 representation within a period of six weeks from the date of receipt of copy of the order.

3) Accordingly, the report of Director of Health Services, State Mission Dirctor, National Health Mission and Project Director, e-Health Kerala were obtained in the matter which were examined in detail.

4) The Director of Health Services as per the letter read as 4th paper above has reported that the e-Health programme of the Government of Kerala has introduced the Public Health (PH) Application as a digital platform to support field-level public health activities. The PH App facilitates systematic collection of household level health information, enabling effective planning, monitoring, and delivery of preventive and promotive healthcare services. The PH survey was initially started during 2016-2017. During the initial phase of the survey, e-Health had procured and supplied tablet devices to field-level health workers for conducting the survey activities. These tablets were used by health workers to capture household health data in the field. However, over the years, the performance of these tablets weakened, which affected the smooth conduct of the survey. The devices also became incompatible with newer technologies and updated application requirements. Further, once the devices crossed the minimum life period, challenges were encountered in terms of maintenance, repair, and technical support even from the side of manufacturer. Considering these issues, continuing the survey with the procured devices became difficult.

5) In view of the above, the PH App was redesigned to function in a Bring Your Own Device (BYOD) mode, where health workers can use their own smartphones to install and operate the application for conducting surveys. Procuring new devices compatible with the latest technology would also face similar challenges in the future in terms of device ageing, maintenance, and replacement. Hence, the BYOD model was considered a more sustainable and practical approach. Another important advantage of the BYOD approach is its user-friendliness for health workers. Health workers generally carry their personal mobile phones during field visits; therefore, using the same device for survey activities avoids the need to carry an additional official device such as a tablet. Providing separate devices may create an additional burden for field staff, especially during household visits. Carrying multiple devices also increases the risk of accidental damage, loss, or handling difficulties during field activities. By allowing the use of their own familiar devices, the BYOD model improves convenience and supports smoother field-level implementation of the survey.

6) The adoption of the BYOD model provides several advantages. It avoids the need for procurement and distribution of dedicated government devices, thereby reducing capital expenditure. Since health workers use their own familiar devices, it improves usability and reduces the learning curve. The model also enables faster rollout and scalability of the survey, without delays related to device procurement, logistics, or maintenance. In addition, maintenance responsibilities and minor technical issues related to devices are minimized from the implementation side.

7) As per the report of Project Director, e-health read 5th paper above, an important advantage of the BYOD approach is its user friendliness for health workers.Health workers generally carry their mobile phones during field visits. Therefore, using the same device for field level activities avoids the need to carry an additional device such as a tablet.Providing separate devices may create an additional burden for field staff, especially during extensive household visits. Carrying multiple devices also increases the risk of accidental damage, loss, or handling difficulties during field activities. By allowing the use of their own devices, the BYOD model improves convenience and supports smoother field level implementation of the survey.

The adoption of the BYOD model also provides several advantages. It avoids the need for procurement and distribution of dedicated devices by the department, thereby reducing capital expenditure. Since health workers use their own familiar devices, it improves usability and reduces the learning curve. The model also enables faster rollout and scalability of the survey, without delays related to device procurement, logistics, or maintenance.

8) In addition, maintenance responsibilities and minor technical issues related to devices are minimized from the implementation side.To address concerns related to data security, a security audit of the PH App was conducted prior to its launch. In addition, e-Health has put in place mechanisms to conduct security audits at regular intervals to ensure continued data protection and system integrity.Therefore, even when the application operates in BYOD mode, adequate safeguards are in place to ensure that the data handled through the mobile application remains secure, and there is no need for concern regarding the safety of survey data stored or processed through user devices.The effectiveness and scalability of the BYOD approach have already been demonstrated through the successful implementation of the SHAILI App by e-Health Kerala. The SHAILI App developed in BYOD mode is being extensively used by ASHA workers across the State for identifying lifestyle diseases. Through this platform, large scale population-based screening for Non Communicable Diseases has been successfully carried out. During the first phase of the survey, approximately 1.54 crore individuals were covered, followed by 1.43 crore individuals in the second phase. The third phase of the survey is also being conducted using the same model.This large-scale adoption and successful execution clearly demonstrates the practicality, scalability, and effectiveness of the BYOD model in the public health scenarios of the State.

9) The State Mission Director, National Health Mission , Kerala vide report read 6th paper above had endorsed the views of Director of Health Services and Project Director, e-Health.

10) Govt. have examined the matter in detail based on the reports received. All the reports broadly indicate that the BYOD model is administratively, financially and technically sustainable. Also these reports are in favour of the specifications / advantages of implementing the BYOD mode of PH application. The difficulties pointed out by the Petitioners in the Annexure A3 representation such that the Jan Arogya Kendra/Public Health (JAK/PH) application and other similar applications are all based on Android system and that all the employees are not having Android phones and that BYOD system is not feasible etc. do not deserve merit.

11) In the circumstances stated above and also based on the reports read 4th, 5th and 6th papers read above, the request of the Petitioners in the Annexure A3 representation is hereby rejected.

12)) The judgment dated 29.01.2026 of the Hon'ble Kerala Administrative Tribunal in OA(EKM) 138/2026 read 2nd paper above is thus complied with.

(By order of the Governor)
CHITHRA K DIVAKARAN
JOINT SECRETARY

The Advocate General, Kerala, Ernakulam (with covering letter).
The Director of Health Services, Thiruvananthapuram.
The Project Director, e-Health Kerala, State Digital Health Mission, General Hospital Campus, Thiruvananthapuram.
The State Mission Director, National Health Mission, Thiruvananthapuram.
The Principal Accountant General (Audit / A & E) Kerala, Thiruvananthapuram.
Information and Public Relations (Web & New media) Department
Stock file/Office copy.

Forwarded /By order,
Digitally signed by Smitha K P
Date: 29-07-2026 15:01:35
Section Officer