PANDEMIC PREPAREDNESS PLAN : 2026

FAMILY HEALTH CENTRE
BALARAMAPURAM

MEDICAL OFFICER (I/C)
FAMILY HEALTH CENTRE BALARAMAPURAM
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MESSAGE

FROM PRESIDENT LSGI

"PANDEMIC PREPAREDNESS IS NOT JUST ABOUT STOCKPILING MASKS AND VENTILATORS, ITS ABOUT BUILDING RESILIENT COMMUNITIES".

K P SHEELA

PRESIDENT

BALARAMAPURAM GRAMAPANCHAYATH.

MESSAGE

FROM HEALTH STANDING COMMITTEE CHAIR

"A PANDEMIC IS NOT JUST A HEALTH CRISIS, IT'S A TEST OF OUR COLLECTIVE PREPAREDNESS AND RESILIENCE."

R. SANTHI

HEALTH STANDING COMMITTEE

BALARAMAPURAM GRAMAPANCHAYATH

MESSAGE

BY MEDICAL OFFICER(I/C)

"PREPAREDNESS IS THE KEY TO MITIGATING THE IMPACT OF A PANDEMIC. ITS NOT ABOUT FEAR, ITS ABOUT BEING READY."

Dr. BIJU RM
MEDICAL OFFICER (I/C)
FHC BALARAMAPURAM

EXECUTIVE SUMMARY

Primary Health Centre (PHC) functions as the primary public healthcare institution serving the population of 39007 in Balaramapuram 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.

Balaramapuram FHC 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 FHC 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, Balaramapuram Family Health Centre stands as a vital institution in safeguarding public health and improving the quality of life of the residents of Balaramapuram Grama Panchayath

LIST OF ABBREVIATIONS

LSGD	**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
KSIDC	Kerala State Industrial Development Corporation
JAK	Janakeeya Arogya Kendram
CAPD	Continuous Ambulatory Peritoneal Dialysis
TB	Tuberculosis
PHC	Primary Health Center
FHC	Family Health Center
CHC	Community Health Center
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Homoeopathy
THQH	Taluk Head Quarters Hospital
MCH	Medical College Hospital
USG	Ultrasonography (Ultrasound Scan)
RT-PCR	Reverse Transcription Polymerase Chain Reaction
CT, MRI	Computed Tomography, Magnetic Resonance Imaging
NCC/NSS	National Cadet Corps, National Service Scheme
CBO	Community-Based Organizations
FBO	Faith-Based Organizations
SHG	Self-Help Groups
NGO	Non-Governmental Organizations
SOP	Standard Operating Procedure
ILI, SARI	Influenza-Like Illness, Severe Acute Respiratory Infections

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LSGD AT A GLANCE

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- Baseline data
- Ward division -

Ward	Houses	Population	Migrants	Wells	Hot spots	Ed. Institutions	Hosp pvt/govt.
22	10280	39007	50	8212	0	15	7

- 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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4. major establishments map
5. disaster-prone areas map
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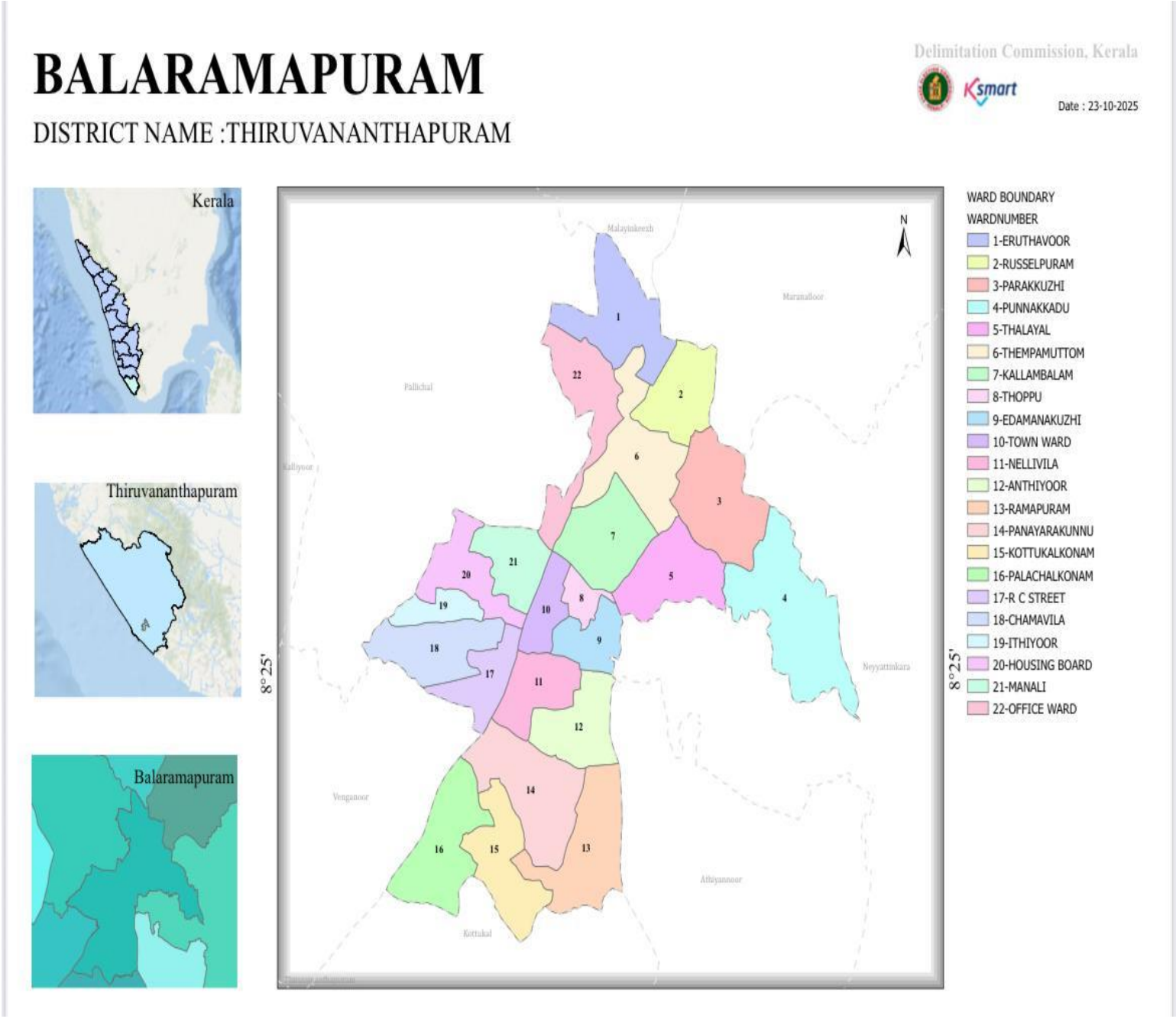
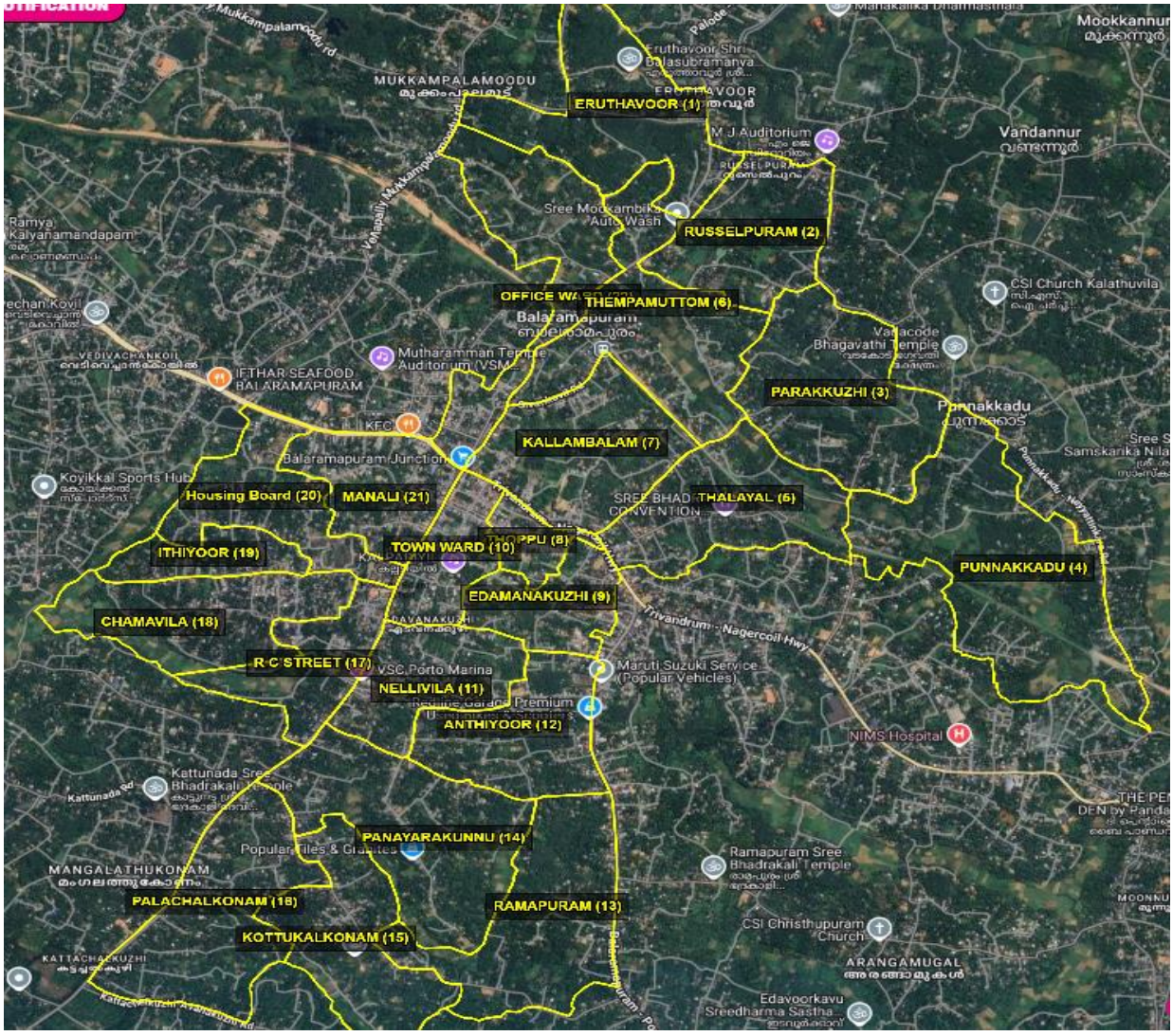
INTEGRATED HEALTH INFRASTRUCTURE MAP OF BALARAMAPURAM GRAMA PANCHAYAT



(SOURCE : KSMART-DELIMITATION COMMISSION-KERALA)

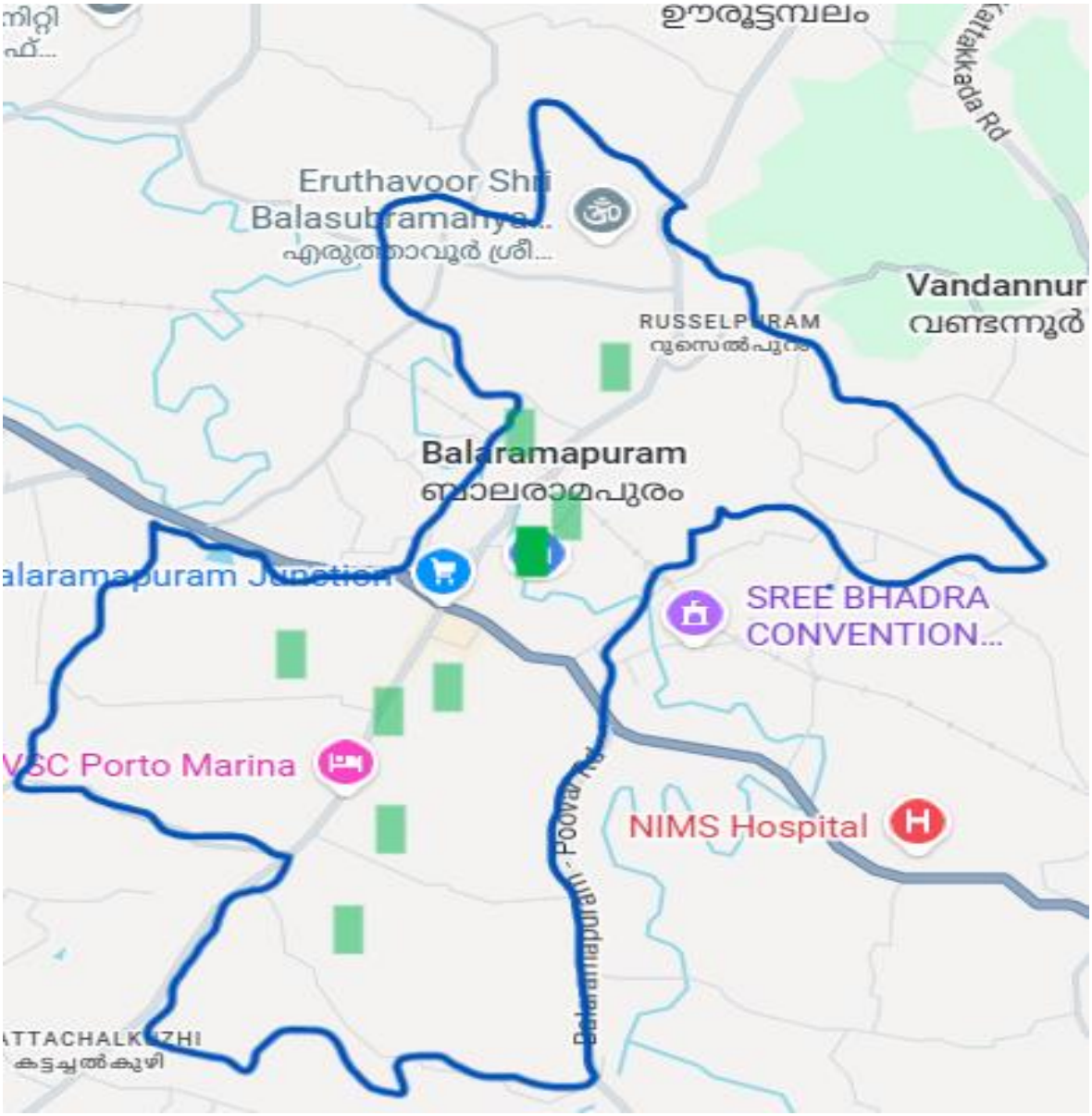
Maps - ward-based

1. Geographical boundaries - ward boundaries map



https://wardmap.ksmart.live/FinalN/FinalN_Thiruvanathapuram_Balaramapuram.html

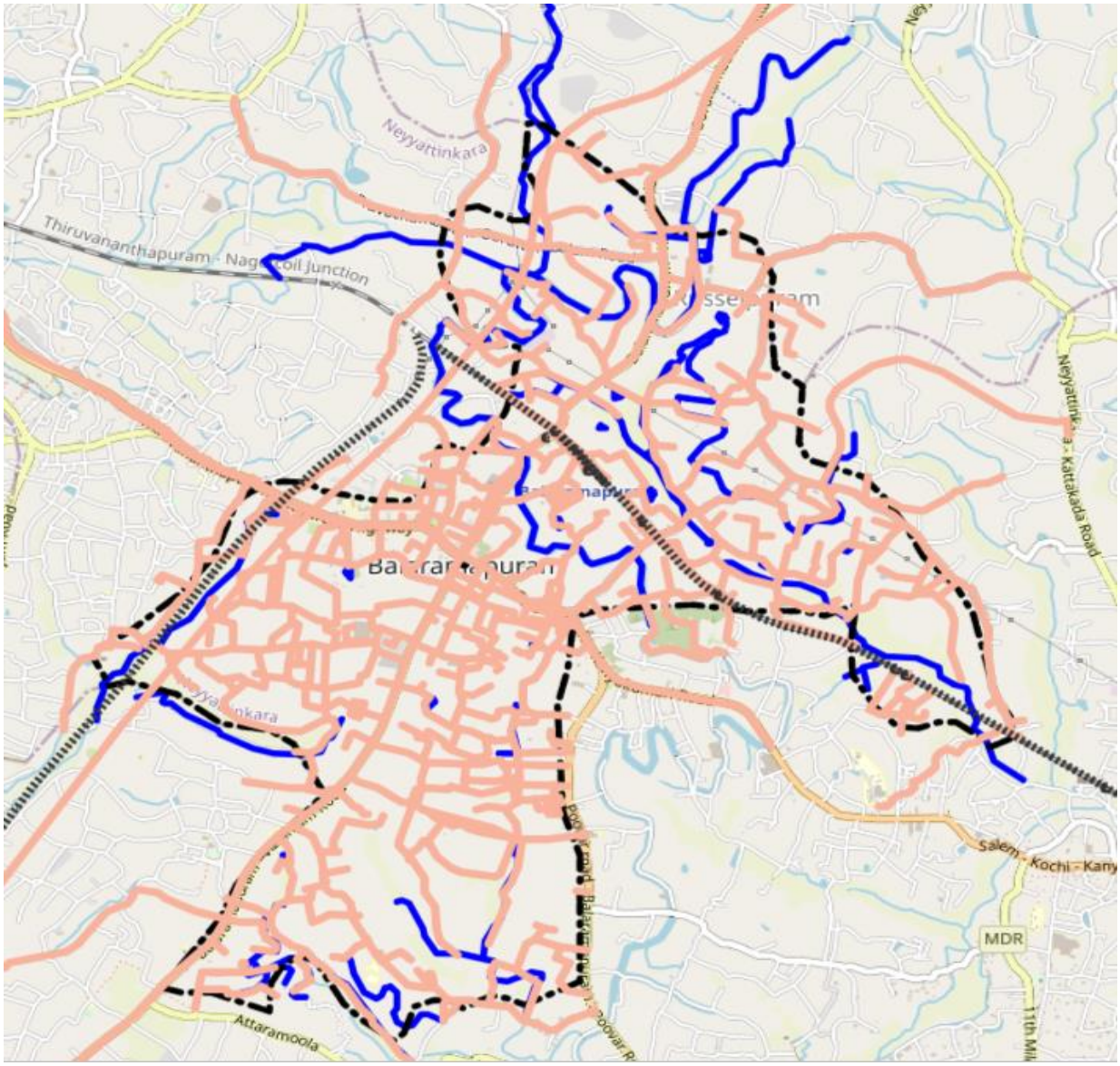
2. Health infrastructure map



Source:

https://www.google.com/maps/place/Near+GramaPanchayath+Office/@8.4281095,77.0444989,16.55z/data=!4m14!1m7!3m6!1s0x3b05afcf220d4005:0x9783ea530845971!2sNear+GramaPanchayath+Office!8m2!3d8.4281337!4d77.0472224!16s%2Fg%2F11crqynbhf!3m5!1s0x3b05afcf220d4005:0x9783ea530845971!8m2!3d8.4281337!4d77.0472224!16s%2Fg%2F11crqynbhf?entry=ttu&g_ep=EgoyMDI2MDMxMS4wIKXMDSoASAFQAw%3D%3D

3.Roads Rails and Rivers map



SOURCE :https://map.opendatakerala.org/thiruvananthapuram/balaramapuram-grama-panchayat/?

GENERAL PROFILE OF THE LSGI'S

Background of the LSGI

Balaramapuram Grama Panchayat is situated in the south of Thiruvannathapuram district, Kerala. Balaramapuram is located on National Highway 66 15 km south of Thiruvananthapuram , the capital city of Kerala, India and 17 km north of Parassala and the southern boundary of the state. Balaramapuram is located at 8°23′N 77°5′E. The geographical landscape characterized by a transition from the midland regions to the coastal plains. The landscape is primarily undulating midland, featuring a mix of small hillocks, gentle slopes, and level stretches of land. While it doesn't have the high altitudes of the Western Ghats, the terrain is varied enough to provide natural drainage towards the lower-lying areas**.** 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 .

The Panchayat is administratively divided presently into 22 wards, with a population largely dependent on traditional livelihoods. Balaramapuram is the centre for production for traditional varieties of Balaramapuram Handlooms worn in contemporary styles throughout Kerala. Balaramapuram is a major trade centre for clothing, groceries, furniture, electronics, metals etc. Balaramapuram is also known for mutton, chicken, oyster and fish dishes. Also Balaramapuram railway station is situated 1 km from NH47 at Balaramapuram. The station's code name is 'BRAM'. 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, Balaramapuram LSGI has historically been vulnerable to vector-borne illnesses such as Dengue, Scrub and Leptospirosis. 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	Balaramapuram
Type (GP/Municipality / Corporation etc.)	Grama Panchayath
Block	Nemom
District	Thiruvanthapuram
Number of wards	22
Total area (sq. km)	10.53
Population(Projected)	39007
Population density	3704
Terrain (coastal/low-lying/backwaters/foothills, etc.)	PLAIN
Number of rivers passing through LSGI	0
Number of water bodies in the LSGI	8225
Number of educational institutions	14
Factories / small-scale industries	15
Flood-prone wards	0
Landslide-prone wards	1
Death Management and Disposal Facilities (mortuaries/crematorium, including electric)	0
Auditoriums/Marriage halls/convention centres/community halls	8

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		39007
Male		19049
Female		19958
Transgender		0
Children under 5		1921
Adolescent		5550
Elderly (>60)		3525
SOCIAL/LIVELIHOOD VULNERABILITY		
Previous EPEP family		76
BPL family		12025
Tribal communities		4
Migration	Immigrant	3100
	Emigrant	60
Socio-economically deprived		0
Fisherfolk		0
SC Community		4164
ST Community		4

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	209
Lactating mothers	120
Bedbound patients	97
Patients under palliative care other than bedbound	85
Patients on Haemodialysis	23
Patients on CAPD	0
Cancer patients (currently on treatment)	136
Haemophilic patients	0
Mentally challenged	110
Differently abled	145
Diabetic patients	6025
Hypertensive patients	8056
TB patients	13

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

Sl. No.	Name of festival	Month detailing the periodicity
1	ST. SEBASTIAN CHURCH FESTIVAL ,ITHIYOOR	JANUARAY
2	MAJOR BARDWAJA RISHEESHWARA TEMPLE THALAYAL FESTIVAL	FEBRUARY
3	ERUTHAVOOR SREE BALASUBRAMANYA TEMPLE FESTIVAL	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 BALARAMAPURAM	FHC	9497638866	16	0	0	0	0
Private Healthcare Facilities								
1.	PARAVATHY HOSPITAL BALARAMAPURAM	PRIVATE	9400390038	32	0	20	0	1
2	SNEHA HOSPITAL	PRIVATE	9995322216	10	0	0	0	0
3.	REVATHY HOSPITAL -	PRIVATE	9496586860,	5	0	0	0	0
AYUSH Healthcare Facilities								

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
1.	AYURVEDA DISPENSARY	GOVT	9447329710	0	0	0	0	0
2.	HOMEAO DISPENSARY	GOVT	9061484284	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)
1.	Diya eye clinic mainroad balarama puram	Y	clinic	nil	Basement floor orion plaza,main road balaramapuram	8870907011	Y	N

Table 6. Private Clinic Resource Summary								
2.	Jincys dental clinic	Y	clinic	nil	Opposite kochukada mangalathukonam	6238462480	Y	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	16	42	0	58
Oxygen-generating systems(Y/N)	YES	YES	NO	
Oxygen-supported beds(Numbers)	0	20	0	20
Ventilator-supported beds	0	0	0	0
ICU beds	0	0	0	0
Burns units	0	0	0	0
Blood centres	0	0	0	0
BLS ambulances	0	0	0	0
ALS ambulances	0	0	0	0
Dialysis facilities	0	0	0	0
Dispensaries	0	0	0	0
Medical store	0	6	2	0
Industrial establishments(**Medium-scale industries/small-scale industries establishments to whom we can depend in a worst-case scenario)**	1	10	0	11

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							

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
FHC BALARAMAPURAM	N	Y	Y	N	N	N	N
PRIVATE							
PARVATHY PRIVATE HOSPITAL	Y	Y	Y	N	N	N	N
SRS PRIVATE HOSPITAL PANAYARAK KUNNU	N	N	Y	N	N	N	N

Diagnostics facility mapping at the LSGI level

The diagnostic capacity of **Balaramapuram 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	1	7	0	8
Microbiology labs	0	0	0	0
RT-PCR labs	0	0	0	0
USG units	0	0	0	0
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	CARE LAB	PRIVATE	NEAR FHC BLPM	9605180292	NO	YES
2	KALPADIYIL	PRIVATE	NEAR FHC BLPM	9539445356	NO	YES
3	MEDWIG LAB	PRIVATE	SHAZ COMPLEX AV STREET BALARAMAPURAM	9846696830	NO	YES
4	DDRC	PRIVATE	MANALI VIJAYANAGAR	9496206000	NO	YES

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	39	22	390	8547280890
Schools	12	22	1200	9447391856

Colleges	0	0	0	0
Healthcare Educational Institutions				
Medical colleges (Govt/Private)	0	0	0	0
0Nursing colleges (Govt/Private)	0	0	0	0
Dental colleges (Govt/Private)	0	0	0	0
Paramedical institutes (Govt/Private)				
Community Gathering Spaces				
Community halls	5	5	300	9847405314
Auditoriums	6	6	600	8281439585
Religious buildings	5	5	300	9847405314
Vulnerable Group Support Facility				
Destitute homes	0	0	0	0
Elderly homes	1	1	20	9400462844
LSGD owned other buildings	0	0	0	0
Mass Fatality Management (MFM) Infrastructure				
Mortuary	0	0	0	0
Crematorium	0	0	0	0

*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	7	10	17
Doctors – AYUSH	2	3	5
Doctors – Veterinary	1	1	2
Doctors – Dental	0	4	4
Nursing officers	7	15	22
Lab technicians	1	6	7
Optometrist	0	3	3
Pharmacists	2	6	8
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)	1	0	1
JPHN (Jr Public Health Nurses)	6	0	6
JHI (Jr Health Inspectors)	3	0	3
MLSP (Mid-Level Service Providers)	6	0	6
Palliative Nurses	1	0	1
RBSK Nurses	1	0	1
PRO	0	0	0
Epidemiologist	0	0	0

Cadre	Health services	Municipal common services	Total
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	23
AWW (Anganwadi Workers)	39
Emergency Medical Volunteers (Trained)	5
Kudumbashree	130
MNREGS	2200
Purusha Swayam Sahaya Sangham	5
Ex-Servicemen	30

Cadre	Number
Retired Police Officers	20
NCC/NSS Volunteers	40
Red Cross volunteers	0
One Health Community Volunteers	5
One Health Community Mentors	4

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	2
Religious based organizations	3
Foreign based organizations	0

Category	Total Count
Sports Club/youth clubs	5
Kudumbashree SHGs	10
Ayalkootams	2500
Political organizations	10
Residential organizations	15

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	9745222146
Fire & Rescue Stations	0	0
Water Pumping Points	0	0
Public Distribution System (PDS)	15	9656183035

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	2
Crane	0
Heavy Trucks	0
Tractor	5
Ambulances	2
Mobile mortuaries	0
Boats	0
Taxi service	10

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)	1000	22
	Pet Animals (Dogs/Cats)	1110	22
	Stray Dog Population	35	22
	Pig Farms (Number of heads)	5	22
	Small Units (Sheep / Goats – clustered)	0	0
Bird Population	Poultry Units (Birds)	1510	22
	Poultry- (FOWL)	2500	22
	Wild/Migratory Birds (Observed)	0	22
	Crow Mortality Events (Reported)	0	22

There is no risk of zoonotic diseases in Balaramapuram gramapanchayat. The stray dog population in **market areas, fish landing sites, bus stations** continues to be a substantial problem for rabies surveillance and bite prevention..

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	Govt veterinary dispensary	govt	2	9605120030
Veterinary Hospital / Polyclinic	0	0	0	0
Private Veterinary Clinics	0	0	0	0
Mobile / Emergency Vet Service (incl. night services)	0	0	0	0
Pet Homes / Animal Shelters	0	0	0	0
Slaughterhouse-linked Veterinary Inspection Unit	0	0	0	0

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	9605120030
Private Veterinary Doctors	0	0	0
Livestock Inspectors	0	0	0
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 Balaramapuram 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	0	0
Backyard Poultry Farms	1	yes
Cattle Sheds near Water Bodies	0	0

Fish & Meat Markets	0	0
Community Slaughter Sites	0	0
Migratory Bird Congregation Areas	0	0
Rodent-Infested Grain Storage	0	0

Category	Total Count	Key Locations (wards)
Poultry Farms	8	12,17,20,6,10
Backyard / Clustered Poultry Units	0	0
Duck Rearing Units (open water access)	0	0
Slaughterhouses/ Slaughter Points	0	0
Meat/Fish Markets	1	21
Live Bird Sale Points	3	10,14
Cattle Markets / Weekly Animal Fairs	0	0
Pet Shops / Breeders	3	10,14
Animal Shelters / Pet Homes	0	0
Waste Disposal Sites near Animal Units	0	0

Environmental Risk Mapping

Environmental risk mapping identifies monsoon/flood hotspots for vector-borne (dengue,scrub), water-borne (leptospirosis). Systematic surveillance supports early warnings, targeted interventions, and Panchayat pandemic preparedness.

Waterborne exposure: Low laying 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	0	0	0
Water bodies/wetlands	0	0	0
Solid waste accumulation	1	Ward 17	med
Animal waste disposal issues	0	0	0
Rodent infestation zones	0	0	0
Industrial effluent discharge	0	0	0
Construction sites / abandoned buildings	0	0	0
Poor drainage/blocked canals	0	0	0
Drinking water source contamination risk	0	0	0

Disease Seasonality Mapping

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

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2, Migratory bird influx (Nov–Feb) → no 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	0	0	0	0
Leptospirosis	Nov-dec	Daily wage workers	0	0
Dengue/Chikungunya	June-july	0	0	0
Acute Diarrheal Diseases	monsoon	0	0	0
Rabies	0	0	0	0
Anthrax (rare)	0	0	0	0

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	0	0	0
Wetland-adjacent communities	0	0	0
Backyard poultry / duck rearing households	0	0	0
Livestock-rearing households	0	0	0
Slaughterhouse & meat market workers	0	0	0
Fisherfolk & fish market workers	0	0	0
Sanitation workers	0	0	0
Daily wage / migrant workers	0	0	
Elderly & chronically ill populations	0	0	0
Pregnant Women	0	0	0
Children (schools, Anganwadi's)	0	0	0
Limited access to safe water & sanitation	0	0	0

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	10	8	23	28	23	Decreasing
Leptospirosis	10	11	7	18	12	Decreasing
Hepatitis A	0	0	2	0	1	stable
Malaria	0	0	1	1	0	Decreasing
Scrub Typhus	5	7	12	11	6	Decreasing
Typhoid	0	0	0	2	1	Decreasing
H1N1	0	0	1	6	3	Decreasing
H3N2	0	0	0	0	2	Decreasing
ADD	60	75	98	114	81	Decreasing
Mumps	0	0	0	0	7	Decreasing

Measles	0	0	0	0	0	stable
Hepatitis B	0	0	0	0	0	stable
Hepatitis C	0	0	0	0	0	stable
Tuberculosis	18	14	15	17	20	stable
Leprosy	0	0	1	0	0	stable
COVID-19	0	200	50	0	0	Decreasing

***(use the above table data to create the graph/diagram)**

Seasonal Trend Analysis

Seasonal analysis helps anticipate surges (e.g. dengue in monsoon, leptospirosis in monsoon, 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	1	0	1	0	1	3
2	0	1	1	0	1	3
3	0	0	0	0	2	2
4	1	0	0	1	1	3
5	0	1	1	1	1	4
6	0	0	0	3	1	4
7	1	1	0	0	0	2
8	0	0	0	0	0	0

9	1	1	3	3	2	10
10	0	0	3	1	2	6
11	1	1	0	2	4	8
12	0	0	3	0	0	3
13	1	1	2	2	2	8
14	0	0	2	1	0	3
15	1	1	1	1	1	5
16	1	0	2	2	0	5
17	0	0	1	2	0	3
18	1	1	1	3	3	9
19	1	1	0	4	0	6
20	0	0	0	2	1	3

LEPTOSPIROSIS

Leptospirosis cases are closely linked to monsoon rains, flooding, and occupational exposure, particularly in low-lying 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	0	0	3	0	4
2	0	1	0	0	1	2
3	0	1	1	1	0	3
4	1	0	0	1	0	2
5	0	1	0	1	0	2
6	0	0	0	0	0	0
7	1	1	1	3	0	6
8	0	0	0	1	0	1
9	1	1	0	1	0	3

10	0	0	0	1	0	1
11	1	1	0	0	2	4
12	0	0	0	0	0	0
13	1	1	0	1	1	4
14	0	0	2	0	0	2
15	1	1	1	1	2	6
16	1	1	1	2	1	6
17	0	1	0	0	2	3
18	1	1	1	0	1	4
19	1	1	0	0	0	2
20	0	0	0	0	2	2

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	0	0	0	0	0
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	0
6	0	0	0	0	0	0
7	0	0	1	0	0	1
8	0	0	1	0	0	1
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
14	0	0	0	0	0	0
15	0	0	0	0	0	0
16	0	0	0	0	0	0
17	0	0	0	0	0	0
18	0	0	0	0	1	1
19	0	0	0	0	0	0
20	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	45	0
Water Borne Diseases	83	0
Air Borne Diseases	20	0
Blood Borne Diseases	0	0
Food Borne Diseases	0	0

Vector-Borne Disease

Disease	No. of Cases	No. of Deaths
Dengue	23	0
Malaria	0	0
Chikungunya	0	0

Water Borne Disease

Disease	No. of Cases	No. of Deaths
Cholera	0	0
Typhoid	1	0
Hep- A	1	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	2	0
TB	20	2
Chickenpox	6	0

Measles	0	0
Covid-19	0	0
Pertussis	0	0
Mumps	7	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	12	0

Avian influenza	0	0
West nile	0	0
Anthrax	0	0
Nipah	0	0
Scrub Typhus	6	0

WARD WISE CD LIST(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	3	4	0	0	20	27
2	3	2	0	0	21	26
3	2	3	0	0	20	25
4	3	2	0	0	22	27
5	4	2	0	0	18	24
6	4	0	0	1	20	25
7	2	6	1	0	23	32
8	0	1	1	0	24	26
9	10	3	0	0	23	36

10	6	1	0	2	24	33
11	8	4	0	0	21	33
12	3	0	0	0	18	21
13	8	4	0	0	21	33
14	3	2	0	2	24	31
15	5	6	0	1	22	34
16	5	6	0	0	25	36
17	3	3	0	0	27	33
18	9	4	1	0	25	39
19	6	2	0	0	25	33

20	3	2	0	0	20	25

Integrated Disease Hotspot Map (2021–2025)

(SOURCE : BASELINE DATA REGISTER : FHC BALARAMAPURAM)

By overlaying five years of data, we have identified 7,9,11,13,15,16&18 are 'Red Zone' Wards. These are wards where at least two different categories of diseases (e.g., Dengue and Lepto) recurred in consecutive years.. Future health infrastructure, such as the proposed **R.O plants at these wards** 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	KP Sheela	Panchayat President	LSGD	Chairperson	9895051672
2	Dr.Biju RM	Medical Officer (PHC/CHC)	Health Dept	Member Secretary	9497638866
3	Dr.Aneesh	Veterinary Officer	Animal Husbandry	Member	9605120030
4	Dr.Sreenath MR	Epidemiologist	Health Dept	Member	8547278177
5	Sasidas S	Health Inspector/PHN	Health Dept	Surveillance	7306651280
6	Ashitha	ASHA Supervisor	Health Dept	Community link	9946766322
7	Saritha	ICDS Supervisor	Social Welfare	Vulnerable groups	8547280890
8	Jithin	Police Station Officer	Police Dept	Law & order	9633129003
9	Santhi	Ward Councillor Representative	LSGD	Community coordination	9746489929
10	Reetha	Kudumbashree CDO	Kudumbashree	Community mobilisation	9605011183

11	Sindhu	NGO/Volunteer rep	Civil Society	Support services	9605610158
12	Dr.Soumya lekshmi	Line Department representations	GOVT Homoeo dispensary	Support services	9061484284

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			
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	institutions	Head of institutions

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

Surveillance and Reporting-Enhanced syndromic surveillance:

1. **Data sources for surveillance:**
2. **Event-based triggers (to be monitored and reported):**

3. **Zoonotic and animal health surveillance**
4. Logistics and Stock Preparedness

- Identify and empanel local vendors and define emergency procurement mechanisms in accordance with existing LSGD and Health Department norms.
- Prepare and maintain an essential logistics checklist covering medical supplies, consumables, and support equipment.
- Pre-identify secure storage locations for emergency stocks and ensure maintenance of stock registers with regular updating.
- Finalise emergency transport arrangements, including availability of vehicles and identified drivers for rapid deployment during alerts.
- Designate a Nodal Officer for Logistics to enable prompt decision-making, coordination, and communication during emergencies.
- Conduct rapid stock verification and ensure availability of minimum buffer stock, including:
    - PPEkits–--numbers
    - Pulseoximeters–___numbers
    - Handsanitizers–___litres
    - Masks, gloves, disinfectants – adequate quantity

Identify critical gaps in logistics and immediately communicate requirements to the Block and District authorities for timely replenishment and support. Monitor expiry dates and stock rotation.

➢ Identification of Quarantine and Isolation Facilities

- Identify and list suitable buildings for quarantine and isolation (schools, hostels, community halls, etc.).
- Categorise cases as per the severity and allocate to appropriate facilities (for instance, severe cases to classrooms, mild cases to an assembly hall in case of a school).
- Facility readiness checklist needed (beds, toilets, ventilation) etc.
- Find an alternate site if the primary sites are not available or not in use.
- Identify facility managers and support staff

- Prepare basic SOPs for:
  - Admission and discharge
  - Food, water, sanitation
  - Infection prevention and waste disposal
- Ensure availability of basic amenities: water, sanitation, electricity, ventilation, and waste disposal. Prepare a rapid activation plan for these facilities if case numbers increase.

➢ Risk Communication and Community Preparedness

- Disseminate **e**arly warning messages on symptoms, preventive measures, and reporting mechanisms. Display IEC materials both in English and the local language in public places and ensure ward-level awareness.
- Sensitize elected representatives and community leaders on preparedness measures.
- Establish a rumour tracking and misinformation response mechanism to identify, verify, and promptly counter false or misleading information.
- Engage trusted local persons (ward members, ASHA workers, religious leaders, teachers, community volunteers) to communicate official public health messages and reinforce correct practices.
- Develop and deploy targeted IEC materials for:
  - Schools and educational institutions
  - Markets and commercial areas
  - Work sites and labour settings
- Conduct community sensitization meetings at the ward level to promote preventive behaviors, address concerns, and strengthen community participation in preparedness and response.

➢ Protection of Vulnerable Groups

Vulnerable populations require priority protection through targeted line-listing, service continuity, and delivery mechanisms.

- Prepare and regularly update **line-lists** of vulnerable populations, including:
  - Elderly persons living alone
  - Persons with disabilities

- Pregnant women
- Migrant workers
- Dialysis patients

➢ Clinical Dependency Mapping

Develop ward-wise dependency and vulnerability maps to identify households requiring regular support during emergencies. Ensure continuity of essential health services for vulnerable groups, including

- Dialysis services (facility mapping, transport arrangements, and scheduling)
- Continuity of treatment for TB, HIV, and other chronic conditions requiring uninterrupted medication
- Mental health and psychosocial support services

Establish **delivery mechanisms** for food, essential commodities, and medicines to vulnerable households through coordinated action involving ASHAs, JPHNs, Kudumbashree, volunteers, and local administration.

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)
- Public Health Nurse (PHN)
- Junior Health Inspector (JHI)
- Junior Public Health Nurse (JPHN)
- ASHAs and ASHA Supervisors
- Ward-level volunteers and Kudumbashree members.

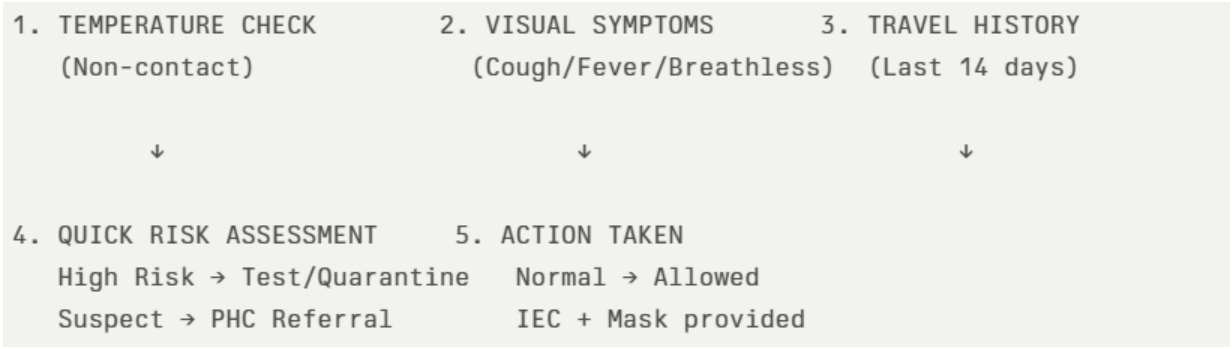
2. Screening Checkpoints

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: Balaramapuram Panchayath Office.

Backup Location: Community Hall in Balaramapuram 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	Dr.Biju RM	Medical Officer(i/c)	9497638866	Overall coordination, decision-making, and

				reporting to the District level.
Data Entry Operator	Arun	Clerk	9747978928	Managing the line list, updating dashboards, and tracking testing results.
Communication Officer	Sasidas s	Health Inspector	7306651280	Handling the public helpline, coordinating ambulance dispatch, and contact tracing calls.
Logistics Coordinator	Abhilash	Jr.Health Inspector	9633078780	All Logistics related
Technical Support *(IT/Data)*	Sajin SS	Jr.Health Inspector	8301938869	IT/Data 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	Joy	8137972425
Social media	Sajin.SS	8301938869
Local Cable TV/Radio	Kishore	9048524508

- 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)	Weekly	Dr.Rema
District IDSP Unit	Outbreaks/Clusters/Unusual Events (>5 cases same ward)	Weekly	Praveen
Veterinary Officer	Animal health events/Zoonotic alerts	Weekly	Dr.Aneesh
State Cell	Zoonotic cross-sector events	Weekly	Jinilal

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 (District/State/Private)	Contact
PPE Kits/Masks/Gloves	KMSCL	04712945600
PPE Kits/Masks/Gloves	Local Vendors	04712945600
Oxygen Cylinders/Concentrators	KMSCL	04712945600
Medicines/Antivirals	KMSCL	04712945600
Medicines/Antivirals	Neethi Shops	8547058001
Test Kits (RTPCR/Rapid)	KMSCL	04712945600

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	Alphonse	9400462844

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 (PHC)	Staff Nurse : Sindhu	Case management	9895393580
Veterinary	Veterinary Surgeon: Aneesh	Animal surveillance	9605120030
ICDS	Supervisor: Sindhu	Nutrition support	8547280890
Education	Head Teacher: Saritha principal	School coordination	9656105083
Police	S I	Containment enforcement	9633129003
Water Authority	Ass Engineer	Water supply	04712324903

LSGD Engineering	Engineer ; Hima	Quarantine infrastructure	9497472295

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	Surge Capacity (Beds)	Nodal Person
FHC BALARAMAPURAM	FAMILY HEALTH CENTRE	2	7	50	Dr.Biju RM
PARVATHY PRIVATE HOSPITAL	HOSPITAL	1	22	100	Dr.Karthika
SRS PRIVATE HOSPITAL	HOSPITAL	1	15	10	Dr.Sreerag
HIGHER SECONDARY SCHOOL BALARAMAPURAM	SCHOOL	4	20	200	Saritha Principal
GVHSS KOTTUKALKONAM	SCHOOL	4	15	100	Sreekumari Principal
LUTHERAN LP SCHOOL	SCHOOL	1	14	20	Asha Gregory HM
DVLPS THALAYAL	SCHOOL	1	2	50	Reshmi HM
GOVT KVLPS THALAYAL	SCHOOL	1	2	50	Jibimol HM
DVUPS THALAYAL	SCHOOL	1	1	30	Suni HM
KVLPS PUNNAYKKAD	SCHOOL	1	1	30	Jeena HM
Snt.SEBASTIAN AUDITORIUM	AUDITORIUM	1	1	70	Vincent
PRIYATHAMA AUDITORIUM	AUDITORIUM	1	1	80	Priya
VISWANATHA AUDITORIUM	AUDITORIUM	1	1	80	Viswanathan

- **Recovery and rehabilitation phase**
- **Recovery**
    - Damage & impact assessment
    - Restoration of health services
    - Rehabilitation of affected population
    - Psychosocial & mental health support
    - Disease surveillance during recovery phase
    - Environmental cleanup & sanitation
    - Livelihood restoration
    - Community engagement & confidence building
    - Documentation & after-action review
    - Lessons learned & best practices
    - Health system strengthening
    - Policy revision & preparedness enhancement
    - Research

CONCLUSION

Additional points

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

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 Balaramapuram 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

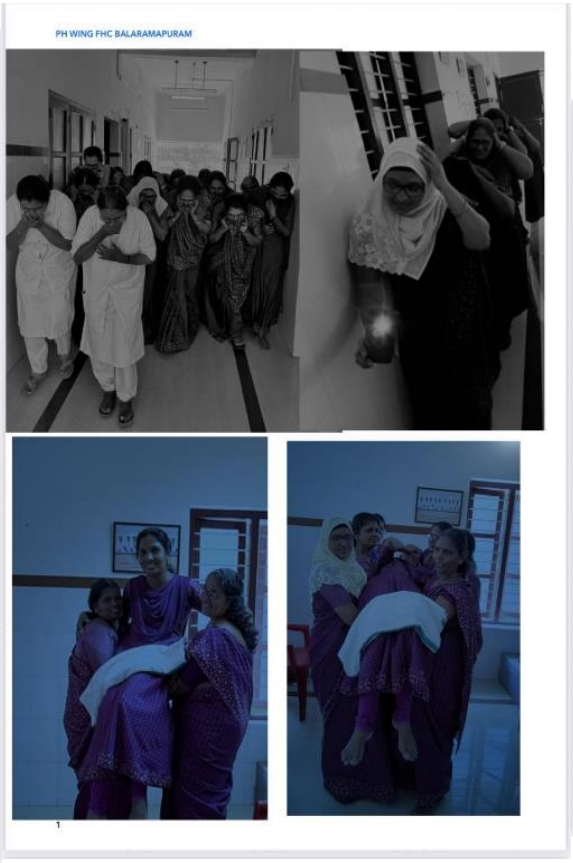
- Organize mock drills for pandemic response in schools, offices, and public spaces.
- Train Panchayat staff and volunteers in first aid, infection control, and crowd management.
- Collaborate with NGOs and health departments for capacity-building workshops.

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



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 wards

Sl.No	Name of the ward	Ward number	Name of the ward member	Contact number
1	ERUTHAVOOR	1	SHEENA V L	7736495936
2	RUSSELPURAM	2	JIJI S T	9539468252
3	PARAKKUZHI	3	S RAJEN	9847216470
4	PUNNAYKKADU	4	KP SHEELA	9895051672
5	THALAYAL	5	SOUMYA SJ	8592826990
6	THEMPAMUTTAOM	6	REJITHA M NAIR	6282058991
7	KALLAMBALAM	7	RS VASANTH AKUMRI	9539594211
8	THOPPU	8	MS SHIBUKUMAR	9496772869
9	EDAMANAKUZHI	9	IRFANA H	7561836607
10	TOWN WARD	10	NEETHU G	8547582443

11	NELLIVILA	11	AANI S VIMAL	9496567789
12	ANTHIYUR	12	K SUDHAKARAN	9495689812
13	RAMAPURAM	13	BABU S	9562093790
14	PANAYARAKKUNNU	14	SURENDRAN	9895659622
15	KOTTUKALKONAM	15	LATHA M	9656305443
16	PALACHALKONAM	16	RATHEESH L U	9567791949
17	RC STREET	17	R SANTHI	9746489929
18	CHAMAVILA	18	A ARSHATH	9633002989
19	ITHIYUR	19	VINODH V S	9746255763
20	HOUSING BOARD	20	C PRASANNAKUMARI	8111945634
21	MANALI	21	J NAVAS	9447965677
22	OFFICE WARD	22	ANIL RAJ M	9847020785

1.2. Other important phone numbers of grama panchayat

Sl. No.	Name	Contact number
1.	BINU KUMAR C V ,SECRETARY GRAMAPANCHAYATH.	9207388769
2.	NOUSHAD,ASS SECRETARY	8921140562

1.3. Important offices of grama panchayat

Sl.No	Name of the office	Contact person	Contact number
1.	Village Office	Village Officer	8547618419
2.	Agriculture Office	Agriculture Officer	9495966830
3.	Animal Husbandry Office	Animal Husbandry Doctor	9605120030
4.	Police Station	Police Officer	9633129003
5.	BSNL Office	Officer	04712405060
6.	Block Office	Officer	04712282025
7.	KSEB Office	Officer	04712400326
8.	Fisheries Office	Officer	9496007035
9.	Fire and Rescue	Officer	04712222307

1.4. Health Services

Sl. No	Name of the hospital/institution	Location	Phone number
1.	Government hospitals/PHC	Near Panchayath office	9497638866

2.	Private hospitals	Balaramapuram junction	9400390038
3.	Clinical laboratories	Near Panchayath office	7012649218
4.	Chemist/pharmacy	Near Panchayath office	9446382612

1.5. Veterinary Services

Sl. No	Name of the Clinic	Name of the Surgeon/Doctor	Place/location	Phone number
1	Govt.Veterinary Hospital	Dr.Aneesh	thembamuttam	9605120030

1.6. Helpline numbers

Helpline	**Phone number**
Police	9633129003
Fire and Rescue	04712222307
KSEB	04712400326

1.7. Public and Private Schools Contact details

S.No	Name of School	Institution type	Phone number
1	HIGHER SECONDARY SCHOOL BALARAMAPURAM	Govt	9656105083
2	GVHSS KOTTUKALKONAM	Aided	9447103921
3	LUTHERAN LP SCHOOL	Aided	9497162757
4	DVLPS THALAYAL	Aided	9995061268
5	GOVT KVLPS THALAYAL	Aided	9744130764
6	DVUPS THALAYAL	Aided	9497622820
7	KVLPS PUNNAYKKAD	Aided	7306112907

1.9. Anganwadi Contact Details

Ward No	AW No.	Name of Anganwadi Teachers	Phone number
1	1	Rejimol	9995426194
1	2	PUSHPENDU	9074313920
1	3	ISWARYA	8943540692
2	4	JAYAKUMARI.B	9387387665
2	5	ARUNIMA.A	8589869327
2	6	KAVITHA.MS	9539303431

3	7	SHEEJA	9555683511
4	8	BINDUKUMARI.R	9495064734
4	9	KAVITHA.S	9778138172
4	10	MALLIKA.O	8078773628
5	11	SUJA	9961618031
5	12	JAYAPRABHA.K	9567061986
6	13	DEEPIKA	7034798781
5	14	JISHAMOL	7736229133
6	15	AJITHA	9895300795
8	16	SAJITHA	9656387692
9	17	ASHA	7510195297
9	18	CHITHRA	9526254349
10	19	KAVITHA	9497576867
10	20	SREEBHA	8086930412
10	21	SUMA	8547607190
11	22	SMITHA	9846975795
11	23	RADHIKA	7025639775

12	24	ARSHA	9539545495
12	25	SHIBI	8848096590
13	26	REENA	9633974084
13	27	CHRISTIBA	7994897528
14	28	SUNITHA	9497877965
15	29	SINDHU	8606697849
16	30	CHAITHANYA	7736929099
16	31	SINDHU	7025486231
17	32	ASWINI.V.A	8848894551
17	33	SHIJI	9656182042
18	34	NAZEERA	9746755484
18	35	PREETHA	7902804006
18	36	REMYA	8139065296
19	37	BYNAJA	9556778848
19	38	ANITHA	9037481495
20	39	LILLY.R	9526153461

1.12. Information regarding resources

Means of transportation	Name of Owner	Phone Number
Ambulances	JAYAKUMAR	9400390038
Taxi service	VISHNU.R	8157901380

Annexure 1: LSG Baseline Data Collection Format

A. Baseline data

Sl. No.	Indicator / Field	Baseline Data
1	Name of LSG	BALARAMAPURAM
2	District	THRIRUVANANTHAPURAM
3	Block / Taluk	NEMOM
4	Type of LSG (Gram Panchayat / Municipality / Corporation)	GRAMA PANCHAYATH
5	Area (sq. km)	10.53
6	No. of wards	22
7	GIS boundary file available	Yes
8	Key contact person & phone	KP.SHEELA-9895051672

B. Demography

Indicator / Field	Baseline Data
Total population	39007
Males	19049
Females	19958
Transgender population	0
Age distribution (<5, 5–14, 15–59, ≥60)	<5-1921 >60-3525
No. of households	10161
Population density (persons/sq.km)	3703
No. of migrant workers	50
Major occupational groups	HANDLOOM & WEAVING

C. Vulnerable Populations & Social Risks

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	No. of elderly (≥60)	3525
2	No. of persons with disability	185
3	No. of bedridden persons	97
4	No. of chronic disease cases (DM/HTN/COPD/CKD etc.)	CKD-5
5	Pregnant women (current estimate)	138
6	Children <5 years	1921
7	Tribal population (if any)	4
8	Fisherfolk / coastal vulnerable groups (if any)	0
9	Urban slums / unnotified settlements (if any)	0
10	Homeless population	0
11	Orphanages / old age homes (number & capacity)	1-10
12	Hostels / prisons / shelters (number & capacity)	NIL
13	Poverty / BPL estimate	3005

14	Food insecurity hotspots	0
15	Any history of stigma/discrimination issues (Yes/No)	NO

D. Health System & Service Readiness

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	No. of health facilities in LSG (PHC/CHC/TH/DH/Private)	10
2	PHC/Family Health Centre details (name, location)	FAMILY HEALTH CENTRE BALARAMAPURAM. BALARAMAPURAM
3	Subcentres / Health & Wellness Centres (number)	6
4	Private clinics / hospitals (number)	7
5	Labs available (public/private)	4
6	Availability of ambulance services (Yes/No, number)	1
7	Availability of isolation/quarantine facilities (Yes/No, details)	NO

8	Cold chain facilities (Yes/No, details)	Yes
9	Stockpile space available (Yes/No)	Yes
10	PPE / mask / sanitizer availability plan (Yes/No)	Yes
11	Surveillance staff available (JHI/JPHN/ASHA count)	38
12	Existing emergency referral pathways (Yes/No)	Yes

E. Points of Entry & Mobility

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	Bus stands / depots (number)	Bus stands : 10 (DEPO –NIL)
2	Railway stations (number)	1
3	Boat jetties / fishing harbours (number)	0
4	Ports / airports nearby (specify distance)	0

5	Major highways/roads passing through	NH47
6	Border crossings (state/district)	0
7	Major markets / weekly markets	1
8	Tourism hubs / major event venues	SHALI GOTHRA STREET-HANDLOOM,KALPADI SHOOTING STUDIO,ERUTHAVUR SUBRAMANYA TEMPLE
9	Schools/colleges with hostels (number)	14
10	Factories / large workplaces (number)	1

F. Water, Sanitation & Hygiene (WASH)

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	Major drinking water sources (piped / wells / borewells / springs)	WELLS,PIPE
2	No. of public wells	11
3	No. of households with piped water connection	6050
4	Water quality testing routine (Yes/No)	YES

5	Common contamination risks (flooding, salinity, industrial waste)	NIL
6	Open defecation free status (Yes/No)	YES
7	Solid waste management system (Yes/No)	YES
8	Bio-medical waste disposal mechanism (Yes/No)	YES
9	No. of public toilets	3
10	Handwashing stations in public places (Yes/No)	YES

G. Zoonotic Risks & One Health

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	Livestock population (cattle/goats/pigs/poultry) – estimates	6600
2	No. of dairy farms / poultry farms / pig farms	15
3	Slaughterhouses / meat shops (number)	6
4	Animal markets (Yes/No, details)	NO
5	Veterinary dispensaries (number)	1

6	History of zoonotic outbreaks (rabies, leptospirosis, avian flu etc.)	0
7	Stray dog population management measures (Yes/No)	YES
8	Rodent infestation hotspots (Yes/No)	NO
9	Wetlands / waterlogged areas prone to leptospirosis	0
10	Bat roosting areas / caves / fruit orchards (if any)	0
11	Human-animal interface hotspots (farms near residences)	0

H. Climate & Disaster Risks (Pandemic Amplifiers)

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	Flood-prone wards (list)	0
2	Landslide-prone wards (list)	1
3	Cyclone/sea surge risk (Yes/No)	NO
4	Heatwave risk zones (Yes/No)	NO
5	Waterlogging areas (list)	NIL
6	Shelter homes / relief camps (number, capacity)	0

7	Past disaster displacement history	NIL
8	Disruption to water supply/transport common (Yes/No)	NO

I. Critical Infrastructure & Logistics

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	Schools (number)	14
2	Anganwadis (number)	39
3	Colleges (number)	0
4	Community halls (number)	2
5	Places of worship with large gatherings (number)	11
6	Large markets / shopping areas (number)	1
7	Warehouses / cold storages (number)	0
8	Telecom/mobile network coverage gaps (Yes/No)	NO
9	Power outage frequency (high/medium/low)	MEDIUM

10	Availability of generators in key facilities	YES

J. Risk Communication & Community Networks

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	Ward-level rapid response teams (Yes/No)	YES
2	Jagratha samithis / committees active (Yes/No)	YES
3	Kudumbashree presence and strength (number of units)	350
4	Volunteer network (number, coverage)	120
5	Community-based surveillance mechanisms (Yes/No)	YES
6	IEC dissemination channels (WhatsApp groups, community radio, PA systems)	WHATS APP GROUP,PA SYSTEM
7	Rumour tracking mechanisms (Yes/No)	YES
8	Languages spoken / literacy considerations	MALAYALAM, TAMIL

9	Vulnerable groups communication strategy available (Yes/No)	YES

K. Preparedness Planning & Governance

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	LSG emergency plan available (Yes/No)	YES
2	Pandemic preparedness plan available (Yes/No)	YES
3	Incident Command System identified (Yes/No)	YES
4	Rapid procurement mechanism available (Yes/No)	YES
5	Emergency fund available (Yes/No, amount)	NO
6	Past outbreak response experience (Yes/No, details)	NO
7	Intersectoral coordination mechanism (Health, Police, LSG, Veterinary, Education)	YES
8	Mock drills conducted in last 12 months (Yes/No)	YES

9	Training coverage for staff/volunteers (Yes/No)	YES

L. Surveillance & Data Systems

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	Digital reporting tools used (e.g., DHIS2, portals)	IHIP,DHIS2,MCH,RCH,NIKSHAY,PH PORTAL,AAM PORTAL,HMIS PORTAL,E-HEALTH,SHAILY.
2	Availability of line-listing format (Yes/No)	YES
3	Contact tracing team identified (Yes/No)	YES
4	Mapping of high-risk households available (Yes/No)	YES
5	Testing sample transport mechanism (Yes/No)	YES
6	Reporting timeline adherence (good/average/poor)	GOOD
7	Data sharing between departments (Yes/No)	YES
8	Availability of dashboard for monitoring (Yes/No)	YES

M. Additional Notes & Observations

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	Key challenges perceived by LSG	WASTE MANAGEMENT, SURFACE WATER POLLUTION
2	Top 5 high-risk wards (reason)	WARD.1(HILLY AREA)
3	Any unique local risks (industrial pollution, refugee camps, etc.)	NIL
4	Recommendations for preparedness strengthening	PUBLIC AWARENESS , MONETARY SUPPORT, RELOCATION OF PEOPLE FROM HIGH RISK AREAS, STAFF STRENGHTHENING.

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