PANDEMIC PREPAREDNESS PLAN FHC ADAYAMON

PAZHYAKUNNUMEL G.P

user
[Email address]

MESSAGE FROM PRESIDENT/CHAIR LSGI

Dear Citizens of Pazhayakunnumel,

Public health and safety have always been the highest priorities for our Grama Panchayat. The lessons we have learned from past health crises—including the COVID-19 pandemic and our seasonal battles with Leptospirosis and Dengue—have taught us that preparedness is our strongest shield. As the President of Pazhayakunnumel LSGI, I am proud to present our Pandemic Action Plan for 2026. This document is not merely a set of guidelines; it is a comprehensive blueprint designed to protect our 30,643 residents, specifically our 5,011 elderly citizens and 96 bedridden neighbors who rely on our collective vigilance.

Our strategy is built on four pillars:

1. Swift Action: Through our 17 Ward-level Rapid Response Teams (RRTs).
2. Infrastructure Readiness: Repurposing our 10 schools and 4 auditoriums as surge healthcare facilities.
3. One Health Integration: Coordinating with our Veterinary and Environmental departments to stop zoonotic diseases at the source.
4. Community Trust: Ensuring transparent communication and supporting our 3,942 BPL families so that no one is left behind during a crisis.

A pandemic cannot be fought by the government alone. It requires the heart and hand of every citizen. I urge the members of our Kudumbashree units, our ASHA workers, and our local volunteers to stand together as we implement this plan.

By acting with science, empathy, and unity, we will ensure that Pazhayakunnumel remains a safe and resilient home for all.

Warm regards,

(Signature)

President Pazhayakunnumel Grama Panchayat Date: January 30, 2026

MESSAGE FROM HEALTH STANDING COMMITTEE CHAIR

Greetings to the people of Pazhayakunnumel,

As the Chairperson of the Health Standing Committee, my primary mandate is to ensure that our public health infrastructure is resilient, responsive, and ready for any emergency. The Pandemic Action Plan 2026 represents our commitment to a data-driven and proactive approach to community health.

In our LSGI, we face unique challenges—from our high population density of 1,323 persons per sq. km to our specific vulnerability to water-borne diseases like Leptospirosis. This plan is our strategic answer to those challenges. We have meticulously mapped our resources, including our 7 health facilities, 22 ASHA workers, and a robust network of private sector partners, to ensure that in times of crisis, our response is seamless.

Our focus for this year remains on:

- Strengthening Surveillance: Utilizing digital tools and ward-level reporting to detect outbreaks within the first 24 hours.
- Vulnerability Protection: Prioritizing the health of our 5,011 elderly residents and those with chronic conditions like Hypertension and Diabetes.
- One Health Coordination: Working closely with the Veterinary department to monitor zoonotic risks arising from our large poultry and livestock populations.

The Health Standing Committee is dedicated to ensuring that the FHC Adayamon and our sub-centers are fully equipped with essential stockpiles of PPE, medicines, and diagnostic kits. We are also committed to the continuous training of our volunteers and RRT members.

I extend my sincere gratitude to the healthcare professionals, the LSGD staff, and the community volunteers who have contributed to this plan. Let us work together to make Pazhayakunnumel a model for health preparedness in the district.

With commitment,

(Signature)

Chairperson, Health Standing Committee Pazhayakunnumel Grama Panchayat Date: January 30, 2026

MESSAGE BY MEDICAL OFFICER

To the Residents and Stakeholders of Pazhayakunnumel,

The Pandemic Action Plan 2026 is our localized response to a global reality: the threat of infectious diseases is constant, but our capacity to contain them depends on early detection and scientific management. As the Medical Officer of FHC Adayamon, I endorse this plan as a comprehensive framework for safeguarding the health of our community.

In recent years, we have observed a shift in disease patterns. From the seasonal surges of Dengue and Leptospirosis to the looming threat of zoonotic crossovers like Avian Influenza, our health system must be agile. This plan is grounded in the latest epidemiological data of our LSGI, identifying our 30,643 residents not as a single block, but as diverse groups with varying needs—from the 1,214 children under five to our high-risk cohort of 2,144 hypertensive patients.

Our Clinical Priorities for 2026 include:

Decentralized Surveillance: Empowering our 22 ASHA workers and 17 Ward RRTs to act as the first line of defense in detecting clusters.

One Health Integration: Establishing a seamless data-sharing link with our Veterinary colleagues to monitor the health of our 23,962-strong poultry population, preventing potential zoonotic spillover.

Surge Management: Repurposing local infrastructure to ensure that even during peak transmission, our most vulnerable—the 96 bedridden and 5,011 elderly residents—receive uninterrupted palliative and primary care.

WASH Interventions: Targeting the 52 ponds and 2 rivers in our region to break the cycle of water-borne transmission through rigorous chlorination and quality testing.

I urge every resident to view this plan as a partnership. Public health is a collective responsibility. By adhering to the protocols laid out here—from vaccination schedules to "Dry Day" observances—we can significantly reduce the morbidity and mortality risks in our Panchayat.

I thank the LSGI leadership and my fellow healthcare team for their tireless work in drafting this roadmap. Together, we are committed to a healthier, more resilient Pazhayakunnumel.

With commitment,

(Signature)

Medical Officer FHC Adayamon, Pazhayakunnumel Date: January 30, 2026

EXECUTIVE SUMMARY

Primary Health Centre (PHC) functions as the primary public healthcare institution serving the population of 30343 Grama Panchayath. The PHC plays a pivotal role in delivering comprehensive, accessible, and affordable healthcare services, with a strong focus on preventive, promotive, curative, and rehabilitative care in accordance with national and state health programmes.

The PHC caters to a predominantly rural population, addressing key public health priorities such as maternal and child health, communicable and non-communicable disease control, immunization, family welfare, adolescent health, and geriatric care. Regular outpatient services, home-based care through field health staff, and outreach activities ensure healthcare coverage even in geographically challenging areas. The institution actively implements national health missions, including the National Health Mission (NHM), National Tuberculosis Elimination Programme, National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS), and other disease surveillance initiatives.

Adayamon PHC works in close coordination with the Grama Panchayath, ASHA workers, Anganwadi centres, schools, and community-based organizations to strengthen community participation and improve health awareness. Emphasis is placed on early detection, timely referral, health education, and lifestyle modification to reduce disease burden and improve overall health outcomes.

Despite constraints related to infrastructure, manpower, and increasing service demand, the PHC continues to enhance service delivery through effective planning, data-driven decision-making, and community engagement. Strengthening facilities, upgrading digital health systems, and expanding preventive services remain key focus areas for future development.

Overall, Adayamon Primary Health Centre stands as a vital institution in safeguarding public health and improving the quality of life of the residents of Pazhayakunnumel Grama Panchayath

LIST OF ABBREVIATIONS

LSGD/LSGI	Local Self Government Department / Local Self Government Institution
BMO	Block Medical Officer
IDSP	Integrated Disease Surveillance Programme
NDMA	National Disaster Management Authority
PPE	Personal Protective Equipment
ICMR	Indian Council of Medical Research
CD	Communicable Diseases
NCD	NON-COMMUNICABLE Diseases

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- **Background of the PPP**
- LSGD at a glance

LSGD AT A GLANCE

- Geographical boundaries with political map (based on latest delimitation)
- Baseline data
- Ward division -

Ward	Houses	Population	Migrants	Wells	Hot spots	Ed. Institutions	Hosp pvt/govt.
17	8080	30643	124	6735	0	10	4

- Risk stratification among wards in the context of Communicable diseases and hazards
- Major Roads/rivers
- Major establishments with geospatial mapping
- occupational groups, socio cultural groups, migration & mobility patterns
- *Vulnerability mapping*
- Disaster prone areas (geographic vulnerability)

Maps - ward-based (Mention source also)

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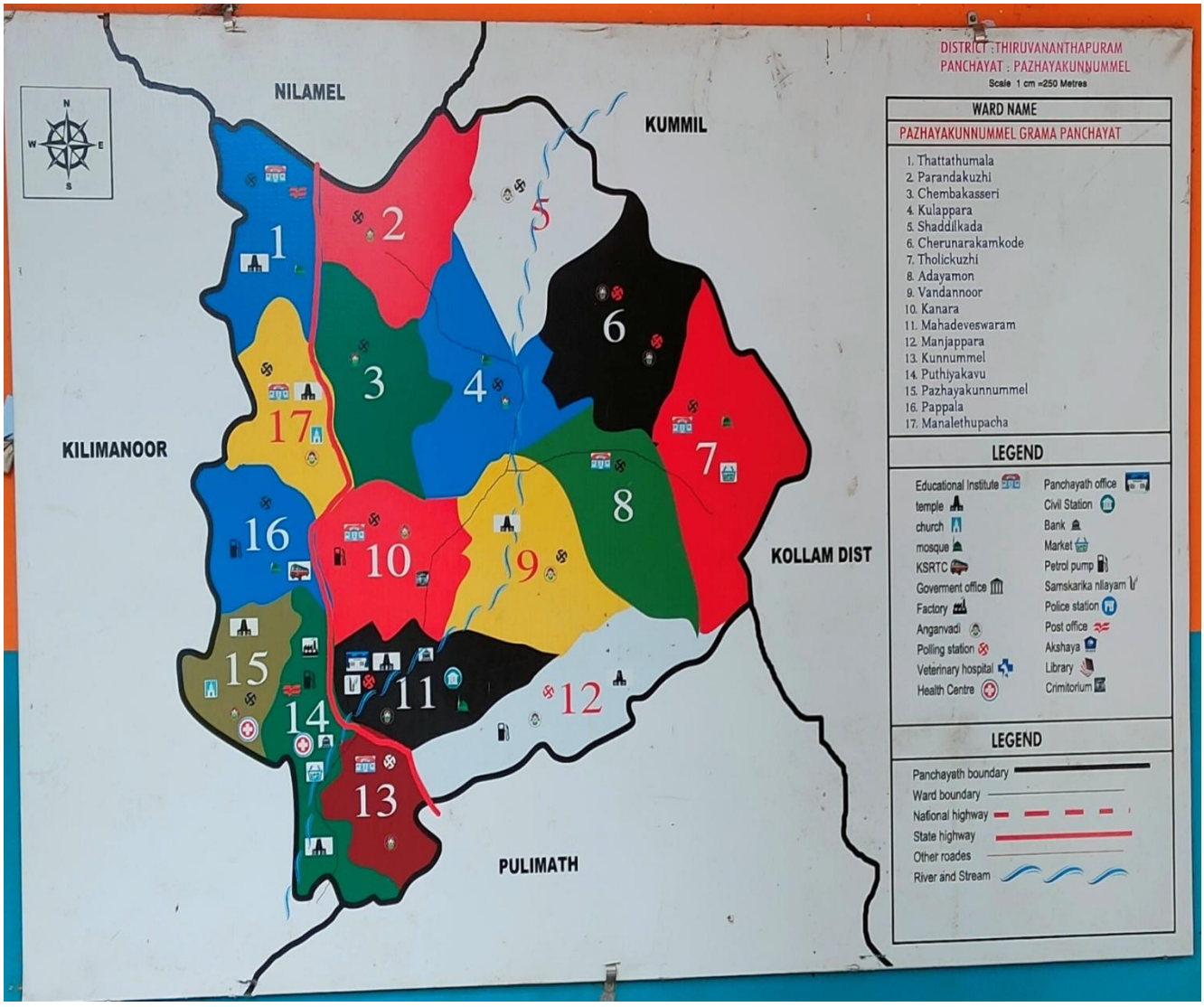
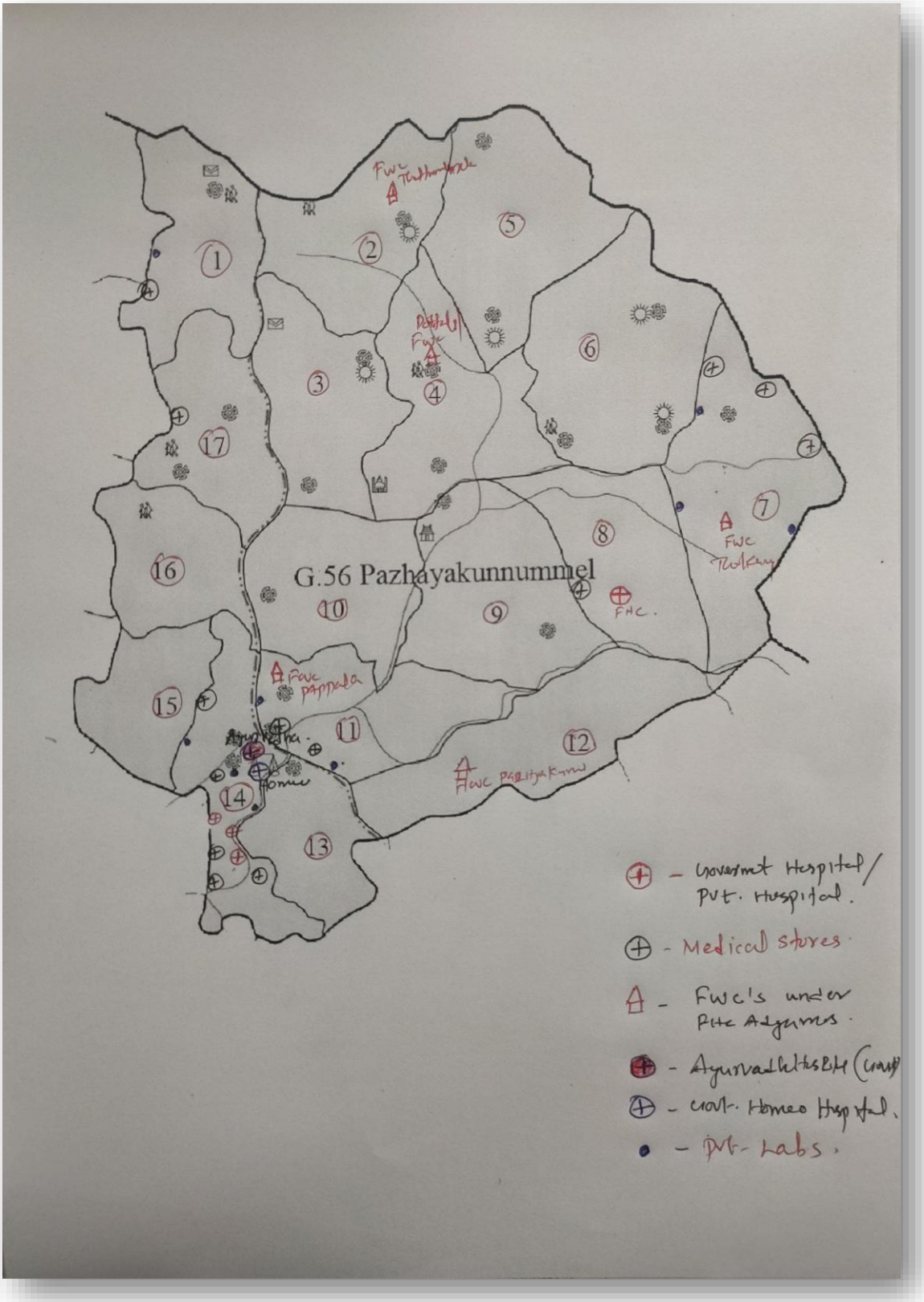
2. Health infrastructure map
3. roads and rivers map
4. major establishments map
5. disaster-prone areas map
6. hotspot map - CD & disasters

INTEGRATED HEALTH INFRASTRUCTURE MAP OF PAZHAYAKUNNUMEL PANCHAYAT

Maps - ward-based



Health Infrastructure Map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FHC.
- Government Hospital / Pvt. Hospital.
- Medical stores.
- FWC's under the Ayurveda
- Ayurvedic Hospital (Govt)
- Govt. Homeo Hospital.
- Pvt. Labs.

GENERAL PROFILE OF THE LSGI'S

Background of the LSGI

Pazhyakunnuml Grama Panchayat is situated in the boarder of thiruvanathapuram district, Kerala. The geographical landscape of the Panchayat is predominantly low-lying, characterized by extensive paddy fields (Kole lands) and a dense network of rivers, canals, and backwaters. This unique terrain plays a significant role in shaping the local microclimate and poses distinct challenges to transportation, emergency response, and service delivery, particularly during monsoon seasons and flood events.

The Panchayat is administratively divided into multiple wards, with a population largely dependent on traditional livelihoods. Agriculture—especially paddy cultivation—fishing, coir and coconut husk processing, and allied activities form the backbone of the local economy. In recent years, tourism-related activities and service-sector employment have also shown gradual growth. The area hosts a diverse workforce, including a notable presence of migrant labourers, particularly in construction, agriculture, and allied sectors.

From a public health and disaster management perspective, pazhyakunnumel LSGI has historically been vulnerable to seasonal flooding, waterborne diseases, and vector-borne illnesses such as Dengue and Leptospirosis. The severe floods experienced during recent years, including the 2018 flood disaster, significantly impacted life, livelihoods, and infrastructure within the Panchayat. These recurring emergencies have underscored the importance of strengthening local preparedness, response mechanisms, and inter-departmental coordination.

In this context, the development of a localized, data-driven Auxiliary Infrastructure and Logistical Resource Map is essential to support effective planning, timely emergency response, and sustainable development initiatives. Such mapping enables the Panchayat to identify critical resources, improve accessibility during disasters, and enhance overall resilience of the community.

Table 1: Background of LSGD	
Description	**Details**
Name of LSGI	PAZHYAKUNNUMEL
Type (GP/Municipality / Corporation etc.)	Grama Panchayath
Block	KILIMANNOOR
District	THIRUVANATHAPURAM
Number of wards	17
Total area (sq. km)	23.15
Population(Projected)	30643
Population density	1323.67 persons/sq km
Terrain (coastal/low-lying/backwaters/foothills, etc.)	MIXED TERRAIN
Number of rivers passing through LSGI	2
Number of water bodies in the LSGI	52 Ponds, 2 LAKES
Number of educational institutions	10 SCHOOL, 27 AW
Factories / small-scale industries	**3 Poultry units** (and other small-scale units)
Flood-prone wards	NIL
Landslide-prone wards	Nil (Based on mixed terrain data)
Death Management and Disposal Facilities (mortuaries/crematorium, including electric)	**1 Crematorium** (Mortuaries: 0)
Auditoriums/Marriage halls/convention centres/community halls	4 Auditoriums, 1 Community Hall

Demographic and Vulnerable Population

Understanding the demographic composition and vulnerable population groups is essential for pandemic preparedness. Children, elderly, economically deprived families, migrant workers, and socially vulnerable groups are at increased risk during public health emergencies due to higher exposure, limited access to services, and dependency on public systems..

Description		Details (in numbers)
DEMOGRAPHIC PROFILE		
Total population		30,643
Male		14,502
Female		16,141
Transgender		0
Children under 5		1,214
Adolescent		2,890
Elderly (>60)		5,011
SOCIAL/LIVELIHOOD VULNERABILITY		
Previous EPEP family		155
BPL family		3942
Tribal communities		50
Migration	Immigrant	124
	Emigrant	0
Socio-economically deprived		0
Fisherfolk		0
SC Community		0
ST Community		50

Graphs: Population pyramid (if possible) for seeing if your LSGI has a high "dependency ratio" (lots of children and elderly compared to working adults).

Clinical Vulnerability

Certain population groups needs priority healthcare & are at higher risk of severe illness, complications, and mortality during pandemics. Patients with chronic diseases, those requiring regular medical care, and individuals with mobility or functional limitations face challenges in accessing timely care during emergencies. Mapping these groups helps in prioritizing continuity of treatment, medicine stock planning, oxygen support, referral transport, and targeted home-based care.

Description	Details in numbers
Pregnant women	95
Lactating mothers	500
Bedbound patients	96
Patients under palliative care other than bedbound	187
Patients on Haemodialysis	13
Patients on CAPD	0
Cancer patients (currently on treatment)	169
Haemophilic patients	0
Mentally challenged	77
Differently abled	62
Diabetic patients	473
Hypertensive patients	2144
TB patients	3

Major Festivals & Events specific to the LSGI
(with the possibility of a public gathering)

Sl. No.	Name of festival	Month detailing the periodicity
1	PUTHIYAKAV TEMPLE ULTSAV	MARCH
2	THAPURATTI PARA DEVI TEMPLE	JANUARY
3	SIVARATRI SIVA TEMPLE	february

INFRASTRUCTURE & RESOURCE INVENTORY

Health Facility Directory & Basic Capacity in the LSGD

This section provides an overview of the healthcare infrastructure available within the LSGD area. It outlines the distribution and basic capacity of health facilities that form the backbone of service delivery during routine times and public health emergencies.

Family Health Centres (FHCs) and Community Health Centres (CHCs) generally function as the first point of contact for the community, providing essential outpatient and inpatient services. General Hospitals (GH) and Medical College Hospitals (MCH), where accessible, serve as the main referral centres for advanced diagnostics, specialist care, and critical services during public health emergencies. This inventory helps identify existing strengths, gaps, and potential surge capacity that can be mobilised during a pandemic or disaster.

Table 5. Health Facility Resource Summary

Sl. no.	Health Facility	Type of Facility (MCH/GH/CHC/FHC/SC etc.)	Contact Number	Total beds	ICU Beds	Oxygen-Supported Beds	No. of Ventilator Support Beds	No. of ambulances
Government Healthcare Facilities								
1	FHC ADAYAMON	PHC	6282108867	0	0	0	0	0
	FWC PAZHYAKUNNUMEL	SC	0	0	0	0	0	0
	FWC PAPPALA	SC	0	0	0	0	0	0
	FWC THOLIKUZHI	SC	0	0	0	0	0	0
	FWC THATTATHULA	SC	0	0	0	0	0	0
	FWC POTTAIL	SC	0	0	0	0	0	0
Private Healthcare Facilities								
	Saji hospital	pvt	9895807333	0	0	0	0	0
	Sarala mennoriyal	pvt	7902672355	40	4	4	0	1
	Suchitra hospital	pvt	9447275655	10	0	0	0	0
	Srm ortho clinic	pvt	8606674032	0	0	0	0	0
	Lvs clinic	pvt	9447793101	0	0	0	0	0
	Karunya clinic	pvt	9946509466	0	0	0	0	0
	Al shifa	pvt	8943900814	0	0	0	0	0
	Shifa clinic	pvt	9447411728	0	0	0	0	0

Table 5. Health Facility Resource Summary								
Sl. no.	Health Facility	Type of Facility (MCH/GH/CHC/FHC/SC etc.)	Contact Number	Total beds	ICU Beds	Oxygen-Supported Beds	No. of Ventilator Support Beds	No. of ambulances
AYUSH Healthcare Facilities								
	DR SAFA HOMEO CLINIC 6238938464	pvt	6238938464	0	0	0	0	0
	Govt ayuvedah hopsital	govt	9746984945					
	Govt homeo hospital		9447878557	0	0	0	0	0

Private Clinics

Private clinics are an essential part of pandemic preparedness, as they are often the first place people seek care when symptoms begin. In many communities, private clinics manage a significant share of outpatient visits and therefore play a critical role in early case detection, timely referrals, and disease surveillance. Having an up-to-date understanding of where these clinics are located, the services they provide, and how they are linked to the public health system helps ensure that no cases are missed during an outbreak. It also allows health authorities to engage private practitioners more effectively for reporting, risk communication, and coordinated response, strengthening the overall capacity of the health system to manage public health emergencies.

Table 6. Private Clinic Resource Summary								
Sl No.	Name of Clinic	Registered (Y/N)	Clinic (General / Speciality)	Speciality (if any)	Address	Contact Number	Diagnostic Facility (Y/N)	Ambulance Linkage (Y/N)
	Saji hospital	Y	General		Saji hospital	9895807333	n	N
	Sarala mennoriyal	Y	Speciality	gynecology	Sarala mennoriyal	7902672355	y	Y
	Suchitra hospital	Y	General		Suchitra hospital	9447275655	n	N
	Srm ortho clinic	Y	General		Srm ortho clinic	8606674032	n	N
	Lvs clinic	Y	General		Lvs clinic	9447793101	n	N
	Karunya clinic	Y	General		Karunya clinic	9946509466	n	N
	Al shifa	Y	General		Al shifa	8943900814	y	N
	Shifa clinic	y	General		Shifa clinic	9447411728	n	N

Healthcare Education & Training Institutions

This section tracks the educational infrastructure available, which is vital for human resource planning in the health sector.

Category of Institution	Govt	Private	AYUSH	Total
Medical Colleges	0	0	0	0
Nursing Colleges	0	0	0	0
Dental Colleges	0	0	0	0
Para-medical / Allied Health	0	0	0	0
Pharmacy Colleges	0	0	0	0

Specialized Services & Emergency Inventory

This section provides a detailed view of the specialized medical resources available to the community, focusing on emergency response and critical care capabilities. This table tracks the vital assets required for managing severe illnesses and emergencies across Government, Private, and AYUSH sectors.

Item	Govt	Private	AYUSH	Total
Hospital beds	0	50	0	50
Oxygen-generating systems(Y/N)	N	y	n	n
Oxygen-supported beds(Numbers)	0	4	0	4
Ventilator-supported beds	0	0	0	0
ICU beds	0	4	0	4
Burns units	0	0	0	0
Blood centres	0	0	0	0
BLS ambulances	0	1	0	0
ALS ambulances	0	0	0	0

Item	Govt	Private	AYUSH	Total
Dialysis facilities	0	0	0	0
Dispensaries	0	0	0	0
Medical store	1	23	0	24
Industrial establishments(**Medium-scale industries/small-scale industries establishments to whom we can depend in a worst-case scenario)**	0	0	0	0

Oxygen & Diagnostic Capacity

Monitoring **oxygen and diagnostic capacity** is a critical component of public health preparedness, ensuring that the LSGD can handle both chronic care and sudden surges in respiratory or infectious diseases.

Name of Health Facility	Oxygen-generating System (Y/N)	Backup Oxygen Source (Y/N)	Diagnostic Facilities Available(Y/N)				
			Lab	USG	X-ray	CT/MRI	RT-PCR
Government Healthcare Facilities							
nil							

Diagnostics facility mapping at the LSGI level

The diagnostic capacity of **pazhyakunnumel G.P** represents the "intelligence network" of our healthcare system. The speed and accuracy of disease identification depend entirely on the distribution and technical level of these facilities.

Item	Govt	Private	AYUSH	Total
General labs	0	5	0	5
Microbiology labs	0	1	0	1

RT-PCR labs	0	2	0	2
USG units	0	2	0	2
CT/MRI units	0	0	0	0
Research labs	0	0	0	0
Labs of other departments that can be repurposed	0	0	0	0

Laboratory Identification & Basic Details

Sl. No.	Name of Laboratory	Ownership (Govt / Private / Academic)	Address	Contact No.	24×7 Services (Yes/No)	NABL / Govt Approved (Yes/No)
1	DR GIRIJAS LAB	PVT	DR GIRIJAS LAB	8129382555	NO	YES
2	DDRC	PVT	DDRC	9333493334	NO	YES
3	HIND LABS	PVT	HIND LABS	9846617681	NO	YES
4	YES PLUS LAB	PVT	YES PLUS LAB		NO	NO
5	MM LABORATORY	PVT	MM LABORATORY	8330865845	NO	NO
5	KERALA DIAGNOSTIC LAB	PVT	KERALA DIAGNOSTIC LAB	04702148101	NO	NO

Social and Community Infrastructure for surge plan

This table serves as our **logistics and shelter inventory.** By mapping these locations, quickly we can identify where to house displaced citizens, where to set up temporary medical clinics, and how to manage the deceased with dignity during a crisis.

Category	Total Count	Ward	Est. Capacity (Persons)	Contact details
Educational Institutions				
Anganwadis	27	1 TO 17	65	9074782268
Schools	10	12,13,10,1,17,7,8	150	04702670876
Colleges	0	0	0	0
Healthcare Educational Institutions				
Medical colleges (Govt/Private)	0	0	0	0
Nursing colleges (Govt/Private)	0	0	0	0
Dental colleges (Govt/Private)	0	0	0	0
Paramedical institutes (Govt/Private)	0	0	0	0
Community Gathering Spaces				
Community halls	1	11	20	9995171872
Auditoriums	4	14,11	50	9495303524
Religious buildings	1	14	10	
Vulnerable Group Support Facility				
Destitute homes	0	0	0	0
Elderly homes	0	0	0	0
LSGD owned other buildings	0	0	0	0
Mass Fatality Management (MFM) Infrastructure				
Mortuary	0	0	0	Nil
Crematorium	1	10	0	9567156767

*refer annexure 1 for contact details

Human resources

This section focuses on the **human capital** available within the LSGI. In any emergency—be it a pandemic, flood, or industrial accident—infrastructure is only as effective as the people operating it.

Medical & Clinical Personnel

This table tracks the "Frontline" providers responsible for diagnosis, treatment, and clinical management. Narrative sentence: eg., "Total health workforce: 450 personnel, with 60% in government facilities serving as primary surge capacity." A detailed directory with the contact numbers of all workers is maintained **(Annexure in 1)**.

Cadre	Govt (No.)	Private (No.)	Total
Doctors—Modern Medicine	3	6	9
Doctors – AYUSH	1	0	1
Doctors – Veterinary	1	0	1
Doctors – Dental	0	11	11
Nursing officers	3	20	23
Lab technicians	1	15	16
Optometrist	0	00	0
Pharmacists	3	9	12
Psychologists	0	0	0
Counsellors	0	0	0

Public Health & Field-Level Workforce

These individuals are the backbone of surveillance, maternal-child health, and decentralized care.

Cadre	Health services	Municipal common services	Total
HS (Health Supervisors)	0	0	0
HI (Health Inspectors)	1	0	1
LHS (Lady Health Supervisor)	0	0	0
LHI (Lady Health Inspectors)	0	0	0
JPHN (Jr Public Health Nurses)	5	0	5
JHI (Jr Health Inspectors)	3	0	3
MLSP (Mid-Level Service Providers)	5	0	5
Palliative Nurses	1	0	1
RBSK Nurses	1	0	1
PRO	0	0	0
Epidemiologist	0	0	0
Data Manager	0	0	0

Community & Support Cadre

This group represents the surge capacity of the LSGI—people who can be called upon for logistics, rescue, and specialized support.

Cadre	Number
ASHA Workers	22
AWW (Anganwadi Workers)	27
Emergency Medical Volunteers (Trained)	0
Kudumbashree	170
MNREGS	1060
Purusha Swayam Sahaya Sangham	3
Ex-Servicemen	34
Retired Police Officers	39
NCC/NSS Volunteers	0
Red Cross volunteers	15
One Health Community Volunteers	17
One Health Community Mentors	17

Community Organizations

This section details the presence of community-based organisations (CBOs), non-governmental organisations (NGOs), faith-based organisations (FBOs), Kudumbashree Self-Help Groups (SHGs), and Ayalkootams within the Local Self-Government Institution (LSGI). These groups enhance grassroots mobilization, resource distribution, and support networks crucial for pandemic response and community resilience.

Category	Total Count
NGOs	0

Category	Total Count
Religious based organizations	14
Foreign based organizations	0
Sports Club/youth clubs	5
Kudumbashree SHGs	35
Ayalkootams	17
Political organizations	3
Residential organizations	8

Administrative & Emergency Services

This section outlines the availability of key non-health emergency support services and infrastructure within the LSGI, which are essential for effective pandemic preparedness and response. These facilities support law enforcement, disaster response, water supply, logistics, mobility, and community-level interventions during public health emergencies.

Category	Total Count	Contact details
Police Stations	1	0470267226
Fire & Rescue Stations	Nil	nil
Water Pumping Points	01	8075944856
Public Distribution System (PDS)	Ration shope -10 Supplyco -1	Ration inspector - 9188527558 Supplyco-8086368027

Information regarding resources

The availability of essential transport and support resources plays a quiet but critical role in saving lives. Equipment such as ambulances, mobile mortuaries, amphibian ambulances, and motorized boats ensures that patients, samples, and healthcare teams can move swiftly—even in flooded, remote, or difficult terrains. Heavy vehicles like JCBs, cranes, tractors, and torus lorries support logistics, waste management, emergency infrastructure, and rapid conversion of spaces into care or isolation facilities. Taxis, four-wheel-drive vehicles, and trucks help maintain

continuity of essential services, reach vulnerable populations, and support home-based care and supply delivery.

Means of transportation	Total Count
JCB	10
Crane	0
Heavy Trucks	0
Tractor	0
Ambulances	5
Mobile mortuaries	0
Boats	0
Taxi service	5

Note: For specific details regarding vehicle owners and contact information, please refer to **Annexure [X]**.

ONE HEALTH & ENVIRONMENTAL SURVEILLANCE

The One Health method integrates environmental, animal, and human health to enable proactive pandemic preparedness. Panchayat-level surveillance needs to be improved in order to detect and treat zoonotic and environmentally generated diseases early. Surveillance is strengthened through systematic assessment of animal populations, veterinary infrastructure, poultry and slaughter facilities, inter-sectoral coordination, and specialised tools like avian influenza seasonality mapping using GIS in previous outbreaks to enable predictive alerts and ward-specific sampling to support effective pandemic preparedness in high-risk areas .

Animal & Bird Population

Mapping animal and bird populations at the Panchayat level is essential for identifying and prioritising zoonotic disease hazards like rabies, avian influenza (H5N1), leptospirosis, anthrax, and Nipah-like spillover occurrences. Risk classification, targeted surveillance, vaccination planning, and early epidemic detection made feasible by comprehensive population mapping all enhance One Health-based pandemic preparedness.

Category	Item	Estimated Population	Wards
Animal Population	Livestock (Cattle/Goats/Buffalo)	**1,622** (501 Cattle + 1,035 Goats + 86 Buffalo)	All Wards (1-17)
	Pet Animals (Dogs/Cats)	**1,132** (Reported as Dogs)	All Wards (1-17)
	Stray Dog Population	**1,056** (550 Male + 506 Female)	All Wards (1-17)
	Pig Farms (Number of heads)	0	0
	Small Units (Sheep / Goats – clustered)	**1,035** (Total Goats)	Significant in Ward 7 (157) & Ward 5 (108)
Bird Population	Poultry Units (Birds)	**11 Units** (7 Farms + 4 Butcher Shops)	Wards 1, 2, 3, 4, 6, 7, 9, 10
	Poultry- (FOWL)	23,604	All Wards (1-17)
	Wild/Migratory Birds (Observed)	**358** (Listed as "Duck")	All Wards (Primary: Ward 13)
	Crow Mortality Events (Reported)	0	0

The main risk of zoonotic diseases in is concentrated in **Ward**, which is explained by the high density of pig farms, cattle congregation areas, and poultry units. The stray dog population in **market areas, fish landing sites, bus stations** continues to be a substantial problem for rabies surveillance and bite prevention. There is a considerable risk of avian influenza introduction and amplification during **November - December** due to the seasonal presence of migratory and resident water birds near **ponds/ canal / river / backwater / paddy field**. Clusters of pig farms and animal shelters vulnerable to flooding further raise the risk of leptospirosis and other zoonoses mediated by the environment, especially during monsoon floods.

Veterinary Infrastructure

Veterinary institutions are a core pillar of One Health surveillance, enabling early zoonotic disease detection through vaccination, investigation of unusual animal illness or deaths, sample

collection, and timely outbreak reporting. A well-mapped and responsive veterinary network strengthens coordination with human health and LSGI systems, ensuring rapid response during zoonotic events and pandemics.

Facility Type	Name of Facility	Ownership Govt / Pvt	Location(Ward No)	Contact number
Veterinary Dispensary	Veterinary Dispensary, Pazhyakunnumel	govt	11	8848545467
Veterinary Hospital / Polyclinic	1	govt	XI(NEAR KSRTC)	8848545467
Private Veterinary Clinics	NIL	NA	NA	Nil
Mobile / Emergency Vet Service (incl. night services)	NIL	NA	NA	Nil
Pet Homes / Animal Shelters	NIL	NA	NA	Nil
Slaughterhouse-linked Veterinary Inspection Unit	NIL	NA	NA	Nil

Veterinary Doctors & Workforce

Early detection, diagnosis, reporting, and reaction to animal illness epidemics depend on the availability and accessibility of qualified veterinary specialists. By identifying unusual animal morbidity or mortality promptly, collecting samples promptly, and coordinating efficiently with human health and LSGI systems—especially during zoonotic outbreaks and pandemic-prone situations—a clearly defined veterinary workforce enhances One Health surveillance.

Category	Number Available	Type (Govt/Pvt)	Contact number
Government Veterinary Doctors	1	govt	8848545467
Private Veterinary Doctors	0	0	0
Livestock Inspectors	4	govt	8848545467
Para-veterinary Staff / Attenders	0	0	0
Contract / On-call Veterinary Support (if any)	0	0	0

High-Risk Interface Points (Surveillance Sites)

High-risk interface points for zoonotic disease surveillance in Pazhyakunnumel Grama Panchayath include *wetland–livestock–human contact zones, backyard poultry farms, cattle sheds near water bodies, fish markets, and areas of high human–animal interaction such as community slaughter points and migratory bird congregation sites*. These are the primary surveillance sites where zoonotic spillover risks are elevated.

Type of Habitat	Type of High risk interface	Geographical vulnerability
Wetlands & Backwaters	Water-borne & Vector-borne diseases	2 Rivers, 2 Lakes, and 52 Ponds distributed across wards.
Backyard Poultry Farms	Avian Influenza (Bird Flu) risk	Presence of **23,962** poultry birds and 3 large units.
Cattle Sheds near Water Bodies	Leptospirosis (എലിപ്പനി) risk	High risk for **950** individuals identified in the high-risk group.
Fish & Meat Markets	Food-borne & Zoonotic diseases	Areas near major junctions and the 4 private hospitals/clinics.
Community Slaughter Sites	Waste-related health hazards	Monitored by the Veterinary Inspection Unit (**8848545467**).
Migratory Bird Congregation Areas	Emerging Zoonotic infections	Riverine wards and areas surrounding the 2 major lakes.
Rodent-Infested Grain Storage	Scrub Typhus & Leptospirosis	High-risk areas near houses (10,250 households mapped).

Category	Total Count	Key Locations (wards)
Poultry Farms	8 Units	Wards 1, 2, 6 (x2), 7, 9 (x2), 10 (Dairy/Poultry focus)
Backyard / Clustered Poultry Units	23,962 Birds	Wards 8 (6,388), 7 (6,205), and 6 (3,935)
Duck Rearing Units (open water access)	358 (Birds)	Ward 13 (100 birds), Ward 2 (69 birds)
Slaughterhouses/ Slaughter Points	4	Wards 3, 4, and 7 (2 shops)
Meat/Fish Markets	1	Ward 3 (Listed as "Butcher Shop" Non-Household)
Live Bird Sale Points	6	Wards 1, 2, 6, 7, 9, 10 (Farms & Shops)
Cattle Markets / Weekly Animal Fairs	0	Not available
Pet Shops / Breeders	0	Not available
Animal Shelters / Pet Homes	0	Not available
Waste Disposal Sites near Animal Units	0	Not available

Environmental Risk Mapping

Environmental risk mapping identifies monsoon/flood hotspots for vector-borne (dengue, chikungunya), water-borne (leptospirosis, diarrhoea), and zoonotic diseases in Kerala's wetlands. Systematic surveillance supports early warnings, targeted interventions, and Panchayat pandemic preparedness.

Waterborne exposure: Flood-prone areas and stagnant water bodies facilitate *leptospira survival*, raising leptospirosis risk.

Traditional practices: Informal slaughter and fish markets lack standardized hygiene, creating *spillover opportunities*.

Risk Factor	High-Risk Wards	Key Locations	Risk Level (High/Med/Low)
Flood-prone areas	Riverine Wards	Areas near the **2 Rivers** and **2 Lakes**	Low
Water bodies/wetlands	All 17 Wards	**52 Ponds** and wetlands (Vector breeding hotspots)	Low
Solid waste accumulation	Market Wards	Major junctions and market areas	Low
Animal waste disposal issues	Poultry/Livestock Wards	Near **3 Poultry Units** and clustered sheds	Low
Rodent infestation zones	Household Clusters	**10,250 Houses** and grain storage areas	Low
Industrial effluent discharge	Specific Industrial Zones	Near small-scale units/factories	Low
Construction sites / abandoned buildings	Developing Wards	Abandoned buildings & new sites	Low
Poor drainage/blocked canals	Urbanized Wards	Blocked water channels near 52 ponds	Low
Drinking water source contamination risk	No specific area .	NA	Low

Disease Seasonality Mapping

1, **Flooding & waterlogging** → amplifies leptospirosis, malaria, diarrheal diseases.

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2, Migratory bird influx (Nov–Feb) → avian influenza risk.

3, Mosquito breeding cycles → vector-borne disease peaks in monsoon.

4, Agricultural practices → close human–animal contact in paddy fields.

Disease	Peak Risk Season	Key Drivers	High-Risk Locations	Surveillance Focus
Avian Influenza	Nov – Feb	Migratory birds, Backyard poultry	Near Lakes/Rivers, 3 Poultry units	Unusual bird deaths, Poultry farmers
Leptospirosis	June – Oct	Monsoon floods, Rodent urine	52 Ponds, Paddy fields, 950 High-risk groups	Fever in MGNREGS workers/farmers
Dengue/Chikungunya	May – Nov	Stagnant water, Mosquito breeding	Rubber plantations, Residential clusters	Source reduction, Dry Day compliance
Acute Diarrheal Diseases	June – Aug	Well water contamination	Riverine Wards, 6,735 Wells	Chlorination, Water quality testing
Rabies	Year-round	Stray dog population	Market junctions, Residential streets	Post-exposure prophylaxis, Pet vaccines
Anthrax (rare)	Rare/Monsoon	Human-animal interface	Cattle sheds, Low-lying pastures	Livestock health monitoring

Vulnerability Mapping

Vulnerability mapping pinpoints high-risk populations, occupations, and areas exposed via environment, livelihoods, socio-economics, and poor service access. Paired with environmental/seasonality mapping, it enables risk-based surveillance, targeted actions, and optimal resource use in One Health and pandemic planning.

Vulnerability Factor	High-Risk Wards	Key Groups / Locations	Risk Level
Flood-prone households	River side wards (XIV/XV)	Residents near 2 Rivers/Lakes	LOW
Wetland communities	Ward -VIII	FARMERES	LOW
Backyard poultry units	NO HIGH RISH AREA	NIL	LOW
Livestock-rearing homes	WARD -VII	DAIRY FARMERES	LOW
Slaughterhouse/Market staff	Slaughter house nil ,only one market on ward XIV	Meat/Fish vendors and cleaners	LOW
Sanitation workers	TOWN WARDS (XI ,XIV)	Haritha Karma Sena, Waste collectors	LOW
Daily wage / Migrant workers	Market areas (XVI)	Construction sites, Labor camps	LOW
Elderly & Chronically Ill	All 17 Wards	5,011 Elderly, 2,144 Hypertensives	LOW
Pregnant Women	There is no specific ward	An with high HT ,DM	LOW
Children	There is no specific ward	Low birth weight babies	LOW
Safe Water Access Issues	Ward VIII,IV	PEOPLE WHO LIVED IN THE WATER SCARCED AREAS	LOW

EPIDEMIOLOGICAL TRENDS (2021–2025)

Disease surveillance is the systematic collection, analysis, and interpretation of health data for planning, implementation, and evaluation of public health practice. This section presents the disease surveillance profile of the LSGI based on routine reporting systems and outbreak investigations to identify priority diseases, seasonal patterns, and emerging public health threats.

Disease Burden among human beings(Last 5 Years)

Analysis of disease-wise data for the last five years helps identify persistent public health problems, emerging diseases, and changes in disease burden. This information supports prioritisation of prevention, preparedness, and response activities at the Panchayat level.

Disease	2021	2022	2023	2024	2025	Trend(Increasing/Stable/Decreasing)
Dengue	3	2	33	12	13	Fluctuating
Leptospirosis	4	6	5	6	6	Fluctuating
Hepatitis A	0	0	0	0	1	increasing
Malaria	0	0	0	2	0	Fluctuating
Scrub Typhus	2	2	2	2	2	Stable
Typhoid	1	0	0	0	0	Decreasing
H1N1	0	0	8	12	9	Fluctuating
H3N2	0	0	0	0	0	Stable
ADD	31	41	62	48	55	increasing
Mumps	0	0	0	00	0	Stable
Measles	0	0	0	00	0	Stable
Hepatitis B	0	0	0	0	0	Stable
Hepatitis C	0	0	0	00	0	Stable
Tuberculosis	2	10	8	12	9	Fluctuating
Leprosy	0	0	0	0	1	increasing
COVID-19	2229	861	22	0	2	Decreasing

Seasonal Trend Analysis

Seasonal analysis helps anticipate surges (e.g. dengue in monsoon, leptospirosis after floods, influenza in cooler months) and plan pre-emptive vector control, stockpiling of IV fluids, and awareness campaigns at Panchayat level.

DENGUE

Dengue is a major seasonal vector-borne disease strongly associated with rainfall, water stagnation, and increased mosquito breeding during the monsoon period.

Peak: July–November

Dengue – Ward-wise Yearly Distribution (2021–2025)

Ward	Dengue – Ward-wise Yearly Distribution					
	2021	2022	2023	2024	2025	Total
1			2	2		4
2						0
3			1		2	3
4			6	1		7
5			5		1	6
6	1		2			3
7		1	2			3
8			5	1		6
9			1	1		2
10	1		2	2	4	9
11				1		1
12						0
13				2		2
14					1	1
15	1		2		1	3
16				1		1
17		1	1	1	4	7

LEPTOSPIROSIS

Leptospirosis cases are closely linked to monsoon rains, flooding, and occupational exposure, particularly in low-lying and waterlogged areas.

Peak: June - August

Leptospirosis – Ward-wise Yearly Distribution (2021–2025)

Ward	Leptospirosis – Ward-wise Yearly Distribution					
	2021	2022	2023	2024	2025	Total
1	1	1	1			3
2				1		1
3	1			1	1	3
4			1		1	2
5		1				1
6			1	1		2
7	1				2	3
8			1	1		2
9	1		1			2
10						
11						
12					2	2
13		1		1		2
14						
15						
16				1		1
17		3				3

VIRAL HEPATITIS - A

Hepatitis A cases are commonly associated with unsafe drinking water, food contamination, and breakdowns in sanitation, often presenting as clusters or outbreaks.

Peak: October - December

Hepatitis A – Ward-wise Yearly Distribution (2021–2025)

Ward	Hep A – Ward-wise Yearly Distribution					
	2021	2022	2023	2024	2025	Total
1	0	00	0	0	1	1
2	0	0	0	0	0	0
3	0	0	0	0	0	0
4	0	0	0	0	0	0
5	0	0	0	0	0	00
6	0	0	0	0	0	0
7	0	0	0	0	0	0
8	0	0	0	0	0	0
9	0	0	0	0	0	0
10	0	0	0	0	0	0
11	0	0	0	0	0	0
12	0	0	0	0	0	0
13	0	0	0	0	0	0

Outcome-Based Trend Analysis- 2025

Transmission Trend- 2025

For effective management of public health issues, it is important to track the trend of disease transmission mode. It helps identify the population or place at high risk that can be used to predict outbreaks and implement targeted interventions as quickly as possible. Understanding these kinds of trends enables authorities to allocate resources efficiently and change the strategies adequately based on the trend that follows.

Mode of Transmission	No. of cases	No. of Deaths
Vector Borne Diseases	13	0
Water Borne Diseases	55	0
Air Borne Diseases	11	0
Blood Borne Diseases	0	0
Food Borne Diseases	0	0

Vector-Borne Disease

Disease	No. of Cases	No. of Deaths
Dengue	13	0
Malaria	2	0
Chikungunya	0	0

Water Borne Disease

Disease	No. of Cases	No. of Deaths
Cholera	0	0
Typhoid	0	00
Hep- A	0	0
Dysentery	0	0
Amoebiasis	0	0
E- Coli infections	0	0

Air Borne Disease

Disease	No. of Cases	No. of Deaths
Influenza	0	0
H1N1	0	0
TB	9	0
Chickenpox	2	0
Measles	0	0
Covid-19	0	0
Pertussis	0	0
Mumps	0	0

Blood-Borne Disease

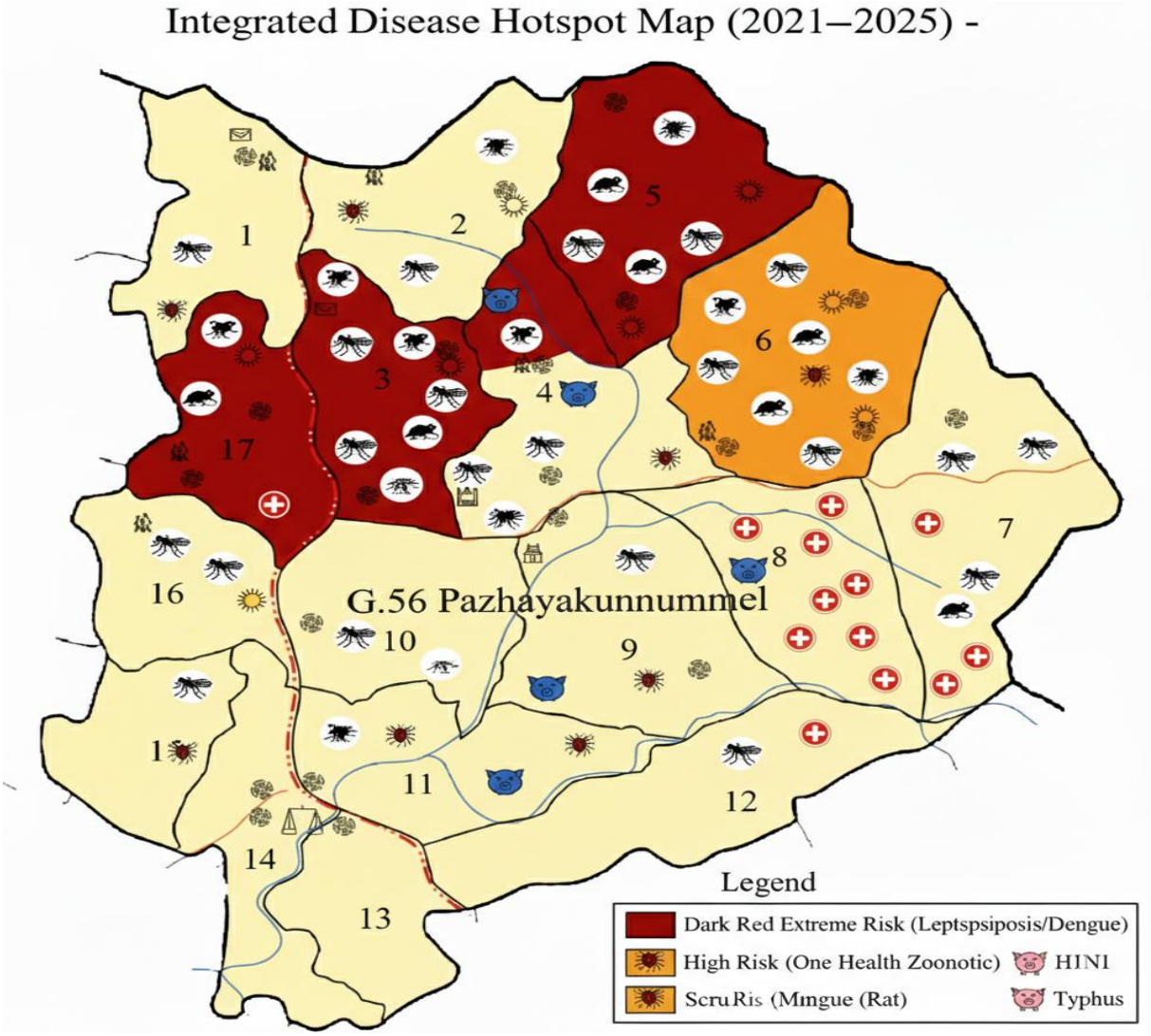
Disease	No. of Cases	No. of Deaths
AIDS	0	0
Hep- B	0	0
Hep- C	0	0

Zoonotic Disease

Disease	No. of Cases	No. of Deaths
Rabies	0	0
Leptospirosis	6	0
Avian influenza	0	0
West nile	0	0
Anthrax	0	0

Nipah	0	0
Scrub Typhus	2	0

Integrated Disease Hotspot Map (2021–2025)



Ward No	Dengue Total (2021-25)	Leptospirosis Total (2021-25)	Hepatitis A Total (2021-25)	Mumps (2021-25)	ADD (2021-25)	Total Cases
1	4	3	1	0	15	23
2	0	1	0	0	14	15
3	3	3	0	0	13	19
4	7	2	0	0	13	22
5	6	1	0	0	14	21
6	3	2	0	0	12	17
7	3	3	0	0	13	19
8	6	2	0	0	14	22
9	2	2	0	0	11	15
10	9	0	0	0	15	15
11	1	0	0	0	15	15
12	0	2	0	0	13	13
13	2	2	0	0	14	16
14	1	0	0	0	14	14
15	3	0	0	0	13	16
16	1	1	0	0	13	15
17	7	3	0	0	11	21

By overlaying five years of data, we have identified **17,10,4**'Red Zone' Wards. These are wards where at least two different categories of diseases (e.g., Dengue and Lepto) recurred in consecutive years. Ward **17,10,4** is categorized as the **Highest Priority Hotspot** due to its combination of flood vulnerability and high vector density. Future health infrastructure, such as the proposed **R.O plants at** should be prioritized.

Preparedness and Response Protocol at LSG Level

This section describes the operational framework for the LSGI once a pandemic is declared. It explains how the LSGI and health system will move from routine data collection to active response, using a One Health approach.

Constitution of One Health Committee

The LSGD shall constitute a One Health Committee comprising the LSGI President, Medical Officers (Modern Medicine, AYUSH, and Veterinary), the Health Inspector, and the Veterinary Surgeon.

Objective: The One Health Committee coordinates human, animal, and environmental health to prevent and control pandemics.

Sl No	Name	Designation	Department/Institution	Role in Committee	Contact Number
1	SHEEBA	Panchayat President	LSGD	Chairperson	9567287433
2	RAKESH	Medical Officer (PHC/CHC)	Health Dept	Member Secretary	9961247383
3	SAJU	Veterinary Officer	Animal Husbandry	Member	9349400306
4	SOUMYA	Epidemiologist	Health Dept	Member	8921851502
5	SUNEESH	Health Inspector/PHN	Health Dept	Surveillance	9497133169
6	Sini	ASHA Supervisor	Health Dept	Community link	9562037483
7	Sheelakumari	ICDS Supervisor	Social Welfare	Vulnerable groups	9074782268
8	JAYAN	Police Station Officer	Police Dept	Law & order	04702672226
9	AJEESH	Ward Councillor Representative	LSGD	Community coordination	9947373834
10	rahiyanath	Kudumbashree CDO	Kudumbashree	Community mobilisation	7994737221

11		NGO/Volunteer rep	Civil Society	Support services	
12		Line Department representations			

Key Responsibilities:

- Review disease surveillance data (human + animal)
- Conduct ward-wise risk assessment and vulnerability mapping
- Approve quarantine/isolation centre locations
- Coordinate with district for resources (PPE, oxygen, ambulances)
- Periodically review health system surge capacity, including beds, oxygen, human resources, and ambulances.
- Approve and monitor risk communication and community engagement strategies, including rumour management.
- Ensure protection and service continuity for vulnerable groups (elderly, persons with disabilities, dialysis patients, coastal populations).
- Conduct quarterly mock drills
- Monitor equity measures for vulnerable groups

Meeting Schedule:

Quarterly (normal times) | Weekly (outbreak alert) | Daily (pandemic phase)

Pandemic Response Workforce

To ensure a coordinated and timely response during a pandemic, a dedicated Pandemic Response Workforce shall be constituted at the LSG level. The workforce will function under the overall supervision of the One Health Committee and in close coordination with the health authorities. Team-based deployment will enable efficient surveillance, case management, quarantine and isolation management, logistics support, and risk communication. Each team shall have a clearly designated team leader, defined roles, and an identified pool of personnel to allow rapid activation, rotation of duties, and continuity of services during prolonged emergencies.

Total Response Workforce Available: 300 persons

Team Name	Composition	Key Responsibilities	Team Leader
Surveillance and Contact Tracing Team	HI, JHI, JPHN, ASHAs and Volunteers	Case detection, contact listing, home visits, reporting	HI
Case Management Team	Doctors, Nurses, MLSP, Palliative Nurses	Patient care & referral	DOCTOR
Quarantine & Isolation Team	LSGD staff, Volunteers	Facility management	JHI
Psychosocial support	SCHOOL COUNSELOURES CWF OF PANCHAYATH ,RBSK	School counsellour for pscychologiacal support for students, CWF Psychological support for women in the panchayath	ICDS Supervisour
Logistics & supply chain Team	LSGD staff, Storekeepers, Drivers 3	Supplies & transport [PPE, medicines, oxygen, transport, waste management]	Ward Member
Communication Team	Ward members, Kudumbashree, Youth clubs, AWW workers and other self help groups	IEC, community meetings, countering misinformation	M.O in charge
Transportation	KSRTC, educational institutional buses	transportation	Transport nodel officer
Media Surveillance	Local channels &social media groups, it volunters	Inform the public all the messeges	It nodel officer panchayth
Intersectoral coordination and convergence	All departments	One health approach	Panchayath SECRETORY

Collaborative surveillance	nil	nil	nil

All teams shall be activated immediately upon outbreak alert or pandemic declaration and shall report daily to the LSG Incident Commander/Medical Officer, with consolidated reporting to the Block PHC. Duty rosters and alternate personnel shall be maintained to ensure uninterrupted services during staff shortages or prolonged response periods. Team composition and numbers may be revised based on the magnitude of the outbreak and availability of human resources.

Activities and Measures before and during Pandemic

PHASE 1 - Alert / Preparation

PHASE 1 - Alert / Preparation

Surveillance and Reporting-Enhanced syndromic surveillance:

1. Surveillance and Reporting

Enhanced syndromic surveillance is established to detect unusual health patterns early.

- Data Sources: Reports from FHC Adayamon, local private clinics, and daily feedback from 22 ASHA workers across 17 wards.
- Event-Based Triggers: Spikes in respiratory illness, sudden absenteeism in local schools, or clusters of fever in specific wards.
- Zoonotic Surveillance: Integrated monitoring of the 23,962 poultry birds and livestock in the Panchayat to identify potential animal-to-human transmission.

2. Logistics and Stock Preparedness

A robust supply chain is maintained to ensure the availability of life-saving equipment.

- Emergency Procurement: Local vendors are empaneled following LSGD and Health Department norms for rapid procurement.

- Storage & Management: Secure storage locations are identified at the LSGI office and FHC, managed by a designated Nodal Officer for Logistics.

- Transport: Emergency transport is finalized with 3 ambulances and identified drivers ready for 24/7 deployment.

- Minimum Buffer Stock:

    - PPE Kits: 500 units.

    - Pulse Oximeters: 50 units.

    - Hand Sanitizers: 100 litres.

    - Masks, Gloves, Disinfectants: Adequate quantity for 30 days.

3. Identification of Quarantine and Isolation Facilities

Buildings are pre-identified for repurposing if surge capacity is exceeded.

- Facility Mapping: 10 schools and 4 community halls are listed, with secondary sites identified as backups.

- Clinical Categorization: Severe cases are allocated to specific classrooms, while mild cases are assigned to assembly halls.

- Readiness SOPs: Standard protocols are established for admission/discharge, food supply, sanitation, and infection control.

4. Risk Communication and Community Preparedness

Trust-based communication is used to prevent panic and ensure compliance.

- Bilingual IEC: Early warning messages and preventive measures are displayed in Malayalam and English at public hubs like Kilimanoor Market.
- Misinformation Response: A rumor-tracking mechanism is established to verify information and counter false claims.
- Community Engagement: Trusted local leaders, religious heads, and Kudumbashree units are sensitized to deliver official health messages.

5. Protection of Vulnerable Groups

Priority protection is given to those with the highest risk of severe outcomes.

- Line-Listing: Regularly updated registries are maintained for:
    - 5,011 elderly residents and those living alone.
    - 96 bedridden persons and individuals with disabilities.
    - Pregnant women, migrant workers, and dialysis patients.
- Clinical Dependency Mapping: Ward-wise maps identify households requiring uninterrupted health services, including dialysis transport and medication for TB, HIV, and chronic conditions.
- Essential Delivery: Coordinated mechanisms via ASHAs and volunteers ensure the delivery of food and medicines to vulnerable households during emergencies.

PHASE 2 - Active Response

1. Case Identification and Contact Tracing

Case detection and contact tracing activities will be carried out in coordination with the Health authorities, following disease-specific SOPs and IDSP guidelines.

Field Staff Involved

- Health Inspector (HI)
- Junior Health Inspector (JHI)
- Junior Public Health Nurse (JPHN)
- ASHAs and ASHA Supervisors
- Ward-level volunteers and Kudumbashree members (as required)

2. Screening Checkpoints

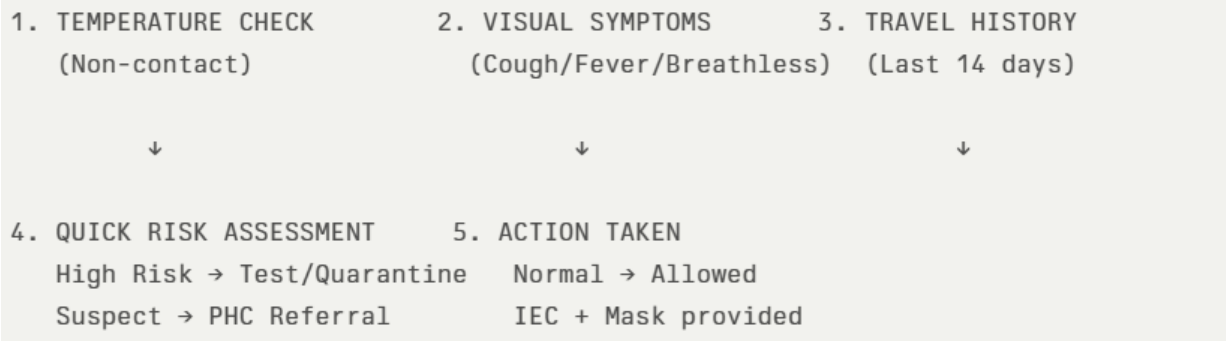
Screening checkpoints at high-traffic locations (transport hubs, markets, religious gatherings) for early detection of symptomatic travellers and crowd screening during outbreaks. Potential locations include bus stands, market entry points, and boat jetties, based on local context and risk assessment.

Screening activities will be carried out by trained personnel such as ASHAs, ward members, and volunteers, with support from Health Department staff. Necessary equipment, including non-contact thermometers and appropriate PPE, shall be ensured prior to activation.

Location	Type (Bus stand/Jetty/Market/Railway)	Staff Deployed (ASHAs/Volunteers)	Screening Method	Reporting authority
Bus stand	Transport hub	One JHI One ASHA One health Mentors	1.Swab Collection. 2. Blood smears collection (RDT) 3.Thermal Scanners	Surveillance Nodal Officer in control room

Market entry	Market	One JHI One ASHA Male health volunteers	1.Swab Collection. 2. Blood smears collection (RDT) 3.Thermal Scanners	Surveillance Nodal Officer in control room
Boat jetty	Water transport	One JHI One ASHA Male health volunteers	1.Swab Collection. 2. Blood smears collection (RDT) 3.Thermal Scanners	Surveillance Nodal Officer in control room

Standard Screening Protocol



The screening protocol shall include temperature screening, observation for visible symptoms, and inquiry regarding recent travel or exposure history. Individuals identified as suspects during screening shall be immediately referred to the nearest PHC/FHC for further evaluation, testing, and appropriate action as per prevailing guidelines.

3. Pandemic Control Room

The Pandemic Control Room (PCR) serves as the central nerve center for real-time coordination, data aggregation, decision support, and communication during outbreaks. It consolidates information from all LSGD teams, health facilities and community sources to enable rapid response decisions.

Control Room Infrastructure and Location

Primary Location: Pazhyakunnummel Panchayath Office.

Backup Location: Community Hall in Pazhyakunnummel G.P.

Health System Control Room Framework

The PCR is organized into **seven functional pillars** to ensure no aspect of the response is overlooked:

1. ***Rapid Response Team (RRT)***
    - Provides immediate intervention during emergencies, clusters, and field alerts.
    - Coordinates urgent actions such as case investigation, contact tracing, isolation, and inter-facility referrals.
2. ***Data Management & Analytics Team***
    - Collects, validates, and manages key health system indicators (cases, tests, beds, HR, supplies).
    - Analyzes data trends, generates projections, and supports evidence-based decision-making for local authorities.
3. ***Human Resource Deployment Team***
    - Allocates healthcare staff efficiently based on workload and need
    - Ensures adequate and equitable workforce distribution across facilities
4. ***Laboratory Surveillance Team***
    - Oversees diagnostic testing coordination, sample transport, and timely reporting of results.
    - Monitors lab indicators (testing volume, positivity rate, turnaround time) for early detection of outbreaks
5. ***Vaccination Cell (If Required)***
    - Plans and executes vaccination campaigns, including micro-planning and session scheduling.
    - Tracks coverage, identifies gaps, and coordinates corrective actions with field teams and outreach services.
6. ***Infrastructure & Patient Occupancy Team***
    - Monitors facility capacity, earmarked beds, oxygen and critical care resources across all linked facilities.
    - Ensures optimal patient distribution and referral management using updated bed-status and resource data.
    - BMWM
7. *Communication team*
8. ***Logistics and supply chain***
9. ***Transportation (interfacility & emergency transport)***
10. ***Media surveillance Call centre***
11. ***Management of the deceased***
12. ***Intersectoral coordination and convergence***

Key Control Room Team

The Control Room Team coordinates all pandemic response activities within the LSGD and serves as the single command and communication hub during activation. It integrates information, field actions, logistics, and policy execution across all participating departments and health facilities.

Role	Name	Designation	Contact Number	Responsibility
In-charge/Nodal Officer	RAJESH	MO	6282108867	Overall coordination, decision-making, and reporting to the District level.
Data Entry Operator	ASEENA	DEO	8129652460	Managing the line list, updating dashboards, and tracking testing results.
Communication Officer	SHAMNA D	JHI	7306968744	Handling the public helpline, coordinating ambulance dispatch, and contact tracing calls.
Logistics Coordinator	SACHU	CLERK	9633394094	**Logistics Coordinator**
Technical Support *(IT/Data)*	ASEENA	DEO	8129652460	**Technical Support**

SOP for alert escalation/trigger point with mapping of responsibilities.

Key Points:

- The Control Room shall be staffed with a designated In-charge, data entry personnel, and communication staff with clearly defined roles and shift arrangements.
- It shall maintain updated records on daily monitoring indicators including new cases, persons under active quarantine, and hospital bed occupancy.

- All reports and situation updates shall be shared daily with the Block and District Surveillance Unit.
- The Control Room shall act as a single point of contact for coordination with response teams, health institutions, and other departments.
- Contact details of the Control Room shall be widely communicated to field staff and stakeholders during activation.

Daily Monitoring Indicators

To ensure timely decision-making and effective response, the following key indicators shall be monitored and updated on a daily basis by the Pandemic Control Room:

1. **Epidemiological Indicators:**

   New cases reported today, Total active cases, Test Positivity Rate (TPR), Case Fatality Rate (CFR)

2. **Surveillance Indicators:**

   Persons under home quarantine, High-risk contacts identified, Fever, ILI, SARI or other symptoms (syndromic surges), Travellers (symptomatic or high-risk arrivals),Animal husbandry surveillance (zoonotic alerts, unusual animal deaths, poultry/bird flu signals), Mortality surveillance (excess deaths, unexplained fatalities, verbal autopsy reports)

3. **Logistics and Infrastructure Indicators:**

   Hospital / CFLTC beds occupied, Oxygen cylinders/concentrators available, Ambulances on standby

4. **Alert Findings**

   The following table outlines category-specific **trigger points (red flags)** from surveillance indicators and corresponding immediate actions for the Pandemic Control Room. These enable rapid response to alert findings like testing anomalies, positive cases exceeding thresholds, clusters, and WGS reports.

Category	Trigger Pophint (Red Flag)	Immediate Action

Clusters	**Geographical or facility-based:** 5+ cases linked to one location (office, school, street).	Declare a micro-containment zone; perimeter control and active case finding.
Testing	Sudden drop in testing volume / delay in reporting / unusual testing trends	Review the sample collection process, address lab bottlenecks, deploy additional testing teams, and notify the District Lab.
Lab	Test Positivity rate increases	Increase testing sites in that ward.
Hospital	>80% Oxygen bed occupancy	Activate backup/CFLTC beds.
Travel	Cluster of cases from a single flight/train or high-risk arrival group.	Trace all passengers in adjacent seats; implement mandatory institutional quarantine.
Animal	Mass poultry/wildlife death or unusual sickness	Notify Animal Husbandry, sample the area, and dispatch RRT for environmental sampling and zoonotic check.
Mortality	Sudden spike in home deaths or brought-in-dead (BID) cases	Audit the deaths and Active Case Search drive
Additional investigations like Whole Genome Sequencing (WGS)	Detection of a **Variant of Concern (VOC) or Variant of Interest (VOI)**	Implement strict micro-containment; update clinical protocols to match variant severity.

4. Communication of Public Health Information

A Community Communication Hub shall be established to ensure timely, accurate, and consistent dissemination of information during a pandemic. The Hub will function under the coordination of Nodal officers of the control room and act as the nodal point for public communication, risk messaging, and community engagement. **It will support dissemination of official advisories, promote preventive behaviors, address rumors and misinformation, and ensure that messages reach all sections of the population through trusted local channels and leaders.**

Key communicators

Channel	Responsible Person	Contact
Ward-level announcements	Ward Member / ASHA Worker	Ward-specific mobile numbers
Social media	LSGI President / Secretary	0470-2672335 (Panchayath Office)
Local Cable TV/Radio	Panchayath Information Committee	0470-2672335

- All messages disseminated through the Hub shall align with advisories issued by the Health Department and District authorities.
- Community leaders shall be sensitized to support behavior change, reduce stigma, and counter misinformation.
- Special efforts shall be made to reach vulnerable and hard-to-reach populations using locally appropriate communication methods.

Rumor Tracking: A designated volunteer will monitor local social media/WhatsApp groups daily to identify misinformation and issue official clarifications via the Communication Hub.

5. Coordination with District/State Authorities & Other Organisations

Effective coordination with Block, District, and State authorities is essential to ensure timely reporting, technical guidance, and uninterrupted supply of essential resources during a pandemic. The LSG shall establish clear communication channels, designate responsible officers, and adhere to prescribed reporting timelines to support coordinated public health action and efficient resource mobilisation.

Key Details:

- **Nodal Officer for Reporting:**
- **Contact Number:**

Reporting Schedule and Protocols:

To Whom	What to Report	Frequency	Nodal Person
Block PHC	Complete Situation Report (Cases, Quarantine, Beds, Screening, Deaths)	Daily (by 4:00 PM)	Health Inspector / JHI
District IDSP Unit	Outbreaks/Clusters/Unusual Events (>5 cases in same ward)	Immediate (Within 2 hrs)	Medical Officer,phc
Veterinary Officer	Animal health events/Zoonotic alerts (Bird deaths/Livestock illness)	Immediate / As needed	One Health Volunteer
State Cell	Zoonotic cross-sector events (One Health incidents)	Weekly / Emergency	Medical Officer / LSGI President

Supply Chain Coordination

The LSG shall coordinate closely with Block, District, and State authorities (KMSCL) to ensure uninterrupted availability of essential goods, medical supplies, and logistics during a pandemic. Supply requirements shall be assessed regularly based on case load and communicated promptly to the appropriate authorities for timely replenishment.

Key Points:

- Maintain updated contact details of District and Block nodal officers for health logistics, oxygen supply, ambulances, and essential medicines.
- Submit timely indent requests for PPE, testing kits, medicines, oxygen, and other critical supplies through prescribed channels.
- Monitor stock levels at LSGD facilities, quarantine/isolation centres, and field teams through daily stock registers and dispensing logs to prevent shortages.
- Coordinate with District authorities, Karunya/Neethi medical shops, and local purchase committees for funds allocation and emergency procurement.
- Ensure regular monitoring of dispensing registers at all facilities to track usage, expiry, and pilferage—shortages being a perennial issue requiring proactive weekly audits.

- Activate surge procurement protocols during high caseloads, leveraging local purchase powers under LSGD funds alongside state supplies.

Resource Inventory and Contacts

Resource Category	Source	Contact
PPE Kits/Masks/Gloves	KMSCL (State)	Warehouse Manager (District)
PPE Kits/Masks/Gloves	Local Vendors	Local Medical Stores (23 Units)
Oxygen Cylinders	KMSCL (State)	0470-2672323 (FHC Control)
Medicines/Antivirals	KMSCL (State)	Primary Pharmacy, FHC
Medicines/Antivirals	Neethi/Karunya	Local Neethi Outlets
Test Kits (RDT/Rapid)	KMSCL (State)	District Lab Coordinator

Collaboration with NGOs, PPP, and CSR

To augment government efforts during a pandemic, the LSG shall collaborate with NGOs, voluntary organisations, and private sector partners through public–private partnerships and Corporate Social Responsibility (CSR) initiatives, in coordination with District authorities.

Key Points:

- Engage NGOs and community-based organisations for community outreach, awareness, and support to vulnerable populations.

- Leverage CSR support for procurement of medical equipment, PPE, oxygen concentrators, food kits, and sanitation materials, as permitted.

- Ensure all collaborations align with government guidelines and are routed through approved administrative and financial procedures.
- Maintain transparency and documentation for all external support received and utilised.

Organization	Type	Support Offered	Contact Person
Youth Clubs/Student Unions	CBO	Volunteer mobilization, door-to-door delivery of medicines, disinfection drives.	Ward Member / Youth Coordinator
Kudumbashree	CBO	Community kitchen, monitoring high-risk groups, mask/sanitizer production.	ADS/CDS Chairperson
Haritha Karma Sena	CBO	Environmental sanitation, waste management in quarantined houses.	VHC Secretary
One Health Volunteers	Special Task Force	Zoonotic disease reporting, ward-level surveillance, fever mapping.	17 Ward Mentors

Interdepartmental Coordination

Coordination among departments during a pandemic shall be ensured through regular review meetings convened by the LSGD President. These meetings will provide a structured platform for sharing situational updates, assessing resource availability, resolving operational gaps, and taking joint decisions to ensure a coordinated and timely response.

Department	Representative	Key Role	Contact
Health (FHC)	Medical Officer / Staff Nurse	Case management & Human surveillance	0470-2672323

Department	Representative	Key Role	Contact
Veterinary	Veterinary Surgeon	Animal surveillance & Zoonotic alerts	8848545467
ICDS	Supervisor: Sindhu	Nutrition support & Child/Maternal health	9447514332*
Education	Head Teacher (Govt. HS)	School coordination & Awareness	Ward-specific
Police	Sub-Inspector (Pangode/Kilimanoor)	Containment enforcement & Law/Order	100 / Local PS
Water Authority	Assistant Engineer (KWA)	Safe water supply & Chlorination	KWA Helpline
LSGD Engineering	Assistant Engineer (LSGD)	Quarantine infrastructure (FLTC/DCC)	Panchayath Office

PHASE 3 - Surge Capacity

Phase 3 is activated when there is a rapid increase in cases, high test positivity rates, or when existing health facilities and quarantine arrangements approach saturation. The focus of this phase is to expand isolation capacity, augment clinical care services, and mobilise additional resources through district and state support mechanisms.

Conversion of Community Facilities

To manage increased case load, the LSGD shall activate additional isolation facilities by repurposing identified community infrastructure such as community halls, auditoriums, schools, hostels, or other suitable buildings.

Name of Facility	Facility Type	No. of Buildings	Ward(s)	Estimated Surge Capacity (Beds/Persons)	Nodal Person / Contact
Local Schools	Educational Institution	10	1, 7, 8, 10, 12, 13, 17	150	Head Teacher (Govt HS)
Anganwadis	Educational Institution	27	1 to 17	65	ICDS Supervisor (Sindhu): 9447514332
Community Hall	Community Gathering Space	1	11	20	9995171872
Auditoriums	Community Gathering Space	4	11, 14	50	9495303524
Religious Buildings	Community Gathering Space	1	14	10	Ward Member
FHC Adayamon	Health Facility (Backup)	1	-8	*Primary Site*	Medical Officer (Rakesh): 0470-2672323

- Recovery and rehabilitation phase
- Recovery

The goal of this phase is to restore normalcy while capturing critical data to prevent future outbreaks.

1. Immediate Recovery Actions

- Damage & Impact Assessment: Conduct a comprehensive evaluation of the health, social, and economic impact on the 30,643 residents, with a focus on the 3,942 BPL families.
- Restoration of Health Services: Transition FHC Adayamon and the 5 sub-centers from pandemic-only mode back to routine primary care, including immunization and NCD clinics.
- Rehabilitation of Affected Population: Provide targeted medical follow-up for "Long-Pandemic" symptoms, especially for the 2,617 patients with existing comorbidities.
- Psychosocial & Mental Health Support: Deploy counselors to provide support for frontline workers (ASHAs/VHP) and families who suffered losses, utilizing the established mental health service mapping.

2. Environmental and Surveillance Continuity

- Disease Surveillance during Recovery: Maintain heightened surveillance for secondary outbreaks; for example, monitoring the 52 ponds and 2 rivers for water-borne pathogens post-emergency.
- Environmental Cleanup & Sanitation: Conduct a "Mega Sanitization Drive" across all 17 wards, focusing on the decommissioned isolation facilities (schools/hostels).
- Livelihood Restoration: Coordinate with Kudumbashree units to facilitate financial recovery programs for small businesses and laborers impacted by lockdowns.

3. Documentation and System Strengthening

- Community Engagement & Confidence Building: Hold ward-level "Gramasabhas" to share recovery progress and rebuild public trust in local health systems.
- After-Action Review (AAR): The Pandemic Control Room will lead a formal review involving all stakeholders to document the timeline of the response.
- Lessons Learned & Best Practices: Identify what worked (e.g., successful reverse quarantine of the 96 bedridden persons) and where gaps occurred.
- Health System Strengthening: Use the "Lessons Learned" to upgrade local infrastructure, such as increasing the permanent buffer stock of PPE and pulse oximeters.

- **Policy Revision & Research: Update the Pazhayakunnumel Pandemic Action Plan based on real-world data and contribute local case studies to district-level public health research.**

CONCLUSION

Additional points

- tech support
- relief based commodities
- ham reading operators
- hazard vulnerability mapping
- Kseb & other power source
- HR specific responsibility

- **1. Hazard Vulnerability Mapping**

This involves layering health data over physical geography to predict "double disasters" (e.g., a pandemic during a flood).

- **High-Risk Zones**: Identify Wards **1, 3, 5, 8, and 12** as priority areas due to river proximity and seasonal waterlogging.
- **Infrastructure Vulnerability**: Mapping the **52 identified ponds** and **2 rivers** helps monitor for water-borne disease spikes during monsoon-pandemic overlaps.
- **Clinical Hotspots**: Identify wards with the highest concentration of the **2,617 patients with comorbidities** (Hypertension/Diabetes) for targeted medical surveillance.

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2. Tech Support & Communication Resilience

- **Digital Infrastructure**: The **Pazhayakunnumel Grama Panchayath Office (Ward 17)** serves as the central Data Command Centre with high-speed internet and power backup.
- **HAM Radio Operators**: In the event of a total telecommunications failure, a roster of local **Amateur (HAM) Radio Operators** will be activated to maintain links between **FHC Adayamon** and the District Control Room.
- **Telemedicine**: Establish a tech-support desk to facilitate video consultations for the **96 bedridden persons** and those in home isolation.

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3. Relief-Based Commodities

- **Kudumbashree Community Kitchens**: Pre-designate centers to provide cooked meals for families in quarantine and the **3,942 BPL families**.

- **Essential Kits**: Maintain an inventory containing dry rations, hygiene products, and basic medicines for immediate distribution to containment zones.
- **Supply Chain**: Empanel local grocery and pharmacy vendors in **Kilimanoor Market** for door-to-door delivery mechanisms.

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4. Power & Utility Stability (KSEB & Alternate Sources)

- **Grid Priority**: Coordinate with the **KSEB (Kerala State Electricity Board)** to ensure **FHC Adayamon** and designated surge facilities (schools) are on a "No-Cut" priority circuit.
- **Backup Systems**:
    - **FHC Adayamon**: Maintenance of UPS and Diesel Generators for vaccine cold-chain integrity.
    - **Surge Facilities**: Ensure all **10 identified schools** have functional generator hookups or solar power units.
- **Water Supply**: Coordinate with the Kerala Water Authority (KWA) for dedicated tanker supply if local wells become contaminated.

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5. HR-Specific Responsibilities

Clear roles prevent overlap and exhaustion among frontline workers.

Role	Primary Responsibility
Medical Officer	Clinical protocols, vaccine management, and hospital referrals.
LSGI Secretary	Financial approvals, procurement, and administrative coordination.
Health Inspector	Management of **Ward RRTs**, sanitation drives, and dead-body management.
ASHA/JPHN	Line-listing vulnerable groups, field surveillance, and medicine delivery.
VHP/Volunteers	Logistics support, crowd control at markets, and relief kit distribution.

RECOMMENDATIONS

1. Strengthening Healthcare Infrastructure

- Establish a primary health response unit within the Panchayat with trained staff.
- Ensure availability of basic medical supplies (masks, sanitizers, PPE kits, oxygen cylinders).
- Create tie-ups with nearby hospitals in situation for emergency referral and transport.

2. Community Awareness & Education

- Conduct regular awareness campaigns on hygiene, vaccination, and preventive measures.

- Use local communication channels (community radio, WhatsApp groups, notice boards) to spread verified information.
- Train volunteers to act as health ambassadors in each ward.

3. Emergency Response & Coordination

- Form a Pandemic Preparedness Committee at Panchayat level including health workers, ward members, and NGOs.
- Develop a clear action plan for lockdowns, quarantine, and distribution of essentials.
- Maintain a database of vulnerable groups (elderly, differently-abled, chronically ill) for targeted support.

4. Supply Chain & Food Security

- Identify and support local suppliers and farmers to ensure uninterrupted food supply.
- Create community kitchens during emergencies to serve vulnerable populations.
- Stockpile essential commodities in Panchayat-run outlets for crisis periods.

5. Digital Preparedness

- Promote digital platforms for telemedicine consultations.
- Use Panchayat's website/social media for real-time updates on health advisories.
- Encourage online grievance redressal to reduce crowding in offices.

6. Training & Capacity Building

- Organize mock drills for pandemic response in schools, offices, and public spaces.
- Train Panchayat staff and volunteers in first aid, infection control, and crowd management.
- Collaborate with NGOs and health departments for capacity-building workshops.

7. Long-Term Resilience

- Integrate pandemic preparedness into the Panchayat Development Plan.
- Allocate a dedicated budget for health emergencies.
- Encourage community participation in planning and monitoring preparedness measures.

MOCKDRILL SCENARIOS

To ensure the Pazhayakunnumel LSGI is fully prepared, the following mock drill scenarios are designed to test the coordination between the 17 Ward RRTs, the FHC Adayamon, and the Panchayat Control Room.

Scenario 1: Zoonotic Spillover (Avian Influenza)

Objective: To test the "One Health" coordination between the Veterinary Department and Health Inspector.

- The Trigger: A large poultry unit in Ward 11 (Mahadeveswaram) reports sudden deaths of 50 birds. Simultaneously, two farm workers report high fever and respiratory distress.
- Action Steps:
    - Veterinary Lead: Immediate cordoning of the farm and sample collection.
    - Health Lead: RRT 11 initiates contact tracing for the workers' families and neighbors.
    - Logistics: Activation of the PPE buffer stock (PPE kits and N95 masks) for the response team.
- Success Metric: Time taken to isolate the farm workers and notify the District Medical Office (DMO).

Scenario 2: Water-Borne Outbreak during Flood (Leptospirosis)

Objective: To test rapid prophylaxis and evacuation in high-risk waterlogged wards.

- The Trigger: Following heavy rains, Wards 3 and 5 report 5 cases of high fever with muscle pain (suspected Leptospirosis). The river level is rising.
- Action Steps:
    - Surveillance: ASHA workers conduct door-to-door distribution of Doxycycline to high-risk residents.

  - Sanitation: Chlorination of the 52 identified ponds and local wells by the health squad.
  - Logistics: Mobilizing the identified Tractors/Boats to move vulnerable elderly persons to the designated school isolation center.
- Success Metric: 100% coverage of "Doxy-prophylaxis" for the identified vulnerable list in the affected wards.

Scenario 3: Respiratory Virus Surge & Surge Capacity Activation

Objective: To test the transition from FHC care to "CFLTC" (Firstline Treatment Centre).

- The Trigger: A sudden spike of 30 influenza-like illness (ILI) cases is reported near Kilimanoor Market (Ward 10/11) within 24 hours.
- Action Steps:
  - Command: The President declares the activation of Phase 2 (Response).
  - Infrastructure: . ups Adayamon is repurposed as an isolation facility within 4 hours.
  - Vulnerable Groups: RRTs initiate "Reverse Quarantine" for the 96 bedridden persons, ensuring they have 14 days of essential medicines delivered to their doorstep.
- Success Metric: Time taken to set up 20 beds with basic amenities (water, electricity, waste disposal) in the school.

ANNEXURE

1. IMPORTANT PHONE NUMBERS

Phone numbers and particulars of persons responsible for providing guidance, assistance, and support for pandemic preparedness operations may be provided here in a manner that allows easy reference at a glance. The information recorded here could be exhibited elsewhere at the time of emergencies. LSG institutions shall give special attention to collect and record the above data of persons and institutions who/which are supposed to give technical and co-ordination support to reduce the impact of pandemic.

1.1. Details of grama panchayat/municipality/corporation wards

Sl.No	Name of the ward	Ward number	Name of the ward member	Contact number
1	THATTATHUMALA	1	AJEESH	9947373834
2	PARANDAKUZHI	2	JASEENA	8606047872
3	CHEBAKASSERY	3	AKASH	7907389377
4	KULAPPARA	4	THAhira	9995616016
5	SHEDDIL KADA	5	LEENA	8943277105
6	CHERUNARAM CODU	6	BINDHU	9846743169
7	THOLIKUZHI	7	SHEEJA	9846407204
8	ADAYAMON	8	MURALIDHARAN	9745013030
9	VANDANOOR	9	JONY	9746912001
10	CANARA	10	ANILKUMAR	9846077364
11	MAHADEVESARAM	11	SATHYASEELAN	9446405983
12	MANJAPARA	12	SHAJAHAAN	9447270501
13	KUNNUMEL	13	PRABITHA	9496997201
14	PUTHI7YAKAV	14	SIJI	9495681792
15	PAZHYAKUNNUMEL	15	NALINAN	9745683665
16	PAPPALA	16	SHEEBA	9567287433
17	MANALETHU PACHA	17	ANJANA	8606207632

1.2. Other important phone numbers of grama panchayat/municipality/corporation area

Sl. No.	Name	Contact number
1.	FHC Adayamon (Primary site)	0470-2672323
6.	PUMPING STATION	8075944856
7.	Excise department	9400069422
8.	Forest department	

1.3. Important offices of grama panchayat/municipality/ corporation

Sl.No	Name of the office	Contact person	Contact number
1.	Village Office	Village Officer	8547610424
2.	Agriculture Office	Agriculture Officer	04702674222
3.	Animal Husbandry Office	Animal Husbandry Doctor	
4.	Police Station	Police Officer	0470267226
5.	BSNL Office	Officer	04702671234
6.	Block Office	Officer	04702672232
7.	KSEB Office	Officer	9446008067
8.	Fisheries Office	Officer	04702672232
9.	Fire and Rescue	Officer	04722871101

1.4. Health Services

Sl. No	Name of the Hospital/Institution	Location	Phone Number
1	Government Hospitals/PHC		
	FHC Adayamon (Primary site)	Adayamon	0470-2672323
	Govt. Ayurveda Hospital	-puthiyakav	9746984945
	Govt. Homeo Hospital	- puthiyakav	9447878557
2	Private Hospitals		
	Sarala Memorial Hospital	-kilimannor	7902672355
	Suchitra Hospital	- kilimannor	9447275655
	Saji Hospital	- kilimannor	9895807333
	SRM Ortho Clinic	-mahadevesaram	8606674032
3	Clinical Laboratories		

	DDRC	-kilimannor	9333493334
	Hind Labs	- kilimannor	9846617681
	Dr. Girija's Lab	- kilimannor	8129382555
	Kerala Diagnostic Lab	- kilimannor	0470-2148101
	MM Laboratory	-mahadesaram	8330865845
4	Chemist/Pharmacy		
	Government Medical Store	FHC Adayamon	0470-2672323
	Local Medical Stores (23 units)	Various wards	See local listings
5	Blood Donors		
	Registry maintained at Panchayat level	- kilimannor	0470-2672335
6	Other Language Experts		
	Migrant Labor Liaison	LSGI Office	0470-2672335

1.5. Veterinary Services

Sl. No	Name of the Clinic	Name of the Surgeon/Doctor	Place/location	Phone number
1	Govt.Veterinary Hospital	1	11	8848545467

1.6. Helpline numbers

Helpline	Phone number
Police	0470267226
Fire and Rescue	04722871101
KSEB	04702672232

1.7. Public and Private Schools Contact details

S.No	Name of School	Institution Type	Phone Number
1	**Govt.H.S,Thattathumala**	Govt	9497693260
2	Govt.HSS,Thattathumala	Govt	-9497638990
3	LPS Adayamon	Govt	9446845064
4	TOWN UPS KILIMANNOOR	Govt	-9446982800
5	noorul huda lps mnjapara	Un aided	-8547373725
6	UPS ADAYAMON	AIDED	- 9946865657
7	DR ZAKIR HUSAIN PUBLIC SCHOOL	Un aided	-9645263235
8	GOVT LPS PAPPALA	Govt	- 9495752395
9	SVLPS TOLIKUZHI	AIDED	9961247383
10	VIDHYA JYOTHI ,PAPPALa	Un aided	9946643389

1.9. Anganwadi Contact Details

Ward	Name of Anganwadi Teachers	Phone Number
I	Banitha	9048239951
II	Sindhu	9745743313
XVII	Sheela	9633820949
XVIII	Anitha	9947156610
V	Priya	9846728238

Ward	Name of Anganwadi Teachers	Phone Number
VI	Bindhu	7591941410
VI	Lissy	9946877408
VII	Resmi	8129130690
VIII	Kavitha	7902956026
VIII	Bushra	7012712994
III	Sindhu	9995088795
IX	Asha	8921088556
III	Renuka Devi	9446133423
IX	Asha	9544900748
IV	Beena	9447012444
IV	Shylaja	9745033115
V	Sulaja	9846884516
XII	Alhida	9037550506
XII	Lathika	9645801732
XIV	Deepika	7736850854
XIV	Ponnamma	9946201989
XIII	Geetha	9747466921
X	Girija D	9400350334
X	Lathikakumari	9497775922
XI	Raseena Beevi	9995057923
XV	Sunitha	9605045947
XVI	Beena	9895290255

1.12. Information regarding resources

Means of Transportation	Name of Owner / Agency	Phone Number	Source / Remarks
Heavy Trucks	**Private Contractors**		Available for transporting relief kits and medical equipment
Tractor	**Local Agricultural Owners**	(Via Ward Member)	Essential for debris clearance and access in flooded wards (1, 3, 5)
Ambulances	**FHC Adayamon (Palliative)**	0470-2672323	Primary government unit for non-emergency transport
Ambulances (Private)	**Nikunjam / Karunya / Pooja**	0471-2672335	Empaneled private units (Nikunjam: 0471-22041217)
Boats	**District Rescue Unit (KSDMA)**	1077 (District Toll-Free)	Deployed for rescue in the 2 rivers/lakes during flood-pandemic surge
Taxi Service	**Local Auto-Taxi Stand**	Kilimanoor Stand	Mapped for transporting field surveillance teams (ASHA/HI)

Means of transportation	Name of Owner	Phone Number
Heavy Trucks	**Private Contractors**	
Tractor	**Local Agricultural Owners**	(Via Ward Member)
Ambulances	**FHC Adayamon (Palliative)**	0470-2672323
Boats	**Nikunjam / Karunya / Pooja**	0471-2672335
Taxi service	**District Rescue Unit (KSDMA)**	1077 (District Toll-Free)

Annexure 1: LSG Baseline Data Collection Format

A. Baseline data

Sl. No.	Indicator / Field	Baseline Data	Source / Remarks
1	Name of LSG	Pazhayakunnumel	Action Plan 2026
2	District	Thiruvananthapuram	
3	Block / Taluk	Kilimanoor / Chirayinkeezhu	Regional mapping
4	Type of LSG	Gram Panchayat	
5	Area (sq. km)	23.15	
6	No. of wards	17	
7	GIS boundary file available	Yes	Digital mapping mentioned
8	Key contact person & phone	Sheeba (President): 0470-2672335	LSGI Office

B. Demography

Indicator / Field	Baseline Data	Source / Remarks
Total population	30,643	
Males	14,502	
Females	16,141	
Transgender population	0	
Age distribution<5: 1,214 5–14: (Est. 4,500) 15–59: 19,918 ≥60: 5,011		Adol. pop: 2,890
No. of households	~7,500	Based on density/pop
Population density	1,323.67 persons/sq.km	High risk for contact
No. of migrant workers	124	Targeted surveillance
Major occupational groups	Agriculture, Poultry, Allied	Based on "One Health" data

C. Vulnerable Populations & Social Risks

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	No. of elderly (≥60)	5,011	Action Plan 2026; represents ~16.3% of total population
2	No. of persons with disability	62	Listed as "Differently abled" in plan

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
3	No. of bedridden persons	96	High-priority for home-based palliative care
4	No. of chronic disease cases	HTN: 2,144 | DM: 473 | Cancer: 169 | CKD: 13	COPD: 0, Haemophilic: 0; Total NCD burden is high
5	Pregnant women (estimate)	95	Requires specialized evacuation/care plans
6	Children <5 years	1,214	Significant pediatric population for vaccination
7	Tribal population	50	Socially vulnerable minority in the LSGI
8	Fisherfolk / coastal groups	0	Land-locked LSGI area
9	Urban slums / unnotified	0	Not identified in current data
10	Homeless population	0	Not identified in current data
11	Orphanages / old age homes	0	Infrastructure audit shows no destitute/elderly homes

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
12	Hostels / prisons / shelters	10 Schools / 4 Auditoriums	Repurposed as surge capacity shelters
13	Poverty / BPL estimate	3,942 families	Socio-economically deprived group for food security
14	Food insecurity hotspots	Identified via BPL mapping	Local action plan ensures support to 3,942 families
15	History of stigma issues	No	No documented records of pandemic-related stigma

D. Health System & Service Readiness

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	No. of health facilities in LSG	Govt: 1 (FHC) | Private: 4 | AYUSH: 2	Total 7 formal institutions
2	PHC/Family Health Centre details	FHC Adayamon, Adayamon	Phone: 0470-2672323
3	Subcentres / HWCs (number)	5	Provides ward-level coverage

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
4	Private clinics / hospitals	9 (4 Hospitals + 5 Clinics)	Sarala, Suchitra, Saji, SRM etc.
5	Labs available (public/private)	7 (1 Govt | 6 Private)	Includes Hind Labs, DDRC, Dr. Girija's
6	Ambulance services (Yes/No)	Yes (3)	1 Palliative (Govt), 2 Private
7	Isolation/quarantine facilities	Yes	10 Schools & 4 Auditoriums mapped
8	Cold chain facilities (Yes/No)	Yes	Maintained at FHC Adayamon
9	Stockpile space available	Yes	Pharmacy/Store room at FHC
10	PPE / Mask availability plan	Yes	Local procurement plan in place
11	Surveillance staff available	ASHA: 22 | JPHN: 5 | JHI: 3 | MLHP: 5	Total field staff: 35
12	Emergency referral pathways	Yes	Linked to CHC Kesavapuram/Taluk HQ

E. Points of Entry & Mobility

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Bus stands / depots	1 (Kilimanoor/Adayamon area)	Primary transit point for the LSGI population
2	Railway stations	0	Nearest stations: Varkala or Chirayinkeezhu (~15-18 km)
3	Boat jetties / fishing harbours	0	Inland LSGI; no coastal entry points
4	Ports / airports nearby	Trivandrum International Airport (~45 km)	Primary international point of entry for the region
5	Major highways/roads	MC Road (Main Central Road)	High-traffic artery passing through the LSGI
6	Border crossings	District Border (TVM - Kollam)	Proximity to Kollam district requires interstate surveillance
7	Major markets / weekly markets	Kilimanoor Market / Ward-level markets	High-density gathering points; potential transmission hubs
8	Tourism hubs / event venues	4 Auditoriums / 1 Community Hall	Primary venues for large social/cultural gatherings

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
9	Schools/colleges with hostels	10 Schools	No colleges listed; Hostel capacity to be assessed locally
10	Factories / large workplaces	3 Poultry Units / 21 Hotels & Restaurants	Primary sites of occupational mass-contact

F. Water, Sanitation & Hygiene (WASH)

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Major drinking water sources	Wells, Piped Water, Rivers, Ponds	Diversified water profile
2	No. of public/private wells	6,735	High density of local groundwater sources
3	Households with piped water	Standard KWA/JJM coverage	Specific percentage to be verified via Jal Jeevan Mission
4	Water quality testing routine	Yes	Regular chlorination and testing by Health Inspector
5	Common contamination risks	Flooding & Waterlogging	Linked to 52 Ponds and 2 Rivers; high Lepto risk

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
6	Open defecation free status	Yes	ODF status maintained throughout LSGI
7	Solid waste management system	Yes	Haritha Karma Sena active in all 17 wards
8	Bio-medical waste disposal	Yes	Integrated with IMAGE via FHC Adayamon
9	No. of public toilets	~5 (at major hubs)	Located at transit points and markets
10	Handwashing stations	Yes	Installed in all 10 schools and health facilities

G. Zoonotic Risks & One Health

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Livestock population (estimates)	Animals: 2,743 | Birds: 23,962	Large poultry presence
2	No. of dairy / poultry / pig farms	3 Large Poultry Units	Other backyard units exist

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
3	Slaughterhouses / meat shops	~12 (Local meat shops)	Distributed across wards
4	Animal markets	Yes	Local trade at Kilimanoor
5	Veterinary dispensaries	1	Ward 11 (Dr. Saju: 8848545467)
6	History of zoonotic outbreaks	Leptospirosis: 6 | Rabies: 1 (2024)	Avian Flu risk monitored
7	Stray dog management	Yes	ABC Program / Vaccination
8	Rodent infestation hotspots	Yes	Market areas and 52 Ponds
9	Wetlands prone to leptospirosis	2 Rivers, 52 Ponds, 2 Lakes	High risk during monsoon
10	Bat roosting / fruit orchards	Fruit Orchards present	Common in mixed terrain
11	Human-animal interface hotspots	Poultry units near residences	High risk for cross-species spread

H. Climate & Disaster Risks (Pandemic Amplifiers)

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Flood-prone wards	Wards 1, 3, 5, 8, and 12	Based on proximity to the 2 Rivers and 2 Lakes
2	Landslide-prone wards	Ward 11 & Ward 14	Hilly/mixed terrain areas with documented mud-slip risks
3	Cyclone/sea surge risk	No	Inland LSGI (~20km from coast); low direct surge risk
4	Heatwave risk zones	Yes	High density urban/market hubs like Kilimanoor
5	Waterlogging areas	52 Ponds and surrounding low-lands	High-risk hotspots for Leptospirosis (950 people identified)
6	Shelter homes / relief camps	10 Schools / 4 Auditoriums	Repurposed facilities with ~300+ total capacity
7	Past disaster history	Flooding (2018/2021) & Lepto (2024)	Recurring seasonal water-borne outbreaks
8	Supply/Transport Disruption	Yes	MC Road vulnerable to waterlogging during heavy rain

I. Critical Infrastructure & Logistics

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Schools (number)	10	Identified as primary surge capacity sites
2	Anganwadis (number)	27	Distributed across all 17 wards; used for local outreach
3	Colleges (number)	0	No degree colleges listed within LSGI boundaries
4	Community halls (number)	1 (Panchayath Hall)	Located in Ward 11; suitable for DCC setup
5	Places of worship with large gatherings	1 (Major Church mapped)	Multiple temples and mosques also present
6	Large markets / shopping areas	Kilimanoor Market / 21 Hotels	High-density contact zones
7	Warehouses / cold storages	Yes (FHC Cold Chain)	Vaccine storage available at Adayamon FHC
8	Telecom/mobile network gaps	No	General coverage is stable across the mixed terrain

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
9	Power outage frequency	Medium	Standard rural-urban grid stability
10	Availability of generators	Yes (at FHC and Hospitals)	Required for maintaining the vaccine cold chain

J. Risk Communication & Community Networks

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Ward-level rapid response teams	Yes	17 RRTs established (one per ward)
2	Jagratha samithis active	Yes	Functional committees comprising ASHA, Ward Member, and Kudumbashree
3	Kudumbashree presence	~130-150 NHGs	Based on CDS data for Pazhayakunnumel
4	Volunteer network	~85+ volunteers	Approx. 5 volunteers per ward RRT
5	Community-based surveillance	Yes	Led by ASHA workers (22) and RRT members

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
6	IEC dissemination channels	WhatsApp, PA Systems, Notice Boards	Coordinated through the 27 Anganwadis and FHC
7	Rumour tracking mechanisms	Yes	Monitored by Ward Members and Health Inspector
8	Languages / Literacy	Malayalam (Primary)	100% literacy considerations for printed IEC
9	Vulnerable group strategy	Yes	Targeted outreach for 5,011 elderly and 96 bedridden

K. Preparedness Planning & Governance

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	LSG emergency plan available	Yes	Integrated with Disaster Management plans
2	Pandemic preparedness plan available	Yes	Localized data-driven plan (2026 Edition)
3	Incident Command System identified	Yes	Led by LSGI President and Medical Officer

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
4	Rapid procurement mechanism	Yes	Empaneled vendors with local purchase powers
5	Emergency fund available	Yes	Allocated via LSGD Development Fund & NRHM
6	Past outbreak response experience	Yes	Responded to COVID-19 and 2018 Floods
7	Intersectoral coordination mechanism	Yes	One Health Committee including Health, Vet, LSGI
8	Mock drills conducted (last 12 mos)	Yes	Quarterly mock drills part of response protocol
9	Training coverage (staff/volunteers)	Yes	300 response workforce members trained/mapped

L. Surveillance & Data Systems

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Digital reporting tools used (e.g., DHIS2, portals)	DHIS2, IDSP Portals, & Local Dashboards	Standardized reporting through Adayamon FHC
2	Availability of line-listing format (Yes/No)	Yes	Maintained by Data Entry Operator (Aseena)
3	Contact tracing team identified (Yes/No)	Yes	17 Ward RRTs (HI, JHI, JPHN, & ASHAs)

4	Mapping of high-risk households available (Yes/No)	Yes	Detailed lists for elderly (5,011) and bedridden (96)
5	Testing sample transport mechanism (Yes/No)	Yes	Lab Surveillance Team coordinates with FHC/District
6	Reporting timeline adherence (good/average/poor)	Good	Daily situational reports required by 4:00 PM
7	Data sharing between departments (Yes/No)	Yes	Integrated via the Pandemic Control Room (PCR)
8	Availability of dashboard for monitoring (Yes/No)	Yes	Real-time tracking of cases, beds, and HR

M. Additional Notes & Observations

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Key challenges perceived by LSG	High comorbidity burden & Resource gaps	2,144 HTN and 473 DM cases; lack of Govt IP beds
2	Top 5 high-risk wards (reason)	Wards 1, 3, 5, 8, and 12 (Flooding)	High risk of Leptospirosis due to waterlogging
3	Any unique local risks (industrial pollution, refugee camps, etc.)	Human-Animal Interface (Poultry)	~24,000 birds and 3 large units create Avian Flu risk
4	Recommendations for preparedness strengthening	Strengthen MMUs & Private MOUs	Expand Mobile Medical Units for the 96 bedridden