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PANDEMIC MANAGEMENT PLAN
Pathanamthitta

Raj V L Shamila Beegum Hafseera P Amol Vikranth J S Dhanya B Mohan Nissy Raj V L Shamila Beegum Hafseera P Amol Vikranth J S Vacacant Archana M Afina Azeez Jeevan Sreekumar Rajalakshmi Vinay Goyal Rahul Krishna Sharma Sheeba George Reena Viswanathan Anithakumari Jeevan Sreekumar Rajalakshmi Reetha Sunija Jithesh Bijoy Harikumar Arun Mahesh Ajan Dileepkumar Nissy Raj V L Shamila Beegum Hafseera P Amol Vikranth J S Vacacant Archana M Afina Azeez Jeevan Sreekumar Rajalakshmi Vinay Goyal Rahul Krishna Sharma Sheeba George Reena Viswanathan Reetha Sunija Rahul Krishna Sharma Sheeba George Reena Viswanathan Reetha Sunija Jithesh Bijoy Harikumar Arun Mahesh Ajan Dileepkumar Nissy Raj V L Shamila Beegum Hafseera P Amol Vikranth J S Vacacant Archana M Rajalakshmi Vinay Goyal Rahul Krishna Sharma Sheeba George Reena Viswanathan Reetha Sunija Jithesh Bijoy Harikumar Arun Mahesh

Department of Health and Family Welfare
Government of Kerala
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2026

PANDEMIC MANAGEMENT PLAN - PATHANAMTHITTA

District Medical Office (Health)

3/28/2026

Message

Kerala Health has consistently recognised that pandemic preparedness is no longer a standalone activity limited to the health sector, but an essential component of public safety, governance resilience, and sustainable development. The experiences of NIPAH outbreaks, COVID-19 pandemic, emerging zoonotic threats, climate-sensitive diseases, and increasing global interconnectedness have clearly demonstrated that future public health emergencies require continuous preparedness, rapid response systems, and strong institutional coordination. In this context, the preparation of comprehensive Pandemic Preparedness Plans by the Department of Health and Family Welfare marks an important landmark towards strengthening Kerala's health security framework.

Today, pandemic management plans must be viewed through the broader lens of the One Health approach, which recognises the interconnectedness of human health, animal health, environmental systems, and ecological balance. Emerging infections are increasingly influenced by environmental degradation, climate variability, urbanisation, migration, and changing human-animal interactions. Therefore, effective preparedness requires coordinated action not only from the Health and Family Welfare Department, but also from departments including Animal Husbandry, Forests, Local Self Government, Disaster Management, Revenue, Education, Transport, Police, Water Resources, and Civil Supplies. Such interdepartmental convergence is critical for surveillance, risk communication, outbreak containment, logistics management, and continuity of essential services during emergencies.

Keralam has always demonstrated exemplary leadership in responding to public health challenges through timely action, scientific decision-making, community participation, and decentralised governance. The integration of pandemic management with disaster management systems further strengthens our capacity to respond to multiple emergencies simultaneously, including outbreaks occurring during floods, heat waves, or other natural disasters. The development of structured protocols, surveillance mechanisms, escalation frameworks, surge planning systems, infection prevention strategies, and institutional coordination models reflects the state's commitment to building a resilient and future-ready health system.

I am informed that Keralam is the only state where the pandemic preparedness plans have been prepared to such a depth right from the Panchayath level to District and at institutional level up to Medical Colleges. I place on record my sincere appreciation to all those who worked on this endeavour. The dedication, technical expertise, and coordinated efforts demonstrated by the state and district teams are truly commendable. I am confident that these plans will further strengthen Kerala's capacity to effectively prevent, detect, and respond to future public health emergencies while ensuring the safety and wellbeing of our people.

Shri. K Muraleedharan
Minister for Health and Family Welfare and Devasom,
Government of Kerala

Foreword

Kerala Health has been taking efforts to strengthen the 'Health System". The outbreak of diseases is common across the world. But the important thing that stands out is public awareness, their advisory-abiding behaviour, accessing hospital and getting diagnosed. That is the reason that outbreaks of Nipah or MPox are detected early and scientifically managed without any hassle.

Public health emergencies and pandemics remind us that health systems must remain prepared, responsive, and closely connected with the community. The recent experiences of the COVID-19 pandemic and various other communicable disease outbreaks especially involving newer pathogens have shown that timely preparedness, a coordinated response, and strong community participation are essential to the reduction of health risks and protection of lives. Kerala Health has managed COVID in exemplary ways with the involvement of people and all the line departments. Following the COVID pandemic, all international and national organizations have worked on preparedness and published guidelines, books and papers. But the most important question one should ask "Have we learned our lessons?" and " In what way these learning we have put to practice managing future health emergencies?"

It is with this thought process of "WHAT IS NEXT?", a series of meetings were taken with Senior Medical Officers at the State level and district level of Directorate of Health Services. All officers of Medical Colleges and other stakeholders were also oriented to prepare the Pandemic Management Plans. Series of workshops were conducted in the districts to further follow up works done by the district teams.

The concept of 'Learning by Doing' was put to practice. NHM has deployed Epidemiologists in all Block FHCs. It was important to build their capacity to ensure day to day involvement in analysis and giving inputs for taking control and mitigation activities. Alappuzha district took the challenge and prepared a template. Dr Dileep and team took wholehearted efforts to work on this task. The prepared template was validated and sent to all concerned.

Later the district officers conducted series of capacity building meetings with all health as well as line departments functionaries. They submitted the first draft and conducted a workshop in which few plans of Panchayath, Block and major institutions in the Districts such as General Hospital, District Hospital and Medical Colleges were presented. Post discussions and getting feedback the district team fine-tuned the Plans. As Alappuzha district completed all Panchayaths and District Plans in depth, they were made into a 'Learning Site'. Another concept of capacity building was put to practice. All the key officers of the respective districts were sent to Alappuzha in two batches to understand the method with which the Pandemic Preparedness Plans should be prepared. This exposure and interactions were very useful as most of the officers realised the importance of doing such planning.

The state level resource team comprising of Dr Mahesh N, Dr Ajan M J, Dr Harikumar S, Dr Bijoy E, Dr Dileepkumar S R and others supported the district teams and all the districts

prepared the Pandemic Management Plans. Dr Vinay Goyal then SMD NHM and Mr Rahul Sharma present SMD NHM provided their leadership to facilitate plans preparations.

Simultaneously this initiative was discussed with Digital University of Kerala, and they were engaged to develop Kerala Pandemic Management System. This system envisages an end-to-end solution for pandemic management. This will make things easy for the field workers and all functionaries at the health institutions to update the information. As we go forward, it is envisaged that HOEC shall work as Hub and information flow will be from Kerala Pandemic Management System, IDSP, IHIP, SDMA and other information sources to HOEC at the time of any disaster/ health emergency.

It is noteworthy to mention here that after Alappuzha, Thrissur also prepared a comprehensive Pandemic management Plan and Festival management Plan. Unfortunately, during this year's Thrissur Pooram preparations, there was a massive fire accident, but the Thrissur MCH team put the Management Protocol in practice and in a short span of time within eight minutes, they took care of the fire disaster victims and provided exemplary services. While they were handling the incident, thanks to timely preparation and awareness, they were handling hundreds of emergencies not relating to the disaster during that period. This has clearly demonstrated to all that well-prepared planning and capacity building is the key to mitigating problems.

I would like to highlight here that these plans are not only at the state and district level but up to the Panchayath level. We first oriented and coordinated work on the Panchayath Pandemic Preparedness Plans. These plans were collated to make Block Plans. At the same time District teams worked on the District Pandemic Plans be taking the details from Panchayath Plans as well as the assets available at the district. This has made our Grama Panchayat/Municipality/Corporation equipped to effectively prevent, detect, and respond to public health emergencies.

The plan serves as a framework for coordinated action involving the Health Department and other line departments, organisations, volunteers and other stakeholders at the local self-government level. The plans follow a One Health approach, recognizing the close relationship between human health, animal health, and the environment in the emergence and spread of diseases. Strengthening disease surveillance, infection prevention and control measures, environmental sanitation, risk communication, and community awareness are all important components of local preparedness.

We incorporated surge preparedness plans which can be adopted quickly during a public health emergency. Particular attention was also given to vulnerable populations including the elderly, children, persons with disabilities, individuals with chronic illnesses, and socially disadvantaged groups who may face greater risks during emergencies. Early reporting, community engagement, and coordinated interdepartmental action are critical for minimizing the impact of outbreaks and ensuring continuity of essential health services.

Kerala Health has taken this initiative for the last six months; there are hundreds of officers involved in preparing and completing such a huge task. Therefore, the design of the book is also done in a different way. It was decided that the officers who hands on worked on this

project should be mentioned prominently. As this is a unique milestone achieved by Kerala Health, the sincerely working officers' names are put on the cover itself.

These tasks would not have been possible without the support of the state resource officers' team of Dr Vinay Goyal, Mr Rahul Sharma, Dr Mahesh, Dr Ajan, Dr Dileepkumar, Dr Harikumar, Dr Ravindran, and many others. I appreciate their untiring efforts and patience for agreeing to do additional things which I pushed to them in the last minutes.

I sincerely appreciate the efforts of one and all and I am confident that Kerala Health team is having capability and will to take up any challenge and excel in their endeavours.

Dr Rajan N Khobragade IAS

Additional Chief Secretary

Health and Family Welfare Department

Government of Kerala

Message

When we look at public health through an operational lens, it becomes clear that managing a crisis is as much about robust architecture as it is about public health interventions. A successful response relies on the strength of our systems: seamless data flows, efficient resource deployment and reliable communication networks.

The COVID-19 pandemic was an inflection point for public health systems worldwide. It exposed vulnerabilities, tested our capacity to respond under pressure, and reinforced the irreplaceable value of preparedness. As we move forward, it is imperative that the lessons we learnt from that experience are institutionalised and embedded into the very fabric of how our districts plan, coordinate, and respond to health emergencies.

This District Pandemic Preparedness Plan represents a significant milestone in our collective journey toward building resilient and responsive public health systems across the State. It is the outcome of sustained collaboration, ground-level insight, and an unwavering commitment shared by every member of our health team. From an administrative perspective, this plan is the blueprint that translates vital epidemiological data into actionable workflows on the ground. It ensures that our infrastructure, logistics, and human resources are perfectly synchronized, enabling our medical teams to deliver care without delay.

This Plan has been designed to serve as a practical, actionable guide for our health teams. It outlines clear roles and responsibilities, establishes robust surveillance and early warning mechanisms, streamlines supply chain and logistics frameworks, and ensures that our health workforce is trained, equipped, and supported to respond to emergencies. A preparedness plan is only as strong as the systems that sustain it, and this document reflects our shared commitment to building those systems with care and rigour.

I place on record my sincere appreciation for the district health team and all other stakeholders whose knowledge and commitment have shaped this framework. Their dedication to public health service is a source of great strength for us. I also call upon them to internalise this plan, champion its implementation, and treat preparedness not as a mandate from above, but as a professional and moral obligation to the communities we serve. Together, we have the capacity and the responsibility to ensure that no community in our State is caught unprepared.

Rahul Krishna Sharma IAS

State Mission Director

National Health Mission

Message

At the heart of an effective public health response is a simple truth:- a strong healthcare system doesn't just react to a crisis—it anticipates and prepares for it. Our true readiness is measured by how quickly and empathetically we can turn complex medical strategies into organized care on the ground.

Our District Pandemic Preparedness plans serve as a clinical and tactical guide. They bridge the gap between public health data and reality, turning data into clear action plans for our frontline workers. This ensures that everyone from Family Health Centres to major hospitals operates with complete clarity and a shared purpose.

A pandemic requires a balance of science and human compassion. While we look at data, trends, and logistics to plan our resources, our ultimate focus remains on the people and families behind those numbers. Ensuring clinical readiness, securing medical supply chains, and maintaining unbroken communication networks are the pillars that allow our medical teams to respond to emergencies and save lives.

I want to express my deepest gratitude to our public health workforce; your dedication is the foundation of our resilience. In particular, I thank the DMO, DPM, district program officers, medical officers, public health staff, and every member of the health team who worked tirelessly to bring this plan to life. By embedding these strategies into our daily work, we are doing more than just preparing for a future crisis—we are actively safeguarding the health, dignity, and future of our communities.

Let us continue to lead with science, serve with empathy, and strengthen our collective resilience.

Dr Reena K J

Director of Health Services

Message

The evolving landscape of public health threats, including pandemics and emerging infectious diseases, calls for a structured, anticipatory, and institutionally coordinated response at the district level. The **District Pandemic Preparedness Plan for Pathanamthitta** has been formulated as a comprehensive administrative framework to strengthen the district's capacity for prevention, preparedness, response, and recovery.

Pathanamthitta district, with its distinct geographical features, ecological sensitivity, and periodic large-scale population movements—particularly during the Sabarimala pilgrimage—presents unique challenges in public health management. These contextual factors necessitate a robust, evidence-based, and multi-sectoral approach anchored in strong governance systems.

This plan has been developed through the convergence of all key stakeholders, including the Health Department, District Disaster Management Authority (DDMA), Local Self-Government Institutions (LSGIs), Police, Revenue, Rural Development, Water Supply, Sanitation, Animal Husbandry, Forest, Transport, Civil Supplies, Education, and other line departments. It outlines clearly defined roles, responsibilities, and standard operating procedures to ensure coordinated and timely action during public health emergencies.

The plan emphasizes strengthening of integrated disease surveillance systems, early warning mechanisms, and laboratory networks, along with rapid response teams at all administrative levels. It also focuses on enhancing healthcare system preparedness, including surge capacity, human resources, logistics management, and critical care infrastructure.

A key administrative priority is ensuring uninterrupted delivery of essential services, including healthcare, food supply, water and sanitation, and social protection, particularly for vulnerable and high-risk populations such as the elderly, persons with comorbidities, tribal communities, migrant workers, and pilgrims. The plan also integrates the One Health approach, recognizing the interdependence of human, animal, and environmental health. Effective risk communication, community engagement, and inter-departmental coordination form the backbone of this preparedness strategy. All departments and stakeholders are expected to work in close collaboration, ensuring transparency, accountability, and responsiveness in implementation.

This document serves not only as a preparedness plan but also as an operational guide for all administrative units and stakeholders in the district. Its success depends on sustained commitment, continuous capacity building, and regular review and updating in line with emerging challenges.

I urge all departments, institutions, and partners to actively participate in the implementation of this plan and to uphold the highest standards of public service in safeguarding the health and well-being of our citizens.

Prem Krishnan S IAS

District Collector

Pathanamthitta District

Message

It gives me great responsibility and assurance to present the Pandemic Preparedness Plan for Pathanamthitta district, a district characterized by its diverse geography, vibrant communities, and unique public health challenges. With increasing risks from emerging infectious diseases, zoonotic threats and climate-sensitive health events, a proactive and structured preparedness framework is essential.

This plan is grounded in the principles of prevention, preparedness, response, and recovery, with a strong focus on strengthening the district's surveillance architecture under IDSP. Special emphasis has been given to decentralised surveillance at the panchayat and ward levels to ensure early detection of unusual health events and timely intervention.

Adopting the One Health approach, the plan integrates efforts across human health, animal health, and environmental sectors. In a district like Pathanamthitta, where forest fringes, river systems such as the Pamba, and seasonal population movements during pilgrimage periods increase vulnerability, coordinated action becomes even more critical.

The plan outlines clear operational strategies including:

- Strengthening Rapid Response Teams and outbreak investigation capacity
- Enhancing laboratory surveillance and sample transport systems
- Ensuring surge capacity in hospitals including oxygen, ICU beds, and essential logistics
- Establishing efficient risk communication mechanisms to address misinformation
- Protecting vulnerable populations including the elderly, tribal communities, and migrant workers
- Strengthening infection prevention and control practices across all health facilities

Interdepartmental convergence remains a cornerstone of this plan. Close collaboration with departments such as Animal Husbandry, Forest, Local Self Governments, Police, Revenue, and Civil Supplies ensures a comprehensive and coordinated response during health emergencies.

This document also emphasizes continuous capacity building, simulation exercises, and periodic review mechanisms to keep the system responsive and adaptive. Lessons learned from previous public health emergencies, including COVID-19, Nipah preparedness efforts, and recurrent outbreaks of leptospirosis and dengue, have been incorporated to build a resilient health system.

I acknowledge the dedicated efforts of all healthcare workers, field staff, and partner departments who have contributed to the development of this plan. Their commitment remains the backbone of our preparedness and response system.

Let this plan serve not only as a guiding framework but also as a collective commitment to safeguard the health and well-being of every citizen of Pathanamthitta district.

Dr L Anithakumari

District Medical Officer

DMO(H)Pathanamthitta

Message

The growing threat of emerging and re-emerging infectious diseases underscores the need for a well-structured and responsive health system at the district level. In this context, the District Pandemic Preparedness Plan has been developed as a comprehensive framework to ensure that our district is equipped to effectively prevent, detect, and respond to any public health emergency.

As the District Programme Manager, it is my responsibility to ensure that all health programmes and resources are efficiently aligned to support pandemic preparedness and response activities. This plan integrates various components of the health system, including surveillance, clinical management, logistics, human resources, and community engagement, to enable a coordinated and timely response during a pandemic situation.

The plan emphasizes strengthening healthcare infrastructure to manage increased patient load, ensuring the availability and optimal utilization of financial and human resources, and maintaining uninterrupted delivery of essential health services even during crisis situations. It also focuses on improving supply chain mechanisms to guarantee the availability of essential medicines, equipment, and protective gear across all health facilities.

Special attention has been given to capacity building of healthcare personnel at all levels. Regular training, supportive supervision, and simulation exercises will be conducted to enhance preparedness and ensure that all stakeholders are well-versed in their roles and responsibilities. Clear operational guidelines and standard procedures have been incorporated to facilitate effective implementation and coordination across departments.

Effective communication and coordination are critical for the success of any preparedness plan. This document highlights the importance of strong collaboration between various departments, local self-governments, private healthcare providers, and community-based organizations. It also stresses the need for transparent and timely communication with the public to build trust and encourage adherence to public health measures.

Monitoring and evaluation mechanisms have been incorporated to continuously assess the readiness of the district and identify gaps for improvement. Periodic reviews and updates will ensure that the plan remains relevant and responsive to evolving challenges.

This preparedness plan is not merely a document but a commitment to safeguard the health of our community. Its successful implementation will depend on the collective efforts of all stakeholders involved.

Let us work together with dedication and coordination to build a resilient health system capable of effectively managing any pandemic situation.

Dr Sreekumar S

District Program Manager, Pathanamthitta

Message

In the current global context, where emerging and re-emerging infectious diseases pose a continuous and evolving threat, it is essential that our district remains vigilant, proactive, and fully prepared to respond to any potential pandemic situation. The experiences from recent public health emergencies have highlighted the critical importance of timely surveillance, coordinated action, and resilient health systems.

The District Surveillance Unit serves as the cornerstone of our preparedness and response framework. Through systematic data collection, analysis, and interpretation, it enables early detection of unusual health events and ensures prompt initiation of control measures. This District Pandemic Preparedness Plan has been carefully developed to strengthen these core functions while fostering an integrated and multi-sectoral approach to public health emergency management. The plan aims to enhance the efficiency and sensitivity of disease surveillance systems across all levels of healthcare, ensuring that even the earliest warning signals are identified and acted upon without delay. It also emphasizes the need to build and sustain robust laboratory networks capable of providing accurate and timely diagnostic support, which is vital for confirming cases and guiding interventions. In addition, the plan underscores the importance of maintaining adequate stocks of essential medicines, personal protective equipment, and other critical supplies to support uninterrupted healthcare delivery during periods of increased demand.

Recognizing that human resources are central to any effective response, the plan places significant focus on capacity building and continuous training of healthcare workers, field staff, and rapid response teams. Strengthening their skills in surveillance, outbreak investigation, infection prevention and control, and case management will ensure a well-coordinated and efficient response during emergencies. Equally important is the establishment of clear standard operating procedures and communication channels that facilitate seamless coordination among various departments and stakeholders. Risk communication and community engagement form another vital component of this preparedness strategy. Disseminating accurate, timely, and transparent information helps build public trust, counter misinformation, and encourage responsible health-seeking behaviour. Active participation of the community in reporting symptoms, adhering to preventive measures, and supporting containment efforts significantly enhances the overall effectiveness of the response.

All healthcare institutions, including public and private sectors, laboratories, and allied agencies, are urged to actively participate in surveillance activities and comply with established reporting protocols. Timely and accurate data sharing, coupled with strong interdepartmental collaboration, will be key to minimizing the impact of any outbreak. Preparedness is not a one-time effort but a continuous process that requires regular review, simulation exercises, and updating of strategies based on emerging evidence and local experiences. This plan serves as a guiding framework to ensure that our district remains resilient, responsive, and capable of protecting the health and well-being of its population.

Let us reaffirm our collective commitment to strengthening our public health systems and working together to effectively prevent, detect, and respond to any pandemic threat.

District Surveillance Officer,

DMO(H)Pathanamthitta

List of Contributors	
Sl.No	**Contributors**
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2	Dr Jeevan, DSO, Pathanamthitta
3	Dr Sreekumar, DPM, NHM
4	Dr Rajalakshmi, District Epidemiologists
5	Superintendents of Major hospitals
6	Medical Officers in charge of FHC, BFHC, CHCs
7	Other members of Pathanamthitta district health team

EXECUTIVE SUMMARY

Pathanamthitta District, the youngest district of Kerala, is characterized by a diverse topography that includes hilly terrains, forested highlands, midland plains, and river basins. A substantial portion of the district falls within the ecologically sensitive zones of the Western Ghats, presenting unique public health challenges. Seasonal variations, heavy monsoon rainfall, and extensive river systems contribute to localized flooding and water stagnation, increasing the risk of vector-borne and zoonotic diseases. Despite its relatively low population density compared to coastal regions, the district experiences significant seasonal population influx during the annual pilgrimage to Sabarimala Temple—one of the largest religious gatherings globally. This large-scale movement of people, along with inter-district and interstate mobility, elevates the risk of rapid transmission of infectious diseases, including respiratory and water-borne illnesses. Historically, Pathanamthitta has reported outbreaks of dengue, leptospirosis, acute diarrhoeal diseases, and other vector- and water-borne infections, particularly during the monsoon season. Its proximity to forest ecosystems further increases the potential for zoonotic spillover events. These recurring risks underscore the need for a comprehensive, context-specific pandemic preparedness and response framework. The District Pandemic Preparedness Plan focuses on strengthening early detection, rapid response mechanisms, and resilient health systems through coordinated efforts among Local Self-Government Institutions (LSGIs), the District Disaster Management Authority (DDMA), the Health Department, and allied sectors. The plan emphasizes integrated disease surveillance, robust early warning systems, and enhanced laboratory capacity, including linkages with national reference institutions such as the National Institute of Virology. Key strategic priorities include:

- Strengthening surge capacity in healthcare facilities
- Ensuring uninterrupted supply chains for essential medicines and logistics
- Enhancing Infection Prevention and Control (IPC) practices
- Maintaining continuity of essential health services during public health emergencies

Special focus is placed on high-risk settings, including pilgrimage routes, tribal settlements, forest fringe areas, and disaster-prone regions. The plan also prioritizes the protection of vulnerable populations, including the elderly, individuals with comorbidities, tribal communities, migrant workers, and pilgrims. Community engagement, risk communication,

and inter-sectoral coordination form integral components of the strategy, enabling timely dissemination of accurate information and active public participation.

By integrating pandemic preparedness with disaster risk reduction and climate resilience, this plan provides a comprehensive framework for preventing, detecting, and responding to public health emergencies. Its effective implementation will enhance district-level readiness, reduce morbidity and mortality, and minimize socio-economic disruption, thereby strengthening the overall resilience of Pathanamthitta District against future pandemics and emerging health threats.

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
SDMA	STATE DISASTER MANAGEMENT AUTHORITY
DDMA	DISTRICT DISASTER MANAGEMENT AUTHORITY
MO	MEDICAL OFFICER
HS	HEALTH SUPERVISOR
HI	HEALTH INSPECTOR
JHI	JUNIOR HEALTH INSPECTOR
ASHA	ACCREDITED SOCIAL HEALTH ACTIVIST

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BACKGROUND

Pathanamthitta District, one of the youngest districts in Kerala, is characterized by a diverse geographical landscape comprising forested highlands, midland plains, and river valleys. The district shares its boundaries with Kottayam District and Idukki District to the north, Kollam District to the south, and Alappuzha District to the west. A substantial portion of the district falls within ecologically sensitive areas of the Western Ghats, with dense forest cover and numerous rivers contributing to its unique environmental profile. Seasonal monsoon rains, localized flooding, and water stagnation in certain regions create favourable conditions for the transmission of vector-borne and water-borne diseases.

Despite having a relatively lower population density compared to coastal districts, Pathanamthitta faces distinct public health vulnerabilities due to large-scale seasonal population movements. The annual pilgrimage to Sabarimala Temple brings millions of devotees from across India, significantly increasing the risk of rapid transmission of infectious diseases, particularly respiratory and communicable illnesses. In addition, inter-district mobility, migrant populations, and forest–human interfaces contribute to the potential emergence and spread of zoonotic diseases.

Historically, the district has reported recurrent outbreaks of dengue, leptospirosis, chikungunya, and acute diarrhoeal diseases, especially during the monsoon season. Experiences from managing public health emergencies, including the COVID-19 pandemic, have demonstrated that the district is prone to “compound risks,” where infectious disease outbreaks may coincide with natural disasters such as floods or landslides, thereby straining health systems and necessitating coordinated multi-sectoral responses.

In this context, the development of a comprehensive District Pandemic Preparedness Plan is essential to streamline and strengthen coordinated action among Local Self-Government Institutions (LSGIs), the District Disaster Management Authority (DDMA), the Health Department, and other allied sectors. The plan aims to enhance early warning systems, strengthen integrated disease surveillance, and improve laboratory diagnostic capacity through linkages with national institutions such as the National Institute of Virology.

Furthermore, the framework emphasizes ensuring resilient medical supply chains, strengthening healthcare surge capacity, and enabling early case detection, prompt case management, and effective containment strategies to reduce morbidity and mortality. Special

priority is given to vulnerable populations, including the elderly, individuals with comorbidities, tribal communities, forest fringe populations, and pilgrims.

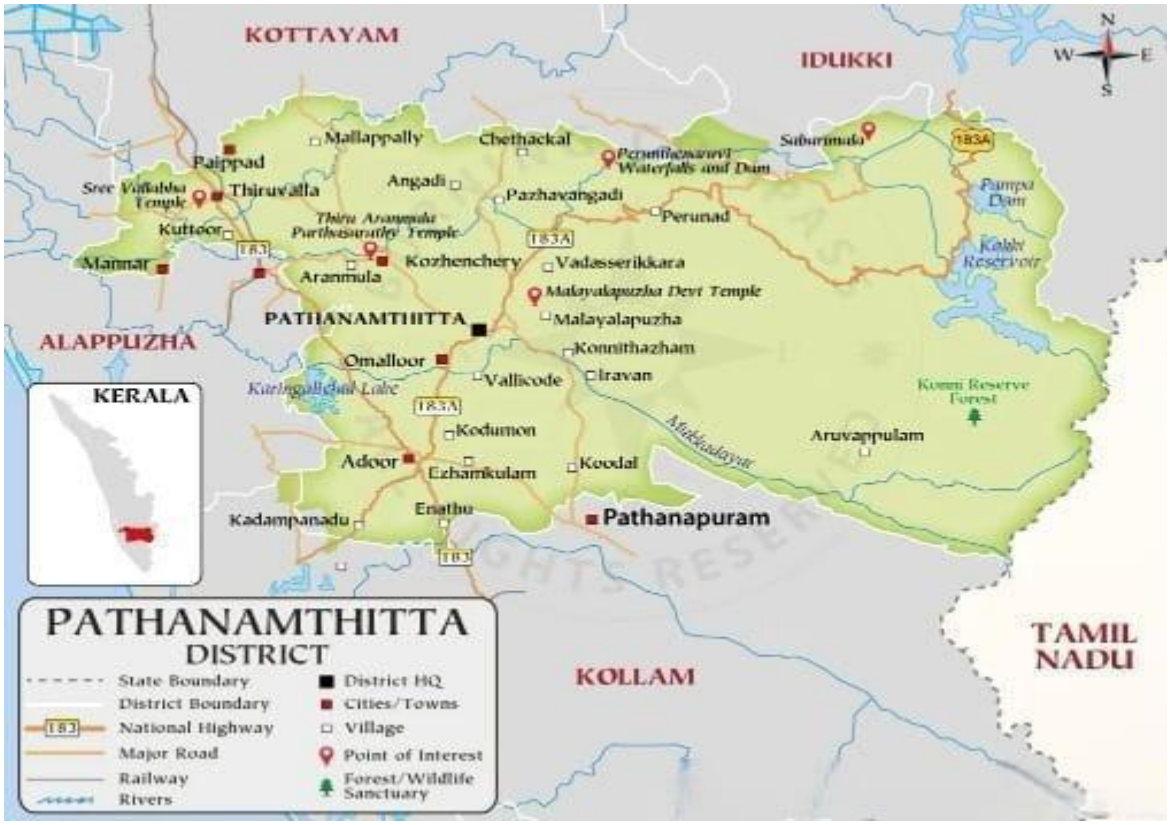
By fostering a coordinated, community-centered, and risk-informed approach, this Pandemic Preparedness Plan aims to mitigate the impact of future public health emergencies and minimize socio-economic disruption across all taluks of Pathanamthitta district, thereby enhancing overall resilience and health security.

DISTRICT AT A GLANCE

Pathanamthitta is the youngest and the smallest district of Kerala State. It was formed with effect from 1st November 1982. Pathanamthitta is a predominantly hilly district in south-central Kerala, blessed with rivers, forests, and rich biodiversity. The district consists of three natural divisions viz the Low land, the Midland and, the Highland Western Ghats and descends to midland in the centre, down to the lowland and coconut gardens on the western borders of Alappuzha district. The topography is covered with thick forests on the east along the mountains down to the valleys and small hills to the flat and in the west. The district has a reserve forest (Ranni Reserve and Konni Reserve) area of 1385.27 Sq.(534.86mi). This is approximately 50% of the total district area. The forest area can broadly be classified as evergreen, semi evergreen and moist deciduous.

Often called the pilgrimage capital of Kerala, it is best known as the gateway to Sabarimala, one of the world's largest pilgrim centres. The Pilgrim centres such as Sabarimala, Maramon, Cherukolpuzha, Parumala, Pandalam etc. give special importance to the district. The forest is the main source of raw materials for wood based industrial units. Many people from this district have migrated to foreign countries for employment and inward remittances by the section of population that play an important role in the economy of the district.

The landscape is marked by rubber plantations, fertile valleys, and forest reserves that support both agriculture and eco-tourism. People depend mainly on farming, plantations, small-scale industries, and remittances from abroad. Pathanamthitta district includes 5 Assembly constituencies (Aranmula, Ranni, Konni, Adoor, Thiruvalla), all of which fall under the Pathanamthitta Lok Sabha constituency. The district maintains Kerala's high health standards with wide coverage of primary care. Health care is well developed with government, private, and AYUSH systems, though increasing lifestyle diseases and seasonal communicable conditions remain important public health concerns.



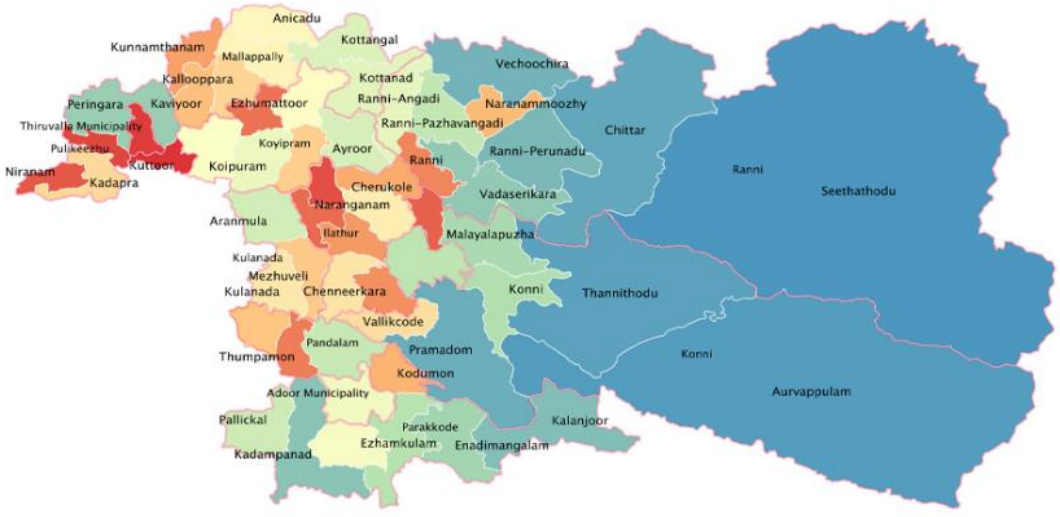
picture 1: district map

Overview of District	
Particulars	**Value/details**
District Formation	1 November 1982
Area	2,637 Sq. Km
Revenue Division	2 (Pathanamthitta, Adoor)
Taluks	5 (Adoor, Kozhencherry, Ranni, Mallappally, Thiruvalla)
Villages	70
Municipalities	4 (Pathanamthitta, Thiruvalla, Adoor, Pandalam)
Blocks	8
Panchayats	53
Assembly Constituencies	5
Rivers	Pamba, Achankovil, Manimala
Medical College	1 (Government Medical College, Konni)
District Hospital	1
General Hospital	2
Taluk Hospital	4

Block FHC	8
F.H.C	44
UPHC	2
Ayurveda Hospital	30
Homeo Hospital	25
High Schools	150
U.P Schools	120
L.P Schools	350
H.S. S	110
V.H.S.C	15
Anganwadis	1400
Registered Industrial Units	3000
Transgenders	40
Commercial Banks	180
The length of Roads	2,900 Km
Vehicles	450,000

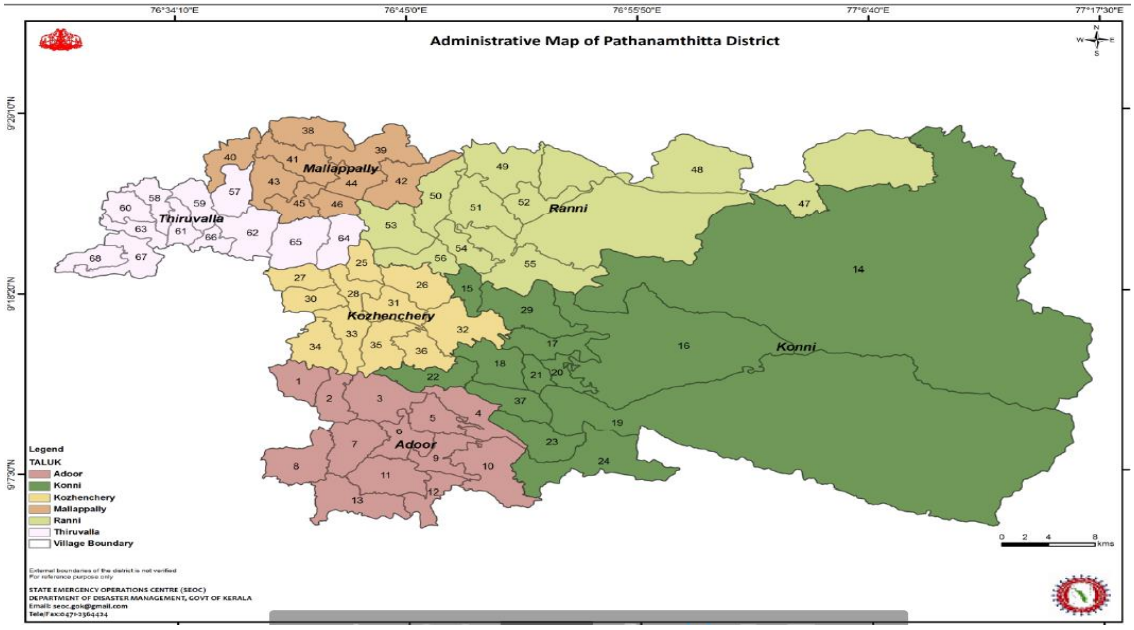
Table 1: Overview of District

District Delimitation map



Picture 2: district delimitation map

Administrative Subdivisions in Pathanamthitta District:

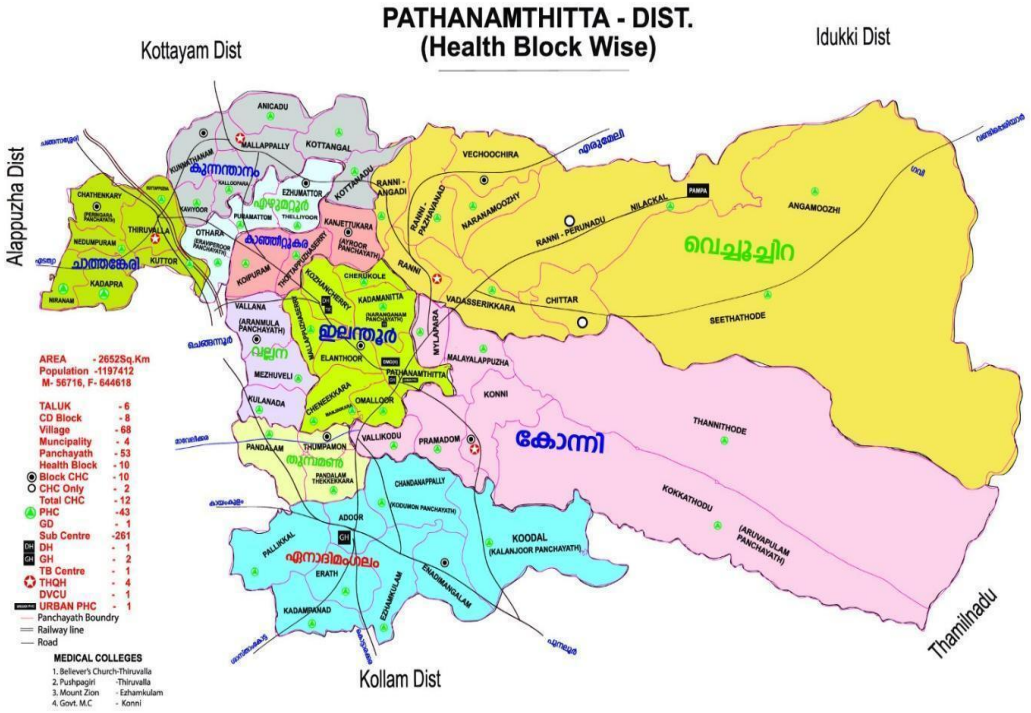


Picture 3: administrative subdivisions

Taluks in Pathanamthitta

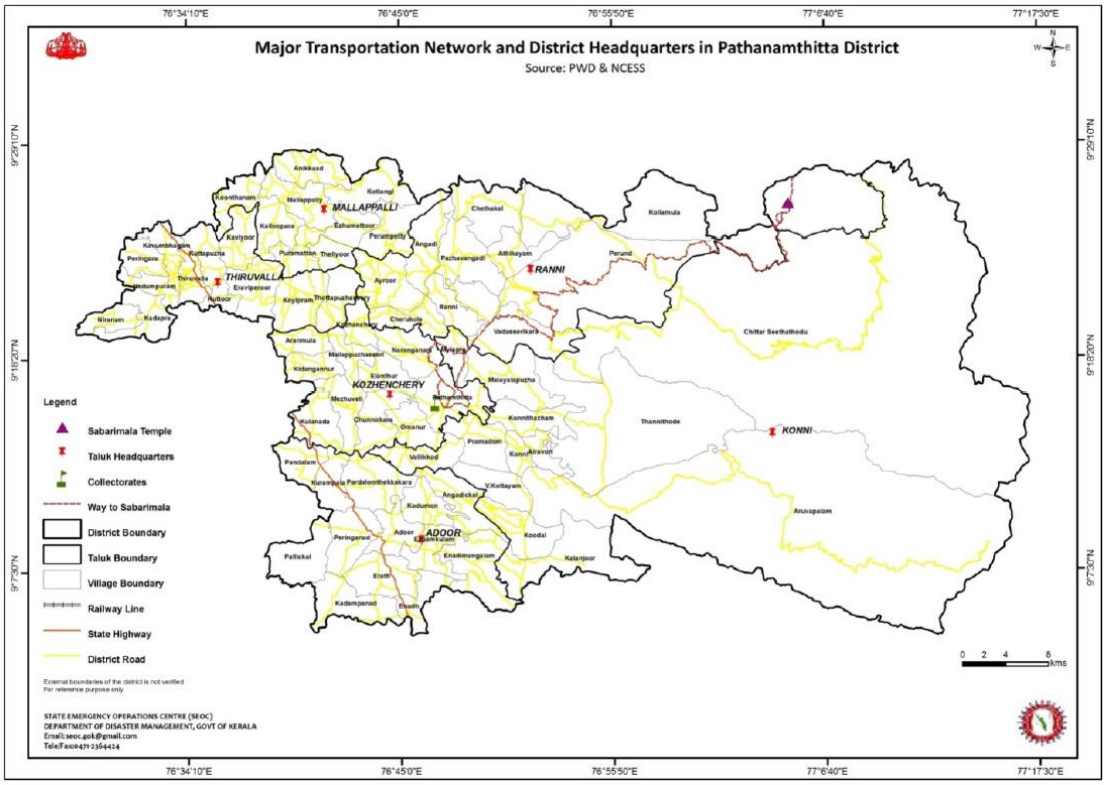
Picture 4: taluks in Pathanamthitta district

Health Infrastructure Map



Picture 5: health infrastructure map

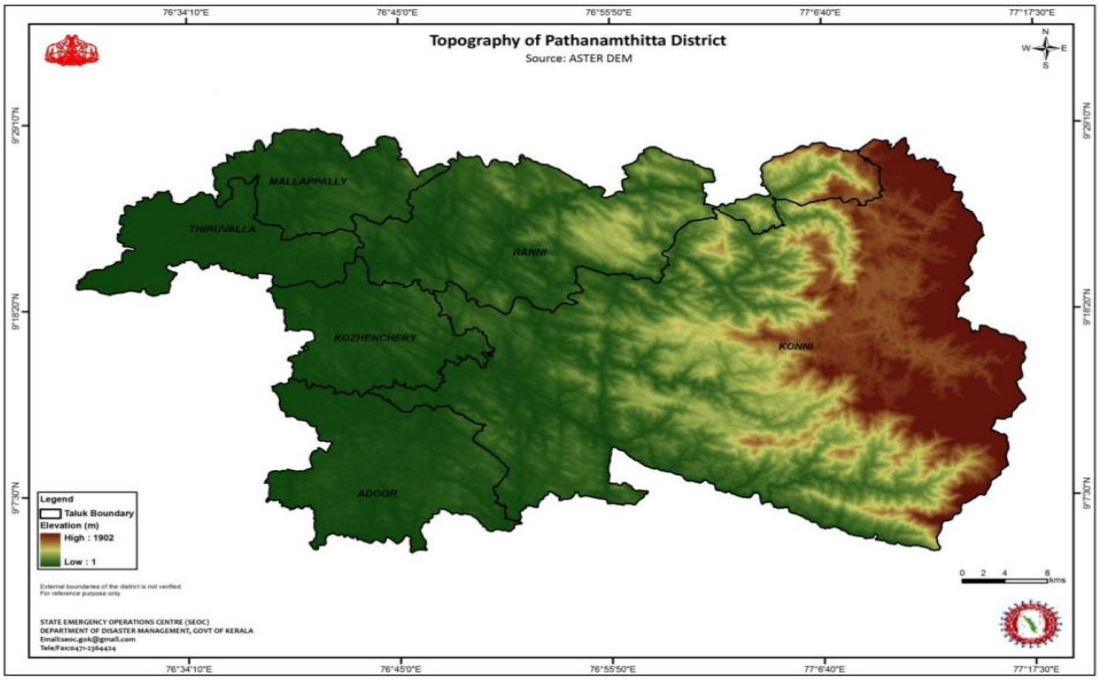
Village map



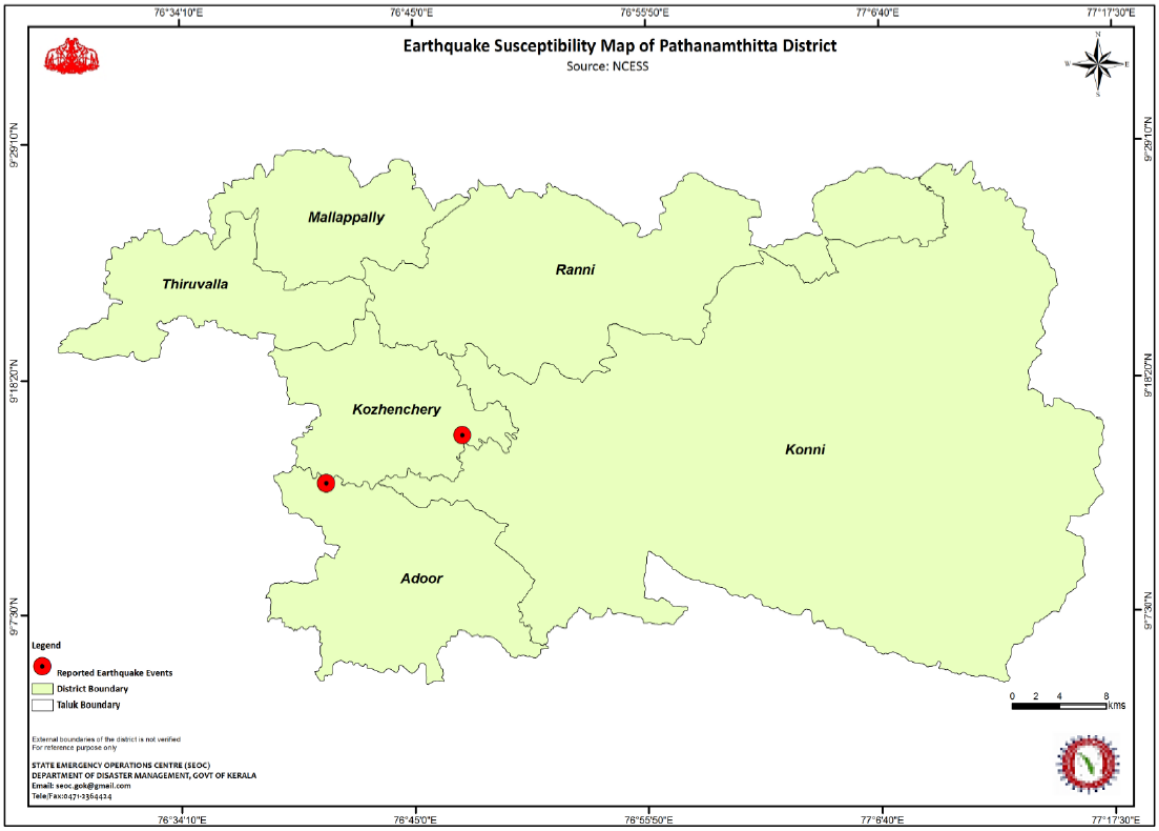
Picture 6: major transportation networks and district headquarters

Major rivers in Pathanamthitta

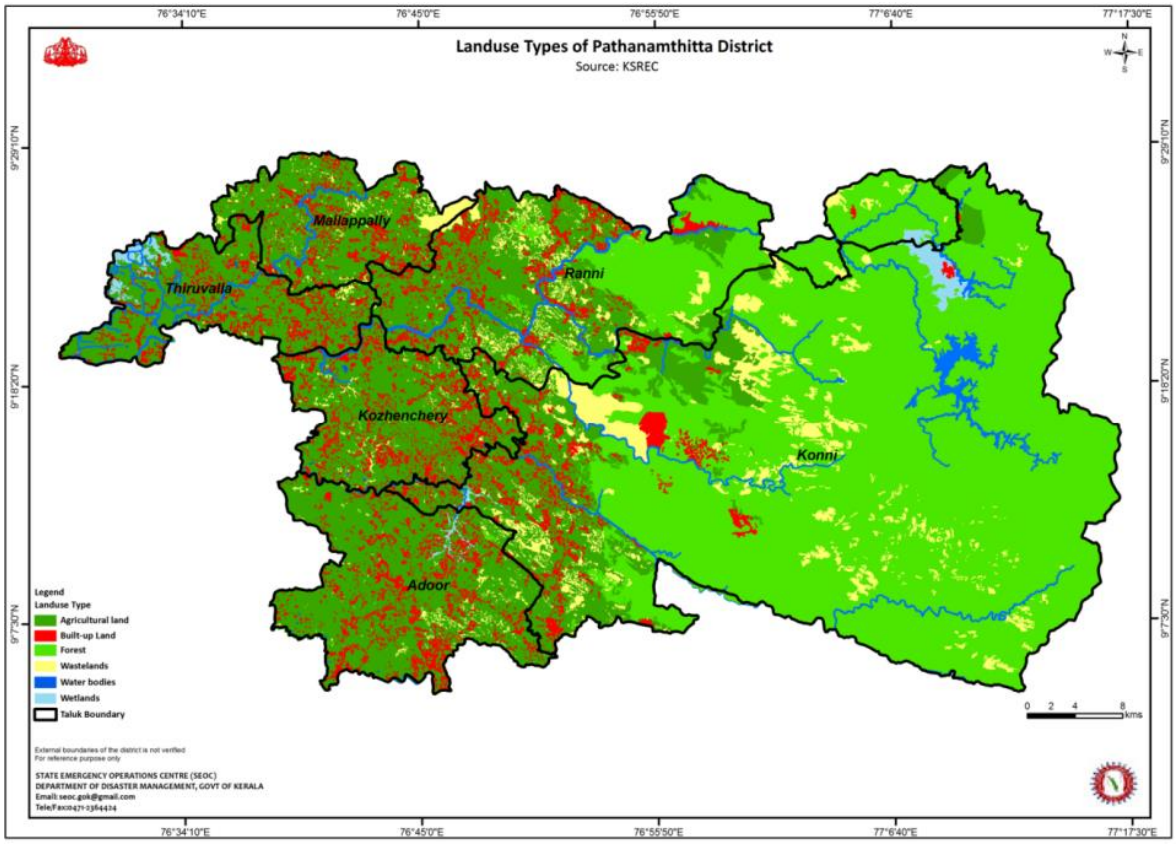
Picture 7: rivers in Pathanamthitta



Picture 8: topography of Pathanamthitta district

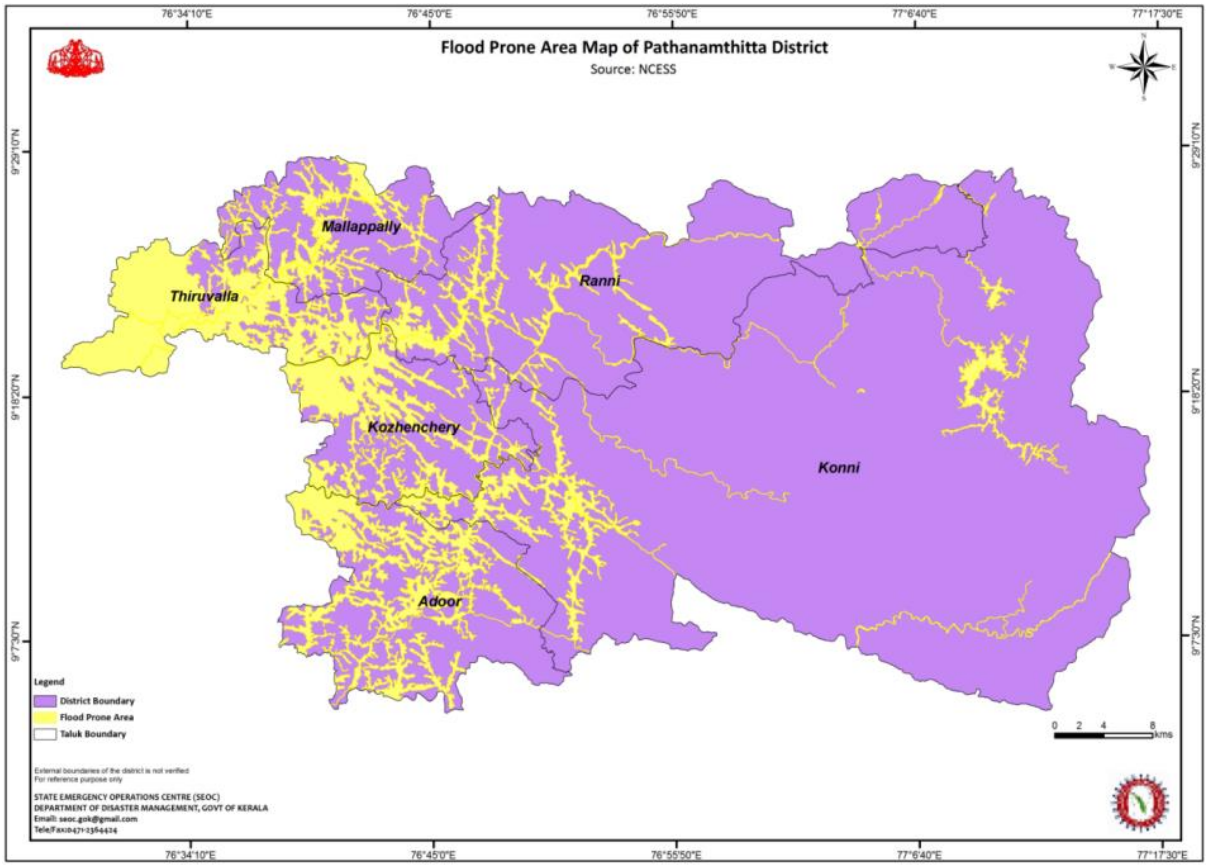


Picture 9: earthquake susceptibility map



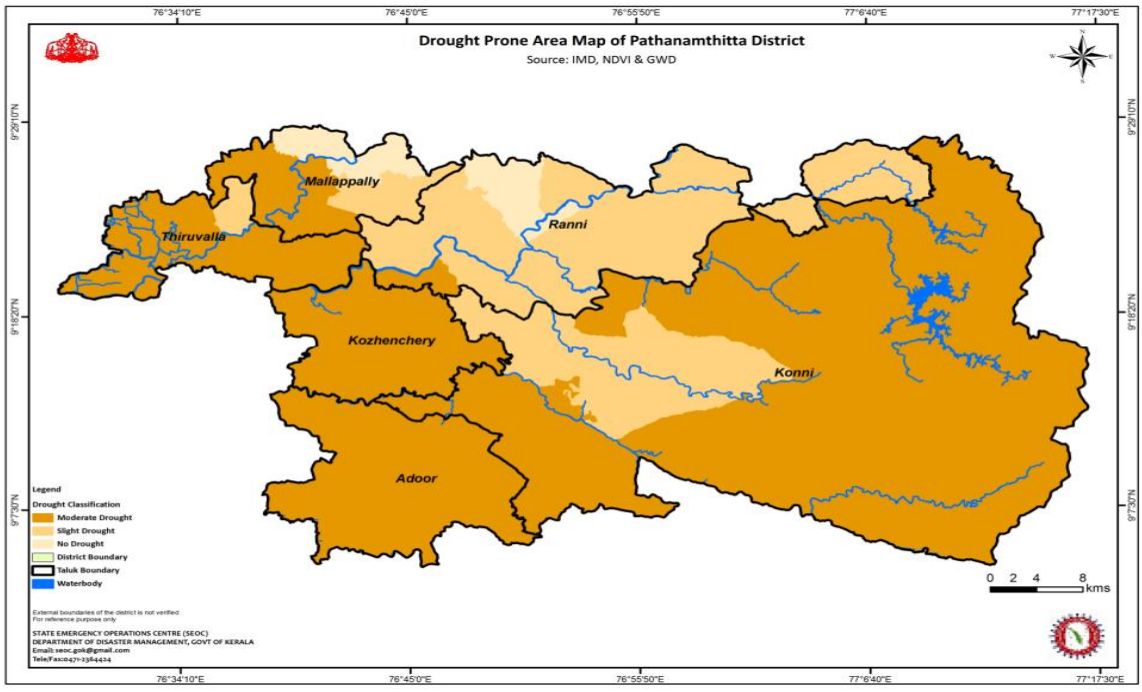
Picture 10: land use type of Pathanamthitta district

Flood prone Areas in Pathanamthitta



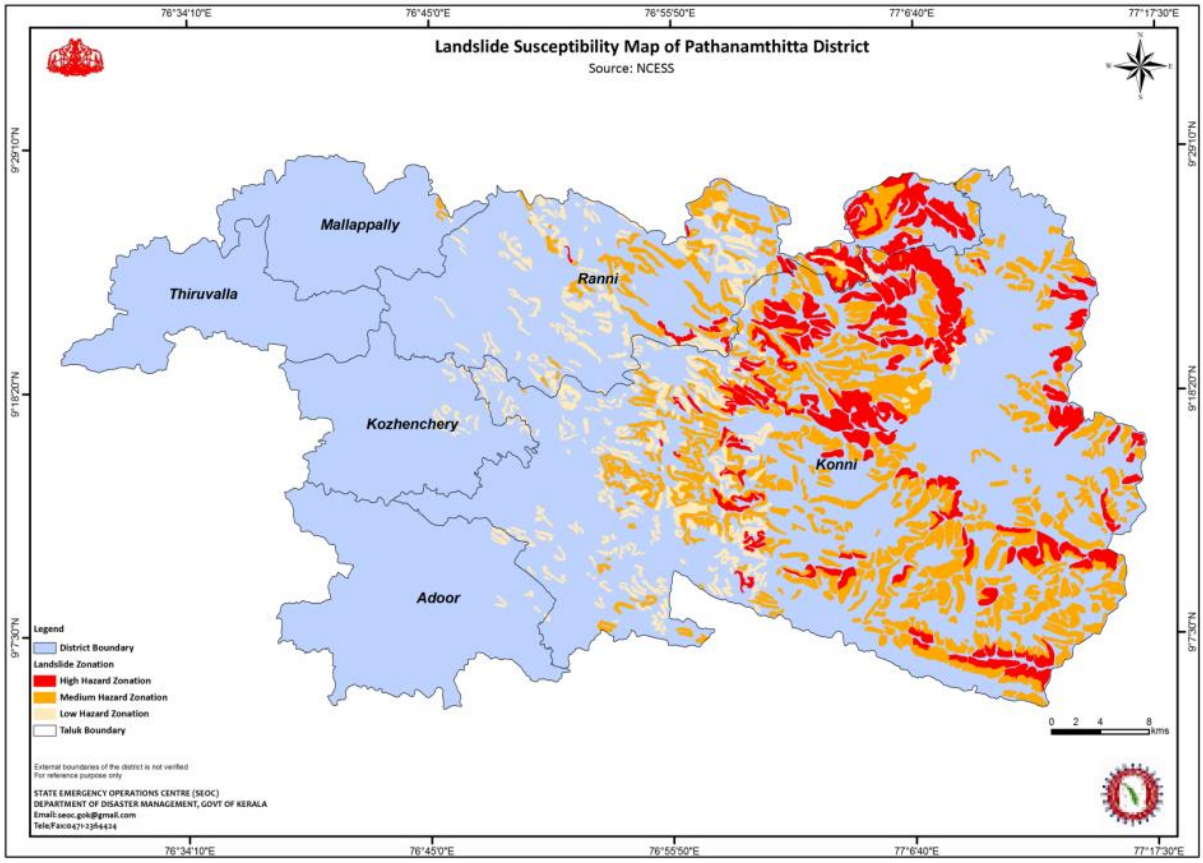
Picture 11: flood prone areas in Pathanamthitta district

Drought Prone Areas in Pathanamthitta



Picture 12: drought prone areas in Pathanamthitta district

Landslide Prone Areas in Pathanamthitta



Picture 13: landslide prone areas in Pathanamthitta district

Health block wise data

Block	Ward	Houses	Population	Migrants	Wells	Hotspot	Ed. Institutions
Enadimangalam	163	69334	244677	4517	77146	14	190
Elanthoor	131	43433	154584	2448	31569	25	180
Konni	112	45940	152914	1136	34789	18	97
Vechoochira	135	50029	179611	1985	31447	26	126
Kanjeettukara	46	19536	71401	995	15635	12	62
Ezhumattoor	45	20,490	59525	542	11830	17	45
Thumpamon	61	21446	80572	1612	16944	8	53
Vallana	49	22388	79780	413	19748	2	50
Kunnamthanam	101	36735	126486	1514	26958	9	99
Chathenkary	110	44806	160270	1678	32964	33	144

Table 2: Block wise data of Pathanamthitta district

Health Institutions Covering the Tribal Population

Name of Institution	Health Block	LSG	Total Tribal Population Covered	OP/IP available	OT/ Labour Room available	Delivery Point (Y/N)	Beds
CHC Ranni Perunad	Vechoochira	Perunad	1186	OP	N	N	N
CHC Chittar	Vechoochira	Chittar	795	OP	N	N	N
PHC Angamoozhy	Vechoochira	Seethathode	108	OP	N	N	N
PHC Naranammoozhy	Vechoochira	Naranammoozhy	1876	OP	N	N	N
PHC Seethathode	Vechoochira	Seethathode	161	OP	N	N	N
PHC Vadasserikkara	Vechoochira	Vadasserikkara	65	OP	N	N	N
PHC Kokkathodu	Konni	Aruvappulam	275	OP	N	N	N
PHC Thannithode	Konni	Thannithode	145	OP	N	N	N

Table 3: health institutions covering tribal population

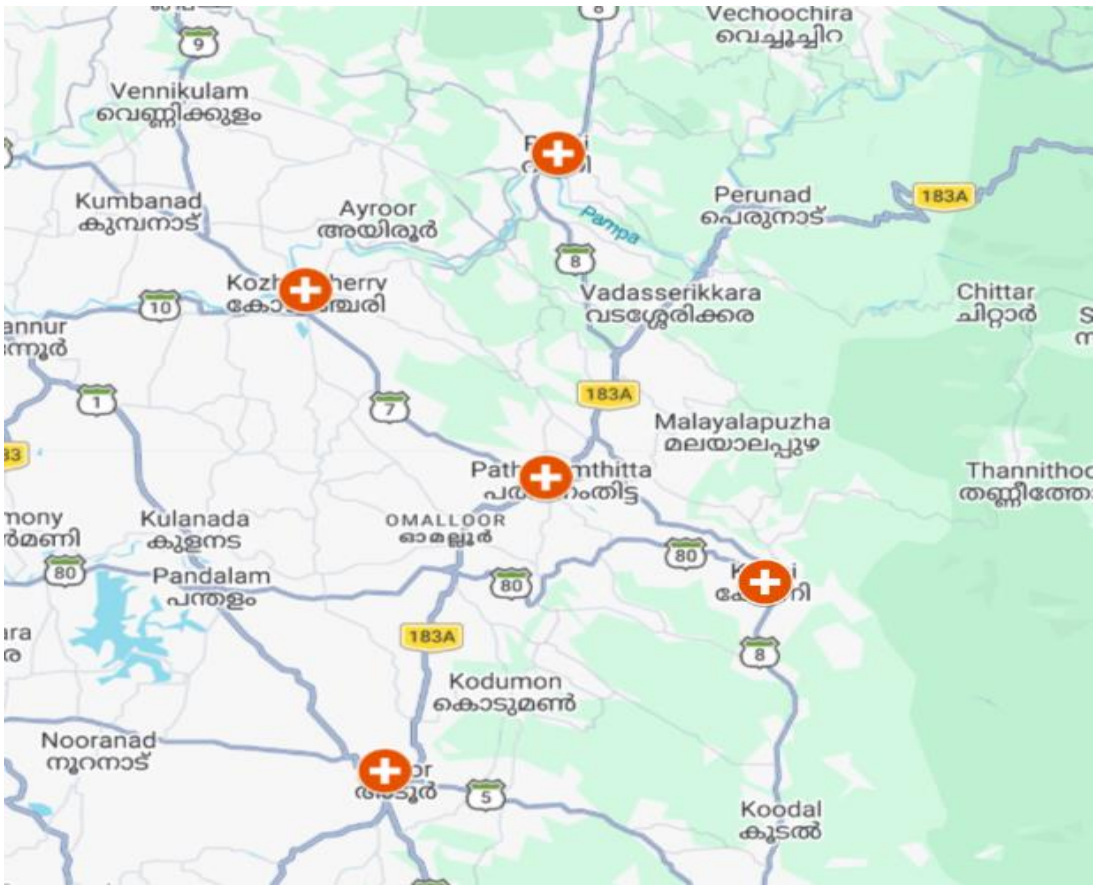
Delivery points under Directorate of Health Services

Name of Institution	Name of Assembly Constituency	Name of Taluk	Nmae of LSGD	Rural/Urban	Name of Health Bloc	Tribal area/ Costal
DH Kozhencherry	Aranmula	Kozhencherry	Kozhencherry GP	Rural	Elanthoor	
GH Adoor	Adoor	Adoor	Adoor(M)	Urban	Enadimangam	
GH Pathanamthitta	Aranmula	Kozhencherry	Pathanamthitta(M	Urban	Elanthoor	
Ranni THQH	Ranni	Ranni	Ranni GP	Rural	Vechoochira	Tribal

Table 4: Delivery points in district

This table provides a structured administrative breakdown of major health institutions within the Pathanamthitta district. It maps each hospital to its specific legislative, administrative, and public health jurisdictions.

Major Hospitals



Picture 14: Major hospital mapping

List of Private Hospitals

SL No	Health-Block Name	Facility Name
1	CHATHENKARY	Pushpagiri Institute of Medical Sciences And Research Centre, Tiruvalla
2	CHATHENKARY	TMM Thiruvalla
3	CHATHENKARY	St. Gregorios Medical Mission, Parumala
4	CHATHENKARY	St Thomas Hospital Malakkara
5	CHATHENKARY	BCMCH Thiruvalla
6	ELANTHOOR	Poyyanil Hospital Kozhencherry
7	ELANTHOOR	MGM Muthoot Medical Centre
8	ELANTHOOR	Peoples Clinic Hospital
9	ELANTHOOR	Ems Co-Operative Hospital Elanthoor
10	ELANTHOOR	Muthoot Hospital, Kozhenchery
11	ELANTHOOR	St. Luke hospital
12	ELANTHOOR	Poyanil Hospital, Kozhencherry.
13	ENADIMANGALAM	Holy Cross Hospital, Adoor
14	ENADIMANGALAM	Life Line Hospital, Adoor
15	ENADIMANGALAM	Mount Zion Medical College, Chayalode, Ezhamkulam Adoor, Pathanamthitta
16	ENADIMANGALAM	Maria Hospital Adoor
17	ENADIMANGALAM	SN Hospital Parakkod
18	ENADIMANGALAM	Mount Zion Medical College Hospital, Chayalode
19	KANJETTUKARA	Fellowship Hospital Kumbanad
20	KANJETTUKARA	Mar Chrsostom Fellowship Mission Hospital, Kumbanad
21	KANJETTUKARA	Doctors Medi Care Thadiyoor
22	ELANTHOOR	Ananda Hospital, Malayalapuzha
23	KONNI	V Care Hospital, Thannithode Po 689699
24	KONNI	Star Hospital, Thekkuthode Po 689699
25	KONNI	Matha Clinic, Thekkuthode Po 689699
26	KONNI	BCMC Konni
27	KONNI	AMR Clinic,Kaipattoor, Vallikod
28		
29	KUNNAMTHANAM	GMM Mallappally

Table 5: list of private hospitals

Background of District

Description	Details
Name of DISTRICT	Pathanamthitta
Number of LSGs	01 District Panchayath 08 Block Panchayats 04 Municipalities 53 Grama Panchayats 920 wards
Total area (sq. km)	2,637 km²
Population (Projected)	1,300,000 – 1,350,000
Population density	490 people per km²
Terrain (coastal/low-lying/backwaters/foothills, etc.)	Highland, midland & river basins (Western Ghats, forested areas, foothills)
Number of rivers passing through Pathanamthitta	Three major rivers: Pamba, Manimala & Achankovil
Number of water bodies in the Pathanamthitta	1,587 (rivers, streams, ponds, reservoirs)
Number of educational institutions	935
Factories	427
Registered industrial units	3,000
Registered MSME	12,497
Flood-prone LSGs	15–20 LSGs (mainly river basin areas)
Flood prone LSG wards	Concentrated in riverine panchayats and low-lying areas (exact numbers vary seasonally)
Landslide-prone wards and LSGs	NIL
Death Management and Disposal Facilities (mortuaries/crematorium, including electric)	Mortuary–15 Crematorium – 83
Auditoriums/Marriage halls/convention centres/community halls	Auditoriums-356 Community halls - 287

Table 6: Background of the district

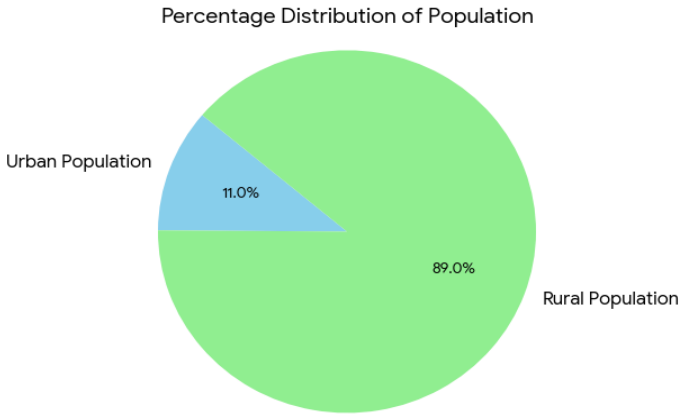
Urban–Rural Population Distribution (2011)

Category	Population	Percentage (%)
Urban Population	131,613	11%
Rural Population	1,065,799	89%
Total Population	**1,197,412**	**100%**

Table 7: urban and rural population

The district's demographic profile is characterized by a significant lean toward rural settlement, with a total population of **1,197,412** of which a vast majority **1,065,799 individuals (89%)** reside in rural areas, compared to a smaller urban segment of **131,613 (11%)**. This stark distribution fundamentally dictates the pandemic preparedness strategy, necessitating a surveillance model that is heavily decentralized.

Because the bulk of the population is dispersed across rural tracts, the district must rely on frontline health workers like **ASHA** and **ANMs** as the primary engines for community-level syndromic surveillance. Furthermore, while urban centers present risks associated with high population density, the sheer volume of the rural population requires a robust network of **Sub-Centers** and **Primary Health Centers (PHCs)** equipped for rapid testing and isolation. Logistically, the geographical spread demands the deployment of mobile health units and decentralized oxygen storage rather than centralized urban hubs. Finally, achieving **100% coverage** in public health messaging necessitates a transition from digital-first communication to traditional rural outreach methods, such as community radio, local panchayat meetings, and loudspeaker announcements, to bridge the information gap effectively.



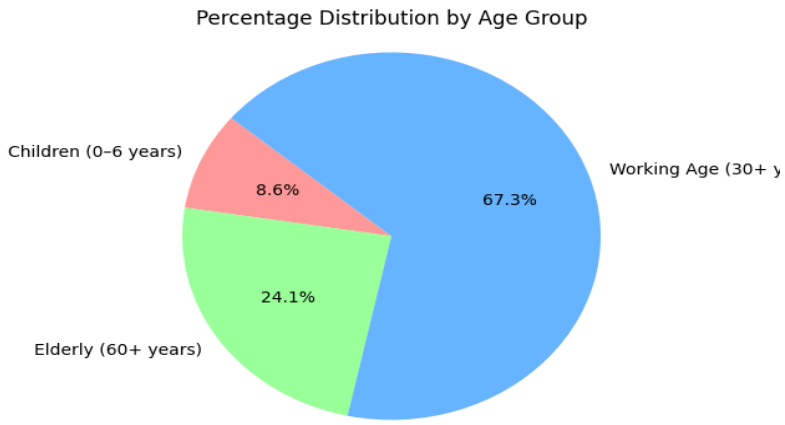
Picture 15: population distribution

Age Distribution

Age Group	Population	Percentage (%)
Children (0–6 years)	96,837	6.8%
Working Age (30+ years) *	757,700	53%
Elderly (60+ years)	271,532	19%

Table 8: Age distribution

The district's age profile reveals a significant concentration of the population in the Working Age (30+ years) category, which accounts for 757,700 individuals or approximately 53% of the total. Crucially, from a public health perspective, the Elderly (60+ years) population constitutes a substantial 19% (271,532 individuals), a group at the highest risk for severe outcomes during a pandemic, requiring prioritized vaccination, specialized geriatric care facilities, and home-based surveillance. In contrast, Children (0–6 years) represent 6.8% (96,837 individuals), a group requiring specific paediatric planning and school-based health protocols. This age structure necessitates a tiered pandemic response: intensive protection for the elderly, workplace safety protocols for the majority working-age population, and targeted paediatric care for the youngest residents. The provided visualizations summarize these distributions, highlighting the critical sectors of the population that will drive healthcare demand during an outbreak.



Picture 16: age distribution

Vital Statistics

Indicator	Value
Crude Birth Rate	9.57 per 1,000 population
Crude Death Rate	7.32 per 1,000 population

Table 9: vital statistics

The vital statistics of the district provide a baseline for "normal" population turnover, which is essential for identifying the excess mortality typically associated with a pandemic.

- **Crude Birth Rate (CBR):** At **9.57 per 1,000 population**, the district shows a relatively low birth rate. In a pandemic context, this data helps health officials plan for maternal and neonatal care continuity, ensuring that diverted resources do not lead to a rise in infant mortality.
- **Crude Death Rate (CDR):** The baseline death rate is **7.32 per 1,000 population**. This figure is the most critical benchmark for Phase 1 surveillance. Any statistically significant spike above this "all-cause mortality" baseline—detected through crematorium/burial ground reporting or hospital records—serves as an early warning trigger for an undetected outbreak.

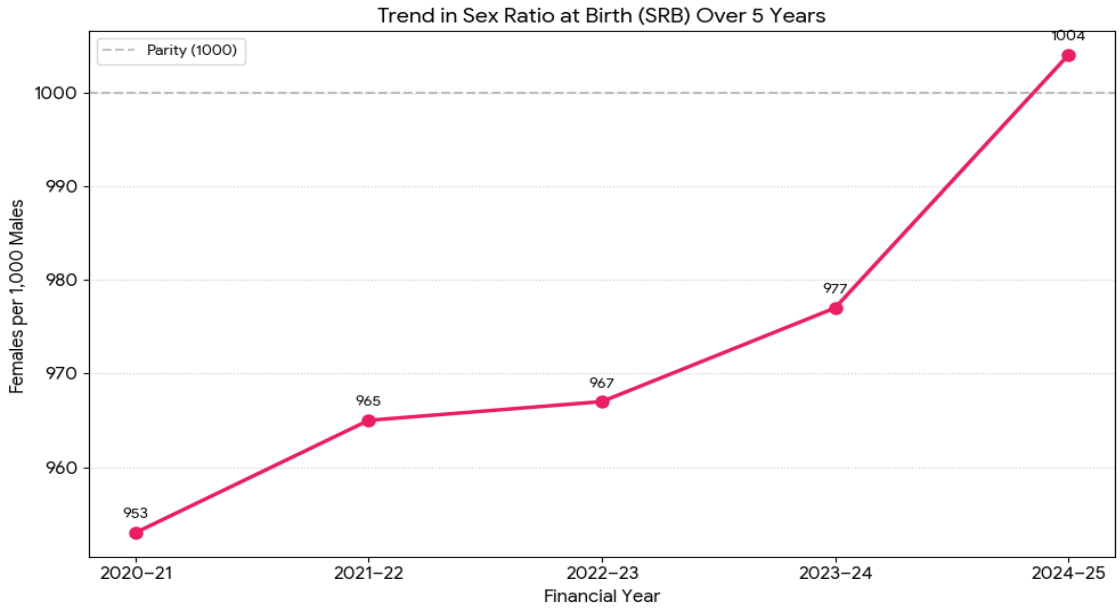
The narrow margin between birth and death rates suggests a stabilizing population. During a pandemic, the goal of the **District Task Force** is to keep the CDR as close to the 7.32 baseline as possible. A rise in the CDR without a corresponding increase in known infections would indicate a "silent spread" or a collapse in non-pandemic healthcare services

Sex Ratio at Birth (HMIS)

Year	Sex Ratio at Birth
2020–21	953
2021–22	965
2022–23	967
2023–24	977
2024–25	1004

Table 10: Sex ratio at birth

The Sex Ratio at Birth (SRB) is a vital indicator of long-term demographic health and the effectiveness of gender-sensitive healthcare policies. The district has shown a remarkable and consistent upward trend over the last five years. From a preparedness standpoint, a healthy and rising SRB indicates a strong Mother and Child Health (MCH) infrastructure. During a pandemic, maintaining these gains is a key metric; any sudden drop in the SRB could signal that pregnant women are losing access to safe institutional deliveries or that gender-biased nutritional/health neglect is resurfacing due to economic or social stress.



Picture 17: sex ration trend over last five years

This positive trajectory suggests the success of targeted maternal health programs, improved institutional delivery tracking, and community-based advocacy against gender-selective practices.

Literacy Rate

Category	Literacy Rate (%)
Total	96.93%
Male	97.7%
Female	96.26%

Table 11: literacy rate

The district boasts an exceptionally high Literacy Rate of 96.93%, which is a critical asset for pandemic management. A well-educated population can more effectively process health advisories, follow complex isolation protocols, and use digital tools for surveillance and vaccination registration.

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		1,197,412 (Census 2011 India)
Male		561,716 (Census 2011 India)
Female		635,696 (Census 2011 India)
Transgender		~40–60 (district estimate)
Children under 5		96,837 (India Census)
Adolescent		180,540 (estimated)
Elderly (>60)		270,306 (≈19%)
SOCIAL/LIVELIHOOD VULNERABILITY		
Previous EPEP family		3377
BPL family		2.5–3.0 lakh
Tribal communities		8108
Migration	Immigrant	136757
	Emigrant	182704
Socio-economically deprived		

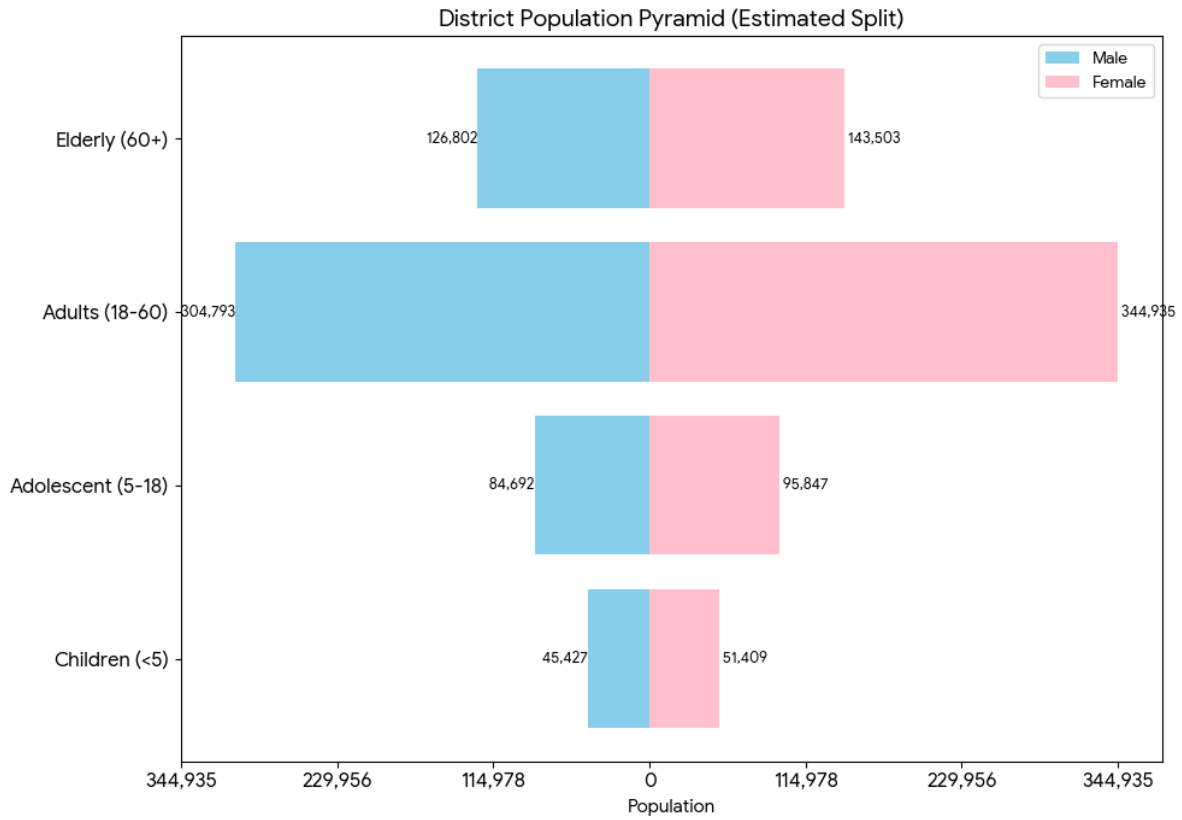
	Indicator	Percentage (%)
	Kutcha housing	- 2–4%
	No working adult	- 2%
	Female-headed households	- 3–5%
	Disabled without support	- <1%
	Landless households	- 15–20%
Fisherfolk	Minimal (105)	
SC Community(population)	1,64,465	
ST Community(population)	8108	

Table 12: Demographic and vulnerable population

THE DISTRICT'S POPULATION OF 1,197,412 IS CHARACTERIZED BY A HIGH PROPORTION OF ELDERLY INDIVIDUALS AND A UNIQUE SEX DISTRIBUTION (MORE FEMALES THAN MALES).

AGE GROUP	MALE (ESTIMATED)	FEMALE (ESTIMATED)	TOTAL
ELDERLY (60+)	126,802	143,503	270,305
ADULTS (18–60)	304,793	344,935	649,728
ADOLESCENT (5–18)	84,692	95,847	180,539
CHILDREN (<5)	45,427	51,409	96,836

TABLE 13: SEX DISTRIBUTION BY AGE



Picture 18: population pyramid

Population Pyramid Analysis

The district's age structure shows a "top-heavy" distribution, which is a key consideration for pandemic preparedness:

● **Broad base (children):** The children's category (<5) represents a smaller portion of the total population (96,837), indicating a stabilizing birth rate.

● **Adult segment:** The largest portion of the population (649,729 or approximately 54%) falls in the working-age category (estimated as 18–60). This group will drive economic recovery but also represents the primary vector for transmission due to workplace and social mobility.

● **Aging peak:** A significant 22.5% of the population (270,306) is aged 60 and above. In a population pyramid, this large top section highlights the district's high vulnerability to severe pandemic outcomes, requiring a primary focus on protective shielding and clinical resources.

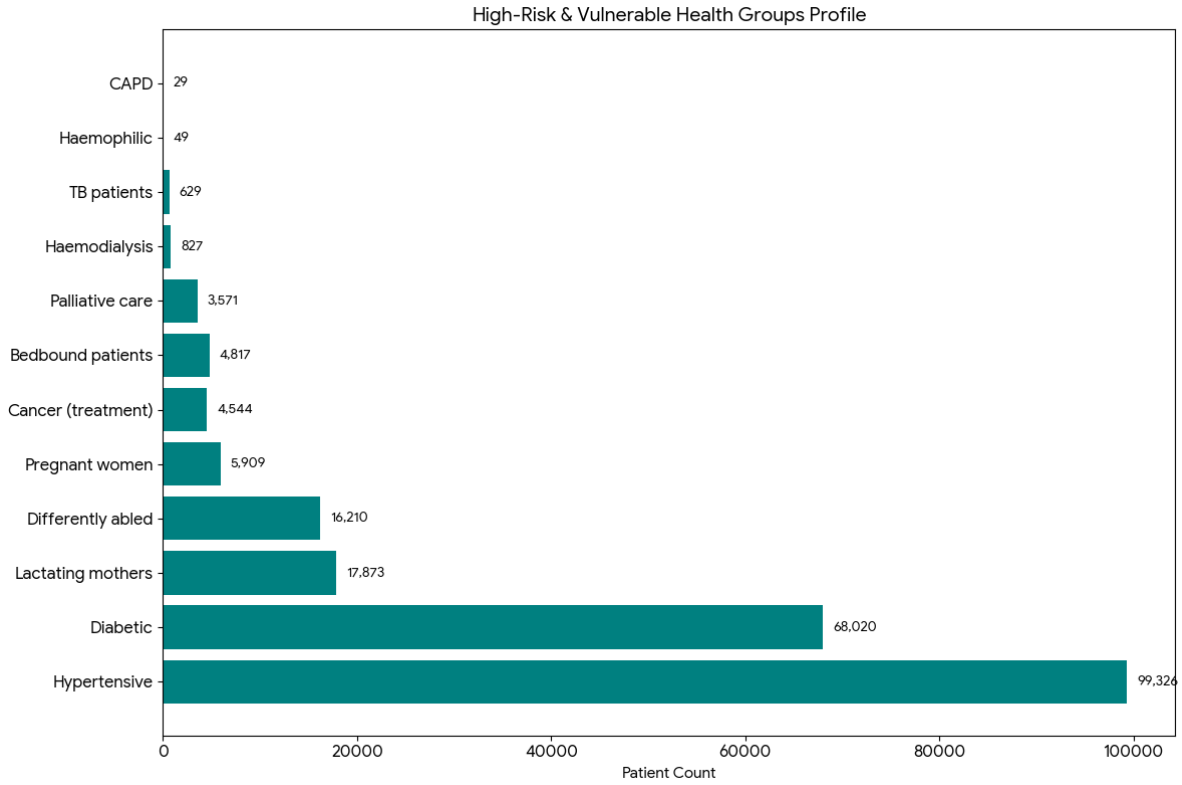
CLINICAL VULNERABILITY

Certain population groups need 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 prioritising continuity of treatment, medicine stock planning, oxygen support, referral transport, and targeted home-based care

Description	**Details in numbers**
Pregnant women	5909
Lactating mothers	17873
Bed Bound patients	4817
Patients under palliative care other than bedbound	3571
Patients on Haemodialysis	827
Patients on CAPD	29
Cancer patients (currently on treatment)	4544
Haemophilic patients	49
Mentally challenged	569
Differently abled	16210
Diabetic patients	68020
Hypertensive patients	99326
TB patients	629

TABLE 14: CLINICAL VULNERABILITY DETAILS

The High-Risk and Vulnerable Groups Profile identifies the most significant medical dependencies in the district, providing the basis for proactive community care during a pandemic.



Picture 19: high risk and vulnerable group profile

High-Risk and Vulnerable Health Profile Analysis

The district data highlights three critical tiers of health vulnerability that must be managed to prevent high mortality rates:

- 1. **High-Volume Comorbidities**: With 99,326 hypertensive patients and 68,020 diabetic patients, the district has a high prevalence of chronic conditions that increase the risk of severe disease. Ensuring a 3-month supply of Non-Communicable Disease (NCD) medications is a top priority for Phase 1.
- 2. **Maternal and Specialized Care**: Approximately 24,000 pregnant women and lactating mothers require prioritized healthcare access. Additionally, the 4,544 cancer patients and 856 dialysis patients (Haemodialysis and CAPD) must h ave "Green Corridors" for life-sustaining treatment, as even brief interruptions can be fatal.

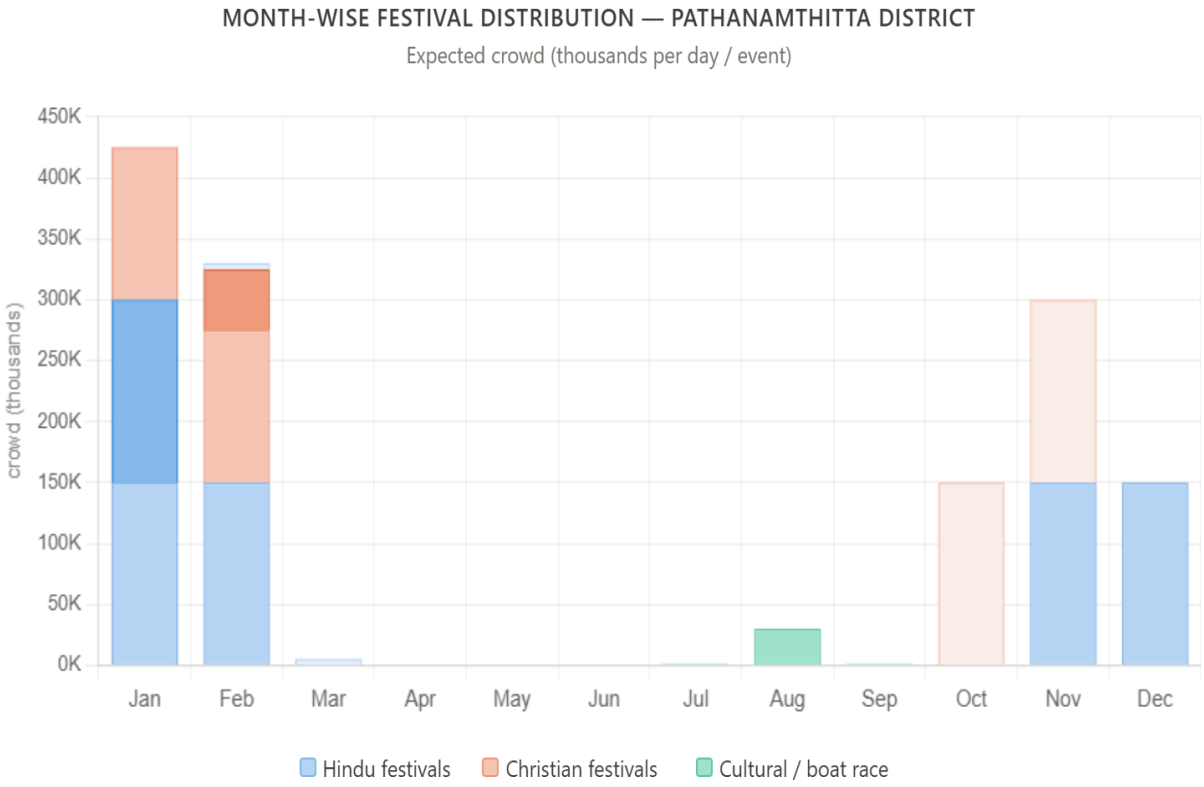
- 3. **Home-Based Care Dependency**: There are over 8,400 patients who are either bedbound or in palliative care. These individuals are highly vulnerable to institutional exposure; a mobile "Home-Based Care" strategy is essential to provide treatment without requiring hospital visits.

MAJOR FESTIVALS & EVENTS SPECIFIC TO THE DISTRICT

(with the possibility of a public gathering)

Sl No	Festival	Month / Period	Expected Crowd Size
1	Sabarimala Mandala Pooja/Sabarimala Monthly Pooja	November 15- February 25/ 7 days/Month	1.5 lakh/ Day
2	Cherukolpuzha Hindu maha sammelanam	January - February	Around 1.5 lakh
3	Manjanikkara perunnal	February	Around 50000
4	Maramon Convention	January - February	Around 2.5 lakh
5	Aranmula Vallamkali/Aranmula Vallasadya	August- September /July-Oct	Around 30000 /Around 1000/Day
6	Malayalappuzha temple festival	Feb- March	Around 5000
7	Parumala church festival	October- November	Around 1.5 lakh

Table 15: major festivals and community gatherings



Picture 20: month wise festival season

TOURISTS PLACES IN THE DISTRICT

Tourist Spot	Highlight
Gavi Forest 🌲	Wildlife trekking and misty forest Jeep safaris.
Adavi Eco-Tourism 🚣	Famous for coracle (bowl) boat rafting on the river.
Konni Elephant Hub 🐘	Historic elephant training centre and "Aanakoodu" cages.
Aranmula Temple □	Ancient shrine known for the unique metal mirrors.
Sabarimala Temple 🛕	World-famous pilgrimage site deep in the tiger reserve.
Perunthenaruvi Falls 🌊	A wide, powerful waterfall perfect for photography.
Kaviyoor Rock Temple 🗿	An 8th-century temple carved out of a single massive rock.
Chuttippara Hill ⛰️	A rocky hilltop offering a panoramic view of the town.
Pandalam Palace 👑	The royal ancestral home of Lord Ayyappa.

Table 16: tourist spots in the district

INFRASTRUCTURE & RESOURCE INVENTORY

This section provides a comprehensive overview of the healthcare infrastructure within the district, highlighting the distribution, accessibility, and baseline capacity of facilities that form the backbone of routine healthcare delivery as well as emergency response.

At the primary level, **Family Health Centres (FHCs)** and **Community Health Centres (CHCs)** serve as the first point of contact for the community. These institutions deliver essential outpatient and limited inpatient services, including preventive care, maternal and child health services, management of common illnesses, and basic emergency care. During public health emergencies, they play a crucial role in early case detection, screening, triaging, initial isolation, risk communication, and referral coordination.

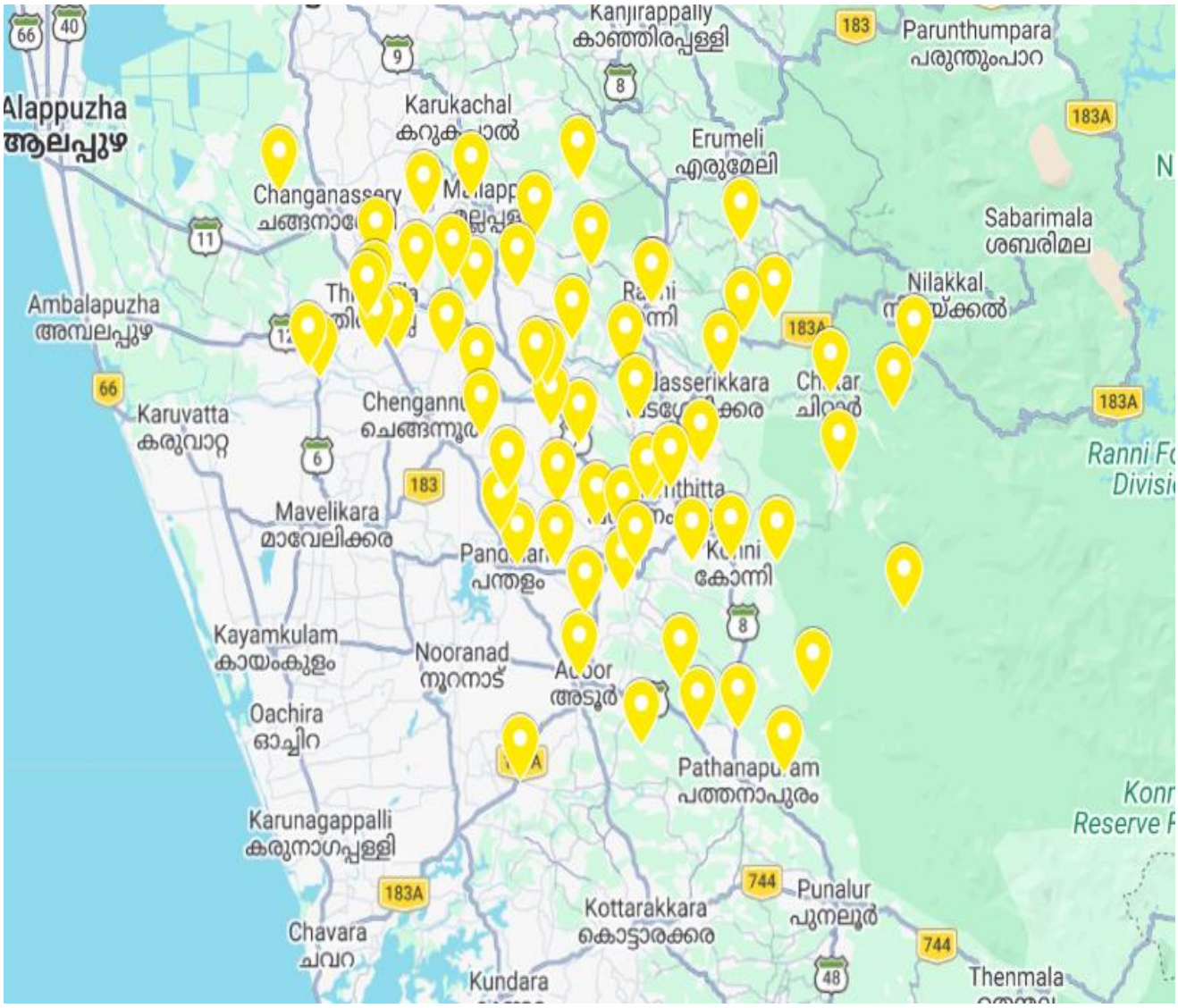
At the secondary and tertiary levels, **General Hospitals (GHs)** and **Medical College Hospitals (MCHs)** function as referral centres equipped with advanced diagnostic facilities, specialist services, intensive care units, and critical care support. In the context of a pandemic or disaster, these institutions are pivotal for managing severe cases, providing ventilatory support, ensuring specialist interventions, and supporting laboratory confirmation and advanced treatment protocols.

Maintaining an updated inventory of these facilities enables health authorities to:

- Assess geographic distribution and service coverage
- Identify infrastructure and human resource gaps
- Estimate available bed strength, ICU capacity, and oxygen availability
- Plan for surge capacity, including expansion of isolation wards and critical care units
- Coordinate referral pathways effectively

Such systematic mapping of healthcare infrastructure strengthens preparedness, facilitates evidence-based planning, and enhances the district's capacity to respond efficiently during pandemics, outbreaks, and other public health emergencies.

Public Health Facilities in Pathanamthitta



Picture 21: health facility mapping

Sl no	Institution	LSGD	Constituency	Health Block
1	FHC. Ezhamkulam	Ezhamkulam	ADOOR	Endimangalam
2	PHC Erathu	Erathu	ADOOR	Endimangalam
3	PHC Kadambanadu	Kadambanadu	ADOOR	Endimangalam
4	FHC Pallickal	Pallickal	ADOOR	Endimangalam
5	FHC Chandanappally	Kodumon	ADOOR	Endimangalam
6	CHC Thumpamon	Thumpamon	ADOOR	Thumpamon
7	FHC Pandalam	Pandalam Municipality	ADOOR	Thumpamon
8	PHC Pandalam Thekkekara	Pandalam Thekkekara	ADOOR	Thumpamon
9	GH Adoor	Adoor Municipality	ADOOR	Endimangalam
10	CHC Enadimangalam	Enadimangalam	KONNI	Endimangalam

Sl no	Institution	LSGD	Constituency	Health Block
11	PHC Koodal	Kalanjoor	KONNI	Endimangalam
12	THQH Konni	Konni	KONNI	Konni
13	PHC Malayalapuzha	Malayalapuzha	KONNI	Konni
14	PHC Mylapra	Mylapra	KONNI	Konni
15	PHC Vallikode	Vallikode	KONNI	Konni
16	PHC Kokkathode	Aruvappulam	KONNI	Konni
17	PHC Pramadom	Pramadom	KONNI	Konni
18	PHC Thannithode	Thannithode	KONNI	Konni
19	CHC Chittar	Chittar	KONNI	Vechoochira
20	PHC Seethathode	Seethathode	KONNI	Vechoochira
21	GMC Konni	Konni	KONNI	Konni
22	PHC Nilackkal	Perunad	Ranni	Vechoochira
23	CHC Elanthoor	Elanthoor	ARANMULA	Elanthoor
24	PHC Cheneerkara	Cheneerkara	ARANMULA	Elanthoor
25	PHC Mallappuzhacherry	Mallappuzhacherry	ARANMULA	Elanthoor
26	PHC Kadamanitta	Naranganam	ARANMULA	Elanthoor
27	PHC Omalloor	Omalloor	ARANMULA	Elanthoor
28	PHC Manjanikkara	Omalloor	ARANMULA	Elanthoor
29	PHC Othera	Eraviperoor	ARANMULA	Ezhumatoor
30	PHC Thottapuzhasserry	Thottapuzhasserry	ARANMULA	Kanjeettukara
31	PHC Koipuram	Koipuram	ARANMULA	Kanjeettukara
32	CHC Vallana	Aranmula	ARANMULA	Vallana
33	PHC Kulanada	Kulanada	ARANMULA	Vallana
34	PHC Mezhuveli	Mezhuveli	ARANMULA	Vallana
35	UPHC Kumbazha	Pathanamthitta(M)	ARANMULA	Elanthoor
36	PHC Cherukole	Cherukole	ARANMULA	Elanthoor
37	GH Pathanamthitta	District Panchayath Pta	ARANMULA	Elanthoor
38	DH Kozhencherry	District Panchayath Pta	ARANMULA	Elanthoor
39	DTC Kozhencherry	Kozhencherry	ARANMULA	Elanthoor
40	PHC Vadasserikkara	Vadasserikkara	Ranni	Vechoochira
41	PHC Naranammoozhi	Naranammoozhi	Ranni	Vechoochira
42	PHC Ranni Pazhavangadi	Ranni Pazhavangadi	Ranni	Vechoochira
43	PHC Ranni Angadi	Ranni Angadi	Ranni	Vechoochira
44	CHC Vechoochira	Vechoochira	Ranni	Vechoochira
45	CHC Ranni Perunad	Ranni Perunad	Ranni	Vechoochira
46	CHC Kanjeettukara	Ayiroor	Ranni	Kanjeettukara
47	PHC Thelliyoor	Ezhumattoor	Ranni	Ezhumattoor
48	CHC Ezhumattoor	Ezhumattoor	Ranni	Ezhumattoor
49	THQH Ranni	Ranni	Ranni	Vechoochira
50	CHC Chathenkery	Peringara	Thiruvalla	Chathenkery
51	PHC Kadapra	Kadapra	Thiruvalla	Chathenkery
52	PHC Kuttappuzha	Thiruvalla (M)	Thiruvalla	Chathenkery
53	PHC Kuttoor	Kuttoor	Thiruvalla	Chathenkery
54	PHC Nedumpuram	Nedumpuram	Thiruvalla	Chathenkery

Sl no	Institution	LSGD	Constituency	Health Block
55	PHC Niranam	Niranam	Thiruvalla	Chathenkery
56	PHC Puramattom	Puramattom	Thiruvalla	Ezhumattoor
57	CHC Kunnamthanam	Kunnamthanam	Thiruvalla	Kunnamthanam
58	CHC Kallooppara	Kallooppara	Thiruvalla	Kunnamthanam
59	PHC Anicadu	Anicadu	Thiruvalla	Kunnamthanam
60	PHC Kaviyoor	Kaviyoor	Thiruvalla	Kunnamthanam
61	PHC Kottangal	Kottangal	Thiruvalla	Kunnamthanam
62	PHC Kottanadu	Kottanadu	Thiruvalla	Kunnamthanam
63	THQH Thiruvalla	Thiruvalla Municipality	Thiruvalla	Chathenkery
64	THQH Mallappally	Mallappally	Thiruvalla	Kunnamthanam
65	UFHC Thiruvalla	Thiruvalla (M)	Thiruvalla	Chathenkery

Table 17: public health facilities in the district

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
Medical Colleges	1	3
Nursing Colleges	**2**	9
Dental Colleges	**0**	3
Para-medical / Allied Health	**0**	12
Pharmacy Colleges	**0**	3

Table 18: healthcare education and training institutions

Specialised Service and 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 the Government, Private, and AYUSH sectors

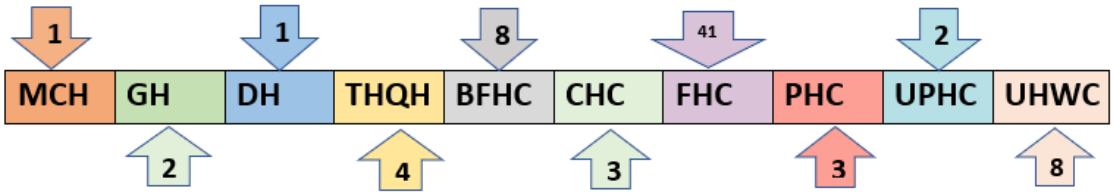
Item	Govt	Private	AYUSH	Total
Hospital beds	916	1415	120	2451
Oxygen-generating systems(Y/N)	Y	Y	N	Y
Oxygen-supported beds (Numbers)	180	260	0	440
Ventilator-supported beds	60	70	0	130
ICU beds	110	140	5	255
Burns units	1	5	0	6
Blood centres	3	3	0	6
BLS ambulances	20	25	2	47
ALS ambulances	10	12	1	23
Dialysis facilities	5	12	0	17
Medical store	10	400	—	410
Industrial establishments (**Medium-scale industries/small-scale industries establishments to whom we can depend in a worst-case scenario)**	**separate list annexed			

Table 19: Specialised Service and Emergency Inventory

Infrastructure & Resource Inventory

Health Facility Directory & Basic Capacity in the DISTRICT

This section provides an overview of the healthcare infrastructure available within the DISTRICT 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.



Type of Health Institution / Facility	Total No. in the District
Medical College	1
General Hospital	2
District Hospital	1
District TB Centre	1
Taluk Head Quarters Hospital	4
Community Health Centres (CHC)	3
Block FHC	8
CHC / PHC converted to Family Health Centres	41
Primary Health Centres (PHC)	3
Urban Primary Health Centres (UPHC)	2
Urban Family Health Centres	8
Mobile Medical Units	1
Sub Centres	262

Table 20: infrastructure and resource inventory

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.

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.

details annexed separate

Specialised 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 the Government, Private, and AYUSH sectors.

Hospital Beds General	In Government Hospitals	1164
	Private Hospitals	1880
	In other systems like AYUSH	86
Oxygen Generating System	In Government Hospitals	28
	Private Hospitals	48
	In other systems like AYUSH	1
Oxygen supported beds	In Government Hospitals except Medical Colleges	125
	Private Hospitals	279

	In other systems like AYUSH	1
Critical care beds (ICU beds)	In Government Hospitals except Medical Colleges	75
	Private Hospitals	109
	In other systems like AYUSH	1
Burns Unit	In Government Hospitals	2
	Private Hospitals	17
	In other systems like AYUSH	0
Blood banks	In Government Hospitals	4
	Private Hospitals	3
	In other systems like AYUSH	0
BLS Ambulances	In Government Hospitals	16
	Private Hospitals/individual owned)	22
	In other systems like AYUSH	1
ALS Ambulances	In Government Hospitals	10
	Private Hospitals/individual owned)	13
	In other systems like AYUSH	1
Dialysis facility	Govt	7
	Private	10

Table 21: Specialised services and emergency inventory

Oxygen & Diagnostic Capacity

Monitoring oxygen and diagnostic capacity is a critical component of public health preparedness, ensuring that the DISTRICT 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							
MCH Konni	Y	Y	Y	Y	Y	Y	N
GH Pathanamthitta	Y	Y	Y	Y	Y	Y	N
GH Adoor	Y	Y	Y	N	Y	N	Y
DH Kozhencherry	Y	Y	Y	Y	Y	N	N
THQH Thiruvalla	N	Y	Y	Y	Y	Y	N
THQH RANNI	N	Y	Y	N	Y	N	N
THQH Malalpaplly	N	Y	Y	Y	Y	N	N
THQH Konni	N	Y	Y	Y	Y	N	N
THQH Pulinkunnu	N	Y	Y	N	N	N	N
TH Thuravoor	N	Y	Y	N	N	N	N

Table 22: oxygen and diagnostic facility

Diagnostics Facility Mapping at the District Level

Item	Govt	Private	Total
General labs	68	105	173
Microbiology labs	1	20	21
RT-PCR labs	1	3	4
USG units	7	107	114
CT/MRI units	2	20	22
Research labs	1	00	1
Labs of other departments that can be repurposed	We may use the lab of CPCRI-Kayamkulam		

Table 23: Diagnostic facility mapping

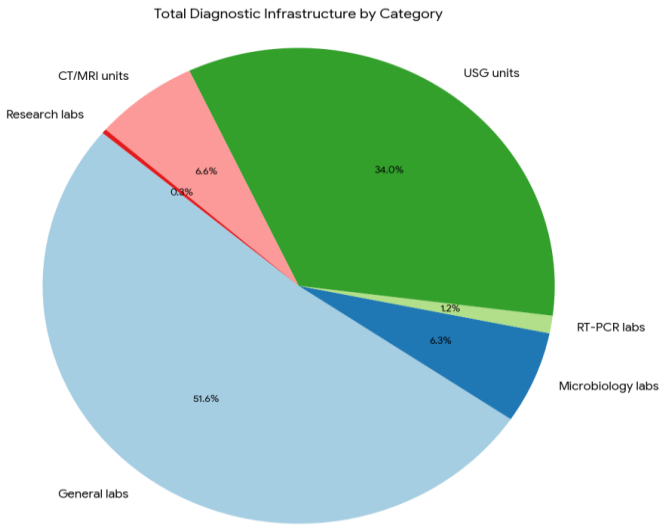
The diagnostic infrastructure of the district reveals a robust but heavily private-sector-dependent landscape. While the government sector maintains a baseline for essential testing, the private sector holds the majority of specialized imaging and molecular diagnostic capacity.

Diagnostic Infrastructure Analysis

The total diagnostic capacity comprises 173 general laboratories and 114 ultrasound (USG) units, providing a solid foundation for routine clinical monitoring. However, the distribution between government and private facilities highlights critical strategic considerations:

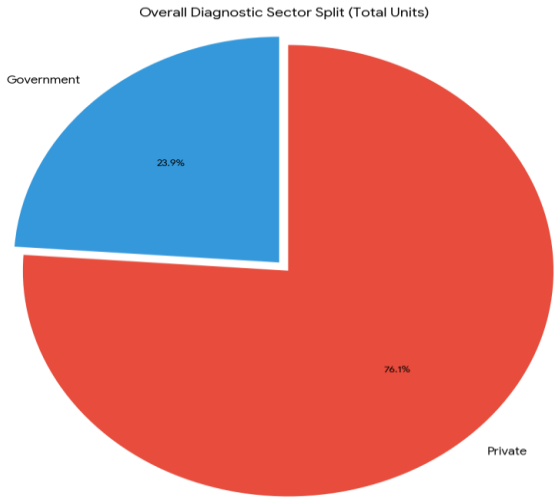
- **Molecular Diagnostic Capacity (RT-PCR):** The district has 4 RT-PCR labs. With only one located in the government sector, a pandemic response will require formal Public-Private Partnership (PPP) frameworks to scale up mass testing.
- **Advanced Imaging (CT/MRI):** There are 22 CT/MRI units available. Since 20 of these are private, the district health authority must establish referral protocols to ensure critical patients in government COVID/Pandemic hospitals have access to advanced lung and organ imaging.
- **Specialized Microbiology:** Out of 21 microbiology labs, 20 are private. These facilities are essential for identifying secondary bacterial infections and monitoring antibiotic resistance during prolonged outbreaks.

- **Repurposing Potential:** A significant strategic asset is the CPCRI (Central Plantation Crops Research Institute) lab in Kayamkulam. Though not a medical lab by primary function, its high-end research equipment can be repurposed for viral research or overflow testing under biosafety guidelines.



Picture 22: total diagnostic infrastructure by facility

The high proportion of General Labs and USG units suggests that the district is well-prepared for decentralized primary diagnostics. However, the thin margin of RT-PCR labs (1.2%) remains the primary strategic bottleneck. To mitigate this, the district should identify "Surge Labs" among the Microbiology and Research categories that can be upgraded if the diagnostic burden exceeds current thresholds.



Picture 23: diagnostic infrastructure by type of facility

More than three-quarters of the district's diagnostic power lies outside the public sector; the **District Pandemic Plan** must prioritize early-stage MoUs (Memorandums of Understanding) with private providers to ensure testing and imaging remain affordable and accessible during an emergency.

Social and Community Infrastructure for the surge plan

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

Private Clinics	350
Private Hospitals	104
Medical Stores	802
Private Labs (All type)	549
Closed Houses	20811
Community Halls	287
Religious buildings	1717
Auditoriums	356
Mortuary	15
Crematorium	83
Police Stations	36
Fire Stations	8
Water pumping points	150
Public vehicles other than ambulances and KSRTC	161
LSGI Owned other buildings not mentioned above	117
Pet homes	1103
Poultry units	637
Slaughterhouses	49
Hotels/Restaurants	1842
Cool bars	3027

Table 24: Infrastructure for surge plan

Logistics and shelter inventory

Category	Total Count	Est. Capacity (Persons)
Anganwadis	2001	5000
Schools	990	100000
Colleges	83	15000
Medical colleges (Govt/Private)	1	0
Nursing colleges (Govt/Private)	02 Govt	07 Private
Dental colleges (Govt/Private)	01 Govt	
Paramedical institutes (Govt/Private)	02 Govt	

Table 25: logistics and shelter inventory

Human Resources

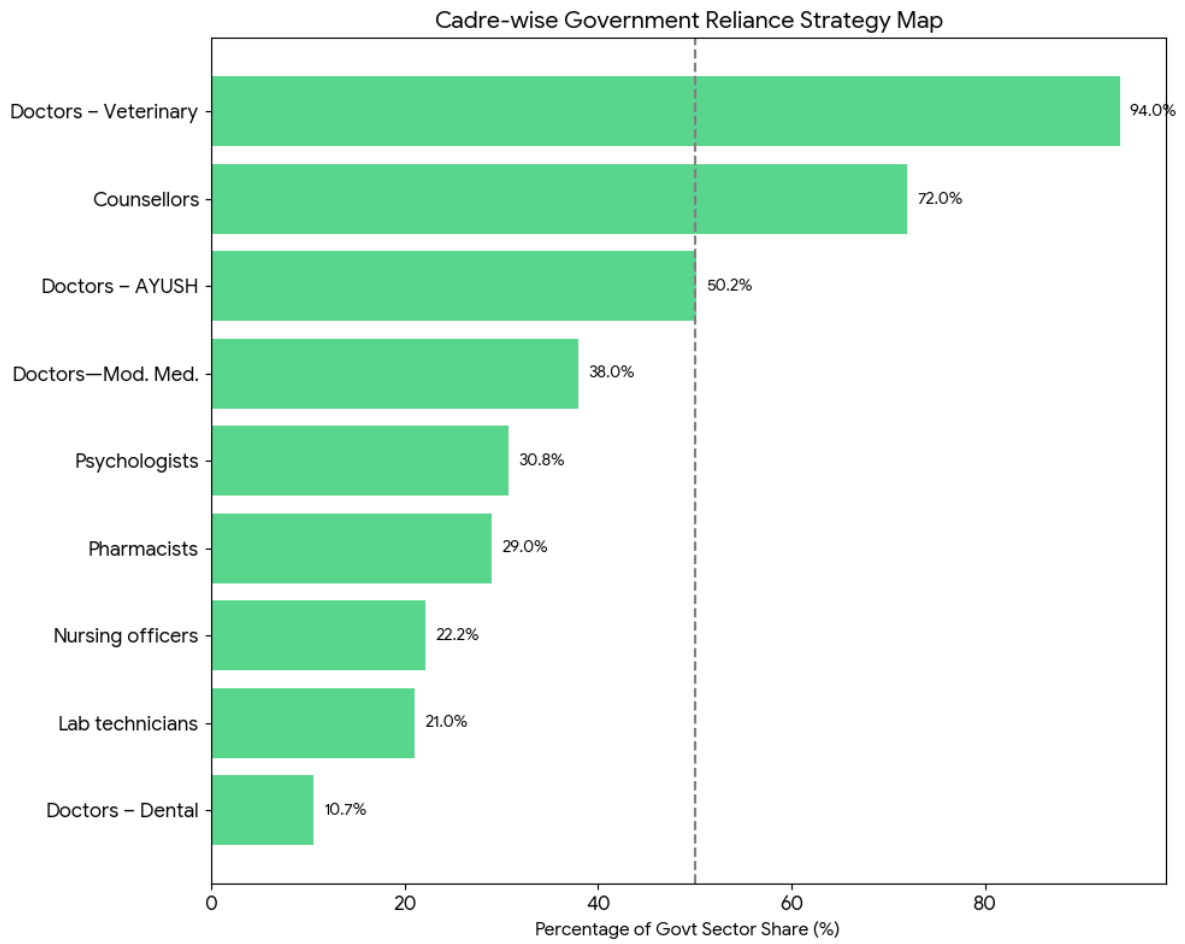
This section focuses on the **human capital** available within the district. In any emergency—be it a pandemic, flood, or industrial accident—infrastructure is only as effective as the people operating it.

Medical & Clinical Personnel

The human resource profile of the district's healthcare sector is the backbone of its pandemic response. With a total pool of **over 5,000 skilled medical and clinical personnel**, the district maintains a diverse workforce capable of handling clinical management, mental health support, and public health surveillance. A detailed directory with the contact numbers of all workers is maintained (**Annexure in 1**).

Cadre	Govt (No.)	Private (No.)	Total
Doctors—Modern Medicine	467	762	1229
Doctors – AYUSH	108	107	215
Doctors – Veterinary	59	2	61
Doctors – Dental	18	151	169
Nursing officers	444	1556	2000
Lab technicians	125	469	594
Pharmacists	157	384	541
Psychologists	8	18	26
Counsellors	90	35	125

Table 26: medical and clinical personnel workforce



Picture 24: cadre wise human resource

The Cadre-wise Government Reliance Strategy Map serves as a vital diagnostic tool for the district's pandemic preparedness, illustrating a clear divide between public-sector self-sufficiency and private-sector dependency. The government maintains a commanding lead in specialized outreach areas, holding direct control over 94% of Veterinary Doctors and 72% of Counsellors, which positions the state as the primary lead for zoonotic surveillance and mental health support. At the "tipping point" of this distribution are AYUSH Doctors, who are split almost perfectly at 50.2% between both sectors; this group acts as a versatile "swing workforce" that can pivot between community health initiatives and clinical support as needed. However, a significant strategic vulnerability exists within the core clinical frontline. The most essential personnel for pandemic management—Nursing Officers (22.2%) and Lab Technicians (21%) are overwhelmingly concentrated in the private sector. This distribution indicates that while the government can independently spearhead social mobilization and epidemiological surveillance, its ability to manage large-scale clinical surges or high-volume

diagnostics is entirely dependent on formalized, pre-negotiated partnerships with the private sector.

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)	10	04	14
HI (Health Inspectors)	42	04	46
LHS (Lady Health Supervisor)	8	00	8
LHI (Lady Health Inspectors)	44	00	44
JPHN (Jr Public Health Nurses)	370	00	370
JHI (Jr Health Inspectors)	266	00	266
MLSP (Mid-Level Service Providers)	244	0	244
Palliative Nurses	19	0	19
RBSK Nurses	55	0	55
PRO	22	0	22
Epidemiologist	9	0	9
Data Manager	9	0	9

Table 27: public health and field level workforce

Community & Support Cadre

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

Cadre	Number
ASHA Workers	941
AWW (Anganwadi Workers)	1550
Emergency Medical Volunteers (Trained)	2125

Cadre	Number
Kudumbashree	120901 (Ayalkkoottams :9041, ADS: 968 , CDS :58)
MNREGS	75000
Purusha Swayam Sahaya Sangham	03
Ex-Servicemen	5124
Retired Police Officers	Exact numbers couldn't be gathered
NCC/NSS Volunteers	40-50NSS volunteers/colleges 500 NCC volunteers
One Health Community Volunteers	45416
One Health Community Mentors	6546

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 (District). These groups enhance grassroots mobilization, resource distribution, and support networks crucial for pandemic response and community resilience

Category	Total Count
NGOs	181
Religious based organizations	48
Foreign based organizations	76 as per FCRA 2017 reports
Sports Club/youth clubs	25
Kudumbashree SHGs	

Political organizations	7
Residential organizations	07 residents' associations & 288 Housing societies

Table 28: community organisations statistics

Administrative & Emergency Services

This section outlines the availability of key non-health emergency support services and infrastructure within the district, 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**
Police Stations	23
Fire & Rescue Stations	6 Pathanamthitta Konni Seethathode Ranni Adoor Thiruvalla
Water Pumping Points	120
Public Distribution System (PDS)	1224

Table 29: administrative and emergency service statistics

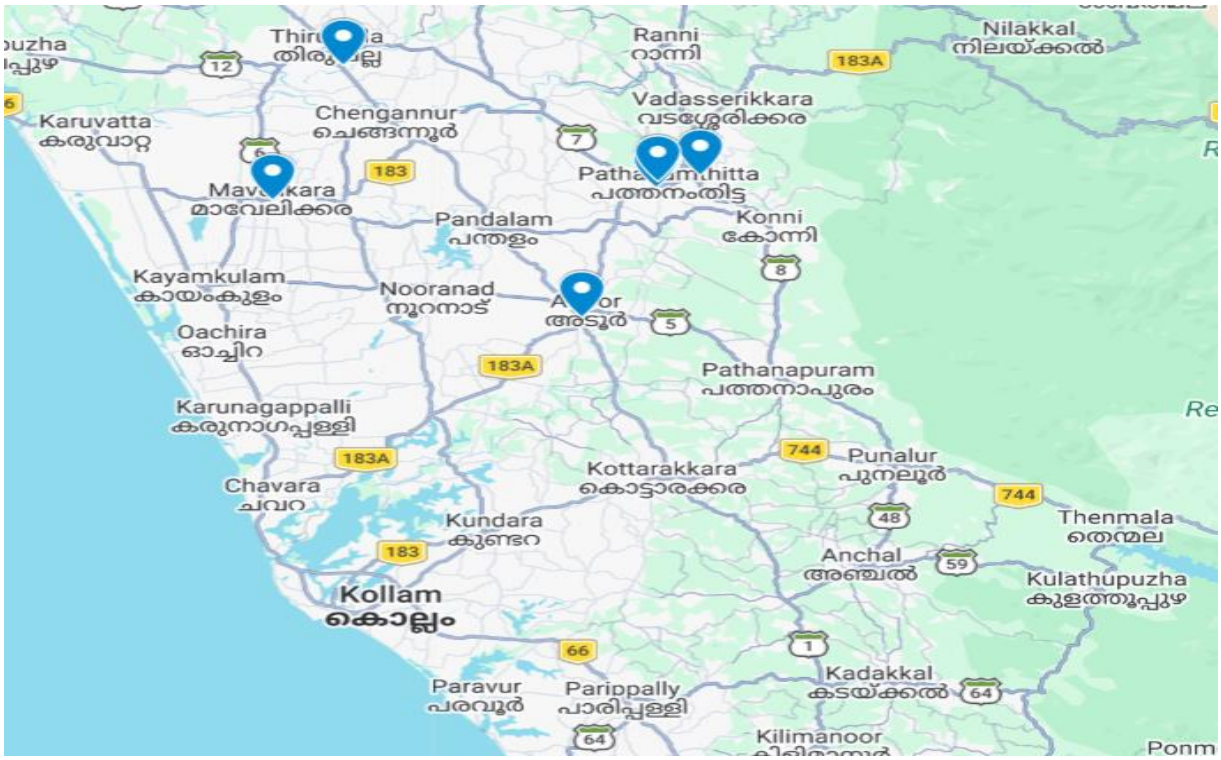
Information Regarding Resources

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.

Oxygen Refilling Units

Sl No	Name Of the Agency	Area	Category
1	Gasco Industrial Gas Pvt Ltd Pathanamthitta	Pathanamthitta Town	Major Refilling & Manufacturing Units
2	Oxygen Plant, Kunnupuram	Kunnupuram	Major Refilling & Manufacturing Units
3	Sultan Industrial Gases Pathanamthitta	Pathanamthitta Town	Major Refilling & Manufacturing Units
4	Karimpanackal Enterprises	Pathanamthitta Town	Major Medical Oxygen Suppliers & Dealers
5	Southern Surgical	Pathanamthitta Town	Major Medical Oxygen Suppliers & Dealers
6	Kerala Oxygen	Adoor	Major Medical Oxygen Suppliers & Dealers
7	Southern Surgicals	Pathanamthitta Town	Major Medical Oxygen Suppliers & Dealers
8	Kadavil Oxygen Gas Agency	Thiruvalla	Major Medical Oxygen Suppliers & Dealers
9	Medipark Surgicals	Pathanamthitta	Major Medical Oxygen Suppliers & Dealers

Table 30: oxygen refilling units



Picture 25: oxygen refilling units mapping

Transportation logistics

Means of transportation	Total Count
JCB	42
Crane	23
Ambulances	List annexed
Mobile mortuaries	List annexed

Table 31: transportation logistics

ONE HEALTH &ENVIRONMENTAL SURVEILLANCE

The One Health approach in Pathanamthitta district integrates environmental, animal, and human health systems to strengthen proactive pandemic preparedness. Given the district's unique geography with forest fringes, river basins, and significant human–animal interaction, strengthening panchayat-level surveillance is essential for the early detection and management of zoonotic and environmentally transmitted diseases.

Surveillance efforts in the district are enhanced through systematic assessment of livestock populations, veterinary service infrastructure, poultry farms, and slaughter facilities. Special focus is given to intersectoral coordination between the health, animal husbandry, and local self-government departments.

Advanced tools such as GIS-based mapping of avian influenza seasonality, using data from previous outbreaks in and around Pathanamthitta district, enable predictive alerts. Ward-level risk stratification and targeted sampling strategies further support effective pandemic preparedness, particularly in identified high-risk panchayats.

Animal & Bird Population

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

Category	Population (Heads)	Source
Cattle	1.47 lakh	BAHS 2025 (district tables)
Buffalo	12,340	BAHS 2025
Goats	1.05 lakh	20th Livestock Census
Pigs	4,812	District-wise Pig Population (20th LSC)
Dogs (Pet + Stray)	60,773 (46,639 males, 14,134 female)	19th Livestock Census
Cats	11,560	20th Livestock Census
Stray Dog Population	9,842	District-wise Stray Dog & Cattle (20th LSC)
Bird Population	Poultry Units (Birds)	963459
	Poultry- (FOWL)	773127
	Wild/Migratory Birds (Observed)	YES, in three places
	Crow Mortality Events (Reported)	YES

Table 32: animal and bird population

The risk of zoonotic diseases, particularly leptospirosis, in **Pathanamthitta district** is present across multiple Local Self Government (LSG) areas, driven by factors such as cattle rearing practices, small-scale pig farming, and close human interaction with domestic and peri-domestic animals. The district's terrain, with midland and highland regions, plantations, and forest fringes, contributes to frequent human exposure to contaminated soil and water, especially during the monsoon season.

The stray dog population in market areas, pilgrimage routes, and transport hubs continues to pose a significant challenge for rabies surveillance and bite prevention. Increased human movement during festival seasons further elevates this risk.

There is also a potential risk of avian influenza introduction, particularly in areas with water bodies such as rivers, ponds, and paddy fields, where migratory and resident birds congregate during certain seasons. Although less extensive than coastal districts, these ecological niches still warrant targeted surveillance.

Clusters of livestock holdings and animal shelters in low-lying and flood-prone areas of the district increase the risk of leptospirosis and other environmentally mediated zoonoses, particularly during heavy rainfall and monsoon-related flooding. Strengthening integrated surveillance and intersectoral coordination remains crucial to mitigate these risks.

Veterinary Infrastructure

Veterinary institutions are a core pillar of One Health surveillance, enabling early detection of zoonotic diseases through vaccination, investigation of unusual animal illnesses or deaths, sample collection, and timely outbreak reporting. A well-mapped and responsive veterinary network strengthens coordination with human health and District systems, ensuring rapid response during zoonotic events and pandemics.

VETERINARY INFRASTRUCTURE SUMMARY	
Veterinary Dispensary	32
Veterinary Hospital	43
Veterinary Polyclinic	3
Private Veterinary Clinics	9
Regional Artificial Insemination Centre	3
Calf Feed Subsidy Programme	39
Animal Disease Control Project	1
District Animal husbandry Office	1
Mobile Veterinary Hospital	0
District Veterinary Centre	1

Table 33: veterinary infrastructure

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 District systems especially during zoonotic outbreaks and pandemic-prone situations a clearly defined veterinary workforce enhances One Health surveillance.

Category	Number
Government Veterinary Doctors	52
Private Veterinary Doctors	2

Table 34: veterinary workforce

High Risk Interface Points

Type of High-risk interface	Health hazard	Potential threat	High-risk interface
Wetlands & Backwaters	Bird flu outbreaks	Potential Disease / Threat	Kuttapuzha, Niranam, Kadapra, Aranmula, Ayiroor (Pamba river basin areas)
Backyard Poultry Farms	Bird flu outbreaks	Avian Influenza (H5N1), West Nile Fever	Thiruvalla, Mallappally, Pandalam, Adoor (rural household poultry clusters)
Cattle Sheds near Water Bodies	West Nile fever	Leptospirosis (Rat Fever)	Ranni, Konni, Kozhencherry (river side cattle rearing areas)
Fish & Meat Markets	Zoonotic disease	Brucellosis, Q-Fever, Foot and Mouth Disease (FMD)	Pathanamthitta town, Thiruvalla market, Adoor market, Pandalam, Kozhencherry
Community Slaughter Sites	Zoonotic diseases	Kyasanur Forest Disease (KFD), Scrub Typhus	Thiruvalla, Adoor, Pathanamthitta Municipality, Pandalam
Migratory Bird Congregation Areas	Bird Flu outbreaks	Avian Influenza, Newcastle Disease	Pamba riverbanks, Aranmula wetlands, Kadapra–Niranam belt
Rodent-Infested Grain Storage	Leptospirosis & Scrub Typhus	Food-borne diseases, (Salmonella, Campylobacter)	Ranni, Konni (forest fringe areas), Kozhencherry, Mallappally (paddy/agriculture areas)

Table 35: high -risk interface points

Environmental Risk Mapping

Environmental risk mapping identifies monsoon- and flood-prone hotspots for vector-borne (dengue, chikungunya) and waterborne (leptospirosis, diarrhoea) diseases, as well as 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. Seasonal monsoon flooding leads to contamination of drinking water sources with animal urine, especially from rodents and livestock. Poor drainage systems and waterlogging in low-lying regions contribute to prolonged pathogen persistence. Agricultural activities expose workers to contaminated water and soil. Inadequate sanitation infrastructure in rural and peri-urban areas increases environmental contamination

Traditional practices: Informal slaughter and fish markets lack standardized hygiene, creating spillover opportunities. Traditional backyard animal rearing practices (poultry, livestock) in close proximity to households elevate human exposure to zoonotic pathogens.

Lack of cold chain and proper storage in local markets accelerates microbial growth and foodborne disease risk. Cultural practices related to food preparation and handling may sometimes bypass safe hygiene protocols.

Disease Seasonality Mapping

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

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.

Vulnerability Factor	High-Risk LSGs	Key Groups / Locations	Risk Level
Flood-prone households	Ranni, Kozhencherry, Aranmula, Thiruvalla	Riverine households along Pamba basin	High
Wetland / river-adjacent communities	Aranmula, Kadapra, Niranam, Kuttapuzha, Ayiroor	Communities near Pamba, Manimala rivers and low-lying paddy fields	High
Backyard poultry / duck rearing households	Thiruvalla, Mallappally, Pandalam, Adoor	Small-scale poultry rearers in rural households	Medium
Livestock-rearing households	Ranni, Konni, Adoor, Mallappally, Kozhencherry	Cattle, goat, and pig rearing households	High
Slaughterhouse & meat market workers	Thiruvalla, Adoor, Pathanamthitta Municipality, Pandalam	Meat handling and processing units	High
Fisherfolk & fish market workers	Thiruvalla, Kozhencherry, Aranmula, local fish markets	Inland fish vendors and market workers	Medium
Sanitation workers	Pathanamthitta Municipality, Thiruvalla Municipality, Adoor Municipality	Waste management and cleaning staff	High
Daily wage / migrant workers	Adoor, Pandalam, Thiruvalla, Kozhencherry	Construction sites, small industrial units, plantation areas	Medium
Limited access to safe water & sanitation	Remote tribal and forest fringe areas of Ranni & Konni	SC/ST colonies, hilly settlements	High

Table 36: environmental risk mapping

Paddy cultivation involves prolonged exposure to waterlogged fields, increasing close contact between humans, livestock, and contaminated soil or water, thereby elevating the risk of zoonotic and waterborne diseases such as leptospirosis. Farmers frequently work barefoot or with minimal protective gear, heightening the risk of pathogen entry through skin abrasions.

Use of organic manure and animal waste in fields may contribute to environmental contamination if not properly treated.

Seasonal agricultural cycles coincide with monsoon periods, amplifying exposure risks during peak disease transmission seasons.

Vulnerability Mapping

Vulnerability mapping pinpoints high-risk populations, occupations, and areas exposed via environment, livelihoods, socioeconomics, 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.

EPIDEMIOLOGICAL TRENDS (2021–2025)

Disease surveillance is the systematic collection, analysis, interpretation, and dissemination of health data for planning, implementation, and evaluation of public health practices. In Pathanamthitta district, surveillance activities are primarily carried out through routine reporting systems such as the Integrated Disease Surveillance Programme (IDSP), supported by outbreak investigations and field-level reporting mechanisms.

This section presents the disease surveillance profile of Pathanamthitta district, focusing on identifying priority communicable diseases, understanding seasonal trends—particularly those associated with monsoon-related outbreaks—and detecting emerging public health threats. Given the district's unique characteristics, including forest fringes, river basins, and large-scale population influx during Sabarimala pilgrimage, surveillance plays a critical role in early warning, rapid response, and prevention of disease spread.

The analysis integrates data from public and private health facilities, laboratories, and community-level reporting systems to support evidence-based decision-making and strengthen pandemic preparedness at all levels.

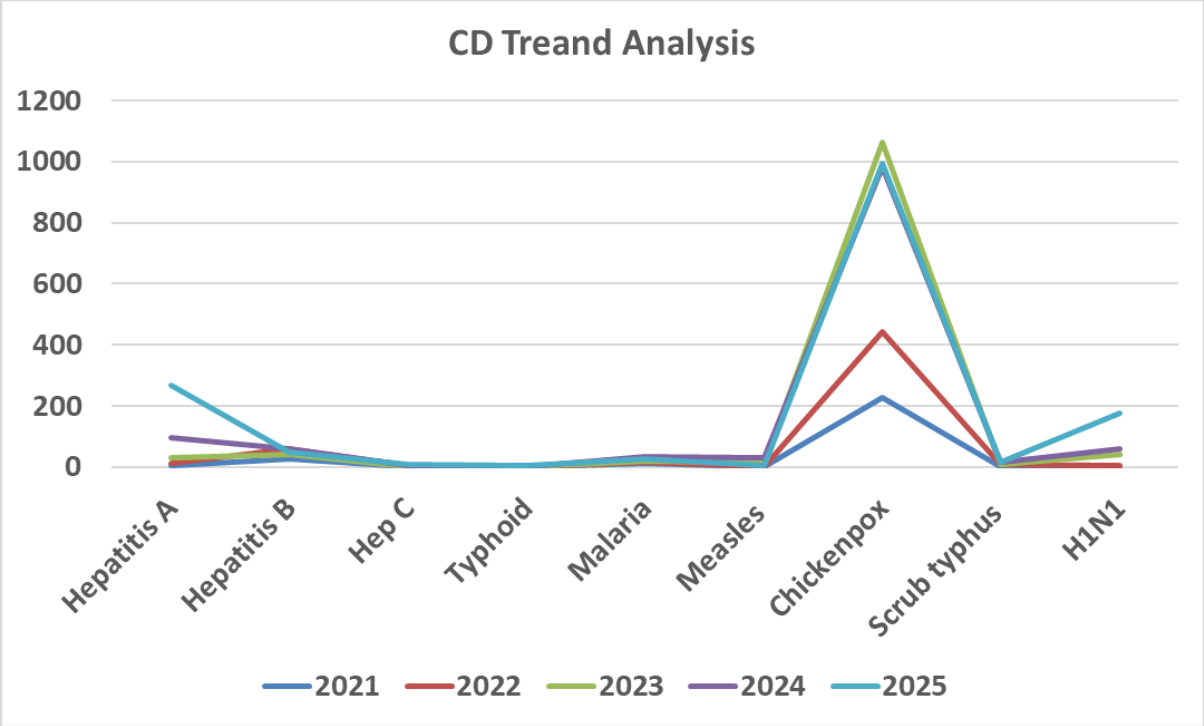
Disease Burden Among Human Beings (Last 5 Years)

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.

Communicable Diseases status - 5 Year Comparison

Diseases	2021	2022	2023	2024	2025	Trend (Increasing/ Stable/ Decreasing)
TOTAL OP	3434943	3523364	3985054	4034831	4063184	Increasing
Viral fever	47174	77286	85778	105758	103233	Decreasing
Acute Diarrhoeal Disease	5038	8219	8867	10699	12738	Increasing
Suspected Dengue	105	204	1986	3801	1018	Decreasing
Confirmed Dengue	31	88	313	728	535	Decreasing
Suspected Leptospirosis	71	61	86	47	50	Decreasing
Confirmed Leptospirosis	87	160	213	170	229	Increasing
Hepatitis A	4	11	30	97	269	Increasing
Hepatitis B	26	61	42	60	47	Decreasing
Hep C	2	5	2	6	10	Increasing
Typhoid	0	2	0	0	5	Stable
Cholera	0	0	0	0	0	Stable
Malaria	11	16	20	34	28	Increasing
Measles	0	0	17	29	5	Decreasing
Chickenpox	226	443	1062	983	992	Increasing
Scrub typhus	2	9	9	16	15	Increasing
H1N1	0	3	42	61	178	Increasing
Dog Bite	11350	14056	13241	14514	17901	Increasing
Prob. H1N1	0	34	126	531	37	Decreasing
Mpox	0	0	0	1	0	Decreasing

Table 37: epidemiological trend - communicable diseases



Picture 26: CD trend analysis chart

The graph shows an overall increase in communicable diseases in Pathanamthitta district from 2022 to 2025. Chickenpox and Hepatitis A exhibit the most significant rise, with sharp peaks in the later years, indicating possible outbreaks. Hepatitis B shows mild fluctuations but remains relatively controlled, while Malaria and H1N1 display a slight upward trend.

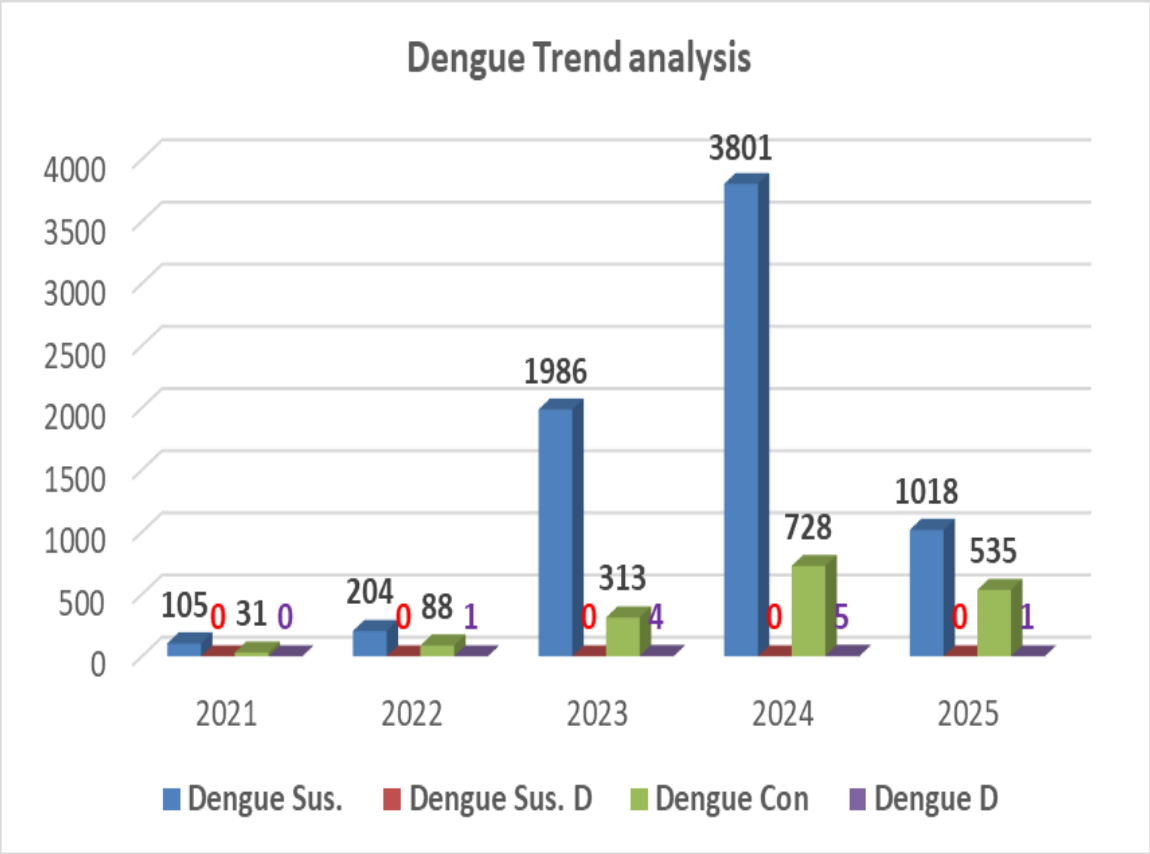
In contrast, Hepatitis C, Typhoid, Measles, and Scrub typhus remain low and stable throughout the period, suggesting effective control measures. Overall, the data indicates that while most diseases are under control, viral and water-borne infections are increasing, highlighting the need for improved public health interventions.

Seasonal Trend Analysis

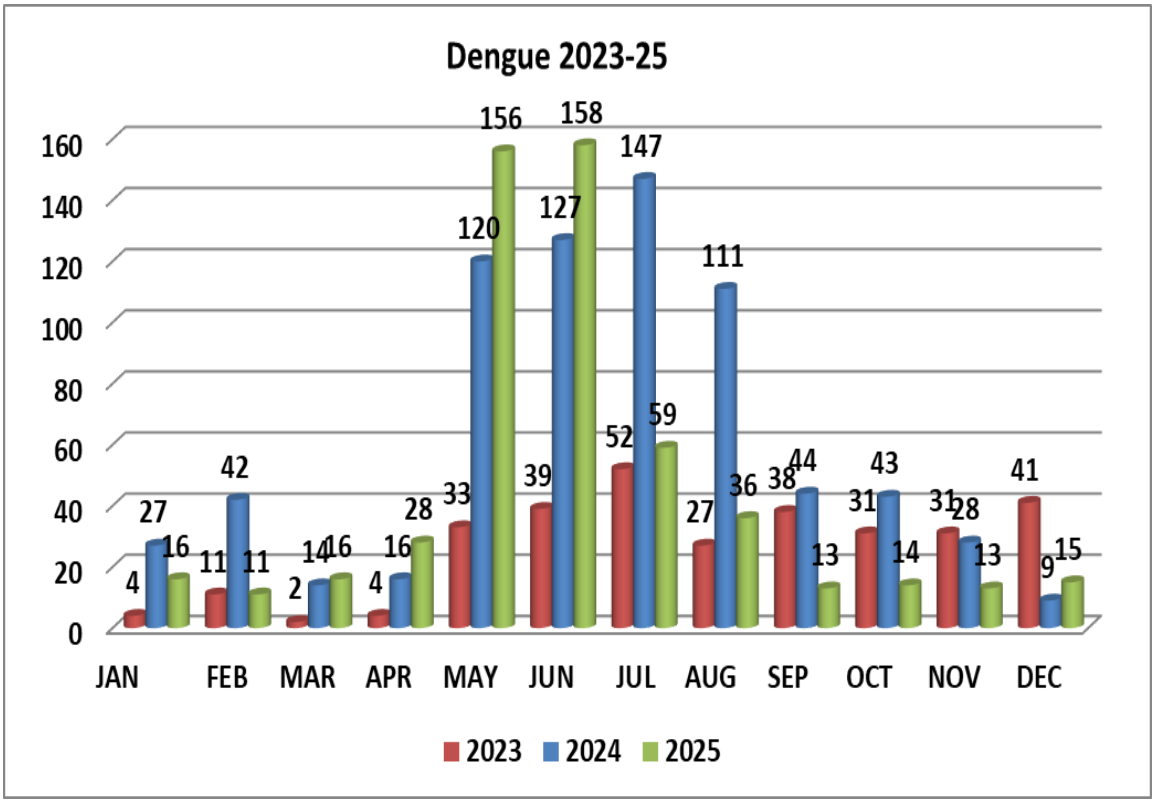
Seasonal analysis helps anticipate surges (e.g. dengue in monsoon, leptospirosis after floods, influenza in cooler months) and plan pre-emptive vector control, stockpiling of IV fluids, and awareness campaigns at Panchayat level.

Dengue

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



Picture 27



Picture 28

The bar chart illustrates the trend of dengue cases in Pathanamthitta district from 2023 to 2025. It shows a steady increase in cases over the three years, with a noticeable rise from 2023 to 2024 and a further sharp increase in 2025, indicating a growing burden of dengue in the district.

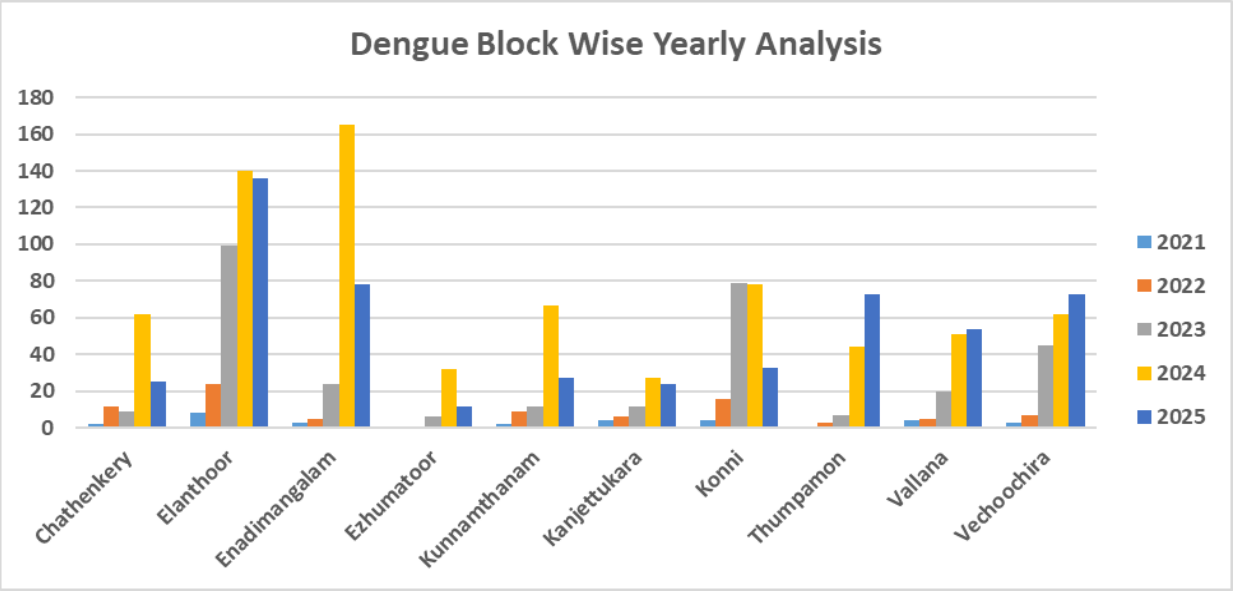
This upward trend suggests intensifying transmission, possibly due to factors such as favourable breeding conditions for mosquitoes, seasonal variations, and increased urbanization. The pattern highlights the need for strengthened vector control measures, public awareness, and early intervention strategies to prevent further escalation.

Block	**2021**	**2022**	**2023**	**2024**	**2025**
Chathenkery	2	12	9	62	25
Elanthoor	8	24	99	140	136
Enadimangalam	3	5	24	165	78
Ezhumatoor	1	1	6	32	12
Kunnamthanam	2	9	12	67	27
Kanjeettukara	4	6	12	27	24
Konni	4	16	79	78	33
Thumpamon	0	3	7	44	73
Vallana	4	5	20	51	54
Vechoochira	3	7	45	62	73
Total	31	88	313	728	535

Table 38: Dengue fever block wise yearly analysis

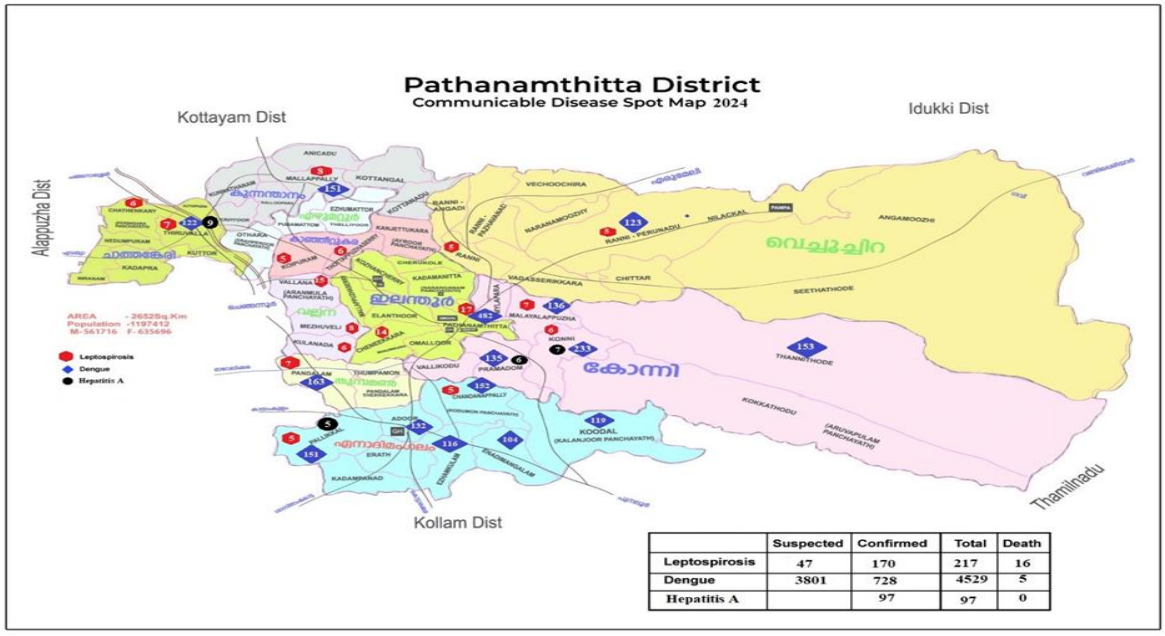
The table presents the block-wise distribution of dengue cases in Pathanamthitta district from 2021 to 2025, showing clear variation across regions and years. Overall, there is a rising trend in dengue cases, particularly from 2023 onwards, with several blocks reporting noticeably higher caseloads by 2025. This indicates a widening spread of dengue across multiple areas rather than being confined to a few locations.

Some blocks consistently report higher numbers, suggesting they may be hotspots with favourable conditions for mosquito breeding, such as water stagnation or dense population. In contrast, a few blocks maintain relatively low case counts, indicating better control or lower exposure risk. The increasing trend across most blocks highlights the need for targeted vector control, improved sanitation, and block-specific interventions to effectively manage and reduce dengue transmission in the district.



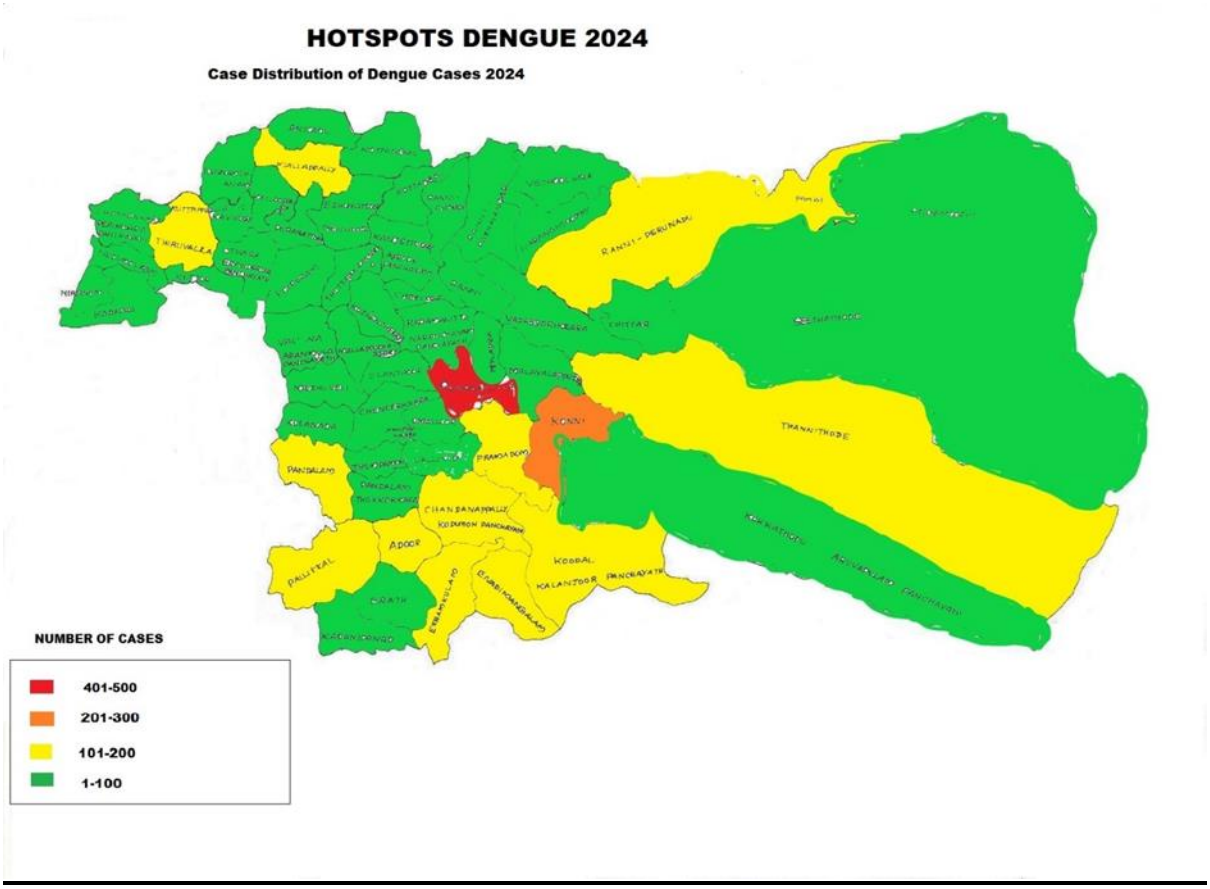
Picture 29: graph representing block wise yearly dengue fever cases

Hot Spots of CDs Pathanamthitta District

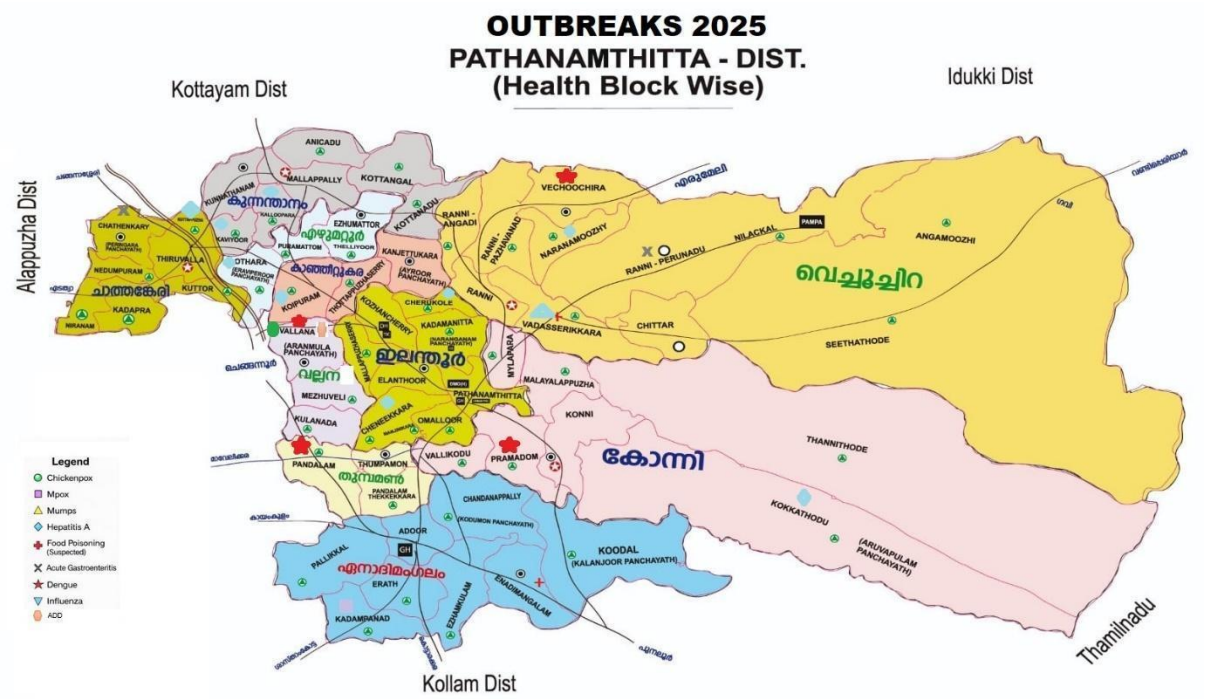


	Suspected	Confirmed	Total	Death
Leptospirosis	47	170	217	16
Dengue	3801	728	4529	5
Hepatitis A		97	97	0

Picture 30: hotspot map of communicable disesases in pathanamthitta district



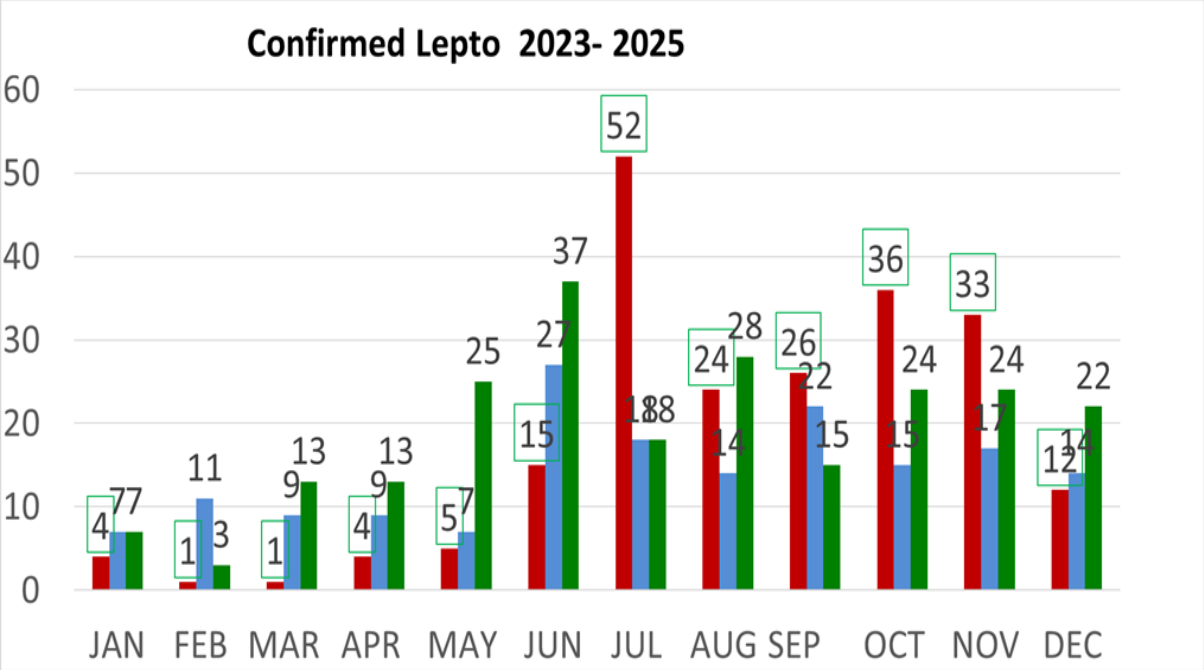
Picture 31: dengue hotspots in pathanamthitta district



Picture 32: outbreaks in Pathanamthitta district during the year 2025

Leptospirosis

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



Picture 33: confirmed Lepto 2023-2025

This bar chart provides a monthly breakdown of confirmed **Leptospirosis (Rat Fever)** cases in the **Pathanamthitta district** of Kerala for the years **2023, 2024, and 2025**.

The data illustrates a clear seasonal pattern typical of the region, where cases surge in tandem with the monsoon seasons.

Key Trends & Yearly Comparisons

The chart uses three colours to represent the different years:

- **Red (2023):** Shows a massive peak in the middle of the year.
- **Blue (2024):** Exhibits a more distributed trend but remains high during the rainy months.
- **Green (2025):** Shows a significant rise in cases during the early and mid-monsoon periods compared to previous years.

Monthly Breakdown & Peak Analysis

- The July Surge (2023): The highest single-month spike occurred in July 2023, with 52 confirmed cases. This is likely linked to heavy monsoon flooding, which displaces rodents and increases human contact with contaminated water.
- The Rise in 2025: Looking at the green bars, there is a noticeable upward trend in the first half of 2025. For example, January 2025 recorded 77 cases (based on the green text labels), which is significantly higher than the single digits seen in previous January's.
- Year-End Trends: Cases typically remain elevated through October and November, coinciding with the North-East monsoon. In 2023, there was a secondary peak in October (36 cases) and November (33 cases).

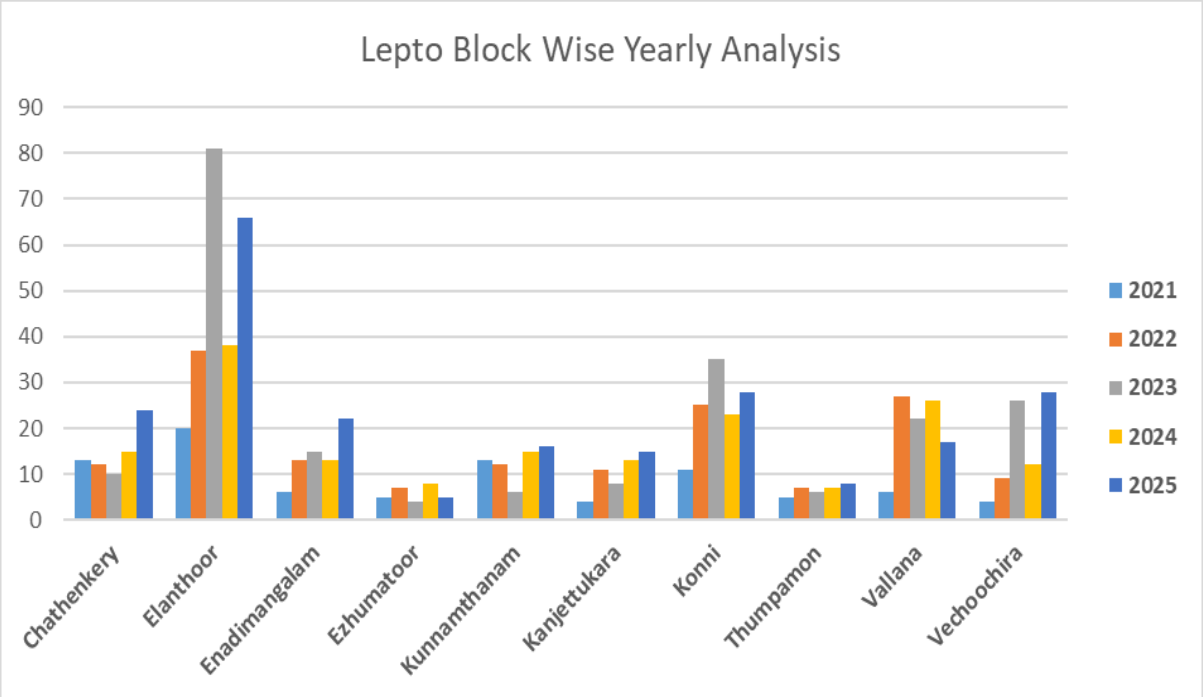
The table given below presents the block-wise distribution of dengue cases in Pathanamthitta district from 2021 to 2025, showing clear variation across regions and years. Overall, there is a rising trend in dengue cases, particularly from 2023 onwards, with several blocks reporting noticeably higher caseloads by 2025. This indicates a widening spread of dengue across multiple areas rather than being confined to a few locations.

Some blocks consistently report higher numbers, suggesting they may be hotspots with favourable conditions for mosquito breeding, such as water stagnation or dense population. In

contrast, a few blocks maintain relatively low case counts, indicating better control or lower exposure risk. The increasing trend across most blocks highlights the need for targeted vector control, improved sanitation, and block-specific interventions to effectively manage and reduce dengue transmission in the district.

Year	Chathenkery	Elanthoor	Enadimangalam	Ezhumatoor	Kunnamthanam	Kanjeettukara	Konni	Thumpamon	Vallana	Vechoochira	Total
2021	13	20	6	5	13	4	11	5	6	4	87
2022	12	37	13	7	12	11	25	7	27	9	160
2023	10	81	15	4	6	8	35	6	22	26	213
2024	15	38	13	8	15	13	23	7	26	12	170
2025	24	66	22	5	16	15	28	8	17	28	229

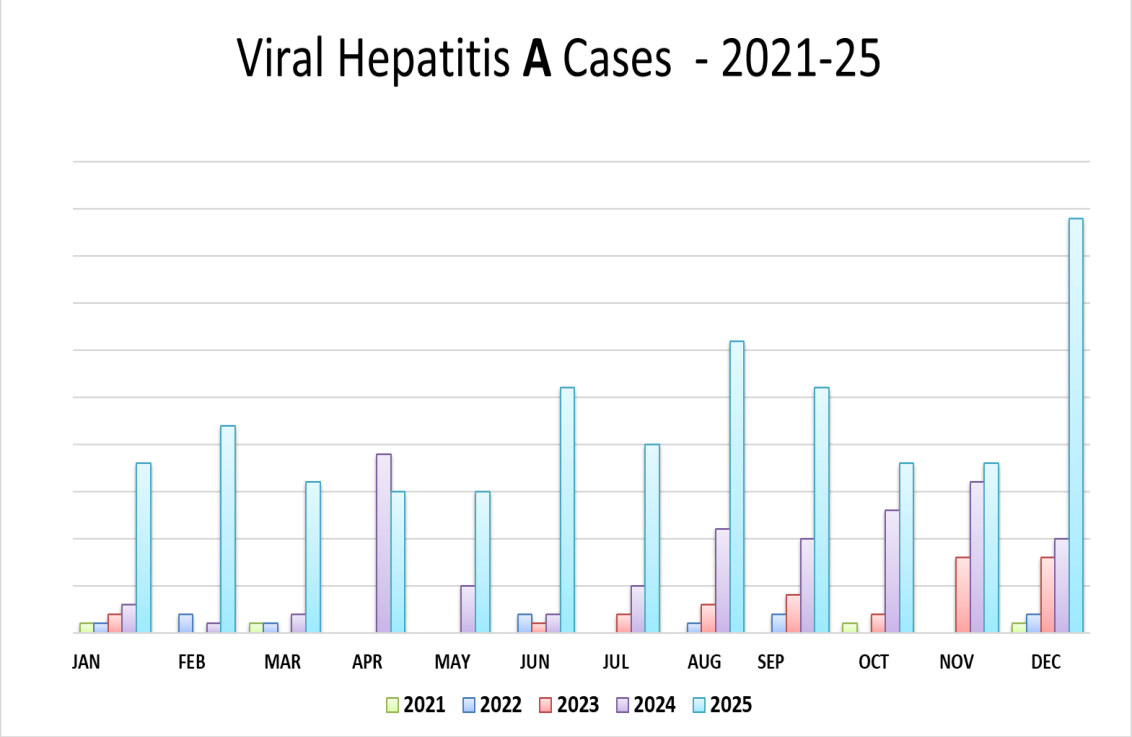
Table 39: Block wise Dengue cases 2021 -2025



Picture 34: Leptospirosis case Block wise Analysis

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.



Picture 35: Viral Hepatitis A cases 2021 -2025

This bar chart illustrates the monthly trends of Viral Hepatitis A cases in the Pathanamthitta district from 2021 to 2025.

The data reveals a dramatic and concerning escalation in cases, particularly in the most recent year, suggesting a significant public health challenge regarding water safety and sanitation in the district.

Key Trends & Observations

- Significant Surge in 2025 (Light Blue): The year 2025 shows a massive increase in cases compared to all previous years. Every single month in 2025 recorded significantly higher numbers than the corresponding months from 2021–2024.
- December Outbreak: The highest peak in the entire five-year period occurs in December 2025. The bar for this month is nearly double the height of most other peaks, indicating a severe end-of-year outbreak.

- Low Baseline (2021–2022): In 2021 (Green) and 2022 (Dark Blue), the cases were consistently low, often barely visible on the chart. This suggests that the disease was well-controlled or less prevalent during those years.
- The 2024 Transition (Purple): A noticeable upward trend began in 2024, particularly starting in April, where cases spiked significantly before dipping and then rising again steadily from July through December.

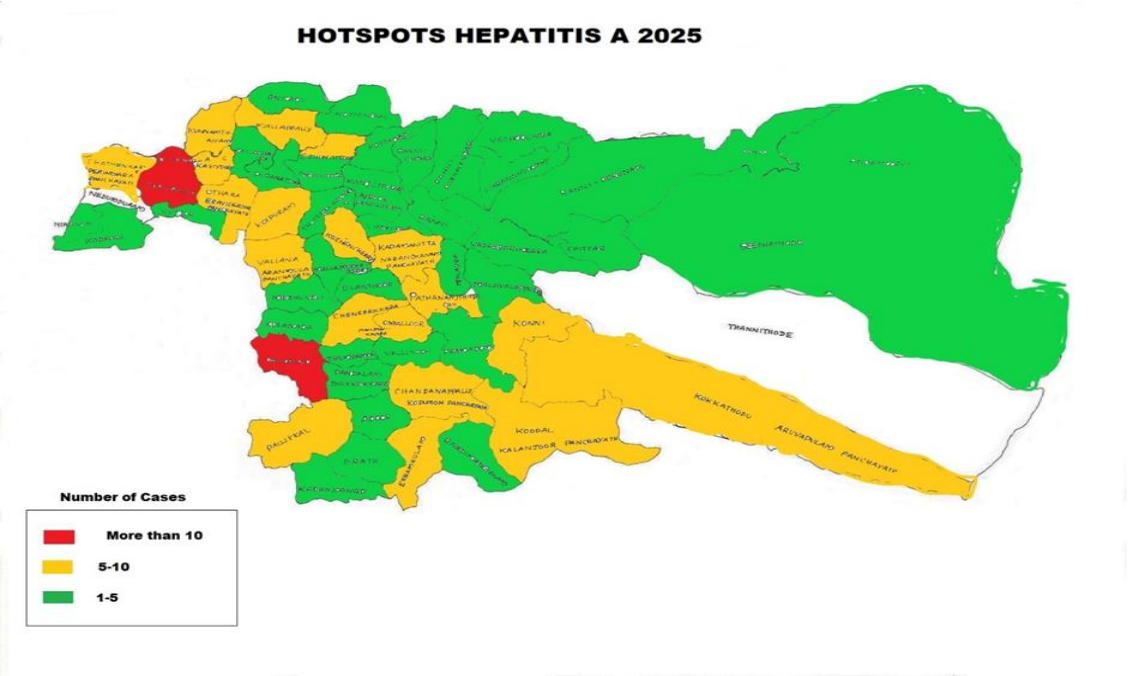
Year	Chathenkery	Elanthoor	Enadimangalam	Ezhumatoor	Kunnamthanam	Kanjeettukara	Konni	Thumpamon	Vallana	Vechochira	Total
2021	1	1	0	1	0	0	0	0	0	1	4
2022	1	3	0	0	1	0	1	0	2	3	11
2023	4	4	3	0	2	1	2	2	8	4	30
2024	19	6	14	6	8	8	16	4	1	15	97
2025	44	41	38	17	38	11	30	17	15	18	269

Table 40: Block wise Viral Hepatitis A case

The table illustrates an alarming exponential rise in Viral Hepatitis A cases across the Pathanamthitta district, growing from just 4 total cases in 2021 to a staggering 269 cases in 2025. This 67-fold increase highlights a district-wide crisis, with nearly every block experiencing a significant surge in infections over the five-year period. While the district maintained a relatively low baseline through 2021 and 2022, the situation began to deteriorate in 2024 (97 cases) before escalating into the widespread outbreak documented in 2025.

Geographically, the burden is most severe in Chathenkary (44 cases), Elanthoor (41 cases), and Enadimangalam (38 cases), which have emerged as the primary hotspots in 2025. Other regions like Kunnamthanam and Konni also showed dramatic spikes, moving from zero or near-zero cases at the start of the decade to high double digits. This synchronized upward trend across

diverse blocks suggests a systemic vulnerability in the district's water sanitation or public health infrastructure, requiring urgent, localized interventions in the most affected clusters to halt the transmission.



Picture 36: Hepatitis A Hotspots

Trend of Tb Indicators: Pathanamthitta

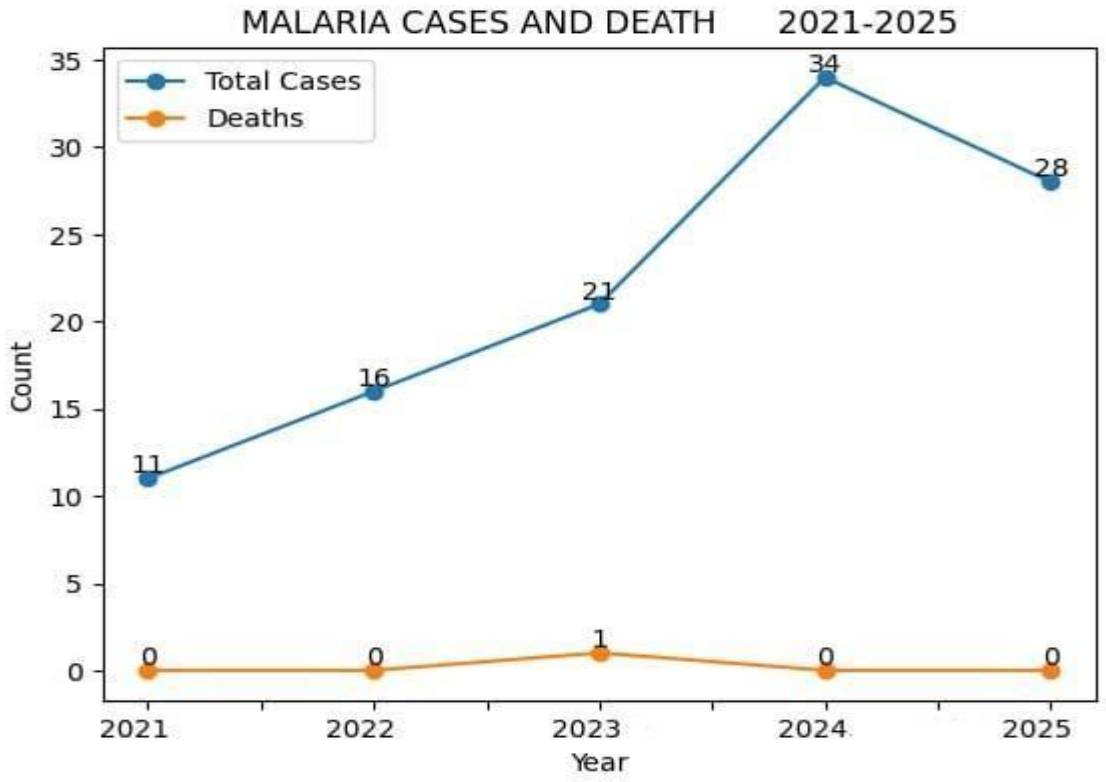
Year	Notified cases	Current Cases	Total tests	NAAT %	HIV screen%	DM screen %
2021	831	0	9343	85%	100%	100%
2022	870	0	7104	85%	100%	100%
2023	792	0	24124	95%	100%	100%
2024	751	0	23788	95%	100%	100%
2025	687	195	29574	96%	98%	98%

Table 41: Trend of TB indicators

This data highlights a significant shift in public health surveillance and diagnostic efficiency within the district over a five-year period. The most striking trend is the massive expansion of Total Tests, which more than tripled from 9,343 in 2021 to 29,574 in 2025. This suggests a move toward more aggressive screening and active case-finding. This increase in testing coincides with a steady improvement in diagnostic quality, as seen in the NAAT (Nucleic Acid Amplification Test) percentage, which rose from 85% to 96%, reflecting a modernization of laboratory infrastructure.

While testing volume skyrocketed, the number of Notified Cases showed a gradual and promising decline, dropping from 831 in 2021 to 687 in 2025. Furthermore, the program maintained near-perfect integration for co-morbidities, with HIV and Diabetes Mellitus (DM) screening consistently hitting 100% for four years before a negligible dip to 98% in 2025. Interestingly, 2025 is the first year to record a specific subset of "Current Cases" (195), which likely indicates a change in reporting standards or the successful identification of active cases through the newly expanded NAAT testing**.**

Malaria

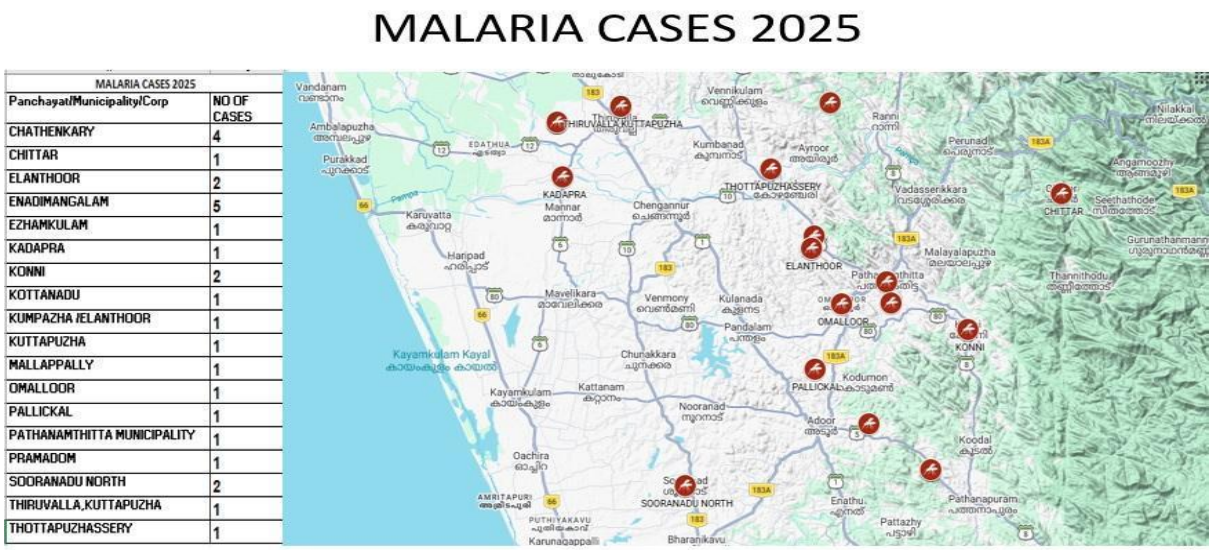


Picture 37: Malaria Cases and death 2021 -2025

The data regarding malaria in the Pathanamthitta district reflects a state of near elimination, with the region consistently reporting zero indigenous cases and zero deaths over the last several years.

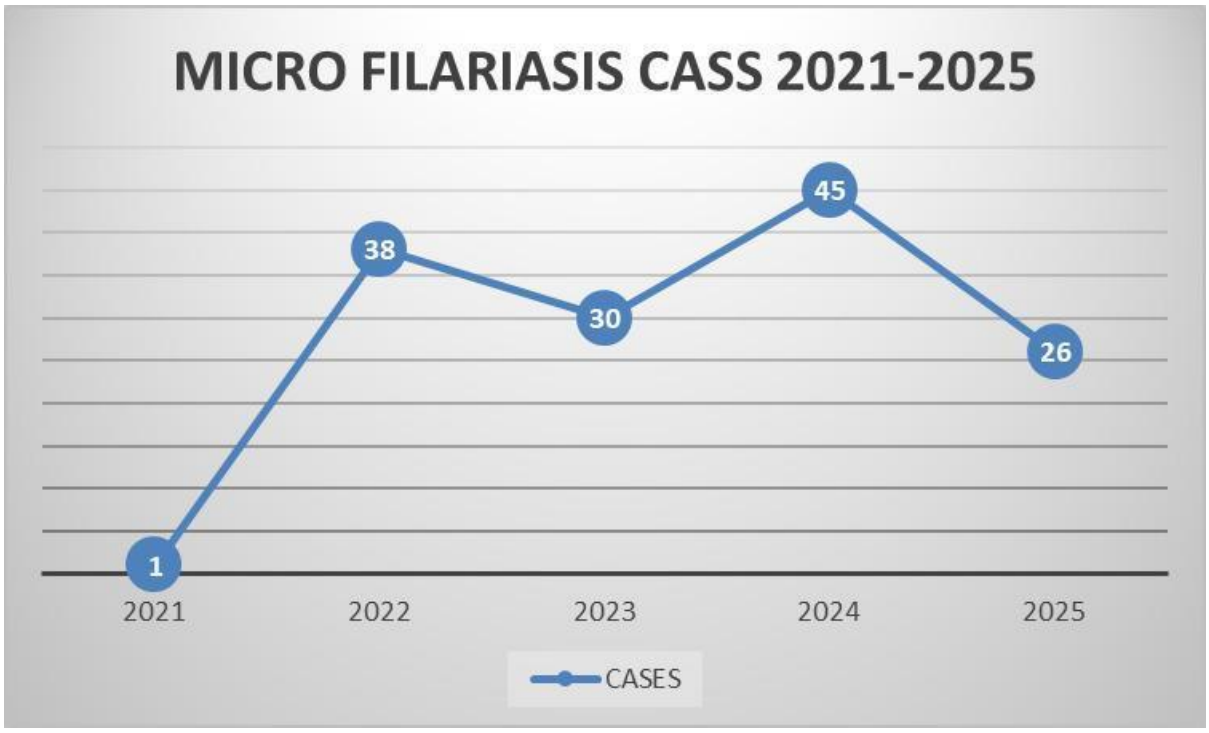
While the district has eliminated local transmission, it remains vigilant against imported cases, which are occasionally identified among migrant labourers or traveller's arriving from malaria-endemic states. For instance, in 2023, the district reported 20 total malaria cases, all of which were confirmed as imported. Despite these sporadic arrivals, the lack of secondary local infections and a consistent record of zero deaths demonstrate the efficiency of the district's surveillance and early-treatment protocols. The health department continues to prioritize screening in migrant camps and high-risk clusters to ensure that these imported cases do not lead to a resurgence of the disease in the community

Malaria Hotspots



Picture 38: Malaria hotspots

Microfilariasis



Picture 39: Micro filariasis cases 2021 -2025

The line graph for Micro Filariasis cases from 2021 to 2025 illustrates a period of significant volatility in case detection within the district. Starting from a baseline of just 1 case in 2021, the figures saw an immediate and dramatic surge to 38 cases in 2022, likely reflecting a shift toward more intensive active surveillance or localized screening camps. While 2023 saw a minor dip to 30 cases, the trend peaked at its highest point in 2024 with 45 recorded cases, before finally showing a notable downward trajectory to 26 cases in 2025. This recent 42% decline from the peak suggests that ongoing morbidity management and disability prevention (MMDP) activities may be successfully reducing the detectable parasite burden in the community.

Leprosy (2021–2025)

Case Detection remains the highest metric across all years, peaking at 12 cases in 2023 and stabilizing at 8 cases in both 2024 and 2025, suggesting a plateau after a mid-period surge.

Case Deletion has shown a declining trend — from 8 in 2021 down to 5 in 2025 — which is a positive sign, indicating fewer cases being removed (possibly due to better record-keeping or treatment completion).

Child Cases have remained at zero throughout all five years, which is an encouraging indicator of effective prevention among younger populations.

Deformity Grade II cases are low but concerning — after being zero in 2021, they rose slightly and hit a high of 2 in 2025, suggesting some cases are being detected late.

Other Cases are minimal, with only 1 case in 2024 and none in surrounding years.

Other State Cases show a notable rise from zero in 2021–2022 to 3 in 2023, then settling at 2 each in 2024 and 2025, indicating a steady inflow of cases from outside the state.

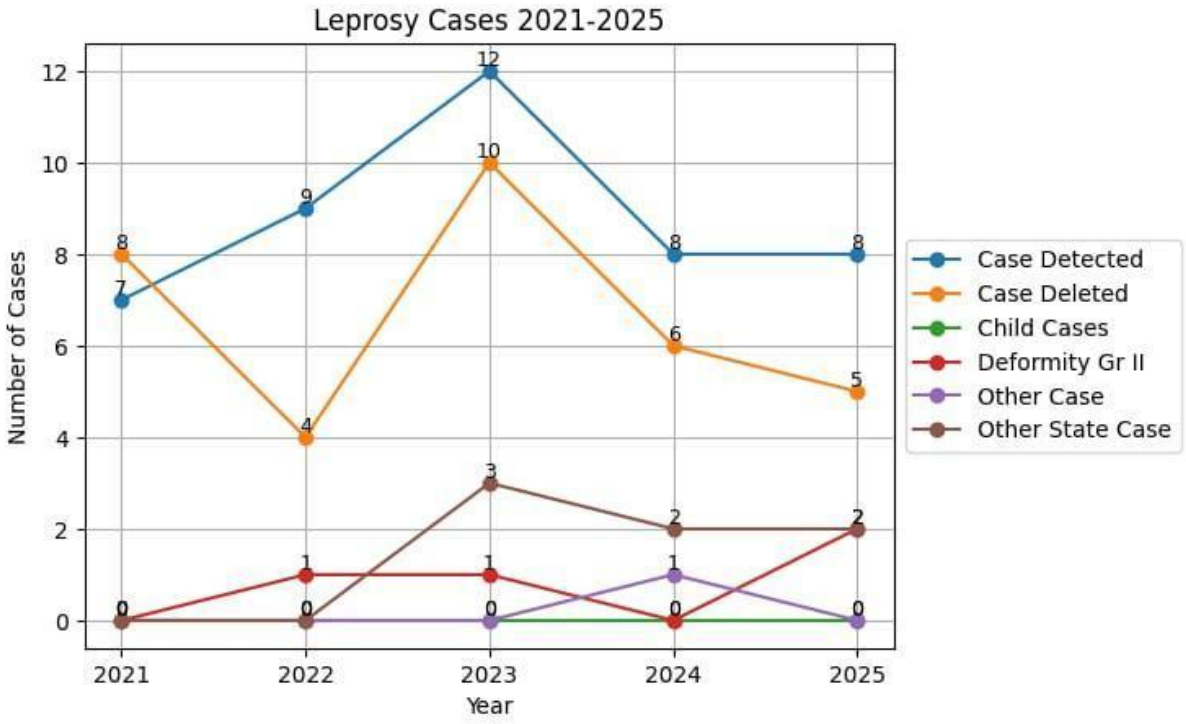
Key Takeaways

Overall case load is low but persistent, with no year reaching zero detection.

The zero child cases record is the most positive highlight.

The uptick in Deformity Gr II in 2025 warrants attention, as it points to possible delays in early diagnosis.

Inter-state case migration is a growing factor to monitor.



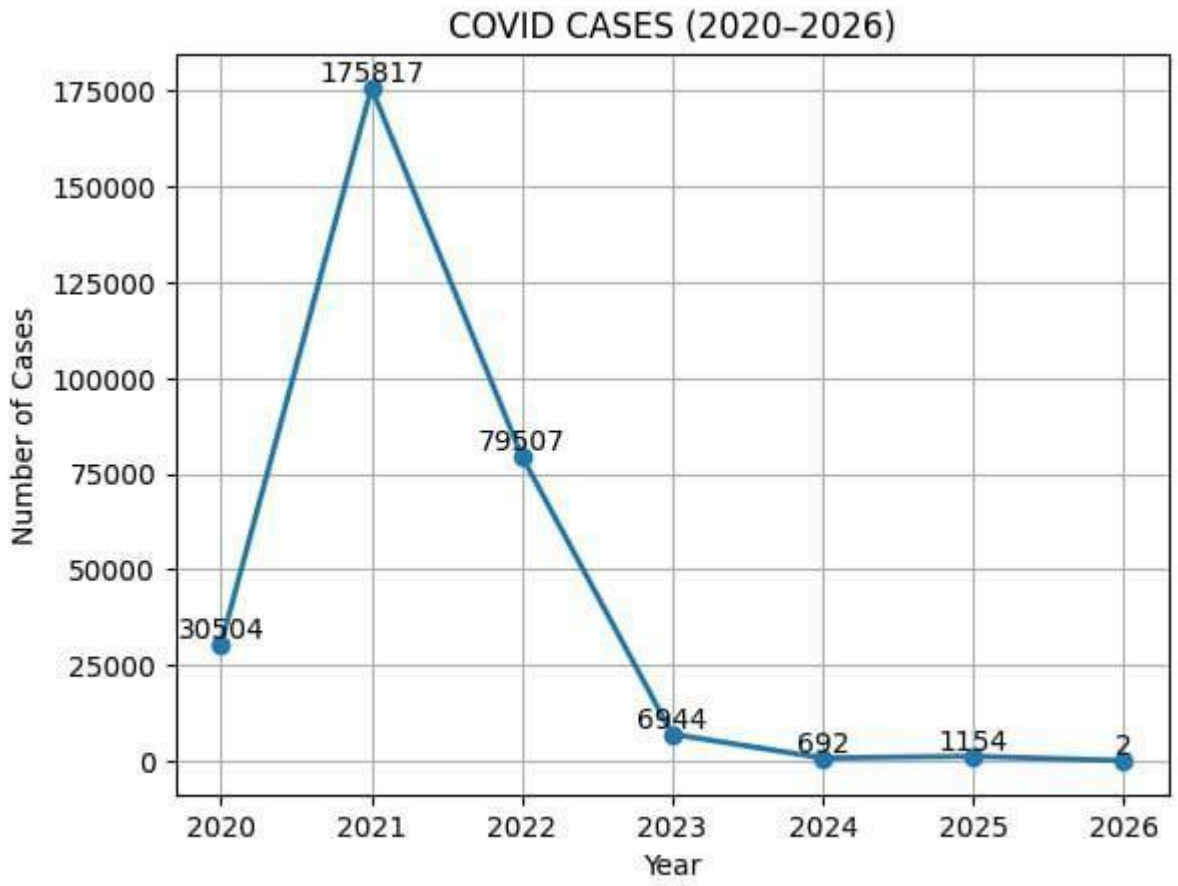
Picture 40: Leprosy Cases 2021-2025

Transmission Trend- 2025

For effective management of public health issues in Pathanamthitta district, it is essential to track trends in disease transmission patterns. Understanding the modes of transmission—whether vector-borne, water-borne, zoonotic, or respiratory—helps identify high-risk populations, vulnerable geographic areas, and seasonal hotspots within the district.

Given Pathanamthitta's unique context, including river basins, forest fringe areas, agricultural practices, and large-scale population movement during the Sabarimala pilgrimage, monitoring transmission trends is crucial for early detection of outbreaks. It enables timely implementation of targeted interventions such as vector control, water sanitation measures, vaccination drives, and risk communication.

Analysis of these transmission trends supports efficient allocation of resources, strengthens preparedness, and allows health authorities to adapt strategies dynamically to prevent and control disease spread across the district.



Picture 41: Covid Cases 2020-2026

Blood-Borne Disease

Disease	No. of Cases		No. of Deaths
AIDS	436		10
Hep- B	Screened 25071	positives 266	nil
Hep- C	Screened 19291	positives 29	nil

Table 42: Bloodborne Diseases

Zoonotic Disease

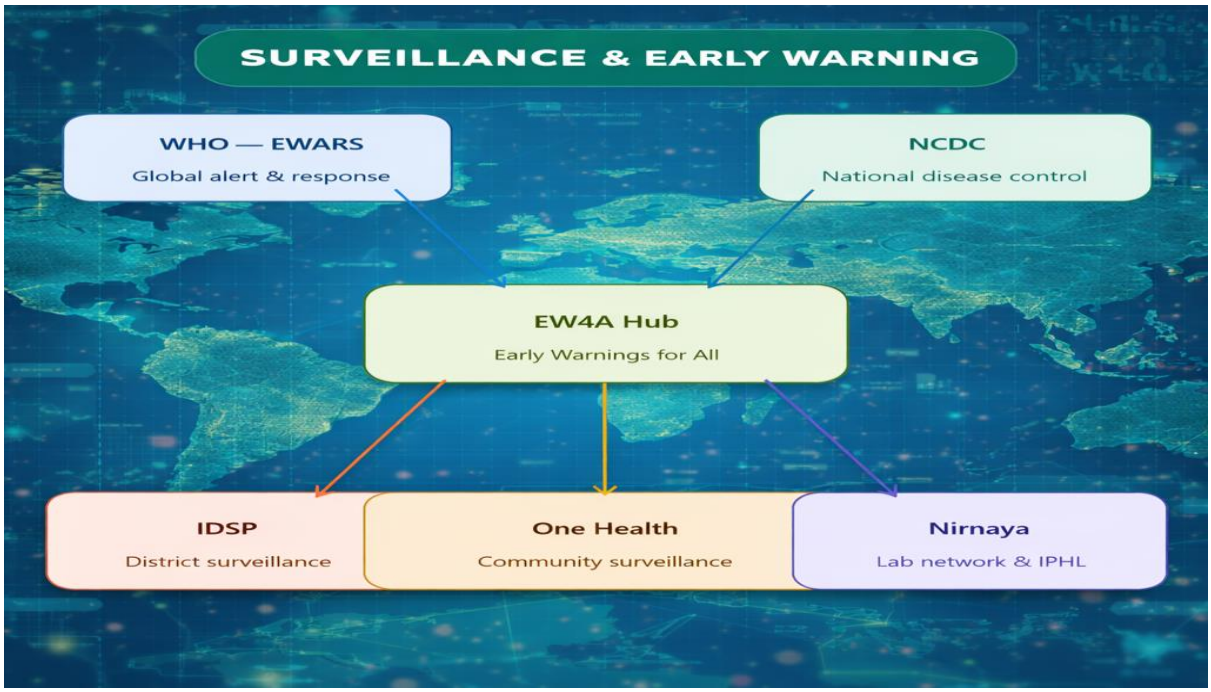
Disease	No. of Cases	No. of Deaths
Rabies	4	4
Leptospirosis	279	9
Avian influenza human cases	0	0
West Nile	1	0
Anthrax	0	0
Nipah	0	0
Scrub Typhus	2	1

Table 43: Zoonotic Diseases

ASSESSING CORE CAPACITIES

Key Points:

- **Core Capacities:**
  - Surveillance



Picture 44: Surveillance & Early Warning

Surveillance and Early Warning System Framework

The diagram illustrates a multi-tiered and integrated Surveillance and Early Warning system designed to strengthen public health preparedness and response through coordinated data sharing and real-time monitoring.

At the global and national levels, the system is anchored by two key institutions:

WHO – EWARS (Early Warning, Alert and Response System): Provides global-level alerts and supports rapid response to emerging public health threats.

NCDC (National Centre for Disease Control): Functions as the national authority for disease surveillance, coordinating monitoring and control strategies across the country.

At the core of the framework lies the EW4A (Early Warnings for All) Hub, which serves as the central integration platform. This hub consolidates data from multiple surveillance streams

and facilitates timely dissemination of alerts, enabling proactive decision-making and rapid response.

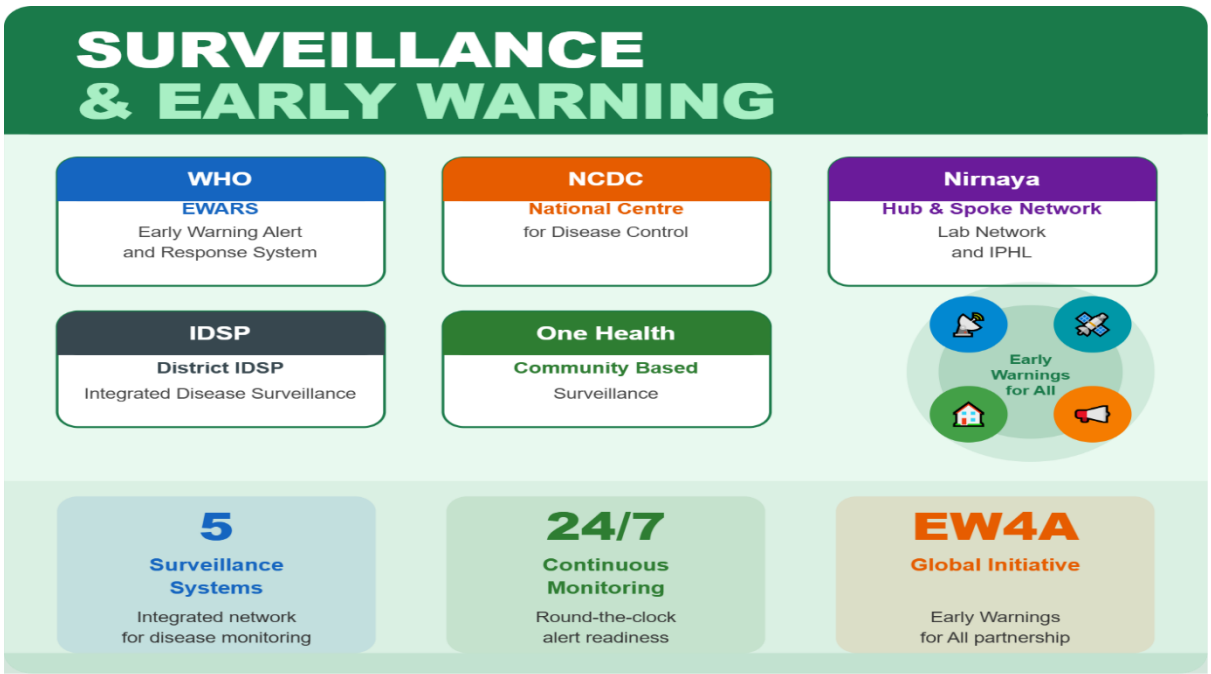
The EW4A Hub is operationally linked to three critical surveillance components:

IDSP (Integrated Disease Surveillance Programme): Focuses on district-level surveillance, collecting and analyzing epidemiological data to detect outbreaks early.

One Health Approach: Integrates human, animal, and environmental health surveillance, recognizing the interconnected nature of zoonotic and emerging diseases.

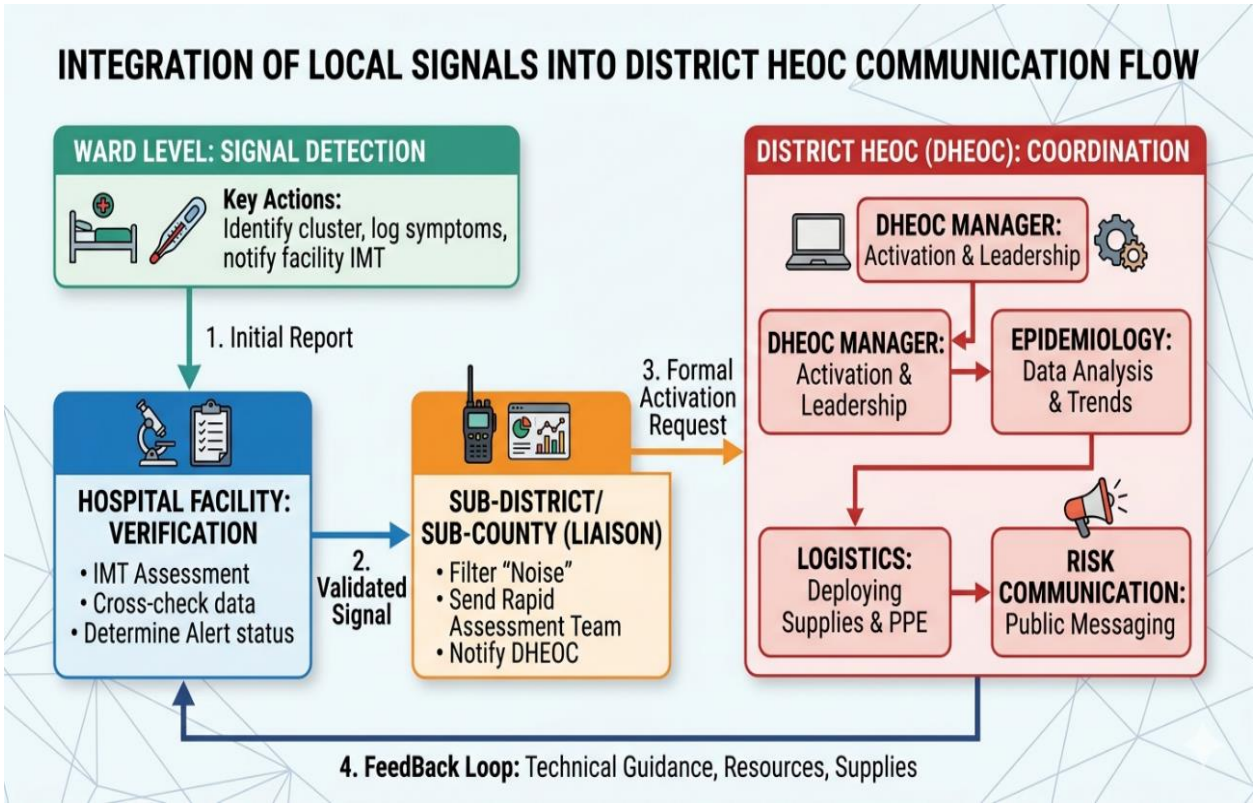
Nirnaya Platform: Supports laboratory networks and Integrated Public Health Laboratories (IPHL), ensuring accurate diagnostics and data-driven confirmation of cases.

Together, this interconnected system enables a seamless flow of information from global to local levels, enhancing early detection, risk assessment, and coordinated response to public health emergencies. The framework emphasizes interoperability, real-time data sharing, and multi-sectoral collaboration, forming a robust backbone for pandemic preparedness and health security



Picture 45: Surveillance & Early Warning

HEOC Integration: Health Emergency Operations Centre.



Picture 46: HEOC Communication Flow Chart

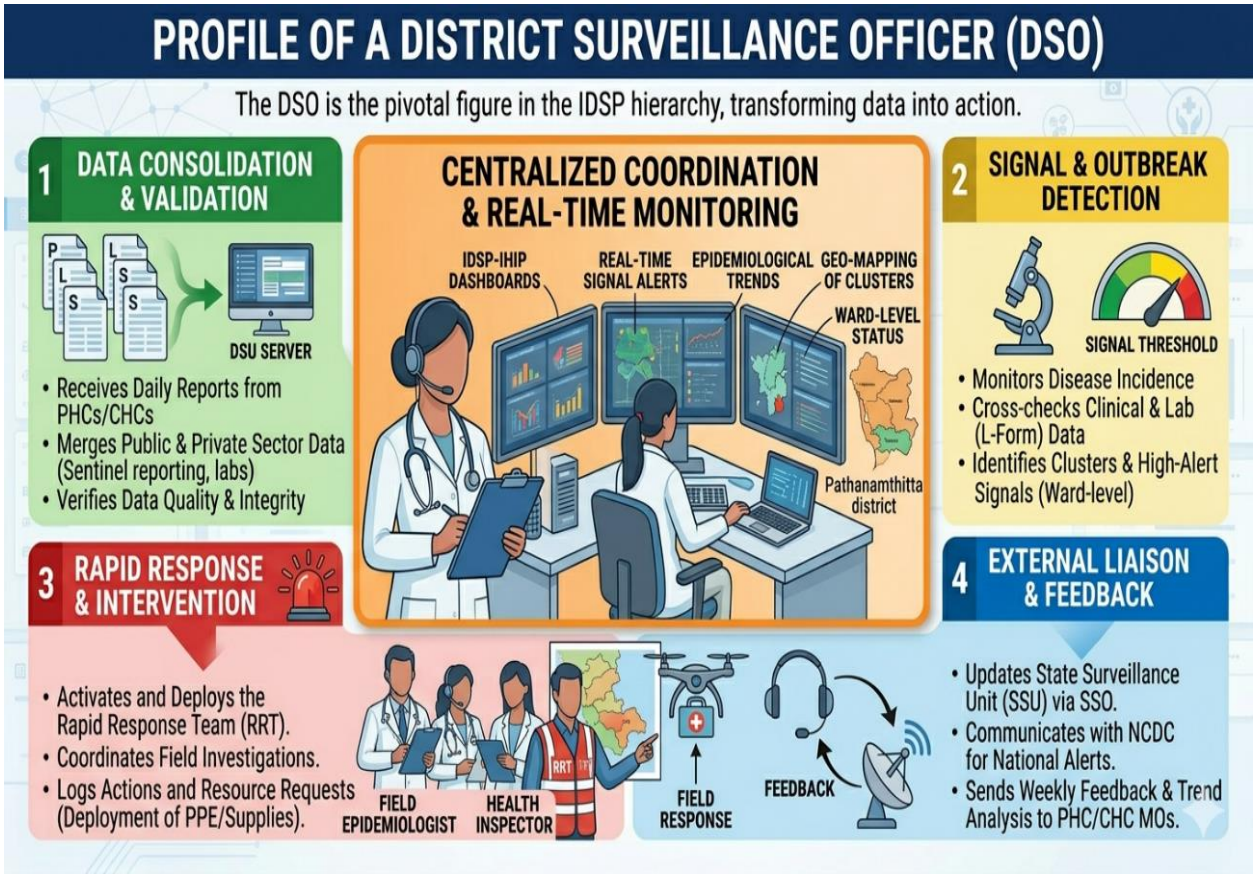
- **IDSP Liaison:** specific "Reporting Officer" responsible for sending daily data to the Integrated Disease Surveillance Programme. – District Surveillance Officer

Mapping of existing plans and committees

DDMC Member / Department	Designation in DDMC	Role in Pandemic Task Force	Key Responsibilities
District Collector	Chairperson	Incident Commander	Overall leadership, interdepartmental coordination, resource allocation
District Medical Officer (Health)	Member Secretary (Health)	Public Health Lead	Surveillance, outbreak investigation, case management, vaccination
Superintendent of Police	Member	Law & Order Lead	Enforcement of containment measures, crowd control, movement regulation
District Panchayat President	Member	Community Coordination Lead	Mobilization of LSGs, community engagement, awareness

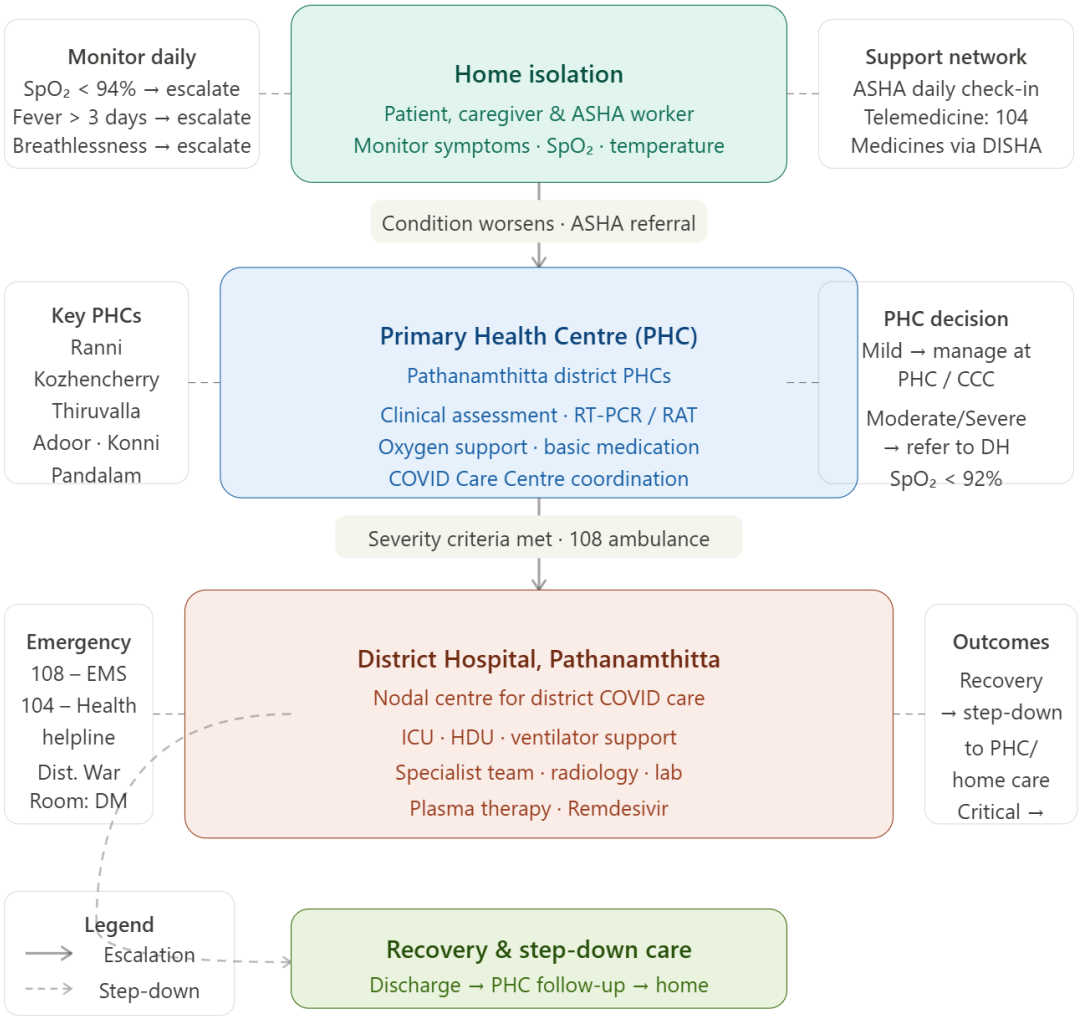
DDMC Member / Department	Designation in DDMC	Role in Pandemic Task Force	Key Responsibilities
District Animal Husbandry Officer	Member	One Health / Zoonotic Lead	Animal surveillance, zoonotic disease control, coordination with health dept
District Surveillance Officer (IDSP)	Member	Surveillance & Data Lead	IDSP reporting, data analysis, early warning systems
District Education Officer	Member	Risk Communication (Schools)	School safety measures, awareness programmes
District Supply Officer	Member	Logistics & Essential Supplies Lead	Food supply, ration distribution, essential commodities
District Transport Officer	Member	Transport & Mobility Lead	Regulation of transport, movement of essential services
Executive Engineer (PWD)	Member	Infrastructure & Facility Lead	Quarantine centres, temporary hospitals, facility maintenance
District Social Justice Officer	Member	Vulnerable Population Support	Support to elderly, disabled, marginalized groups
Information & Public Relations Officer	Member	Risk Communication & Media	Public information dissemination, media coordination
Fire & Rescue Services	Member	Emergency Response Lead	Disinfection, emergency rescue, support operations
District IT Officer / NIC	Member	Digital & Data Management	Dashboard, data systems, GIS mapping
NGOs / Civil Society Representatives	Co-opted Members	Community Support	Volunteer mobilization, field support, relief activities

Table 44: Mapping of existing plans and committees



Picture 47: Profile of DSO

- **SOP Adaptation:** A list of COVID-19 protocols (e.g., dead body management, quarantine rules) that have been formally adopted and simplified for local language use.
- **Resource Sharing Agreements:** Signed MOUs or documented protocols for sharing ambulances or equipment with neighbouring LSGs during a surge.
- **Clinical Triage Plan:** A mapped pathway for how a patient moves from "Home Isolation" to a "Primary Health Centre" to a "District Hospital."



Picture 48: Referral Flow Chart

Stage 1 — Home Isolation is managed by the patient alongside an ASHA worker who does daily check-ins. The key triggers to escalate are SpO_2 dropping below 94%, fever lasting more than 3 days, or onset of breathlessness. The DISHA telemedicine helpline (104) supports patients without needing them to travel.

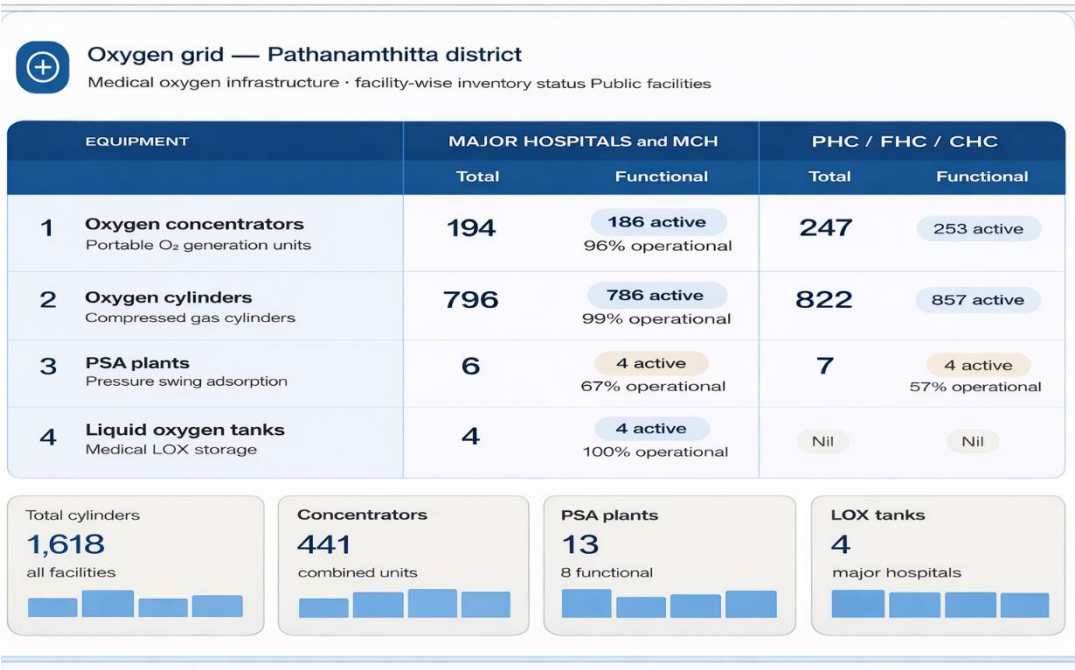
Stage 2 — Primary Health Centre (PHC) handles clinical assessment, rapid antigen or RT-PCR testing, and initial oxygen support. Pathanamthitta district has PHCs at Ranni, Kozhencherry, Thiruvalla, Adoor, Konni, and Pandalam, among others. Mild cases may be managed at a FLTC attached to the PHC. If SpO_2 falls below 92% or the patient is classified moderate to severe, a referral is triggered.

Stage 3 — District Hospital, Pathanamthitta is the district's nodal pandemic facility, equipped with ICU, HDU, ventilators, and specialist care. Emergency transport is via the 108

EMS ambulance. The District Medical Officer (DMO) War Room coordinates bed availability across the district.

Once stable, patients are stepped down — back to PHC follow-up and then home care — completing the circuit shown by the dashed return arrow.

Oxygen & Life Support Log: A verified list of local oxygen cylinder suppliers, refilling stations, and the number of oxygen-supported beds available within 10km



Oxygen grid — Pathanamthitta district

Medical oxygen infrastructure · facility-wise inventory status Public facilities

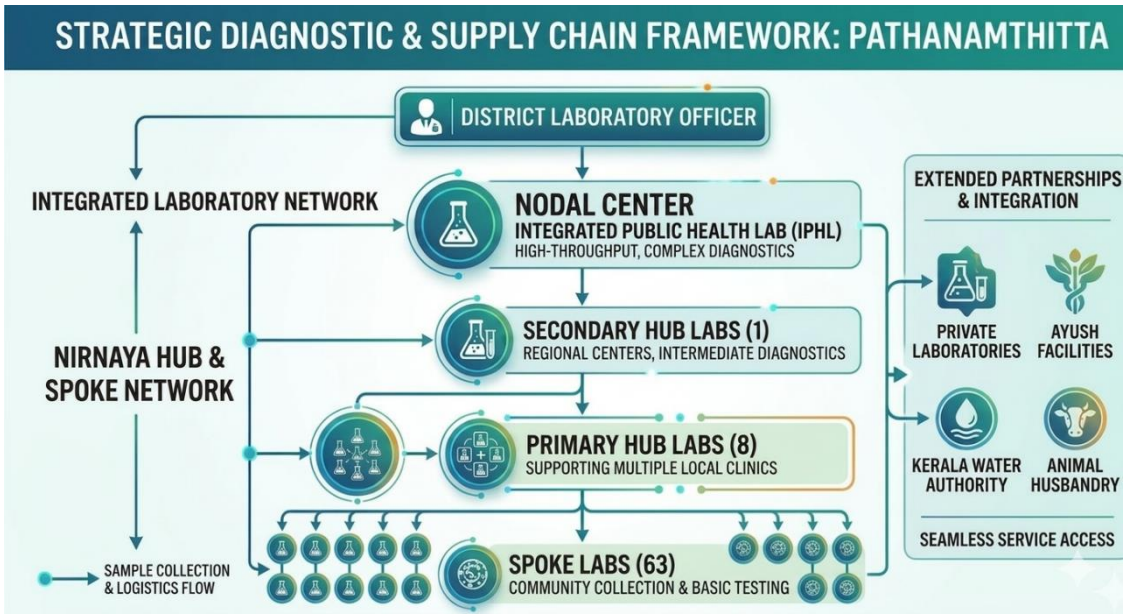
	EQUIPMENT	MAJOR HOSPITALS and MCH		PHC / FHC / CHC	
		Total	Functional	Total	Functional
1	Oxygen concentrators Portable O_2 generation units	194	186 active 96% operational	247	253 active
2	Oxygen cylinders Compressed gas cylinders	796	786 active 99% operational	822	857 active
3	PSA plants Pressure swing adsorption	6	4 active 67% operational	7	4 active 57% operational
4	Liquid oxygen tanks Medical LOX storage	4	4 active 100% operational	Nil	Nil

Picture 49: Oxygen Grid PTA Dist

Hospital	O₂ Plant	Capacity (L/min)	LMO Tank	Storage (MT)	Jumbo/day	B-type/day
Pushpagiri MCH	Yes	660	Yes	4646	3	8
Parumala St. Gregorios	No	—	No	—	45	—
Mountzion MCH	Yes	170	No	662.9	—	3
Believer's Church MCH	Yes	600	Yes	2.5	—	1
TMM Thiruvalla	No	—	Yes	—	30	1
MGM Pathanamthitta	No	—	No	1.43	—	6
Muthoot KZY (MGM)	No	—	Yes	—	2	8
Holy Cross Adoor	No	—	No	—	5	2
Lifeline Hospital Adoor	Yes	50	Yes	—	—	—

Picture 50: Oxygen Grid PTA

- **Laboratory Logistics:** A schedule for sample collection and transport, including the contact details of the nearest designated testing lab and courier.

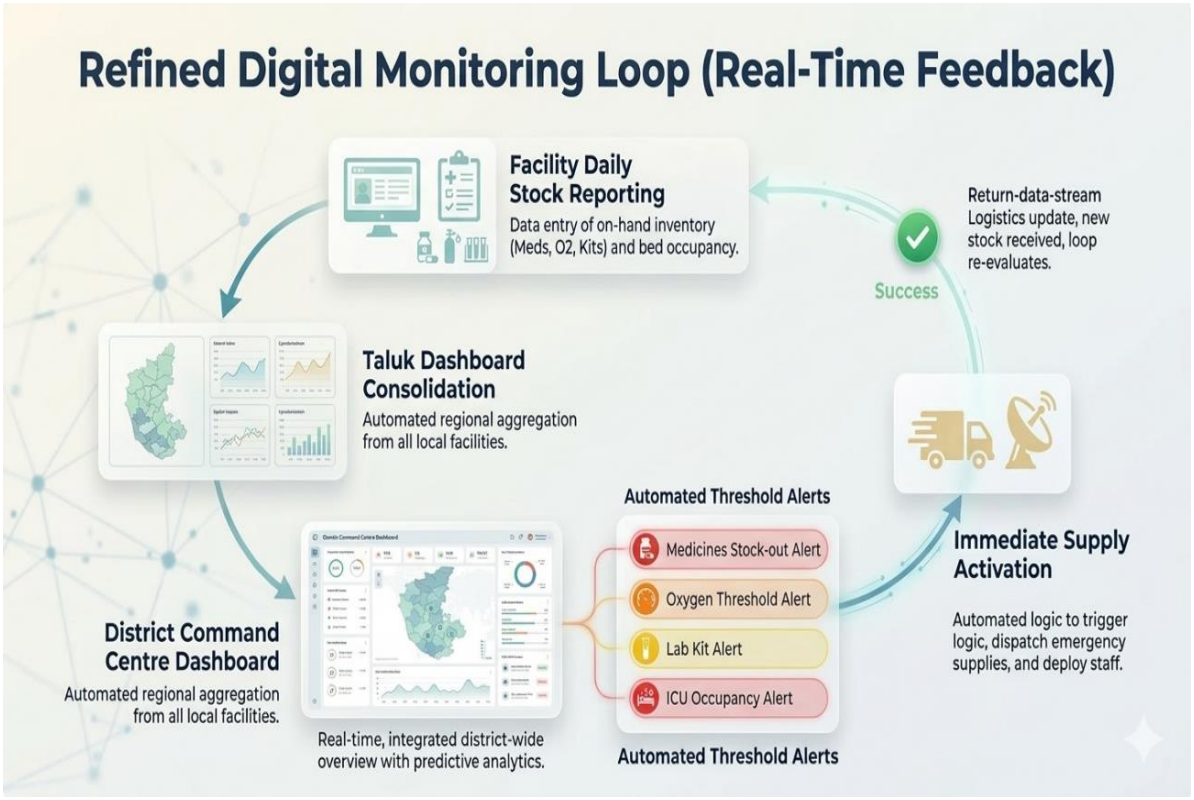


Picture 51: Laboratory Logistics

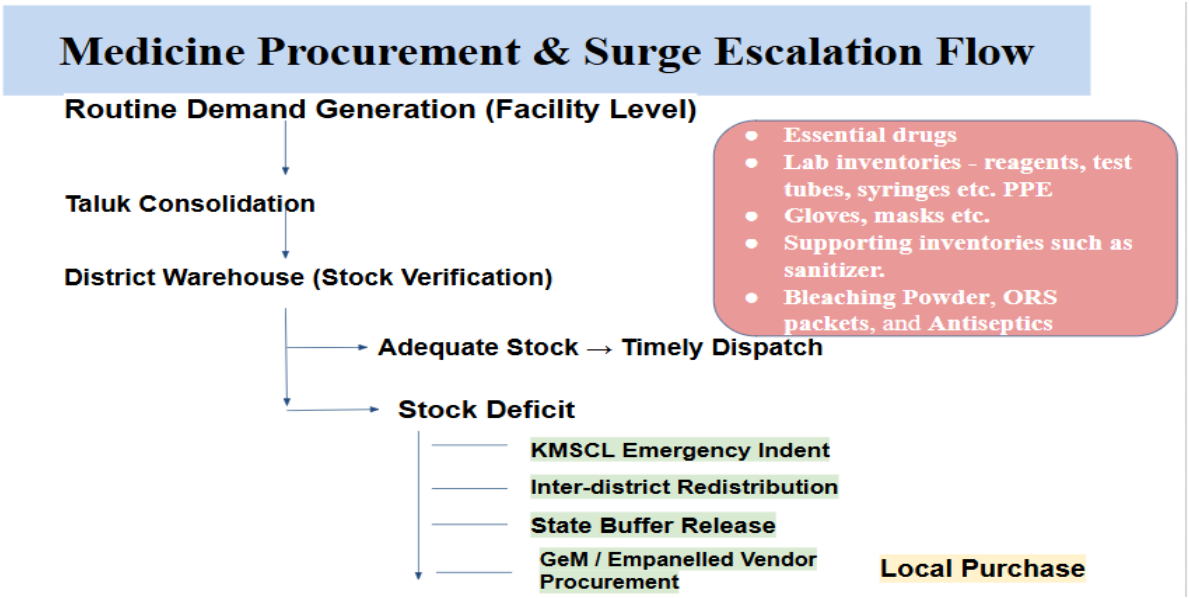
Item	Govt	Private
General labs	61	95
Microbiology labs	02	40
RT-PCR labs	01	1
USG units	04	11
CT/MRI units	03	12

Table 45: Diagnostic Facilities

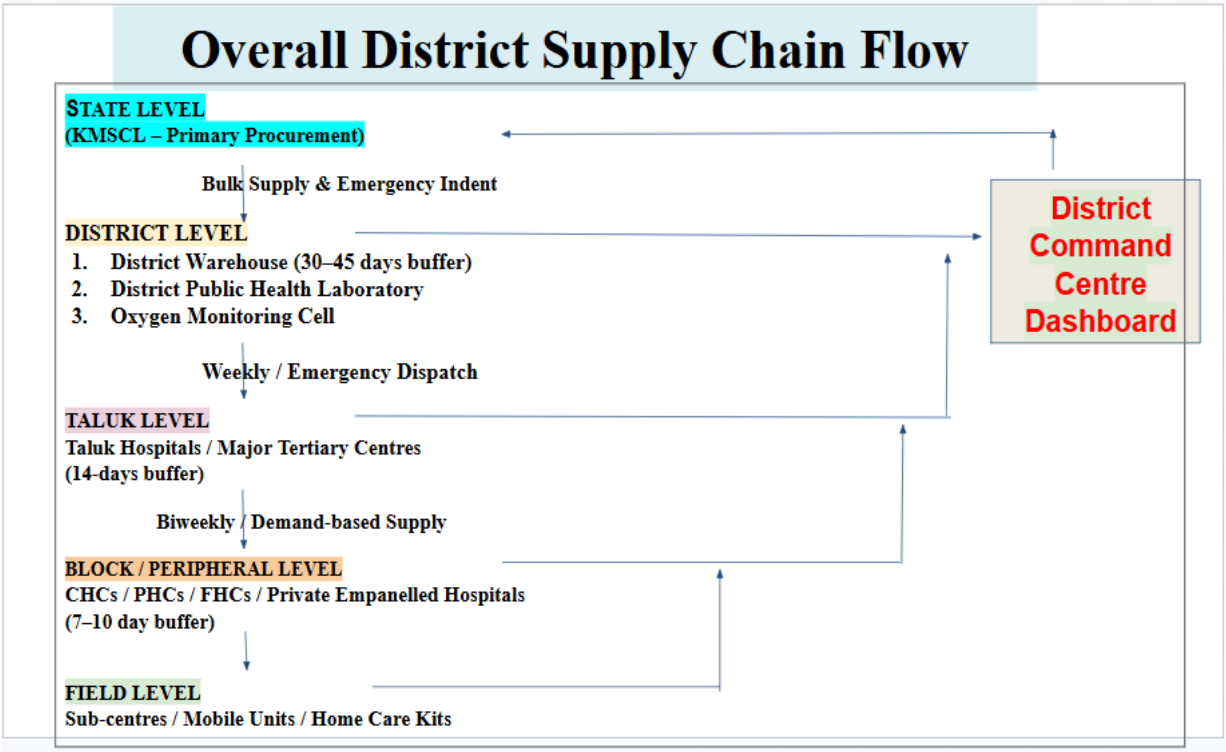
- **Supply Chain Buffer:** A 30-day "Minimum Stock Level" (MSL) defined for essential medicines, masks, and sanitizers.



Picture 52: Digital Monitoring System



Picture 53: Supply Chain & Logistics



Picture 54: District Supply Chain Flow

- **Volunteer Force (Kudumbashree/Arogya Sena/NDRF):** A registered database of "Trained Volunteers" categorized by skill (e.g., nursing, food preparation, data entry, driving)

Build & Organise Critical Capacities

A. CRITICAL CAPACITIES

1. Surveillance & Data Systems

- Strengthen IDSP + Event-Based Surveillance (EBS) across:
  - PHCs, CHCs, Taluk hospitals
  - Private hospitals & clinics
  - Diagnostic laboratories
  - LSGDs (Panchayats/Municipalities)
- Ensure daily/weekly reporting compliance
- Conduct regular IDSP review meetings (weekly at district, monthly at block)
- Monitor reporting pathways (routing) from facility → block → district
- Maintain line list of non-reporting units (public + private + labs + LSGDs)

- Track lab turnaround time (TAT) (sample collection → result)
- Integrate digital reporting platforms (e-health, portals, WhatsApp alerts)

Key Indicators:

- % reporting units submitting timely reports
- Number of non-reporting units
- Average lab TAT (<24–48 hrs target)

2. Early Warning & Field Response

- Define simple ward-level indicators:
  - ILI/SARI clusters
  - Unusual fever spikes
  - Mortality alerts (all-cause & disease-specific)
- Develop and disseminate Standard Operating Procedures (SOPs):
  - Case definition
  - Alert thresholds
  - Field verification within 24 hrs
  - Response triggers
- Activate Rapid Response Teams (RRTs) at district/block level
- Ensure field investigation kits and logistics readiness

Key Indicators:

- Time from alert to field verification
- Number of clusters detected early
- Response time (<24 hrs)

3. Community-Based Surveillance

- Engage:
  - ASHA workers
  - Anganwadi workers
  - JPHNs/JHIs
  - Kudumbashree network
- Establish community alert mechanisms (fever reporting, deaths, unusual illness)

- Promote household-level reporting awareness
- Integrate One Health surveillance (human + animal + environment)

Key Indicators:

- % wards with active community surveillance
- Number of alerts from community sources

4. Immunization & Logistics

- Ensure high vaccination coverage (routine + emergency campaigns)
- Maintain cold chain integrity:
  - ILRs, deep freezers, vaccine carriers
  - Temperature monitoring (digital loggers)
- Pre-position:
  - Vaccines
  - PPE kits
  - Essential drugs
- Develop surge vaccination plans

Key Indicators:

- Vaccination coverage (%)
- Cold chain failure incidents
- Stock-out frequency

5. Laboratory Systems

- Strengthen district-level lab capacity
- Network with medical college/private labs
- Ensure:
  - Adequate reagents & consumables
  - Skilled lab personnel
- Implement sample transport system (hub-and-spoke model)

Key Indicators:

- Lab TAT
- Testing capacity per day
- % samples processed within timeline

6. Risk Communication & Community Engagement (RCCE)

- Develop **district RCCE strategy**
- Regular **IEC/BCC campaigns**:
  - Respiratory hygiene
  - Vaccine awareness
  - Myth-busting
- Engage:
  - RRT members
  - Kudumbashree units
  - Local leaders & NGOs
- Conduct **community meetings**:
  - NHGs (Neighbourhood Groups)
  - WHSNCs
  - JAS/MAS committees

Key Indicators:

- Number of IEC activities conducted
- Community participation levels
- Reduction in misinformation incidents

B. VULNERABLE GROUPS & GEOGRAPHIC PRIORITIZATION

1. High-Density Settlements

- Urban wards, congested colonies
- High transmission risk due to crowding
- **Action:** Intensified surveillance, targeted IEC, mobile clinics

2. Migrant Clusters

- Migrant labour camps, construction sites
- Language and access barriers
- **Action:**
  - Dedicated health screening
  - Multilingual IEC
  - Employer engagement

3. Major Workplaces

- Plantations, industries, large establishments
- Risk of cluster outbreaks
- **Action:**
  - Workplace surveillance systems
  - Periodic health check-ups
  - Isolation protocols

4. Institutions

- Schools, hostels, prisons, old age homes
- Closed settings → rapid spread
- **Action:**
  - Routine screening
  - Outbreak SOPs
  - Isolation facilities

5. High-Risk Panchayats

- History of outbreaks (e.g., leptospirosis, dengue)
- Flood/landslide-prone areas
- Forest fringe areas (One Health risks)

Action:

- Micro-level preparedness plans
- Pre-positioned resources
- Priority surveillance

Governance & Structure

Key Points:

- **Defining Roles:**
  - From District Collector to ward-level volunteer
  - Use existing disaster management and LSG structures
- **District Level:**
  - Public Health Emergency & Pandemic Task Force under DDMA
  - Integrates health, revenue, LSG, police, animal husbandry, ICDS, education, transport
  - Incident management: trigger points, activation, reporting lines, decision authority
- **Panchayat Level:**
  - Formalize health vigilance committees (Arogya Jagratha Samithis)
  - Micro-define responsibilities: home isolation, surveillance, IEC, quarantine, essential services

Visual:

- Hierarchical flowchart showing governance from district to ward level
- Responsibility matrix for panchayat committees.

Planning Principles & Legal Considerations

Key Principles

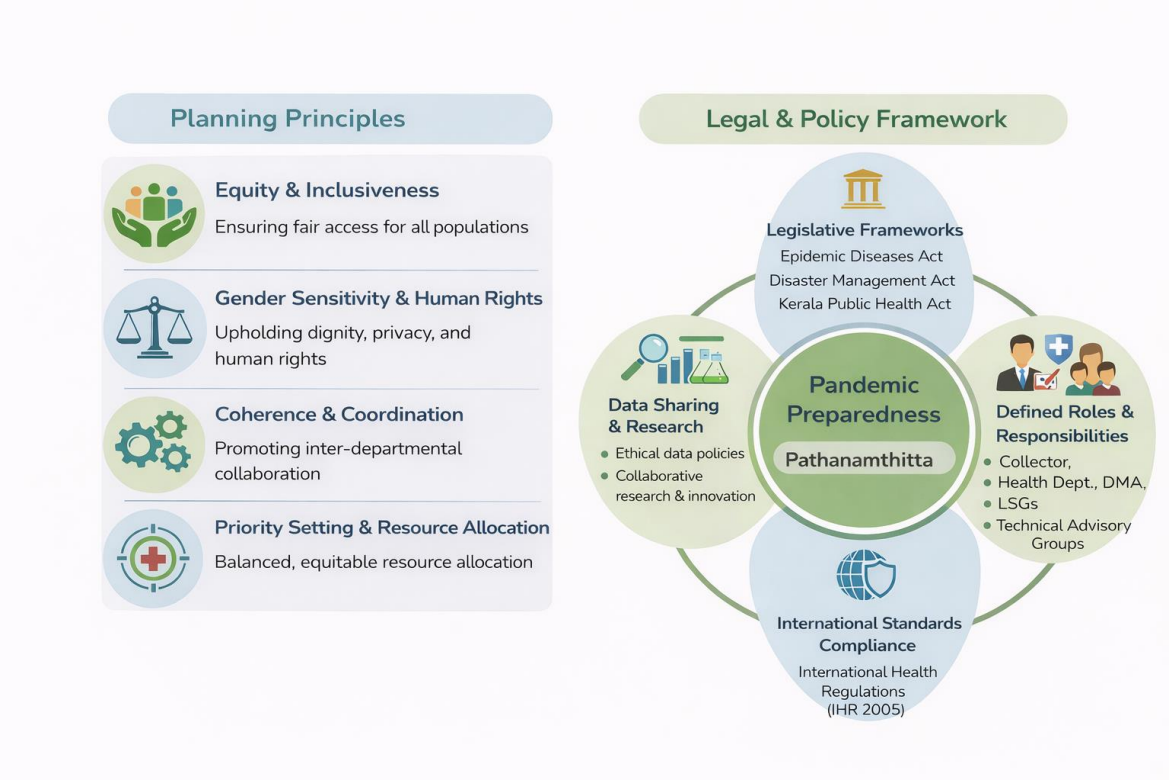
Pandemic preparedness planning in Pathanamthitta district is guided by the following core principles:

- **Equity & Inclusiveness:** Ensuring fair access to healthcare services for all populations, especially vulnerable groups such as the elderly, tribal communities, migrant workers, and economically disadvantaged sections.

- **Gender Sensitivity & Human Rights:** Upholding dignity, privacy, and rights of individuals while implementing public health measures.

- **Coherence & Coordination:** Promoting alignment and collaboration among departments including Health, LSGDs, Disaster Management Authority, Animal Husbandry, and other stakeholders.

- **Priority Setting & Resource Allocation:** Balancing public health needs with available resources to ensure equitable access to life-saving interventions such as oxygen, ICU care, vaccines, and essential medicines.



Picture 55: Planning Principals & Legal Considerations

Plan Development & Approach

- **Development Methods:**
  - Planning committee terms of reference
  - Multisector/multilevel consultations
  - Analysis of existing systems
- **Approach:**
  - Needs-based, scalable, integrated, regularly updated
  - Indicators and milestones for preparedness

- **Operational Stages:**
  - Planning assumptions, funding, national/subnational considerations

Visual:

- Flow diagram of plan development steps
- Timeline or Gantt chart for operational stages.

State Systems & Emergency Coordination

- **Emergency Coordination:**
  - Integration with other emergency plans
  - Roles at all levels
  - Command-and-control structures
  - Multi-agency coordination
  - Emergency funding triggers and mechanisms
- **Exercises & HR Surge:**
  - Plans for cross-sector exercises
  - Methods to address skills shortages
  - Use of emergency medical teams

Visual:

- Organizational chart for emergency coordination
- **Table for HR surge strategies.**

Surveillance & Laboratory Systems

- **Collaborative Surveillance:**
  - One Health mechanisms, verification, alert teams
  - Data synthesis for action
- **Laboratory Access:**
  - Networks, specimen transport, biosafety, data integration
- **Multi-source Data:**
  - Hospital capacity, supply chain, infodemic monitoring, disaster risk data

Visual:

- Process flow for surveillance and lab systems
- Data integration diagram.

Community Protection & Communication

- **Protection Mechanisms:**
  - Infection prevention, vaccination, PPE, social welfare, essential services
- **Communication:**
  - Two-way mechanisms, community engagement, media outreach, language adaptation
- **Misinformation:**
  - Monitoring, resilience, scientific literacy
- **Travel & Trade:**
  - Risk communication for travellers, screening, quarantine, and essential travel management

Visual:

- Infographic for community protection strategies
- Communication flowchart.

Clinical Care & Essential Services

- **Clinical Care:**
  - Scaling facilities, diagnostics, case management, telemedicine, safe burials, waste management
- **Essential Services:**
  - Maintenance, workforce supplementation, monitoring, recovery
- **Protection:**
  - Infection control, WASH, health worker safety, sectoral roles

Visual:

- Table for clinical care pathways
- Diagram for essential services maintenance.

Access to Countermeasures

- **Supplies & Stockpiles:**
  - Essential supplies lists, rapid scaling, national/international stockpiles
- **Regulatory & Supply Chains:**
  - Regulatory frameworks, liability, upstream/downstream supply chains, R\&D environment

Visual:

- Supply chain flowchart
- Checklist for countermeasure access.

Plan Activation & Operational Triggers

- **Activation:**
  - Decision-making bodies, stakeholder roles, communication protocols
- **Operational Stages:**
  - Prevent & prepare, respond (contain, control, mitigate), recover (scale down, sustain)

Visual:

- Decision tree for plan activation
- Timeline for operational stages.

Health System Surge

1. **Gap analysis for beds, oxygen, critical care, paediatric/obstetric care, and referral transport; pre-plan "expansion beds" using existing infrastructure.**

- Specialized Care Audit: Identify the specific number of functional neonatal ventilators, pediatric ICU beds, and labor rooms that can be isolated for infectious obstetric cases.
- Oxygen Autonomy Calculation: Calculate the total "liters-per-minute" (LPM) capacity of local plants/concentrators versus a peak-load projection (e.g., if 5% of active cases need oxygen).
- Secondary Infrastructure Mapping: Create a floor plan for "Expansion Beds" in non-health facilities (hostels, auditoriums), ensuring they have separate entry/exit points for ambulances.
- Referral Transport Matrix: Categorize available vehicles into "Type A" (Basic) and "Type B" (Advanced Life Support/Oxygen), with pre-negotiated fuel-credit lines at local petrol pumps.
- Staff-to-Bed Ratio Analysis: Determine the "Surge Staffing" gap—how many extra nurses and respiratory therapists are needed to manage the expansion beds identified above.

2. **Standardize triage, Cohorting, and IPC practices across levels using concise checklists and on-site mentoring**

   This ensures that the care provided is safe, standardized, and doesn't lead to "Super-Spreader" events within hospitals.

- Physical Cohorting Zones: Clearly demarcate healthcare facilities into "Green" (Non-COVID/Clean), "Yellow" (Suspected/Triage), and "Red" (Confirmed Infectious) zones.
- Triage "Door-to-Bed" Protocols: A concise 5-point checklist for the "Entry Gate" staff to sort patients by respiratory rate and oxygen saturation (SpO_2) within 3 minutes of arrival.
- On-Site Mentoring Roster: A schedule for "Shadow Training," where specialists from the District Hospital visit LSG clinics to provide hands-on training for ventilator use and PPE donning.
- IPC Compliance Checklists: A daily "Safety Walk" tool for supervisors to verify hand-hygiene stations, waste segregation, and environmental surface cleaning.
- Healthcare Worker Prophylaxis: A formal system to monitor the health, vaccination status, and mental well-being of the medical staff to prevent "burnout-induced" IPC lapses.

Supplies And Logistics

- Pre-position essential PPE, diagnostics, and medicines based on realistic consumption norms; include local production options where feasible (e.g., masks, sanitizers).
- Consolidated Consumption Norms: Establish a "Per-Patient, Per-Day" consumption rate for PPE, oxygen, and antibiotics to prevent over-stocking or under-stocking.
- Local MSME/Self-Help Group (SHG) Registry: Pre-certify local tailoring units (like Kudumbashree) and chemical units to produce standardized masks and WHO-grade hand sanitizer.
- Diagnostics "Cold-Chain" Audit: Verify the storage capacity (refrigerators/freezers) for diagnostic kits at the LSG level to ensure reagents remain viable.
- Kit-Based Distribution: Create pre-packed "Home-Care Kits" (basic meds, masks, instructions) that can be dispatched immediately to households with positive cases.
- Emergency Procurement By laws: Formalize the legal framework that allows the local body to purchase supplies from local vendors during a "State of Emergency" without traditional 30-day tenders.

  Map and formalize supply chains with contingency routes, framework agreements, and a simple inventory tracking format.

- Contingency Routing Maps: Identify "Plan B" transport routes for medical supplies in case primary roads are blocked by lockdowns, floods, or protests.

- Framework Agreements (Rate Contracts): Sign pre-fixed price agreements with vendors for the next 12–24 months to prevent "Price Gouging" during the height of a pandemic.
- Simplified Digital Ledger: Implement a "One-Page" inventory tracker (mobile-friendly) where local staff can log incoming and outgoing stock with a single click.
- Buffer Stock Trigger Points: Set "Re-Order Levels" (e.g., when stock hits 25% of capacity) that automatically alert the District Health Emergency Operations Centre.
- Last-Mile Volunteer Network: Identify a "Bicycle/Two-Wheeler Brigade" capable of delivering life-saving medicines to remote or high-density areas where ambulances cannot enter.

PREPAREDNESS AND RESPONSE PROTOCOL AT DISTRICT LEVEL

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

Constitution of One Health Committee

The district shall constitute a One Health Committee comprising the DISTRICT collector, 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	Designation	Department	Role
1	District collector	DISTRICT	Chairperson
2	District Medical Officer (Health)	Health Dept	Member Secretary
3	District Animal Husbandry Officer	Animal Husbandry	Member
4	Deputy Director, Panchayats	LSGD	Member
5	District Agriculture Officer	Agriculture Department	Member
6	District Fisheries Officer	Fisheries Department	Member
7	District Forest Officer	Forest Department	Member
8	District Food Safety Officer	Food safety Department	Member
9	District Surveillance Officer	Health Department	Member
10	District NKKP2 Nodal Officer (Convener)	Health Department	Member
11	Civil society Representative		
12	Line Department representations		

Table 46: Constitution of One Health Committee

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: 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	DISTRICT staff, Volunteers	Facility management	JHI
Psychosocial support	Counsellors, Trained health care workers	Mental health support	Counsellor
Logistics & supply chain Team	DISTRICT 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	Logistics & mobility support	Health inspector
Media Surveillance	Medical Officers at the Institution level along with the team District Medical Officer at the District	Media monitoring & early alerts, Risk communication support	Medical officer DMO
Intersectoral coordination and convergence	District Medical Officer at the District and Medical officer at the LSG level	Coordinated planning & decision-making,Resource & information convergence	DMO/DSO/ Medical Officer
Collaborative surveillance	District Surveillance officer and PIED cell at the District HQ and Medical officer at the LSG	Integrated data collection & sharing, Early detection & risk analysis, Rapid response linkage	DSO/Medical Officer

Table 47: Total Available Work Force

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.

Define governance, roles and structure

District level:

- Notify/strengthen a District Public Health Emergency & Pandemic Task Force under DDMA, integrating health, revenue, LSG, police, animal husbandry, ICDS, education and transport.
- Define incident management: trigger points, activation of HEOC/control room, reporting lines, decision-making authority, and linkages to state IRT/HEOC.
- Panchayat/ULB level:
- Re activate or formalise Arogya Jagratha Samithis/health vigilance committees as the local pandemic committee, chaired by the LSG president, with the MO PHC as convenor.
- Micro define responsibilities: home isolation support, community surveillance, IEC, quarantine support, and essential services continuity.

Activities and Measures before and during Pandemic

PHASE 1 - ALERT / PREPARATION

For a District Pandemic Preparedness Plan, Phase 1 (Alert/Preparation) is the most critical window for establishing "eyes and ears" on the ground. The goal is to catch unusual patterns before they become outbreaks

The primary objective during this phase is to transition from "business as usual" to a state of **Active Readiness**. Actions are triggered by the surveillance data signals identified in the previous section.

1. **Command and Control**

- Activation of the District Task Force (DTF): Convene the chaired body (usually the District Magistrate/Collector) to oversee inter-departmental coordination.

- Establishment of the Control Room: Launch a 24/7 dedicated pandemic dashboard to monitor the surveillance data sources in real-time.
- Standard Operating Procedures (SOPs): Distribute updated clinical management and testing protocols to all public and private health facilities.

2**. Rapid Response & Investigation**

- Deployment of RRTs (Rapid Response Teams): Upon detection of a "cluster" via IDSP or SARI data, RRTs (comprising an epidemiologist, clinician, and microbiologist) must be deployed within 24 hours for field investigation.
- Contact Tracing Infrastructure: Train a reserve pool of volunteers (teachers, civil defence, etc.) to perform manual and digital contact tracing the moment a "Patient Zero" is identified.

3. **Healthcare Capacity Scaling**

- Inventory Audit: Conduct a physical "stock-take" of Essential Medicines, Personal Protective Equipment (PPE), and Oxygen cylinders based on a 30-day projected burn rate.
- Identification of "DCHCs" (Dedicated Community Health Centers): Earmark specific hospitals that can be converted into pandemic-only wards to prevent cross-infection in general hospitals.
- Buffer Stocking: Procurement of viral transport media (VTM) and diagnostic kits to ensure no lag in testing as Phase 1 transitions to Phase 2.

4. **Public Communication & "Infodemic" Management**

- Risk Communication: Launch a district-wide awareness campaign focusing on "Do’s and Don'ts" (e.g., hand hygiene, respiratory etiquette) to reduce baseline transmission.
- Media Cell Activation: Appoint a single official spokesperson to provide daily briefings, preventing the spread of rumors and panic which can compromise data collection.

Surveillance and Reporting-Enhanced syndromic surveillance:

1.Data sources for surveillance:

1.Clinical and Facility-Based Surveillance

This is the primary layer of data, relying on established healthcare infrastructure to report symptoms and diagnoses.

- Integrated Disease Surveillance Programme (IDSP): The backbone of district reporting. It tracks "S" (Suspected/Syndromic), "P" (Presumptive/Clinical), and "L" (Laboratory confirmed) cases.
- ILI & SARI Monitoring: Dedicated tracking of Influenza-Like Illness (ILI) and Severe Acute Respiratory Infection (SARI) in outpatient and inpatient departments. An uptick in these is often the first "red flag" of a respiratory pandemic.
- Private Practitioner Networks: Engaging private clinics and nursing homes to report unusual clusters of illness, ensuring data isn't missed from patients who avoid government facilities.

2.**Community-Based & Syndromic Surveillance**

During the preparation phase, data must come from the community level to detect silent spread.

- Frontline Health Workers (ASHA/ANM): Regular house-to-house reporting of unusual clusters of fever, cough, or sudden deaths in the community.
- School & Workplace Absenteeism: Monitoring sudden drops in attendance at large institutions can serve as an early warning signal for localized transmission.
- Pharmacy Sales Tracking: Monitoring spikes in the over-the-counter sale of antipyretics (fever reducers), cough syrups, and masks.

3. Laboratory and Environmental Surveillance

This provides the scientific "proof" of what is circulating in the environment.

- Sentinel Laboratory Sites: Designated labs that perform routine genomic sequencing and pathogen identification on a sample of all respiratory cases.

- Wastewater/Sewage Surveillance: Testing urban sewage for viral shedding. This can detect the presence of a pathogen in a population up to two weeks before clinical cases appear.
- Zoonotic Monitoring: Coordination with the Veterinary Department to monitor unusual "die-offs" or illnesses in poultry, livestock, or local wildlife (the "One Health" approach).

Event-based triggers (to be monitored and reported):

In the context of a District Pandemic Preparedness Plan, Event-Based Surveillance (EBS) acts as the "smoke detector" for public health. While traditional surveillance looks for specific diseases, event-based triggers look for unusual patterns or occurrences that suggest a new threat is emerging.

1.**Human Health Triggers**

- Unexplained Clusters: Any group of 3 or more people (in a household, workplace, or school) presenting with similar, severe respiratory symptoms within a 7-day period.
- Healthcare Worker Illness: An unusual number of doctors, nurses, or hospital staff falling ill with the same symptoms, suggesting high transmissibility.
- Sudden Deaths: Any unexplained or "brought-in-dead" cases at hospitals involving previously healthy individuals with a history of fever or respiratory distress.
- Pharmacy Anomalies: A sudden, localized stock-out of masks, sanitizers, or basic antivirals/antibiotics.

2. **Animal & Environmental Triggers (One Health)**

- Mass Animal Die-offs: High mortality rates in poultry (suggestive of Avian Flu), wild birds, or local livestock.
- Atypical Animal Behaviour: Reports from forest officials or farmers regarding disoriented or unusually aggressive behaviour in local wildlife.
- Domestic Pet Illness: Clusters of respiratory illness in household pets that coincide with human illness in the same neighbourhood.

3. **Media & Digital Triggers**

1. Social Media "Surges": A spike in localized keywords on platforms like X (Twitter), Facebook, or WhatsApp groups regarding a "new fever" or "mysterious cough" in a specific block or village.
2. Local News Reports: Media coverage of a "strange disease" affecting a specific community before it has been officially reported to the health department.

Step	Action	Responsibility
Capture	Reporting the event via a 24/7 Hotline or mobile app.	Community, Teachers, Police, Media
Filter	Triaging the report to see if it meets the "unusual" criteria.	District Epidemiologist
Verify	On-ground investigation to confirm if the event is a public health risk.	Rapid Response Team (RRT)

Table 48: Media & Digital Triggers

3. **Zoonotic and animal health surveillance**

In a pandemic preparedness plan, Zoonotic and Animal Health Surveillance represents the "upstream" defence line. Since over 75% of emerging infectious diseases in humans originate in animals, monitoring the health of livestock, pets, and wildlife is non-negotiable for early warning.

This component focuses on the interface between humans, animals, and the environment. The objective is to detect pathogens in animal populations *before* they spill over into the human population.

1. Domestic Livestock and Poultry Monitoring

Districts with high densities of poultry farms or cattle sheds are high-risk zones for zoonotic transmission (e.g., Avian Influenza, Brucellosis).

- **Routine Farm Audits:** Periodic health checks by the District Veterinary Office at commercial poultry and piggery units.
- **Mandi/Market Surveillance:** Monitoring live bird markets and livestock "melas" for signs of respiratory distress or sudden clusters of animal illness.
- **Abattoir (Slaughterhouse) Testing:** Random sampling of blood and tissue from slaughtered animals to check for circulating pathogens.

2. Wildlife and Peri-domestic Surveillance

Pathogens often circulate in "reservoir" species like bats, rodents, or migratory birds before reaching humans or domestic animals.

- **Migratory Bird Tracking:** Monitoring local water bodies and wetlands during migration seasons for unusual bird die-offs.
- **Mortality Reporting:** A mandatory reporting system for forest guards and community members to report "dead-in-the-wild" animals (monkeys, bats, etc.).
- **Vector Surveillance:** Monitoring changes in the population and infection rates of ticks, mosquitoes, and fleas that can carry diseases from animals to humans.

3. Integrated Data Sharing (The "One Health" Link)

Data is only useful if it crosses departmental silos.

4.Inter-Departmental Briefings: Monthly meetings between the Chief Medical Officer (CMO) and the Chief Veterinary Officer (CVO) to compare "syndromic" trends.

5.Joint Outbreak Investigation: If an animal cluster is identified, a joint team from both health and veterinary departments must conduct the field visit to assess human risk.

Animal Group	Trigger Event	Action Required
Poultry	Sudden drop in egg production or >5% mortality in 48 hours.	Immediate culling/sampling and human PPE protocol.
Cattle/Pigs	Clusters of abortions or neurological symptoms (staggering).	Testing for Brucellosis or Japanese Encephalitis.

Animal Group	Trigger Event	Action Required
Wildlife	Discovery of 2+ dead wild birds or primates in the same area.	Viral transport and necropsy by specialized labs.
Pets	Unexplained respiratory distress in a cluster of household dogs/cats.	Notification to the District Surveillance Unit.

Table 49: Integrated Data Sharing - One Health

Logistics and Stock Preparedness

Identify and empanel local vendors and define emergency procurement mechanisms in accordance with existing DISTRICT 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:

PPE Kits	1652 Numbers
Pulse oximeters	1276 Numbers
Hand sanitizers	Adequate litres
Masks, gloves, disinfectants	Adequate quantity

Identify critical logistics gaps and immediately communicate requirements to the Block and District authorities to ensure 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, and 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 sensitisation meetings at the ward level to promote preventive behaviours, 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

Facilities identified & mapped. Even district may assign one dedicated hospital for MHD in case of Pandemic. Handholding with Private hospital shall be another response

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, in accordance with 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)

1. 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

Table 50: Screening Check Points

Standard Screening Protocol

#	STEP	DETAILS	OUTCOMES / ACTION
1	**Temperature check** Non-contact thermometer	Screen every individual at entry point using a non-contact / infrared thermometer. No physical contact required.	Normal → proceed Fever → flag for step 4
2	**Visual symptom check** Cough · Fever · Breathlessness	Ask about or observe presence of cough, fever, or breathlessness. Self-declaration or observer assessment.	None → proceed Any symptom → flag
3	**Travel history** Last 14 days	Enquire about travel to hotspot zones or contact with a confirmed case in the past 14 days.	No travel → proceed Travel history → suspect
4	**Quick risk assessment**	Combine inputs from steps 1–3 to classify the individual into a risk category.	High risk → Test + Quarantine Suspect → PHC referral Low risk → allow entry
5	**Action taken**	Execute the outcome based on risk classification. Provide IEC materials and mask to all individuals regardless of risk level.	Normal → allowed entry IEC material provided Mask provided to all

Picture 56: 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.

1. 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 DISTRICT teams, health facilities, and community sources to enable rapid decision-making.

Control Room Infrastructure and Location

Primary Location: District Medical office, Civil station

Backup Location: District planning office Civil Station.

Health System Control Room Framework

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

sl no	Team / Cell	Nodal Officer	Team Members	Key Functions	Category
1	Rapid Response Team (RRT)	District Surveillance Officer (DSO)	Epidemiologist, Microbiologist, Health Inspector, Staff Nurse	Outbreak investigation, field response, containment	Emergency
2	Surveillance Committee	District Medical Officer (DMO)	DSO, Program Officers, Data Manager	Trend monitoring, outbreak detection	Emergency
3	Contact Tracing & Line Listing	DSO	JHI, JPHN, ASHA, Volunteers	Contact tracing, quarantine follow-up	Emergency
4	Data Management & Analysis	District Epidemiologist	Data Entry Operators, IT staff	Data validation, dashboards, analysis	Data
5	Laboratory Surveillance	Microbiologist	Lab Technicians, Sample Collectors	Sample collection, testing coordination	Data
6	Media & Call Centre	Health Education Officer	Call operators, PRO, Volunteers	IEC, helpline, misinformation control	Data
7	IT Support	NIC District Officer	IT Assistants	Software, dashboards, telemedicine	Data
8	Infrastructure & Bed Management	Deputy DMO	Hospital Superintendents	Bed tracking, surge planning	Clinical
9	Patient Transport	RMO / Emergency Officer	Ambulance drivers, EMTs	Referral transport, ambulance management	Clinical
10	Infection Control	Infection Control Officer	Nurses, Hospital Staff	IPC protocols, PPE monitoring	Clinical
11	Psychological Support	District Mental Health Programme Officer	Psychologists, Counsellors	Mental health support	Clinical
12	Telemedicine	DMO / eHealth Nodal Officer	Doctors, IT staff	Remote consultation	Clinical
13	Private Hospital Coordination	DMO	Private Hospital Representatives	Bed regulation, reporting	Clinical
14	Management of Deceased	RMO	Health Inspectors, Local Body Staff	Safe burial/cremation protocols	Clinical

sl no	Team / Cell	Nodal Officer	Team Members	Key Functions	Category
15	Vaccination Cell	DIO (District Immunization Officer)	ANM, Staff Nurses, Data staff	Vaccine rollout, AEFI monitoring	Clinical
16	HR Deployment	District Collector	Administrative Officers	Staff allocation, duty rosters	HR
17	Welfare Committee	District Social Justice Officer	NGO reps, Volunteers	Staff welfare, compensation	HR
18	Logistics & Supply	District Supply Officer	Storekeepers, Pharmacists	Procurement, stock management	Logistics
19	Materials Management	Deputy DMO	Pharmacists, Store Assistants	Inventory & distribution	Logistics
20	Transportation	RTO / DTO	Drivers, Fleet Managers	Vehicle & movement management	Logistics
21	Biomedical Waste	Pollution Control Board Officer	Health Inspectors	Waste management	Logistics
22	Communication Team	Information Officer	Media, IEC staff	Press releases, public info	Comms
23	IEC & Media	Health Education Officer	ASHA, Volunteers	Awareness campaigns	Comms
24	Intersectoral Coordination	District Collector	All Dept Heads	Multi-sector coordination	Comms
25	Animal Surveillance	District Animal Husbandry Officer	Veterinary Surgeons	Zoonotic surveillance	Specialist
26	Wildlife Surveillance	Forest Officer	Forest Staff	Wildlife disease monitoring	Specialist

Table 51: Pandemic Control Room

Key Control Room Team

The Control Room Team coordinates all pandemic response activities within the DISTRICT 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.

- 24/7 Pandemic Control Room located at the Civil Station, Pathanamthitta
- This facility is mirrored by Taluk-level control rooms to ensure decentralized execution.
- Functions: The control room integrates various verticals:

- **Bed Management Node**: Monitors real-time bed occupancy across public and private hospitals.
- **Oxygen War Room**: Tracks liquid oxygen levels in hospital tanks and coordinates tanker movements. (District health authority has come to an understanding with BPCL officials for the supply of oxygen for public and private health facilities in the event of a pandemic.)
- **Transport Node**: Coordinates the requisitions private vehicles for patient transport.
- **Psychosocial Support** Node: Houses mental health professionals providing tele-counselling.

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

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.

CONTROL ROOM MANDATES

- Control room will be operational 24*7 managed by floor managers in rotation
- Control room access is authorised only to those engaged in control room activities
- Identity proof is mandatory
- In and out movement is written in log logbook
- Food items are not permitted inside the control room
- Team members of different groups have to work in their assigned areas

- Review meetings will be held in the mornings and evenings
- Minimum two members from all groups will participate in review meetings
- Critical appraisal of group activity will be done in the meetings
- The documentation team will record minutes of all meetings
- Decisions taken in the meeting will be communicated to the respective groups
- Implementation status of the decisions taken will be monitored
- Emergency meetings will be informed by phone to the respective teams by the documentation team
- The single window communication system will be operated by the documentation team
- All sub-teams communicate with the control room via their own email ID.
- All communications between the teams were coordinated through the control room.
- All communications are well documented.
- Advances in information technology are well utilised for communication
- Communication to the media will be done only through the media management team
- Health bulletin release at 6 pm
- A departmental coordination meeting at 6 pm
- Press briefing at 7 pm

ACTIVITIES OF VARIOUS TEAMS

Surveillance team

Hospital surveillance

- -The condition of the Symptomatic patients admitted at isolation wards of hospitals will be closely scrutinized, and reports will be updated to surveillance team

- -Analysis of the reports

Field surveillance

- Those patients discharged from hospitals will be monitored by field workers in their corresponding PHC area
- Those asymptomatic travellers/contacts in home isolation will also be monitored for 28 days by field workers, and reports will be sent to the DSO

Lab surveillance

- The DSO and District nodal officers entrusted for sample collection will inform to the lab surveillance team before sample collection
- Sample requisition forms will be scrutinised before sending to National Institute of Virology Pune/Pathanamthitta/designated labs
- Liaison with districts and sample collection point
- Support and supervise Surveillance activities at district level
- Establishing a support system with SMO (WHO), a mechanism for strengthening the IDSP disease surveillance system.
- Daily LSG-wise monitoring from state level
- Detailed data monitoring at IDSP district unit.
- Identifying areas for inter-sectoral action & steps for the same.

24 X 7 Call Centre management team

- **To Set-Up**
- A control room call centre should be set up in the state as well as the district. The call centre is set up with 3 laptops and 3 mobile/landline telephone facilities. Each Call Centre Operator is assigned both a telephone and a computer. One outgoing mobile facility also available for answering pending calls. Two WhatsApp numbers are also available in the disaster control

management room. Depending on the configuration of the call centre, each workstation has the following items:

- Headset for hands-free answering.
- Reference materials (issued upon activation of call centre operations);
- Item to be used to request assistance from the supervisor (Paper and pen/pencil, register etc)
- All phone/computer banks are set up in close proximity to power, telephone, and data sockets/ports.
- Call Center Supervisors are to utilize a sign-in/sign-out sheet to keep track of Call Center Operators.

Mandates For Call Centre

- Maintenance of discipline
- Time management
- Call centre will be operational 24*7
- Documentation of all the activities happening in call centre
- Daily consolidation report at 4.30 pm.
- Establishing call centre with sufficient connectivity
- Linkage with DISHA system
- To answer medical queries, logistics and administrative issues regarding health and health related problems
- Daily maintenance of second and third level call referral.
- DISHA Calls …….

HR management

- Human resource management mostly happens at the district level but at any point if district needs any additional support the needs can be communicated to state.
- The team should have a thorough knowledge of all district HR distribution.
- The team should also communicate with the district regarding the optimum redistribution policies according to the needs.
- HR details of the isolation facilities should be managed and timely decisions at state level if necessary, should be taken from the control room.
- The HR data of isolation facilities/nodal centres should be compiled on daily basis and ensure there is no shortage in any category.

Training and awareness generation

- The district should train all the necessary cohorts in a timely manner, and the data should be compiled at the state level. State team has the responsibility for preparing the training materials according to the daily needs being discussed in the control room meetings. These training materials should be vetted by a group of experts and should be disseminated via control room mail id to all concerned (districts, agencies, groups, IMA, IAP etc)
- Identify the segments in the Government and Private sectors
- Prepare segment-specific relevant modules
- Preparation of training manuals
- Dissemination of the prepared IEC materials including audio-visual aids/training materials to health workers/volunteers/public/media
- Preparation of FAQ'S and its answers
- Online / Telephonic trainings for district level officers/health workers/volunteers as and when required
- Training to call centre duty staff
- Team of Master trainers

- Conduct of training and demonstration sessions

Material management team

- Material management should be done at the institution level using all possible resources under the control of the superintendent; however, there might be a higher degree of needs arising in certain situations. The district and state has a mechanism of supporting these institutions according to the arising needs. The needs and activities should be compiled in the districts and coordinated with state team/KMSCL. The state team is expected to compile the activities and challenges on a day-to-day basis and present at the control cell meeting, including the following details.
- The primary responsibilities of the material management team are:
- Prepare the list of items required at the Hospital for providing health care
- Monitor inventory position institution-wise wise
- Ensure the supply chain management of healthcare and other items requirement

Infrastructure (isolation ward and facilities) management team

- Identify an isolation place in each district for at least for 50 patients
- Ensure all the required things in the isolation ward of these facilities
- Set up a dedicated team in each district
- Train the dedicated team and other health functionaries
- Ensure that strict protocol of infection control is followed in each district
- Identify spatially all the field units fever clinics arrangements done in all districts
- Ensure and compile the referral of contacts from field/call centres /DISHA to isolation facilities in the district
- Verify and compile the needs of additional isolation place if the number is increasing in each district

- The data should be collected in the following format at the district level and compiled at the state level

Media Surveillance team

- Print, visual and social media surveillance with the support of the State and District team.
- Collection of information regarding demand and supply of logistics, Human resources etc. circulated in the media, and addressing the needs by bridging the gaps after validating the information.
- Surveillance of issues regarding 2019-nCoV disease circulating in the media.
- Validating the information collected from the media for negative outcomes and execute timely preventive and control measures.
- Reply queries to the public regarding health-related events and information through phone numbers circulated at the state level.
- District level compilation of media surveillance data should also happen timely
- Reporting format of cyber space monitoring

Sl no:	Description
1	Whether any misinformation noticed
2	Misinformation noticed Give details in brief
3	Whether reported to take action and case booked
4	Cases booked today
5	Total cases Booked till today

Sample Tracing Team

- The team should keep a watch on samples sent to each lab (NIV Pune /NIV Alappuzha) from all districts and answer all queries regarding the sending of samples in coordination with the PH lab.
- The team should hand hold the district in transportation of samples, filling formats, collecting reports and intimate the authorities regarding the status of results Monitor sample collection and facilitate
- All sample test results to be reported to the respective Superintendent of MCH, District Collector, DHS, DME and Prl Secretary on daily basis

Sl No	Description
1	Total Sample Collected Blood Urine Throat Swab
2	Samples sent to Alpy NIV Blood Urine Throat swab
3	Samples sent to Manipal Laboratory Blood Urine Throat swab CSF
4	Samples sent to NIV Pune Blood Urine Throat Swab CSF

IEC/BCC and Media Management team

- Preparation of IEC materials related to the preventive and promotive activities to be done at the field level for the management of 2019-nCov disease spread, decrease the anxiety of the general public and to disseminate factual information regarding the disease
- Dissemination of same in PRD, TV channels, AIR, social media etc
- Timely updating of website with regard to IEC
- Preparation of daily reports for media
- Arrangements of press conferences as per direction
- To act as media spokesperson for DHS

Documentation team

- The District Documentation Team serves as the central "nerve centre" for information management, bridging the critical gap between field-level data collection and high-level decision-making. Led by a Documentation Coordinator who ensures alignment with district health mandates and oversees the entire lifecycle of situation reports, the team relies on an Epidemiological Data Analyst to translate raw health data into actionable insights using tools like SPSS and Excel. To ensure these insights are understandable, the Public Health Communications Specialist drafts simple, sharp briefs, while the GIS & Data Visualization Specialist maps geographical risks—such as ward-level hotspots and epidemic curves—to support One Health surveillance. Supporting the team's technical integrity, the Administrative & Archive Officer manages version control and the "Single Source of Truth" for all protocols, while the IT & Systems Support specialist maintains the secure digital infrastructure and backup systems necessary to withstand the pressures of an active response phase.
- Ensure proper communication of all decisions to district’s and Public health institutions for implementation of the decisions made in meetings
- Proper communication to various teams of the control room regarding meetings, guidelines, SOPs, etc.
- Communication to the concerned teams for website and social media updates.
- Daily compilation of activity reports by various teams

Private hospital surveillance team

- Team should compile the data regarding the public visiting private hospitals from all districts and suspect and identify any missed-out contacts of contacts reaching the facilities.
- Good rapport should be ensured with the private hospitals/associations

Expert study coordination team

- They should work with NHM admin and arrange and facilitate the visits of expert agencies provided they are coming with
- Approval from the head of the institution
- Letter to the principal secretary, health and family welfare for the sanction of the same
- Their own logistical support
- Should be ready to give their input regarding the present scenario and work with the current state and district team
- The team should brief the principal secretary health and family welfare regarding the feasibility, pros and cons of approval in each case after studying their backgrounds.

Transportation and Ambulance Management Team

- The teams should compile data on ambulance driver training, availability, and spacing, as well as on vehicles carrying patients from home isolation to hospital isolation facilities and back. It should be ensured that there should be continuous availability of vehicles 24 x 7 in all districts. The data should be compiled in the following format in all districts. All possible challenges at the district should be addressed there itself, and decisions taken at the state level could be compiled and addressed during the control room presentation.

Inter Departmental and Coordination Team

- There should be regular connections with all line departments like LSGD, Animal husbandry, tourism, police, kudumbasree, Suchitwa mission etc

Community Level Volunteer Coordination Team

- The field level activity monitoring should be done by this team.

- Grass route level support including food kit management when more people are at quarantine should also be done with the help of kudumbasree , and senior consultant ASHA program in NHM should review these activities and gaps on a daily basis and present it at control room meetings .
- Collect information of Contacts and addresses
- Prepare the food kits to provide to the Contacts in Home Quarantine
- Reporting format

Sl No	Description	Details
1	Number of Contacts under Home Quarantine	
2	Number of Kits prepared and provided to Homes where contact is quarantine	
3	Kits stock	
4	Kits distribution	
5	Kits balance	

Psychological Support Team

- The team should arrange a district /field team for managing posttraumatic stress-related events and stress during quarantine. The field-level activities should be compiled and presented during daily control room meeting

Data Management

- Stat wing should utilise all Google tools to compile all the above data formats and assist the presentation of teams in the daily control room meeting.
- The technical support of MIS manager NHM should be utilized in the same.

- For all these parameters district district-specific sheets with auto-consolidated compilation sheets should be made
- The sheets should be dynamic, and compilation should be given access to all state team leaders, SMD and the principal secretary.
- Districts should be supported for a timely update in the sheet in the specified format

Finance and Budgeting Team

- The state team for finance should discuss and foresee various areas of fund requirement and pool resources for all possible needs arising from time to time.
- The decision regarding fund expenditure and necessary AS should be prepared timely so as not hinder any processes happening in the state and districts

Sl No.	Name of Team	Team Leader	Key Members
1	**Overall Coordination**	**District Medical Officer (Health)**	DPM (NHM), ADMOs, RCH Officer
2	Surveillance Team	**District Surveillance Officer (DSO)**	Epidemiologists, Data Managers, Health Inspectors
3	Call Centre Management Team	**District Program Manager (NHM)**	DISHA representatives, IT Support Staff
4	HR Management	**Administrative Assistant (DMO Office)**	Junior Administrative Medical Officer, Clerical Staff
5	Training and Awareness Generation	**District Education & Media Officer (DEMO)**	Aardram Mission Coordinators, Health Supervisors
6	Material Management Team	**District Store Verification Officer**	Pharmacists, Storekeepers, Biomedical Engineers

Sl No.	Name of Team	Team Leader	Key Members
7	Infrastructure Management Team	**Assistant District Medical Officer**	Hospital Superintendents, PWD Engineers
8	Sample Tracing Team	**District Lab Officer Public Health Lab In-Charge**	Lab Technicians, Field Health Workers (JHI/JPHN)
9	Media Surveillance Team	**Dy. District Education & Media Officer**	Social Media Monitors, PRD Liaison
10	IEC/BCC and Media Management	**District Education & Media Officer**	Mass Media Officers, Graphic Designers
11	Documentation Team	**District Statistical Officer**	Data Entry Operators, Documentation Assistants
12	Private Hospital Surveillance	**Assistant District Medical Officer**	KASP District Coordinator, Private Hospital Reps
13	Expert Study Coordination Team	**Senior Consultant (Medicine)**	Pulmonologists, Microbiologists, Infectious Disease Experts
14	Transportation & Ambulance Mgmt	**District RCH Officer**	108 Ambulance Coordinators, MVI (Motor Vehicle Dept)
15	Inter-departmental Coordination	**Dy. Collector (General)**	Revenue Officials, Police, LSGD Representatives
16	Community Level Volunteer Coordination	**Aardram Mission District Coordinator**	Kudumbashree Coordinators, Youth Welfare Board
17	Psychological Support Team	**District Mental Health Program (DMHP) Officer**	Clinical Psychologists, Psychiatric Social Workers

Sl No.	Name of Team	Team Leader	Key Members
18	Data Compilation	**District Data Manager**	IT Mission Technicians, M&E Officers
19	Budget and Financing	**Finance Manager (NHM)**	Accounts Officers, Resident Medical Officers Superintendents

Table 52: Finance Budgeting Team

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 Point (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.

Table 53: Daily Monitoring Indicators

Communication of Public Health Information

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

Key communicators

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

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:** District Surveillance Officer
- **Contact Number:**

Reporting Schedule and Protocols:

To Whom	What to Report	Frequency	Nodal Person
Block PHC	Complete Situation Report (Cases, Quarantine, Beds, Screening, Deaths)		
District IDSP Unit	Outbreaks/Clusters/Unusual Events (>5 cases same ward)		
Veterinary Officer	Animal health events/Zoonotic alerts		
State Cell	Zoonotic cross-sector events		

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 DISTRICT 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 DISTRICT funds alongside state supplies.

Resource Inventory and Contacts

Resource Category	Source (District/State/Private)
PPE Kits/Masks/Gloves	KMSCL
PPE Kits/Masks/Gloves	Local Vendors
Oxygen Cylinders/Concentrators	KMSCL
Medicines/Antivirals	KMSCL
Medicines/Antivirals	Neethi Shops
Test Kits (RTPCR/Rapid)	KMSCL

Table 54: Resource Inventory Contacts

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.

Interdepartmental Coordination

Coordination among departments during a pandemic shall be ensured through regular review meetings convened by the DISTRICT 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	District Medical Officer: Dr.Anitha Kumari	Case management	0468-2228220
Veterinary	Veterinary Surgeon:	Animal surveillance	0468-2322762
ICDS	Supervisor: Nisha Nair R	Nutrition support	0468-2224130
Education	DEO	School coordination	0468-2222229
Police	Superintendent	Containment enforcement	0468-2222636
Water Authority	Assistant executive engineer	Water supply	0468-2222687
DISTRICT Engineering	Executive Engineer PWD	Quarantine infrastructure	0468-2222584

Table 55: Interdepartmental Coordination

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.

Surge Capacity Plan Integration (4S Framework)

Introduction

This section integrates the Surge Capacity Plan into the existing Pathanamthitta District Pandemic Preparedness Plan. It adopts the standard **4S Framework (Staff, Stuff, Space, Systems)** to ensure preparedness for both normal crisis and contingency situations.

STAFF (Human Resources)

Normal Crisis:

- Redeployment of available staff within institutions
- Activation of district reserve pool (retired staff, interns, nursing students)
- Duty roster optimization to prevent burnout
- Training in triage, IPC, and case management

Contingency Situation:

- Emergency recruitment (temporary/contract staff)
- Mobilization of ASHA, NSS, and Kudumbashree volunteers
- Inter-district/state staff mobilization
- Telemedicine consultation support

STUFF (Supplies & Logistics)

Normal Crisis:

- Maintenance of buffer stock (PPE, N95 masks, gloves, medicines)
- Oxygen availability monitoring
- Daily logistics tracking system

Contingency Situation:

- Emergency procurement mechanisms activation
- Redistribution of supplies within district
- Oxygen surge support (cylinders, concentrators, PSA plants)
- Private sector coordination for supply sharing

SPACE (Infrastructure Expansion)

Normal Crisis:

- Dedicated isolation wards in all major hospitals
- Oxygen-supported beds availability
- Step-down care centres

Contingency Situation:

- Conversion of schools, auditoriums into DCCs
- Hotels/lodges as quarantine centres
- ICU and oxygen bed expansion
- Temporary field hospitals if required

SYSTEMS (Coordination & Management)

Normal Crisis:

- 24×7 District Control Room activation
- Real-time reporting through IHIP
- Standard treatment and referral protocols
- Regular district review meetings

Contingency Situation:

- Incident Command System (ICS) activation
- Interdepartmental coordination (Health, Police, LSG, Revenue)
- Strengthened risk communication
- Ambulance and referral transport optimization

Trigger Points for Surge Activation

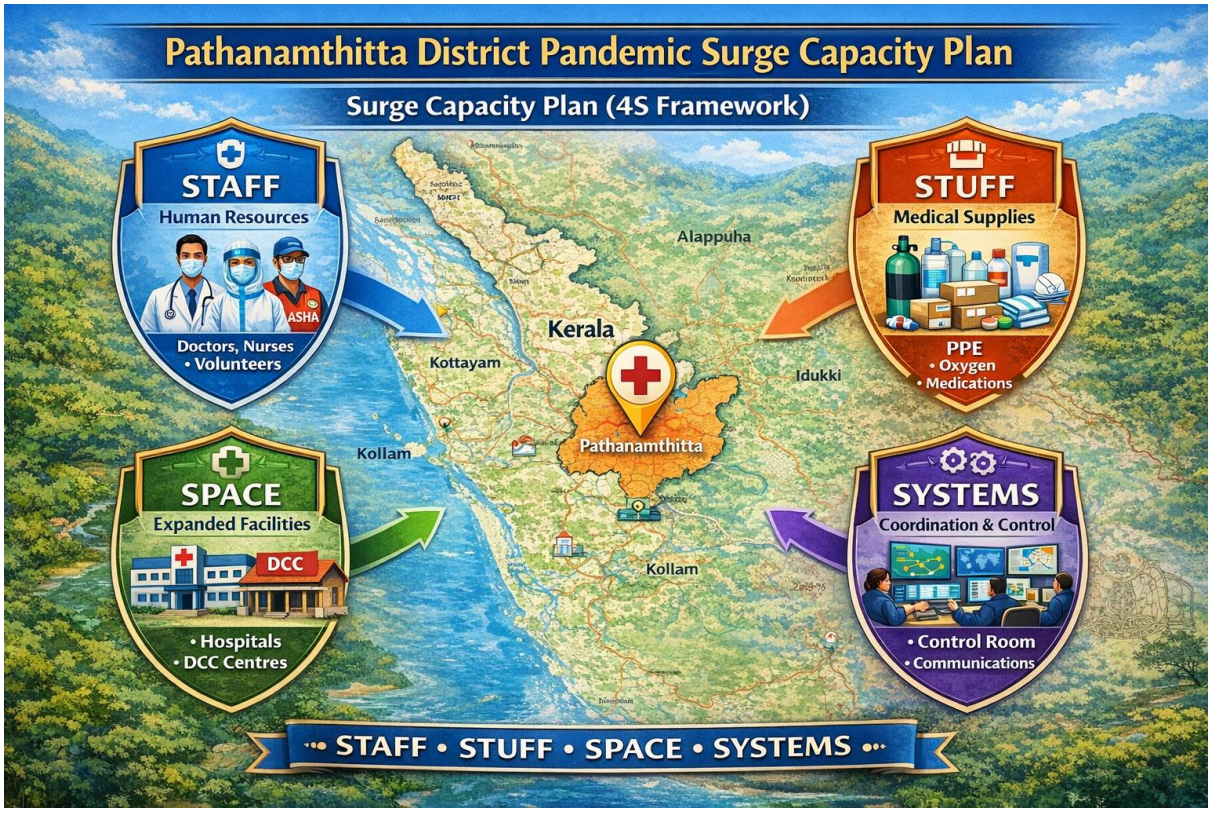
- Test positivity rate > 5–10%
- Bed occupancy > 70%
- Increase in ICU/oxygen demand
- Outbreak clusters identified

De-escalation Strategy

- Gradual closure of temporary facilities
- Resource redistribution
- Staff rest and normalization
- Documentation and review

Conclusion

The integration of the Surge Capacity Plan ensures that Pathanamthitta district is equipped to respond effectively to both routine public health emergencies and large-scale pandemics through a structured and scalable approach.



Conversion of Community Facilities

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

Facility Type	No: of Building	Surge capacity
Anganwadi	1069	5189
Schools	670	19570
Colleges	46	3575
Medical colleges	4	1340
Nursing colleges	10	1350
Community Halls	112	3512
Auditoriums	192	8920
Elderly/ Destitute homes	55	946
LSGD owned buildings	62	220

Table 56: Conversion Community Facilities

Recovery and rehabilitation phase

Tailoring a recovery and rehabilitation framework for Pathanamthitta requires accounting for its unique geography—marked by the Pamba and Achankovil rivers—and its high density of elderly residents and migratory populations (NRIs).

1. **Localized Damage & Impact Assessment**

In Pathanamthitta, assessments must move beyond structural damage to include the fragile Western Ghats ecosystem.

- Geospatial Mapping: Utilize GIS mapping to identify landslide-prone areas in Konni and Ranni that may have shifted during the disaster.
- Agricultural Impact: Specific focus on the loss of rubber plantations and paddy fields in the Upper Kuttanad regions of the district.

2. **Restoration of Health Services & Infrastructure**

- PHC/CHC Resilience: Prioritizing the restoration of Primary Health Centres in flood-prone areas like Pandalam and Aranmula.

- Cold Chain Recovery: Ensuring vaccine storage units at the District General Hospital are functional to resume routine immunization.

3. **Psychosocial & Mental Health Support (The "Pathanamthitta Model")**

The district has a high proportion of elderly citizens living alone (due to out-migration).

- Ottaykkalla (You are not alone): Strengthening community-based outreach for the elderly who may suffer from post-disaster isolation.
- School-Based Interventions: Deploying counselors to schools in the hilly tracts to help children process trauma related to landslides or flash floods.

4. **Disease Surveillance & Environmental Sanitation**

- Water-Borne Monitoring: Intense monitoring of Leptospirosis (Rat Fever), which is historically prevalent in the district following monsoon-related disasters.
- Well Super-Chlorination: A massive community drive to clean open wells, the primary water source for most households in the district.
- Sentinel Sites: Using major private and mission hospitals in Tiruvalla and Kozhencherry as sentinel sites for real-time data collection.

5. **Livelihood & Community Engagement**

- Kudumbashree Integration: Leveraging the district's strong Kudumbashree network to provide micro-loans for restoring small-scale businesses.
- Gram Sabha Involvement: Using Ward-level Disaster Management Committees to lead the "Build Back Better" initiatives, ensuring local buy-in.

6. **Documentation & Policy Enhancement**

- After-Action Review (AAR): Conducting a review specifically on the coordination between the District Administration and the massive volunteer/NRI donor network.
- Health System Strengthening: Using the disaster data to advocate for more "floating clinics" or mobile units that can reach isolated pockets in the hilly eastern belt during future events

CONCLUSION

The District Pandemic Preparedness Plan for Pathanamthitta provides a comprehensive and forward-looking framework to strengthen the district's capacity to prevent, detect, and respond effectively to public health emergencies. With its unique geographical profile of forested highlands, river basins, and ecologically sensitive areas of the Western Ghats, coupled with seasonal challenges such as monsoon-related floods, landslides, and the large-scale influx of pilgrims to Sabarimala Temple, the district requires a context-specific and resilient approach to pandemic preparedness.

This plan emphasizes strengthening integrated disease surveillance, early warning systems, laboratory capacity, and rapid response mechanisms through coordinated efforts of the Health Department, Local Self-Government Institutions, the District Disaster Management Authority, and allied sectors. It also highlights the importance of maintaining health care surge capacity, ensuring uninterrupted supply chains, and reinforcing Infection Prevention and Control (IPC) practices across all levels of care.

Special focus has been given to vulnerable populations, including the elderly, tribal communities in remote forest areas, individuals with comorbidities, and populations residing in flood- and landslide-prone regions. The plan also recognizes the critical need for managing health risks associated with mass gatherings and population mobility, particularly during pilgrimage seasons.

Community engagement, risk communication, and inter-sectoral coordination remain central to the strategy, ensuring that timely, accurate information reaches all sections of society and that communities actively participate in preparedness and response efforts. By integrating pandemic preparedness with disaster risk reduction and climate resilience, the district is better positioned to address compound emergencies effectively.

In conclusion, the successful implementation of this plan will enhance district-level readiness, reduce morbidity and mortality, and minimize socio-economic disruption. It will ultimately strengthen the resilience of Pathanamthitta district to withstand future pandemics and emerging public health threats, ensuring a safer and healthier population.

RECOMMENDATIONS

1. **Strengthening Healthcare Infrastructure**

- Establish a primary health response unit within the Panchayat with trained staff (utilizing existing ASHA workers and Junior Public Health Nurses).
- Ensure availability of basic medical supplies (masks, sanitizers, PPE kits, oxygen cylinders) in local Family Health Centres (FHCs).
- Create tie-ups with nearby hospitals in Pathanamthitta for emergency referral and transport. Key referral points include:
    - Government General Hospital, Pathanamthitta (for central access).
    - Government Medical College, Konni (for advanced tertiary care).
    - Pushpagiri Medical College or Believers Church Medical College, Thiruvalla (major private sector partners).
    - District Hospital, Kozhencherry.

2. **Community Awareness & Education**

- Conduct regular awareness campaigns on hygiene, vaccination, and preventive measures, specifically focusing on the district's large elderly and migrant population.
- Use local communication channels like the "Kudumbashree" network, WhatsApp groups, and notice boards at Ward Sabhas to spread verified information.
- Train volunteers to act as health ambassadors; leverage the "Sannadha Sena" (State Volunteer Corps) members within each ward.

3. **Emergency Response & Coordination**

- Form a Pandemic Preparedness Committee including the Panchayat President, Medical Officer of the FHC, and representatives from the Integrated Disease Surveillance Program (IDSP).
- Develop a clear action plan for lockdowns, including designated "CFLTCs" (Carbon-neutral/Covid First Line Treatment Centres) in local schools or auditoriums.

- Maintain a database of vulnerable groups (Palliative care patients, those with comorbidities, and those living alone) using the "Jagratha" portal data for targeted support.

4. **Supply Chain & Food Security**

- Identify local farmers and "Janakeeya Hotels" to ensure an uninterrupted supply of cooked meals and fresh produce during crisis periods.
- Stockpile essential commodities in Civil Supplies outlets or "Supplyco" stores within the Panchayat.

5. **Digital Preparedness**

- Promote the "e-Sanjeevani" platform for telemedicine to reduce physical footfall at clinics.
- Use the "Direct Pathanamthitta" social media handles and Panchayat websites for real-time, localized health advisories.

6. **Training & Capacity Building**

- Organize mock drills focused on "One Health" scenarios, recognizing the district's vulnerability to zoonotic diseases (like West Nile or Nipah) given its forest-fringe areas.
- Collaborate with the Kerala Institute of Local Administration (KILA) for specialized training of Panchayat members in disaster governance.

7. **Long-Term Resilience**

- Integrate pandemic preparedness into the annual Panchayat Development Plan (PDP) and the "People’s Plan" campaign.
- Allocate a dedicated "Health Emergency Fund" within the local budget to allow for immediate mobilization of funds without waiting for district-level sanctions.

MOCKDRILL SCENARIOS

Scenario Title

“Acute Respiratory Illness Cluster During Pilgrim Influx (Mass Gathering Event)”

1. Background (Local Context-Based)

- Location: Transit point / town near Sabarimala pilgrimage route
- Period: Peak pilgrimage season
- Situation:
  - Large influx of pilgrims from multiple states
  - Temporary shelters, crowding, shared facilities

Initial Signals

- Health post reports:
  - 10–15 pilgrims with fever, cough, sore throat (ILI)
- Within 24–48 hours:
  - 3 cases develop breathlessness (SARI)
  - Cases reported from multiple locations (lodges, camps)
- One patient tests positive for a novel respiratory virus (simulated)

2. Why This Scenario Fits Pathanamthitta

- High mass gathering risk (Sabarimala season)
- Inter-state population movement → imported infections
- Overcrowding → rapid transmission
- Pressure on health systems & surveillance

3. Objectives of the Drill

- Test mass gathering surveillance system
- Evaluate screening & triage at entry/health posts
- Assess rapid outbreak detection across multiple locations
- Test referral & transport system
- Evaluate surge capacity of hospitals
- Assess risk communication for large, mobile population

4. Trigger Events

- Health worker reports ILI cluster in pilgrim camp
- Private clinic reports SARI case
- Lab alert: positive sample (simulated emerging infection)

5. Stepwise Response Actions

A. Surveillance & Early Detection

- Activate:
  - Health posts at transit points
  - Syndromic surveillance (ILI/SARI)
- Immediate reporting through IDSP
- Flag unusual clustering across locations

B. Rapid Response Activation

- District RRT deployed
- Set up field control room
- Assign teams for:
  - Camp investigation
  - Contact tracing
  - Data management

C. Field Investigation

- Visit:
  - Pilgrim camps
  - Lodges
  - Waiting areas
- Identify:
  - Symptomatic individuals
  - Contacts across districts/states
- Prepare line list

D. Screening & Triage System

- Establish:
  - Fever screening counters
  - Isolation areas at camps/health posts
- Categorize:
  - Mild (home/rest isolation)
  - Moderate/severe (refer to hospital)

E. Laboratory Response

- Collect respiratory samples
- Ensure:
  - Fast transport to lab
  - Priority testing
- Monitor lab turnaround time (<24–48 hrs)

F. Hospital Preparedness

- Activate:
  - Surge beds
  - Oxygen support
- Ensure:
  - ICU readiness
  - Referral linkages (taluk → district → medical college)

G. Containment Measures

- Isolate symptomatic pilgrims
- Decongest:
  - Camps
  - Waiting areas
- Temporary restriction on:
  - High-risk gatherings (if needed)

H. Risk Communication

- Multilingual IEC (Tamil, Telugu, Kannada, Hindi, Malayalam)
- Announcements through:
  - Public address systems
  - Volunteers
- Key messages:
  - Report symptoms early
  - Avoid crowding
  - Follow hygiene practices

I. Intersectoral Coordination

- Police: Crowd management
- Devaswom Board: Pilgrim flow regulation
- Transport Dept: Regulate movement
- LSGD: Sanitation & waste management
- Volunteers: Support screening & awareness

6. Injects (Simulation Challenges)

- Sudden spike in cases across multiple camps
- Panic among pilgrims
- Social media rumor: “outbreak spreading rapidly”
- Shortage of isolation space
- Language barrier in communication

7. Evaluation Indicators

Component	Indicator
Surveillance	Time to detect cluster
Response	RRT deployment time

Screening	No. of pilgrims screened
Lab	Turnaround time
Hospital	Bed occupancy & surge readiness
Communication	Crowd compliance

Table 57: Evaluation Indicators

8. Expected Outcomes

- Strengthened mass gathering preparedness
- Improved multi-location surveillance
- Efficient crowd health management
- Enhanced interstate coordination
- Reduced panic through effective communication

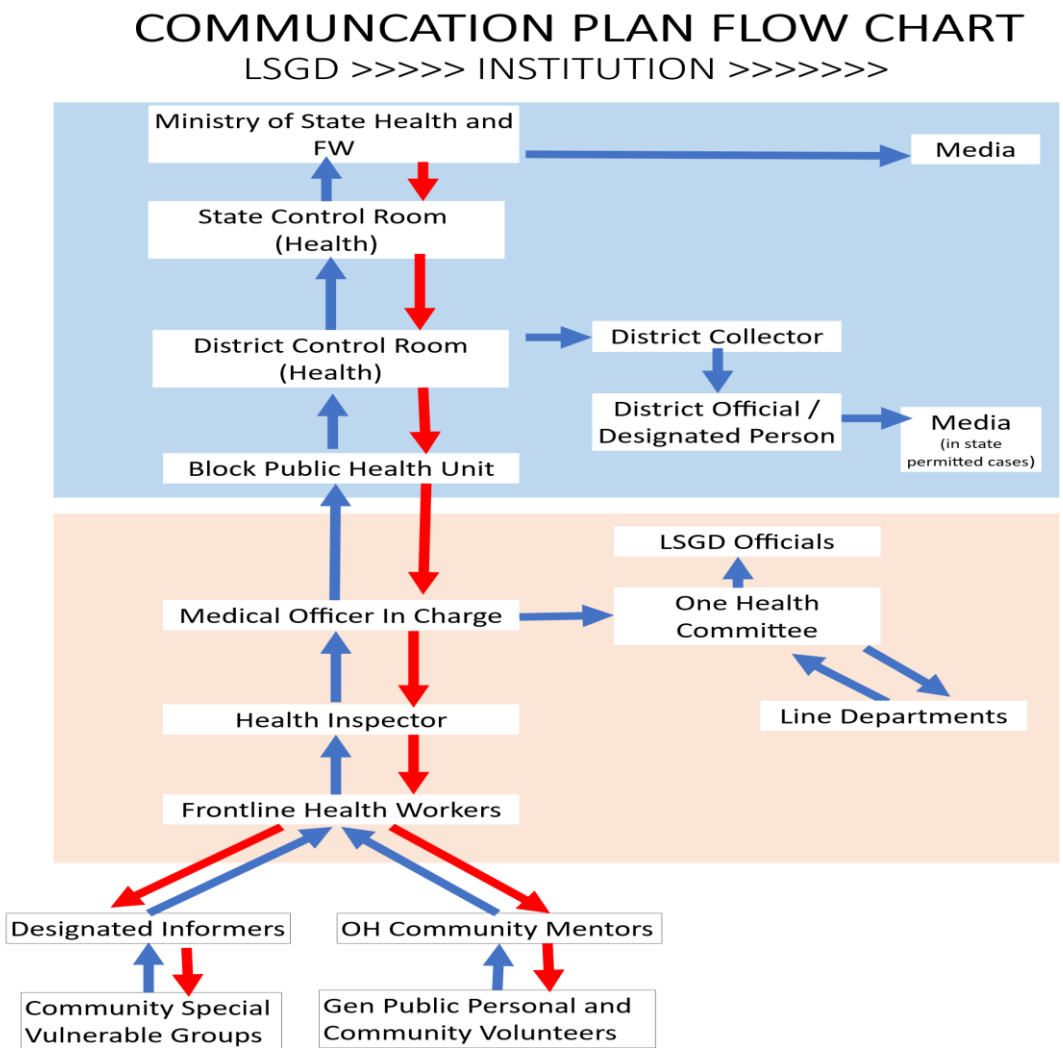
Patient management in pandemic situation SENARIO 1- 100 Active Cases

Category	Expected Number	Management Plan
Nodal Officer		DMO / Dpty DMO – HR & logistics; RMO – facility management
Bed Management		Senior Nursing Officer as district bed management nodal officer
District Treatment Centre		THQH Thiruvalla
Pandemic Wards		Isolation wards activated in district & taluk hospitals
Routine Services		OP/IP services continued in separate blocks
Ambulance Services		District ambulance pool and 108 services
Human Resource Pool		Doctors, nurses and support staff from district pool
Mild Cases	~75	Home isolation with daily monitoring by ASHA/JPHN . Social requirement by LSGD. Telemedicine consultation from PHC/CHC.
Moderate Cases	~20	Managed at Taluk Hospitals and Community Health Centres with oxygen supported beds. Tvla THQH -20 bed,
Severe Cases	~5	ICU management at District Hospital and referral support if required. Dh Kozhencherry

SENARIO 2- 1000 Active Cases

Category	Expected Number	Management Plan
Nodal Officer		DMO / DSO – HR & logistics; RMO – facility management
Bed Management		Senior Nursing Officer as district bed management nodal officer
District Treatment Centre		General Hospital Pathanamthitta / GMC Konni
Pandemic Wards		Isolation wards activated in district & taluk hospitals
Routine Services		OP/IP services continued in separate blocks
Ambulance Services		District ambulance pool and 108 services
Human Resource Pool		Doctors, nurses and support staff from district pool
Mild Cases	~750	Home isolation with ASHA/JPHN monitoring
Moderate Cases	~200	Oxygen beds: Government Medical College Konni (50), General Hospital Pathanamthitta (50), General Hospital Adoor (50), THQH Thiruvalla (30), THQH Ranni (20), THQH Konni (20)
Severe Cases	~50	ICU beds: GMC Konni (10), GH Adoor (5),DH Kozhenchery(5) GH Pathanamthitta (5), Believers Church Medical College Hospital (10), Pushpagiri Medical College Hospital (10), TMM Hospital Thiruvalla (5)

Communication



Picture 57: Communication Plan Flow Chart

Communication Strategies

- Ward level RRTs, Grama sabhas and Vulnerability groups have active participation in preparing and executing the pandemic plan (to identify unique issues, prevention, preparedness, response, recovery).
- Local community leaders' involvement
- Special trained informers in Vulnerability groups
- multilingual workers
- NGOs and Resident Associations
- Simple reporting system for public – IHIP or other application – a snap pic reporting, messages

- Home Isolation Monitoring members from the public
- Ward level RRTs, Grama sabhas and Vulnerability groups have active participation in preparing and executing the pandemic plan (to identify unique issues, prevention, preparedness, response, recovery).
- Local community leader's involvement
- Special trained informers in Vulnerability groups
- multilingual workers
- NGOs and Resident Associations
- Simple reporting system for public – IHIP or other application – a snap pic reporting, messages
- Home Isolation Monitoring members from public Benefits
- Sustainability: Solutions are more likely to last because they are locally owned faster
- Response: Local networks provide quicker initial responses.
- Trust & Collaboration: Builds bridges between communities and external agencies.

PANDEMIC PREPAREDNESS CAPACITY BUILDING & TRAINING PLAN

1.Background & Rationale

- Pandemics pose serious threats to public health, safety, and livelihoods.
- Preparedness requires skilled human resources across sectors.
- Capacity building ensures coordinated, timely, and effective response.
- District-level preparedness is critical for early containment.

2.Objectives of Capacity Building

- Strengthen readiness of health and allied sectors.
- Improve early detection, reporting, and response.
- Ensure inter-departmental coordination.
- Protect frontline workers and the community.
- Maintain essential services during pandemics.

3.Target Groups for Training

Health Sector (Government & Private)

- Doctors (all specialties)
- Nurses & paramedical staff
- Laboratory technicians
- Public health staff
- ASHA workers & JPHNs
- Private hospital staff

Police & Emergency Services

- Kerala Police & Traffic Police
- Home Guards
- Fire & Rescue Services
- Ambulance drivers & EMTs
- Roles: crowd control, quarantine enforcement, emergency response

4.Local Administration & Governance

- District administration
- Municipalities & Panchayats
- Revenue Department
- Public Works Department
- Roles: logistics, containment zones, essential services

5.Education & Community Groups

- School & college teachers
- Students & NSS/NCC volunteers
- Kudumbashree units
- Community-based organizations
- Religious & community leaders

6.Modes and Methods of Training

Modes of Training

- Classroom/workshop-based training
- On-site/hands-on training

- Online & virtual training modules
- Simulation exercises & mock drills
- Peer learning & cascade training
- Awareness campaigns
- Online media and social groups

7.Training Methods

- Lectures & interactive sessions
- Demonstrations & skill stations
- Case studies & role plays
- Table-top exercises
- IEC material & SOP dissemination

8.Key Training Topics

General Topics

- Disease surveillance & reporting
- Infection prevention & control (IPC)
- Use of personal protective equipment (PPE)
- Sample collection & transport
- Risk communication & community engagement

9.Advanced & Sector-Specific Topics

- Hospital surge capacity management
- Quarantine & isolation management
- Psychosocial care & stress management
- Waste management during pandemics
- Law & order and ethical issues

10.Institutional & Resource Support

- District Medical Office
- Kerala Health Services
- State Disaster Management Authority

- Medical colleges & training institutes
- Police Training College

11.Monitoring & Evaluation

- Pre- and post-training assessment
- Feedback mechanisms
- Periodic refresher trainings
- Mock drill evaluations
- Documentation & reporting

Training Schedule (by Quarter)

Component	Jan–Mar	Apr–Jun	Jul–Sept	Oct–Dec
Climate events	Cool, Dry	Hot, Pre-monsoon	Heavy Rain, Flood, Landslide	Cool, Post-monsoon + Pilgrimage season
Disease events	ILI, Viral fever	Heat-related illness, Hep A, Food-borne diseases	Dengue, Leptospirosis, Diarrhoeal diseases	ILI, Respiratory infections, Zoonotic risks (pilgrimage)
Training for HCWs	ILI management, Surveillance strengthening	Heat illness management, Food safety, Outbreak investigation	Vector control, Leptospirosis management, Flood response, IDSP reporting	Mass gathering management (Sabarimala), IPC, Emergency response
Training for Public	Hygiene, respiratory etiquette	Food & water safety, heat precautions	Mosquito control, sanitation, safe water practices	Pilgrim awareness, infection prevention, crowd hygiene
Budgeting	Annual planning & allocation	Procurement (drugs, PPE, logistics)	Emergency funds utilization (flood response)	Review & reallocation (pilgrimage + year-end needs)

Component	Jan–Mar	Apr–Jun	Jul–Sept	Oct–Dec
Monitoring & Evaluation	Baseline review, preparedness assessment	Mid-term review, outbreak audits	Active surveillance, rapid response monitoring	Annual evaluation, documentation & reporting

Table 58: Training Schedule

- The schedule aligns training and preparedness activities with seasonal climate and disease patterns.

12.Expected Outcomes

- Improved district-level preparedness
- Skilled and confident workforce
- Effective inter-sectoral coordination
- Reduced morbidity and mortality

13. Conclusion

A comprehensive communication and capacity-building plan is vital for effective pandemic preparedness and response. Community engagement, targeted training, and continuous evaluation ensure resilience and sustainability in managing public health emergencies.

ANNEXURE

1. HELPLINES

HELPLINE	Number
Childline	1098
Crime Stopper Cell	1090
Police	100
Fire	101
Railway Call Centre	139
Accident Helpline	9846100100
Railway Helpline	9846200200
Police Helpline	0471 3943000
State Control Room (DM)	1070
District Control Room (DM)	1077
Ambulance	108
State Disaster Control Room	1070
Women Helpline	1091

A. BLOCK PANCHAYATHS

Block Panchayath
Mallappally
Pulikeezh
Koipram
Elanthoor
Ranni
Konni
Pandalam
Parakode

B. MUNICIPALITIES

Municipality
Pathanamthitta
Thiruvalla
Adoor

C. PATHANAMTHITTA DISTRICT ADMINISTRATIVE DIVISIONS CONTACT DIRECTORY

Taluk	Village / Location
Kozhenchery	Aranmula
	Chennerkkara
	Mezhuveli
	Kulanada
	Elanthoor
	Kidangannoor
	Kozhenchery
	Mallappuzhassery
	Naranganam
	Omalloor
	Pathanamthitta
Ranni	Angadi
	Pazhavangadi
	Chethackal
	Cherukole
	Ayroor
	Kollamula
	Perunad
	Athikkayam
	Vadasserikara
	Ranni
Mallappally	Anicadu
	Kottangal
	Thelliyoor
	Kunnamthanam
	Kallooppara
	Ezhumattoor
	Perumbetty
	Mallappally
	Puramattom
Adoor	Pallikal
	Angadickal
	Ezhamkulam
	Kadambanad
	Thumpomon
	Kodumon
	Enathu
	Peringanad
	Enadimangalam
	Adoor
	Pandalam
	Koorampala
	Erathu
	Thekkekkara

Taluk	Village / Location
Thiruvalla	Niranam
	Kadapra
	Nedumprom
	Peringara
	Kavumbhagam
	Thiruvalla
	Kuttappuzha
	Kaviyoor
	Eraviperoor
	Kuttoor
	Koipuram
	Thottappuzhassery
Konni	Iravon
	Chittar
	Vallicode
	V Kottayam
	Kalanjoor
	Konnithazham
	Pramadom
	Koodal
	Malayalappuzha
	Konni
	Aruvappulam
	Thannithodu
	Mylapra
	Seethathode

D. LIST OF SCHOOLS IN THE DISTRICT

Sl. No	School Name	Address (Pincode)	Email
1	Adoor High School for Girls	Adoor P.O – 691523	gbhssadoor@gmail.com
2	Adoor HSS for Boys	Adoor P.O – 691523	gghssadr@gmail.com
3	Aranmula VHSS	Aranmula P. O	gvhssaranmula@gmail.com
4	Chittar HSS	Chittar P. O	ghsschittar@gmail.com
5	Edamuri GHSS	Thompekandam P. O	ghssedamuri@gmail.com
6	Elanthoor VHSS	Elanthoor P. O	gvhsselanthoor@yahoo.in
7	Elimullumplackal HSS	Elimullumplackal P. O	ghselimullumplackal@gmail.com
8	Kadammanitta HSS	Kadammanitta P. O	hskadammanitta@gmail.com
9	Kadimeenchira HSS	Naranamoozhy P. O	ghsskadimeenchira12@gmail.com
10	Kaipattoor VHSS	Kaipattoor P. O	gvhsskaipattoor@gmail.com

Sl. No	School Name	Address (Pincode)	Email
11	Kalanjoor HSS & VHSS	Kalanjoor P. O	principalghskalanjoor@gmail.com
12	Kattachira Tribal HS	Neelipilavu P. O	gthskattachira1@gmail.com
13	Keekozhoor HS	Keekozhoor P.O – 689672	ghskeekozhoor@gmail.com
14	Kissimum HSS	Thulappally P. O	ghskissimum@gmail.com
15	Kizhakkupuram HS	Kaithaparambu P.O	ghskizhakkupuram1980@gmail.com
16	Kokkathode HS	Kallely P.O	ghskokkathodu@gmail.com
17	Konni HSS	Konni P.O – 689691	hmhskonni@gmail.com
18	Koodal VHSS	Murinjakal P.O – 689693	ghsskoodal@gmail.com
19	Kozhencherry HS	Kozhencherry P. O	ghskozh@gmail.com
20	Kulanada Panchayat HSS	Kulanada P.O – 689503	phskulanada@gmail.com
21	Mancode HSS	Mancode P. O	ghssmancode@gmail.com
22	Maroor HS	Maroor P. O	ghsmaroor@gmail.com
23	Malayalappuzha JMPHS	Malayalappuzha P. O	school.jmphs6@gmail.com
24	Naranganam HSS	Naranganam North P. O	ghsnaranganam@gmail.com
25	Nedumon VHSS	Nedumon P. O	nedumonvhss@gmail.com
26	Omalloor HSS	Omalloor P. O	oghsonline@gmail.com
27	Pathanamthitta HSS & VHSS	Pathanamthitta P. O	gvhspta@gmail.com
28	Model Residential School	Vadasserikkara P. O	mrspta@yahoo.in
29	Peringanad TMGHSS	Peringanad P.O – 691528	tmghssperinganadu@gmail.com
30	Thekkuthode HSS	Thekkuthode P. O	ghsstkd@gmail.com
31	Thengamam HSS	Thengamam P. O	ghsstgm@gmail.com
32	Thumpamon North HSS	Chenneerkara P. O	govthstn@gmail.com
33	Vadakkedathucavu VHSS	Adoor	ghsvdkcavu@gmail.com
34	Vechochira Colony HSS	Mannadisala P. O	govt.hss09colony@gmail.com

D.1. AEO ADOOR

Management	School Name	Location / Pincode	Standards	Block
Govt	Adoor Govt. UPS	Adoor (691 523)	V - VII	Parakode
Govt	Aickad ASRVUPS	Kodumon (691 555)	I - VII	Parakode
Govt	Enathu UP School	Enathu (691 526)	I - VII	Parakode
Govt	Kunnida UPS	Kurumpakara (689 695)	I - VII	Parakode
Govt	Manakala UPS	Manakala (691 551)	I - VII	Parakode
Aided	St. Mary's MM UPS	Adoor (691 523)	I - VII	Parakode
Aided	Angadical DBUPS	Angadical North (689 648)	V - VII	Parakode
Aided	Bhoothamkara GPMUPS	Elamannoor (691 524)	I - VII	Parakode
Aided	Chayalode St. George	Chayalode (691 556)	V - VII	Parakode
Aided	Kalanjoor NMUPS	Kalanjoor (689 694)	V - VII	Parakode
Aided	Mannady V.T.M. UPS	Mannady (691 530)	V - VII	Parakode
Aided	Pannivizha TKMV UPS	Adoor (691 523)	V - VII	Parakode
Unaided	Marthoma E.M.UPS	Adoor (691 523)	V - VII	Parakode

D.2. AEO KONNI

Management	School Name	Standards	Block
Govt	GUPS Konni Thazham	I - VII	Konni
Govt	GWUPS Thannithode	I - VII	Thannithode
Aided	PDUPS Vallicode	V - VII	Vallicode
Aided	SN UPS Koodal Jn	V - VII	Kalanjoor
Aided	SNDP UPS V Kottayam	I - VII	Pramadom
Aided	St Thomas UPS Vakayar	V - VII	Konni
Unaided	St Mary's EM UPS	I - VII	Konni
Unaided	Eben-Ezer EMUPS	I - VII	Konni

D.3. AEO PANDALAM

Management	School Name	Standards	Block
Govt	Mangaram UPS	I - VII	Pandalam
Govt	Panthalam UPS	I - VII	Pandalam
Govt	Thumpamom UPS	I - VII	Thumpamon
Aided	Perumpulickal SRV UPS	V - VII	Pandalam

Aided	Thattayil SKVUPS	V - VII	Pandalam
Unaided	Pandalam NSS EM UPS	I - VII	Pandalam

D.4. AEO PATHANAMTHITTA

Management	School Name	Location	Standards	Block
Govt	Gurunathanmannu GT	Seethathode	I - VII	Ranni
Govt	Moozhiyar GUPS	Moozhiyar	I - VII	Ranni
Govt	Panniyali GUPS	Omallur	I - VII	Elanthoor
Govt	Vadasserikara New	Vadasserikkara	I - VII	Vadasserikara
Aided	Angamoozhy Gurukulam	Angamoozhy	I - VII	Seethathode
Aided	Kumbazha SNV UPS	Mylapra	I - VII	Konny
Aided	Pezhumpara DPM UPS	Pezhumpara	I - VII	Vadasserikara

D.5. AEO RANNI

Management	School Name	Standards	Block
Govt	Kudamurutty GUPS	I - VII	Naranammoozhy
Govt	Puthusserimala GUPS	I - VII	Ranni
Govt	R- Pazhavangadi GUPS	I - VII	Pazhavangadi
Aided	Angadi St. Thomas UPS	V - VII	Angadi
Aided	Mekozhoor SNDPUPS	V - VII	Mylapra
Unaided	Pazhavangadi SC EM	V - VII	Pazhavangadi

D.6. AEO PULLAD

Management	School Name	Standards	Block
Govt	Eraviperoor UPGS	I - VII	Eraviperoor
Govt	Kumbanad UPBS	I - VII	Koipuram
Govt	Pullad Model UPGS	I - VII	Koipuram
Aided	Eraviperoor St. Mary's	V - VII	Eraviperoor
Aided	Kozhimala St. Mary's	I - VII	Eraviperoor
Aided	Maramon AMM TTI	I - VII	Koipuram

D.7. AEO THIRUVALLA

Management	School Name	Standards	Block	Taluk
Govt	Chumathra Govt. UPS	I - VII	Thiruvalla (M)	Thiruvalla
Govt	Kadapra GUPS	I - VII	Kadapra	Thiruvalla
Govt	Thiruvalla Dite UPS	I - VII	Thiruvalla (M)	Thiruvalla
Aided	Amichakary North UPS	I - VII	Nedumpuram	Thiruvalla
Aided	Mepral St. John's UPS	V - VII	Peringara	Thiruvalla
Unaided	Muthoor NSS EM UPS	I - VII	Thiruvalla (M)	Thiruvalla

D.8. AEO KOZHENCHERRY

Management	School Name	Standards	Block	Taluk
Govt	Cherukole UPS	I - VII	Cherukole	Kozhencherry
Govt	Kozhencherry East UPS	I - VII	Kozhencherry	Kozhencherry
Aided	Karamveli M.T. UPS	V - VII	Mallappuzhassery	Kozhencherry
Aided	Naranganam St. George	I - VII	Naranganam	Kozhencherry
Aided	Punnakkad CMSUPS	I - VII	Mallappuzhassery	Kozhencherry
Unaided	Kuzhikkala St Mary's	I - VII	Mallappuzhassery	Kozhencherry

E. MAJOR TEACHING INSTITUTES IN PATHANAMTHITTA

Institution Name	Location / Address	Courses Offered	Contact Number
Mar Severios College of Teacher Education	Mallappally North, Pathanamthitta, Kerala – 689586	B.Ed, M.Ed	0469-2782478
Titus II Teachers College	Niranam, Thiruvalla, Pathanamthitta – 689621	B.Ed	0469-2741144
Mannam Memorial NSS Training College	Pandalam, Pathanamthitta – 689501	B.Ed	04734-252216
Kerala University College of Teacher Education	Adoor, Pathanamthitta – 691523	B.Ed	04734-224653

Bharath Hindi Prachara Kendram	Adoor, Pathanamthitta – 691523	Hindi B.Ed, Language Training	04734-228524
Abraham Malpan Memorial TTC Institute	Kozhencherry, Pathanamthitta – 689641	TTC (Teacher Training Certificate)	0468-2214455
Techzon Skill Training Institute	Thiruvalla, Pathanamthitta – 689101	Montessori, TTC, Skill Training	-
IIIT (Heera Education)	Pathanamthitta Town, Kerala	Diploma, Teacher Training, Technical Courses	-
NIIT Ltd	Thiruvalla / Adoor (Multiple Centers)	Computer & Skill Training	1800-3000-6448
Eurasian Institute of Management	Pathanamthitta, Kerala	Management & Teaching Diplomas	9447001122

~~G.~~F. STAFF STRENGTH DMOH PTA

SL. No:	Name of Post	Sanctioned
1	DOCTORS	354
2	Administrative Assistant	1
3	District Nursing Officer	1
4	Biologist	1
5	Blood Bank Technician	5
6	Camp co-ordinator	1
7	Clerk / Typist	4
8	Clinical Psychologist	1
9	Confidential Assistant	1
10	Dental Hygienist	6
11	Dental Mechanic	5
12	Dialysis Technician	5
13	Dist. Edn. & Media Officer	1
14	District Lab Technician	1
15	District Malaria Officer	1
16	District Public Health Nurse	1
17	Driver	28

SL. No:	Name of Post	Sanctioned
18	Dy. District. Education and Media Officer	2
19	E.C.G.Technician	5
20	Electrician	2
21	Field Assistant	3
22	Field Worker	12
23	Filaria Inspector Gr II	2
24	Foreman Mechanic	1
25	Head Clerk	7
26	Head Nurse/ Senior Nursing Officer	77
27	Health Inspector	42
28	Health Supervisor	10
29	Hospital Attendant	219
30	Housekeeper	2
31	Insect Collector	2
32	Jr. Superintendent	3
33	Junior Health Inspector	189
34	Junior Lab Assistant	9
35	Junior P.H. Nurse	266
36	Junior Scientific Officer	1
37	Laboratory Technician	78
38	Lady Health Inspector / PHN	44
39	Lay Secretary	6
40	LD / UD Clerk	106
41	LD / UD Typist	11
42	M.C.H. Officer	1
43	Medical Record Attendant	1
44	Medical Record Librarian	4
45	Mortuary Attendant	1
46	Mortuary Technician	1
47	Motor Mechanic	2
48	Motor Mechanic (Helper)	1
49	Night watcher	2
50	Nursing Assistant	206
51	Nursing Tutor	5
52	Office Attendant	71
53	Optometrist	15
54	P.H.N. Tutor	1
55	Part Time Sweeper	71
56	Pharmacist	101
57	Pharmacist Storekeeper	7
58	PHNS	9
59	Physiotherapist	1

SL. No:	Name of Post	Sanctioned
60	Plumber	1
61	Principal School of Nursing	1
62	Psychiatric Social Worker	1
63	Radiographer	13
64	Refrigeration Mechanic	1
65	Scientific Officer	1
66	Senior Optometrist	6
67	Senior Superintendent	2
68	Senior T.B.Lab Supervisor	2
69	Staff Nurse /Nursing Officer	372
70	Statistical Assistant	2
71	Statistical Assistant Gr. I	1
72	Sterilisation Technician	1
73	Store Superintendent (Hospital)	3
74	Stores Verification Officer (District)	1
75	Technical Assistant	2
76	Theatre Mechanic	1
77	Treatment Organizer	4
78	V.D. Social Worker	1
79	Vice Principal (School of Ng.)	1
80	X-Ray Attender	8

~~H.~~G. HEALTHCARE FACILITIES-PUBLIC

SL NO	INSTITUTION	LSGD	CONSTITUENCY	HEALTH BLOCK
1	FHC. Ezhamkulam	Ezhamkulam	ADOOR	Endimangalam
2	PHC Erathu	Erathu	ADOOR	Endimangalam
3	PHC Kadambanadu	Kadambanadu	ADOOR	Endimangalam
4	FHC Pallickal	Pallickal	ADOOR	Endimangalam
5	FHC Chandanappally	Kodumon	ADOOR	Endimangalam
6	CHC Thumpamon	Thumpamon	ADOOR	Thumpamon
7	FHC Pandalam	Pandalam Municipality	ADOOR	Thumpamon
8	PHC Pandalam Thekkekara	Pandalam Thekkekara	ADOOR	Thumpamon
9	GH Adoor	Adoor Municipality	ADOOR	Endimangalam
10	CHC Enadimangalam	Enadimangalam	KONNI	Endimangalam
11	PHC Koodal	Kalanjoor	KONNI	Endimangalam
12	THQH Konni	Konni	KONNI	Konni
13	PHC Malayalapuzha	Malayalapuzha	KONNI	Konni

SL NO	INSTITUTION	LSGD	CONSTITUENCY	HEALTH BLOCK
14	PHC Mylapra	Mylapra	KONNI	Konni
15	PHC Vallikode	Vallikode	KONNI	Konni
16	PHC Kokkathode	Aruvappulam	KONNI	Konni
17	PHC Pramadom	Pramadom	KONNI	Konni
18	PHC Thannithode	Thannithode	KONNI	Konni
19	CHC Chittar	Chittar	KONNI	Vechoochira
20	PHC Seethathode	Seethathode	KONNI	Vechoochira
21	GMC Konni	Konni	KONNI	Konni
22	PHC Nilackkal	Perunad	Ranni	Vechoochira
23	CHC Elanthoor	Elanthoor	ARANMULA	Elanthoor
24	PHC Cheneerkara	Cheneerkara	ARANMULA	Elanthoor
25	PHC Mallappuzhacherry	Mallappuzhacherry	ARANMULA	Elanthoor
26	PHC Kadamanitta	Naranganam	ARANMULA	Elanthoor
27	PHC Omalloor	Omalloor	ARANMULA	Elanthoor
28	PHC Manjanikkara	Omalloor	ARANMULA	Elanthoor
29	PHC Othera	Eraviperoor	ARANMULA	Ezhumatoor
30	PHC Thottapuzhasserry	Thottapuzhasserry	ARANMULA	Kanjeettukara
31	PHC Koipuram	Koipuram	ARANMULA	Kanjeettukara
32	CHC Vallana	Aranmula	ARANMULA	Vallana
33	PHC Kulanada	Kulanada	ARANMULA	Vallana
34	PHC Mezhuveli	Mezhuveli	ARANMULA	Vallana
35	UPHC Kumbazha	Pathanamthitta (M)	ARANMULA	Elanthoor
36	PHC Cherukole	Cherukole	ARANMULA	Elanthoor
37	GH Pathanamthitta	District Panchayath Pta	ARANMULA	Elanthoor
38	DH Kozhencherry	District Panchayath Pta	ARANMULA	Elanthoor
39	DTC Kozhencherry	Kozhencherry	ARANMULA	Elanthoor
40	PHC Vadasserikkara	Vadasserikkara	Ranni	Vechoochira
41	PHC Naranammoozhi	Naranammoozhi	Ranni	Vechoochira
42	PHC Ranni Pazhavangadi	Ranni Pazhavangadi	Ranni	Vechoochira
43	PHC Ranni Angadi	Ranni Angadi	Ranni	Vechoochira
44	CHC Vechoochira	Vechoochira	Ranni	Vechoochira
45	CHC Ranni Perunad	Ranni Perunad	Ranni	Vechoochira
46	CHC Kanjeettukara	Ayiroor	Ranni	Kanjeettukara
47	PHC Thelliyoor	Ezhumattoor	Ranni	Ezhumattoor
48	CHC Ezhumattoor	Ezhumattoor	Ranni	Ezhumattoor
49	THQH Ranni	Ranni	Ranni	Vechoochira

SL NO	INSTITUTION	LSGD	CONSTITUENCY	HEALTH BLOCK
50	CHC Chathenkery	Peringara	Thiruvalla	Chathenkery
51	PHC Kadapra	Kadapra	Thiruvalla	Chathenkery
52	PHC Kuttappuzha	Thiruvalla (M)	Thiruvalla	Chathenkery
53	PHC Kuttoor	Kuttoor	Thiruvalla	Chathenkery
54	PHC Nedumpuram	Nedumpuram	Thiruvalla	Chathenkery
55	PHC Niranam	Niranam	Thiruvalla	Chathenkery
56	PHC Puramattom	Puramattom	Thiruvalla	Ezhumattoor
57	CHC Kunnamthanam	Kunnamthanam	Thiruvalla	Kunnamthanam
58	CHC Kallooppara	Kallooppara	Thiruvalla	Kunnamthanam
59	PHC Anicadu	Anicadu	Thiruvalla	Kunnamthanam
60	PHC Kaviyoor	Kaviyoor	Thiruvalla	Kunnamthanam
61	PHC Kottangal	Kottangal	Thiruvalla	Kunnamthanam
62	PHC Kottanadu	Kottanadu	Thiruvalla	Kunnamthanam
63	THQH Thiruvalla	Thiruvalla Municipality	Thiruvalla	Chathenkery
64	THQH Mallappally	Mallappally	Thiruvalla	Kunnamthanam
65	UFHC Thiruvalla	Thiruvalla (M)	Thiruvalla	Chathenkery

~~I.~~H. LIST OF ELECTRICITY STATIONS AND TRANSMISSION LINES

~~J.~~I. AMBULANCE SERVICES IN THE DISTRICT

Taluk / Area	Village / Location	Organization / Provider
Kozhenchery	Kozhenchery	Private
	Kozhenchery	District Hospital
	Kozhenchery	District Hospital
	Kozhenchery	Private
	Kozhenchery	Private
	Kozhenchery	Rotary Club
	Thottappuzhassery	George Memorial
Ranni	Angadi	Rotary Club
	Ranni	Menamthottam Hospital
	Angadi	Marthoma Medical Mission
	Mannamaruthi	Thiruvalla Medical Mission
	Kollamula	Assissi Hospital
	Mukkoottuthara	Private
	Perunad	Community Health Centre
Mallappally	Mallappally	George Mathan Hospital
	Ezhumattoor	CHC Ezhumattoor
	Perumpetty	Sevabharathi
	Puramattom	Private
Adoor	Ezhamkulam	Ezhamkulam Panchayath
	Kadampanad	St. Vincent Hospital

Taluk / Area	Village / Location	Organization / Provider
	Adoor	Maria Hospital
	Adoor	Red Cross
	Adoor	Government Hospital
	Adoor	Kiraly
	Adoor	Arun Medicals
	Pandalam	CM Hospital
Thiruvalla	Peringara	Private
	Thiruvalla	Accass
	Thiruvalla	Ambalathinal
	Thiruvalla	Dhanwanthary Service
	Thiruvalla	GK Hospital
	Thiruvalla	Mary Queen Mission
	Thiruvalla	Nakkada Mission
	Thiruvalla	Pushpagiri Medical College
	Thiruvalla	Nagarjuna Pharmacy
	Thiruvalla	Santhi Nikrthan
	Eraviperoor	Somabharathi
	Eraviperoor	Gramapanchayath
Konni	Koodal	Santhwanam
	Konni	Achiyamma Memorial
	Konni	Believers Church Hospital

~~K.~~J. MOBILE MORTUARY SERVICES

Sl. No	Taluk	Village	Mobile Mortuary Services
1	Kozhenchery	Kulanada	Malu Mobile Mortuary
2	Kozhenchery	Kozhenchery	Poyyalil Hospital
3	Pathanamthitta	—	Christian Medical Mortuary
4	Ranni	Angadi	St. Mathews Mobile Mortuary Unit
5	Ranni	Angadi	Menamthottam Hospital
6	Ranni	Angadi	Marthoma Medical Mission Hospital
7	Ranni	Kollamula	KV Padmakaran (Mukkoottuthara)
8	Mallappally	Mallappally	Salom Karunya Bhavan, Nellimood
9	Mallappally	Puramattom	Yathra Mobile Mortuary
10	Adoor	Kodumon	—
11	Adoor	Pandalam	St. Thomas Edathitta
12	Thiruvalla	—	Pushpagiri Medical College
13	Thiruvalla	—	Pushpagiri Medical Society
14	Thiruvalla	—	Govt Hospital Thiruvalla
15	Thiruvalla	Eraviperoor	Vinod
16	Thiruvalla	Kuttoor	Achankunju
17	Konni	Iravon	Sandra
18	Konni	Konnithazham	Thekkineth Achiyamma Memorial
19	Konni	Konni	Thekkinathu Mobile Mortuary

~~I.~~K. DETAILS OF PRIVATE CLINICS AND PRIVATE HOSPITALS IN PATHANAMTHITTA DISTRICT

Sl no	Private hospital name	Health block	Panchayath/mucipality
1	Mar chrsostom fellowship mission hospital,kumbanad	Kanjeettukara	Koipuram
2	Chakkuthara clinic,pullad	Kanjeettukara	Koipuram
3	Muthoott health care pvt.ltd , kozhencherry	Elanthoor	Kozhenchery
4	Chakkuthara clinic,pullad	vallana	Kulanada
5	Mar chrsostom fellowship mission hospital,kumbanad	Vallana	Kulanada
6	Chakkuthara clinic,pullad	Enadimangalam	Kalanjoor
7	Mar chrsostom fellowship mission hospital,kumbanad	Vallana	Kulanada
8	Chakkuthara clinic,pullad	Enadimangalam	Kalanjoor
9	Mar chrsostom fellowship mission hospital,kumbanad	Kunnamthanam	Kaviyoor
10		Kunnamthanam	Kaviyoor
11	Poyanil hospital, kozhencherry.	Elanthoor	Kozhenchery
12	Shereena hospital,chunkappara	Kunnamthanam	Kottangal
13	V care speciality hospital,chunkapara	Kunnamthanam	Kottangal
14	Rev. George mathen medical mission hospital, mallappally	Kunnamthanam	Mallappally
15	Marthoma medical mission hospital Angadi	Vechoochira	Ranni angadi
16	Ananda hospital, malayalapuzha	Konni	Malayalappuzha
17	Sn hospital parakkod	Enadimangalam	Adoor municipality
18	Vcare speciality clinic seethathode	Vechoochira	Seethathodu
19	Muthoot medical centre, pta	Elanthoor	Pathanamthitta municipality
20	People's clinic & hospital, pta	Elanthoor	Pathanamthitta municipality
21	St. Luke hospital, pta	Elanthoor	Pathanamthitta municipality
22	Matha clinic, thekkuthode po 689699	Konni	Thannithodu
23	V care hospital, thannithode po 689699	Konni	Thannithodu
24	Star hospital, thekkuthode po 689699	Konni	Thannithodu
25	Mount zion medical college hospital, chayalode	Enadimangalam	Enadimangalam
26	Rapha medcare kachanathu ebenzer building angadi po	Vechoochira	Ranni angadi
27	Thiruvalla medical mission hospital	Vechoochira	Ranni pazhavangadi
28	Trinity healthcare ligiyo complex bypass road angadi po	Vechoochira	Ranni angadi
29	Medicure hospital , seethathode	Vechoochira	Seethathodu
30	Amr clinic,kaipattoor, vallikod	Konni	Vallicode
31	Doctors medi care thadiyoor	Ezhumatoor	Ezhumattoor

Sl no	Private hospital name	Health block	Panchayath/mucipality
32	Life line hospital adoor	Enadimangalam	Pallikkal
33	Nss medical mission hospital pandalam	Thumpamon	Pandalam municipality
34	C m hospital	Thumpamon	Pandalam municipality
35	Chithra multispeciality hospital	Thumpamon	Pandalam municipality
36	S m hospital	Thumpamon	Pandalam municipality
37	Ems co operative hospital Elanthoor	Elanthoor	Elanthoor
38	J.m.hospitl Elanthoor	Elanthoor	Elanthoor
39	Kvm hospital kodumon	Enadimangalam	Kodumon
40	Susrutha hospital, kodumon	Enadimangalam	Kodumon
41	Thoompumpattu hospital.Poonkavu	Konni	Pramadam
42	Life care hospital.Poonkavu.	Konni	Pramadam
43	Amma hospital	Konni	Pramadam
44	Lifecare clinic Omalloor	Elanthoor	Omalloor
45	Lekshmi clinic Omalloor	Elanthoor	Omalloor
46	Vedagram Omalloor	Elanthoor	Omalloor
47	Amm hospital	Kanjeettukara	Thottappuzhassery
48	Faith medical center	Kanjeettukara	Thottappuzhassery
49	Koshy memorial Homeo clinic	Kanjeettukara	Thottappuzhassery
50	Pranavam hospital	Enadimangalam	Ezhamkulam
51	Dr. Vijayan clinicals	Enadimangalam	Ezhamkulam
52	Nandanam speciality clinic	Enadimangalam	Ezhamkulam
53	Enathu medical centre	Enadimangalam	Ezhamkulam
54	Believers church medical college	Chathenkery	Thiruvalla municipality
55	Tiruvalla medical mission	Chathenkery	Thiruvalla municipality
56	Kgtm hospital mannarakulanji	Select block	Mylapra
57	Grace medical entre	Konni	Konni
58	Queen mary hospital	Konni	Konni
59	BCMCH	Konni	Konni
60	Christuraj hospital	Konni	Konni
61	AMM clinic	Konni	Konni
62	Lifeline hospital konni	Konni	Konni
63	Dr. Muthus Getwelll hospital	Konni	Konni
64	Medical trust hospital and diabetes care centre, Kulanada	Vallana	Kulanada
65	Mount sinai medical centre paranthal	Thumpamon	Pandalam thekkekkara
66	B.m.c hospital, vechoochira	Vechoochira	Vechoochira
67	Cherupushpam hospital, mukkoottuthara	Vechoochira	Vechoochira
68	We care hospital,vadasserikkara	Vechoochira	Vadasserikara
69	Ayyappa medical centre, kumplathamon	Vechoochira	Vadasserikara
70	Dr. Anju v nair clinic, Thalachira	Vechoochira	Vadasserikara
71	Star care hospital	Vechoochira	Vadasserikara
72	Fhc Chenneerkara	Elanthoor	Chennerkara
74	Divine medical centre	Enadimangalam	Erathu

Sl no	Private hospital name	Health block	Panchayath/mucipality
75	Aradhana hospital	Enadimangalam	Erathu
76	Medicare	Enadimangalam	Erathu

~~M.~~L. LIVESTOCK POPULATION

Sl.No	Livestock	Population (Approx. Latest Available)
1	Cattle	68,000
2	Buffalo	2,800
3	Goat	46,380
4	Dogs	60,848
5	Rabbit	7,778
6	Poultry (Total)	4.5 lakh
7	Duck	1.2 lakh
8	Pig	932
9	Turkey	656
10	Other Poultry	21547

~~N.~~M. MAIN ANIMAL HUSBANDRY OFFICES

Office Name
District Office (J.D.)
District Veterinary Centre
ADD Lab, Thiruvalla
ICDP Pathanamthitta
Duck Farm, Niranam
RAIC Pathanamthitta
RAIC Mallappally
RAIC Ranni
VPC Ranni
VPC Adoor
VPC Thiruvalla
V.H. Ayiroor
V.H. Pandalam
V.H. Pallickal

~~O.~~N. VETERINARY INSTITUTIONS LIST

Sl. No	Institution Name
1	ADCP Pathanamthitta
2	ADDL Thiruvalla

3	Avian Disease Diagnostic Lab, Thiruvalla
4	DAHO
5	Disease Free Zone Unit, Adoor
6	District Veterinary Centre, Pathanamthitta
7	Duck Farm, Niranam
8	ICDP Pathanamthitta
9	Mobile Farm Aid Unit, Aryavon
10	RAIC Mallappally
11	RAIC Pathanamthitta
12	RAIC Ranni
13	VD Anickad
14	VD Chenneerkara
15	VD Chethomkara
16	VD Elanthur
17	VD Erath
18	VD Kaipattur
19	VD Kidangannur
20	VD Kottanadu
21	VD Kottangal
22	VD Kulanada
23	VD Kunnamthanam
24	VD Kuriannoor
25	VD Kuttoor
26	VD Kuzhikala
27	VD Mannarakulanji
28	VD Mezhuveli
29	VD Nedumpuram
30	VD Niranam
31	VD Othera
32	VD Peringara
33	VD Pramadom
34	VD Ranni Angadi
35	VD Seethathode
36	VD Thattayil
37	VD Thelliyoor
38	VD Thumpamon
39	VD Vayala

~~P.~~O. VETERINARY DISPENSARY

Sl. No	Institution Name
1	Veterinary Dispensary, Chathanthara
2	Veterinary Dispensary, Cherukulanji
3	Veterinary Dispensary, Chittar
4	Veterinary Dispensary, Elamannoor
5	Veterinary Dispensary, Ezhamkulam

6	Veterinary Dispensary, Kakkudumon
7	Veterinary Dispensary, Kallooppara
8	Veterinary Dispensary, Kattoor
9	Veterinary Dispensary, Kaviyoor
10	Veterinary Dispensary, Kurichimuttam
11	Veterinary Dispensary, Naranganam
12	Veterinary Dispensary, Puramattom
13	Veterinary Dispensary, Ranni Perunadu
14	Veterinary Dispensary, Thannithode
15	Veterinary Dispensary, Vechoochira
16	Veterinary Hospital, Pallickal
17	Veterinary Hospital, Ayroor
18	Veterinary Hospital, Kalanjoor
19	Veterinary Hospital, Kodumon
20	Veterinary Hospital, Konni
21	Veterinary Hospital, Kozhencherry
22	Veterinary Hospital, Malayalapuzha
23	Veterinary Hospital, Mallappally
24	Veterinary Hospital, Mannadi
25	Veterinary Hospital, Omallur
26	Veterinary Hospital, Pandalam
27	Veterinary Hospital, Pulikeezhu
28	Veterinary Hospital, Vadasserikkara
29	Veterinary Poli Clinic, Adoor
30	Veterinary Poli Clinic, Ranni
31	Veterinary Poli Clinic, Thiruvalla

~~Q.~~P. LIST OF AYUSH INSTITUTIONS

Facility Name	Location Of Centre	Block	Facility In-Charge Name
GAD NIRANAM	NIRANAM	PULIKEEZHU	DR SREELA R
GAD KEEZHVAIPUR	KEEZHVAIPUR	MALLAPPALL Y	DR ARUN SANTHOSH
GAD PATHANAMTHITT A	PATHANAMTHITTA	ELANTHOOR	DR. VAHEEDA REHMAN. A
GAD MALAYALAPUZH A	MALAYALAPUZHA	KONNI	DR ARCHANA S P
GAD MEZHUVELI	GOVT AYURVEDA DISPENSARY MEZHUVELI	PANDALAM	DR. ANJU GS
GAD ADOOR	CHOORAKODE, ADOOR, PATHANAMTHITTA	PARAKKODE	DR TATHA DAMANAN
GHD MEZHUVELI	MEZHUVELI GRAMA PANCHAYATH	KULANADA	DR. BRIJILA S
GHD ARUVAPPULAM	ARUVAPPULAM, KALLELI	KONNI	ANCY MOL PM
GHD KOZHENCHERY	GHD KOZHENCHERY	ELANTHOOR	DR SREELAKS HMI S
GAD CHERUKOLE	CHAKKAPALAM	ELANTHOOR	SREEKALA MOHAN
GAD PRAMADAM	PRAMADOM	KONNI	DR VRINDA K
GAD ELANTHOOR	ELANTHOOR	ELANTHOOR	DR. SUMESH C VASUDEV AN
GHD PALLICKAL	GOVERNMENT MODEL HOMOEOPATHY DISPENSARY PALLICKAL	PARAKKODE	DR REJIKUMA R R
GHD KUTTOOR	KUTTOOR PANCHAYATH	PULIKEEZHU	DR LAKSHMI.S
GAD KALLOOPPARA	KALLOOPPARA, THURUTHICADU	MALLAPPALL Y	DR. JARVIS JACOB
GAD KALLELY	AKKARAKKALAPPADI	KONNI	DR ARYA P V
GAD RANNI PAZHAVANGADI	NEAR GHD RANNI PAZHAVANGADI	RANNI	DR. NIRANJAN A L MURALI
GHD VECHOOCHIRA	KUNNAM VECHOOCHIRA	RANNI	DR SALU SASI

Facility Name	Location Of Centre	Block	Facility In-Charge Name
GAD PALLICKAL	KALLAPPANCHIRA	PARAKODE	DR ANUPA G
GAD MALLAPPUZHASSERY	MALLAPPUZHASSERY, KUZHIKKALA	ELANTHUR	DR MANJU PK
GAD PANDALAM THEKKEKARA	PANDALAM THEKKEKARA, PARAKKARA.P. O	PANDALAM	DR. MANCY ALEX
GAD PANDALAM THONNALLOOR	KURAMPALA	KULANADA	SANTHI LC
GAD KAVIYOOR	KAVIYOOR CHANGANASERRY ROAD	MALLAPPALLY	DR. PARVATHY CA
GAD PAMPAVALLEY	PAMPAVALLEY	RANNI	DR. AMBILY K ASHOK
GAD VALLAMKULAM	NANNUR	KOIPURAM	RAJITHA T VARGHESE
GAD KULANADA	KULANADA	PANDALAM	DR. MEERA RAVEENDRAN
GAD KUNNAMTHANAM	KUNNAMTHANAM	MALLAPPALLY	ANJANA N
GAD NEERVILAKOM	AHWC	PANDALAM	DR DEEPIKA S L
GAD VAZHAMUTTOM	VAZHAMUTTOM EAST	KONNI	BISMI H B
GAD RANNI ANGADI	CHETTIMUKKU	RANNI	DR. AASHIKA P.J
GAD KUTTOOR	KUTTOOR	PULIKKEZHU	DR VEENA R
GAD THOTTAPUZHASERRY	THOTTAPUZHASSERY	KOIPURAM BLOCK PANCHAYATH	DR ARSHA C S
GAD PURAMATTOM	PURAMATTOM	KOIPRAM	DR SHIJI PAPPACHAN
GAD KAVIYOOR	CHANGANASERRY KAVIYOOR ROAD	MALLAPPALLY	DR. PARVATHY C A
GAD THUMPAMON	VIJAYAPURAM	PANDALAM	DR VEENA VS

Facility Name	Location Of Centre	Block	Facility In-Charge Name
GHD RANNI PAZHAVANGADI	PAZHAVANGADI	RANNI	DR RANI LEKSHMI
GHD EZHAMKULAM	ENATHU	PARAKODE	PREETA NAIR
GHD PUTHUSSERIMALA	PUTHUSSERIMALA	RANNI	DR DILEEP CHANDRAN R
GHD ARANMULA	ARANMULA JUNCTION NEAR ARANMULA ENGINEERING COLLEGE	PANDALAM	BINDU K
GHD ELANTHOOR	ELANTHOOR PATHANAMTHITTA	ELANTHOOR	DR ROSELIN MK
GHD KUTTAPUZHA	KUTTAPUZHA	PULIKKEEZH	DR. PREETHA
GHD CHUNKAPPARA	CHUNKAPPARA	MALLAPPALLY	DR. RABIYA.A. J
GHD PANDALAM	PANDALAM	PANDALAM	DR NISHA A N
GHD KULANADA	ULLANNUR	PANDALAM	DR SUNITHA G S
GHD PRAMADAM	VELLAPPARA, PRAMADAM	KONNI	ANIESHYA S R
GHD KODUMON	KODIYATTUKAVU, KODUMON	PARACODE	DOLLEY A S
GHD CHITTAR	CHITTAR	RANNI	DR. MAYADEVI. S
GHD VADASSERIKKARA	VADASSERIKKARA	RANNI	DR. MANJU RANI. M
GHD ANIKKADU	GOVT. HOMOEO DISPENSARY ANIKKAD	MALLAPALLY	DR. SREEKALA L
GHD CHENNERKARA	GOVT HOMOEO DISPENSARY CHENNEERKARA OONNUKAL PO PATHANAMTHITTA	ELANTHOOR	DR JAYACHANDRAN P
GOVERNMENT AYURVEDA DISPENSARY KOTTANAD	KOTTANAD	MALLAPPALLY	DR. ATHMASREE. S

Facility Name	Location Of Centre	Block	Facility In-Charge Name
GOVERNMENT AYURVEDA DISPENSARY KOIPURAM	KOIPURAM	KOIPURAM	DR HEMA L
GOVERNMENT HOMOEOPATHY DISPENSARY SEETHATHODE	MOONNUKALLU, SEETHATHODE P.O, PATHANAMTHITTA	KONNI	DR GEETHI SURENDRAN
GOVERNMENT HOMOEO DISPENSARY CHITTAR	CHITTAR	RANNI	DR. MAYADEVI. S

~~R.~~Q. AYUSH INSTITUTIONS (NHM)

Facility name	Block	Facility in-charge name
AYUSH PRIMARY HEALTH CENTRE (AYURVEDA) THANNITHODE	KONNI	DR BINDU KAMALOLBHAVAN
AYUSH PRIMARY HEALTH CENTRE (AYURVEDA) NEDUMBRAM	PULIKKEZHU	DR ABINESH GOPAN
AYUSH PRIMARY HEALTH CENTRE (AYURVEDA) PERINGARA	PULIKEEZHU	DR. NITHYA D. S
AYUSH PRIMARY HEALTH CENTRE (HOMOEOPATHY) THUMPAMON	PANDALAM	DR ANCY GEORGE
AYUSH PRIMARY HEALTH CENTER (AYURVEDA) KOZHENCHERRY	ELANTHOOR	DR SHEEJA A KURIAN
AYUSH PRIMARY HEALTH CENTRE(AYURVEDA)MYLAPRA	KONNI	SUNIL K JOHN
AYUSH PRIMARY HEALTH CENTRE (AYURVEDA) CHERUKOL	ELANTHOOR	BIJI VARGHESE
AYUSH PRIMARY HEALTH CENTRE(HOMOEOPATHY) RANNI ANGADI	RANNI	ASWIN KUMAR A
AYUSH PRIMARY HEALTH CENTRE (HOMOEOPATHY)VALLICODE	KONNI	DR.ABY M ABRAHAM

Facility name	Block	Facility in-charge name
AYUSH PRIMARY HEALTH CENTRE (HOMOEOPATHY) ERATHU	PARAKODE	DR ARUNCHAND
AYUSH PRIMARY HEALTH CENTRE (AYURVEDA)ADOOR	PARAKKOD	SARANYA. M. S
AYUSH PRIMARY HEALTH CENTRE (AYURVEDA). ENADIMANGALAM.	PARAKODE	DR DEEPA D RAJAN
AYUSH AYURVEDHA PRIMARY HEALTH CENTRE. ANICADU.	MALLAPPALLY	DR IBY JOSE
AYUSH PRIMARY HEALTH CENTRE (HOMOEOPATHY), VETTIPURAM	PATHANAMTHITTA	DR LINTA ELIZA THOMAS
AYUSH PRIMARY HEALTH CENTRE (HOMOEOPATHY) KAVIYOOR	MALLAPPALLY	DR. JISHA KRISHNA
AYUSH PRIMARY HEALTH CENTRE (HOMOEOPATHY) POOTHAMKARA	PARAKODE	DR. JYOTHIMOL MATHEW
AYUSH PRIMARY HEALTH CENTRE (HOMOEOPATHY) KUNNAMTHANAM.	MALLAPALLY	DR. PREETHY MARY ABRAHAM
AYUSH PRIMARY HEALTH CENTRE (HOMOEOPATHY) EZHUMATTUR	KOIPURAM	DR OOMMEN P NINAN
AYUSH PRIMARY HEALTH CENTRE (HOMOEOPATHY), KADAMPANAD	PARAKODE	DR.RAJI BALSARIOSE
APHC KONNI(HOMOEOPATHY)	KONNI	DR. P. LAKSHMI DARLING
AYUSH PRIMARY HEALTH CENTRE (MALAYALAPUZHA)	KONNI	DR CHITHRA B
AYUSH PRIMARY HEALTH CENTRE (HOMOEOPATHY) ADOOR MUNICIPALITY	PARAKODE	DR REENAKRISHNAN R K
AYUSH NHMPHC HOMOEO, OMALLOOR	ELANTHOOR	DR RESHMY S
AYUSH PRIMARY HEALTH CENTRE(HOMOEOPATHY) PURAMATTOM	KOIPURAM	DR JYOTHI LAKSHMI R
AYUSH PRIMARY HEALTH CENTRE (HOMOEOPATHY) PANDALAM THEKKEKARA	PANDALAM	DR SUMI SURENDRAN

Facility name	Block	Facility in-charge name
AYUSH PRIMARY HEALTH CENTRE (HOMEOPATHY) CHERUKOLE	ELANTHOOR	DR. SHAJIDA BEEGOM SA
APHC NIRANAM	NIRANAM	DR. SENU JOHN KOVOOR
AYUSH PRIMARY HEALTH CENTER, (HOMOEOPATHY)RANNY-PERUNADU	RANNY	DR. KARNNAN LV
AYUSH PRIMARY HEALTH CENTRE (HOMOEOPATHY) ERAVIPEROOR	KOIPURAM	DR RAGI.K. PRASAD
AYUSH PRIMARY HEALTH CENTRE HOMOEOPATHY KODUMON	PARAKODE	SUSAN V JOHN
AYUSH PRIMARY HEALTH CENTER (HOMOEO PATHY) NARANAMMOOZHY.	RANNY	DR. KARNNAN LV

~~S.~~R. LIST OF VISUAL MEDIA/DAILIES/RADIO STATION

Category	Name	Email
Media	Press Club	pressclubpta@gmail.com
Print	Chandrika	ktmchandrika@gmail.com
Print	Deepika / Rashtradeepika	deepikapta@gmail.com
Print	Deshabhimani	ptadesh@gmail.com
Print	Janayugam	janayugampta@gmail.com
Print	Janmabhumi	janpta2@gmail.com
Print	Karmabhumi	karmabhumionline@gmail.com
Print	Kerala Bhooshanam	keralabhooshanam@gmail.com
Print	Keralakaumudi	ptakaumudi@gmail.com
Print	Keralakaumudi Flash	ptaflash@gmail.com
Print	Madhyamam	ptabureau@madhyamam.com
Print	Malayala Manorama	manoramapta@mm.co.in
Print	Mangalam	ptamangalam@gmail.com
Print	Mathrubhumi	mathrubhumipta@gmail.com
Print	The Hindu	kuttoorthehindu@gmail.com
Print	New Indian Express	mohanpillai@newindianexpress.com
Print	Thejas	tjspta@gmail.com
Print	Veekshanam	vaikathussery@gmail.com

Category	Name	Email
Electronic	CAN City Channel	-
Electronic	ACV News	ptaacv@gmail.com
Electronic	Amrita TV	amritanewspta@gmail.com
Electronic	Asianet News	binoy@asianetnews.in
Electronic	Green Channel	greenchannelpta@gmail.com
Electronic	Indiavision	thankachanpeteradakal@gmail.com
Electronic	Jai Hind TV	shalupta@gmail.com
Electronic	Jeevan TV	jeevanpta@gmail.com
Electronic	Kairali TV	mineesh@kairalitv.in
Electronic	Malanadu News	malanadutelevision@gmail.com
Electronic	Manorama News	newspta@mmtv.in
Electronic	Mathrubhumi TV	vidyapviswanath@gmail.com
Electronic	MC TV	-
Electronic	Media One	-
Electronic	Metro News	ptvcitynews@gmail.com
Electronic	NCV News	ncvnewspta@gmail.com
Electronic	PTA News	ptanews2010@gmail.com
Electronic	Reporter TV	syam.pokko@gmail.com
Electronic	Surya TV	harieanthur@gmail.com
Electronic	Venad News	venadcableadoor@gmail.com
Radio	All India Radio	radionewspta@gmail.com
Radio	Radio Macfast	-

~~T.~~S. GROUND WATER DEPARTMENT – OBSERVATION WELLS

Sl. No	Block	No. of Bore Wells	No. of Open Wells
1	Adoor	6	7
2	Kozhencherry	6	3
3	Mallappally	3	4
4	Ranni	6	1
5	Thiruvalla	3	1

~~U.~~T. LIST OF NGOs IN PATHANAMTHITTA

Sl. No	Name of NGO	Registration No. (Date)	Address
1	Samadhan Foundation	P.372/08 (30-10-2008)	Dr. P. Koshy Thachakalil, Thuruthikadu P.O, Mallappally, Vennikulam, Thiruvalla, Pathanamthitta – 689597

Sl. No	Name of NGO	Registration No. (Date)	Address
2	Social Welfare and Educational Research Centre	P-1988/200 (29-11-2000)	Kizhvara Buildings, Naranganam P.O, Kozhencherry – 689642
3	MECA Kerala	P 362.1989 (08-12-1989)	Meca Headquarters, Peediakkal Road, Ernakulam North P.O, Kochi – 682018
4	Chaithanya Social Service Society	P157/08 (21-05-2008)	Panangadu P.O, Kulanada, Pathanamthitta – 689503
5	Yuvajana Samithi	P721/98 (18-11-1998)	Panangadu P.O, Kulanada, Pathanamthitta – 689503
6	Centre for Environment and Sustainable Development India (CESDI)	P 201-1993 (21-07-1993)	Cherukara Thekkemuriyil, Ayroor North P.O, Thiruvalla – 689612
7	Foundation for Development Action	P 188/08 (19-06-2008)	Building No. 566, Post Office Padimon, Mallappally – 689587
8	Adoor Young Men Association & Social Service Society	P-167/89 (21-06-1989)	Ayathil House, Moonnalam, Adoor P.O – 691523
9	Seven seas Socio Economic Development Society	P/103/96 (20-03-1996)	Mlamthadom, Muthupezhumkal P.O, Konni – 689698
10	National Forum for Peoples Rights Human Rights Promotion & Protection Society	P-398/05 (05-10-2005)	Chathamala, Kaippatta
11	Habel Foundation	P 1510/01 (05-12-2001)	Pariyaram P.O, Mallappally – 689596
12	Society for Rural Development (SORD)	P 608/04 (29-12-2004)	Melood P.O, Adoor – 691523
13	Thiruvalla Taluk Mannam Social Service Society	P-526/06 (18-10-2006)	NSS Union Building, Thiruvalla P.O – 689101
14	Pandalam Mannam Social Service Society	P.516/06 (18-11-2006)	Near NSS Medical Mission, Pandalam – 689501
15	Acme Aegis Social Welfare Trust	96/IV/09 (11-06-2009)	Sankarathil Bungalow, Kumbazha P.O, Pathanamthitta
16	Adoor Taluk Mannam Social Service Society	P 523/06 (18-10-2006)	Adoor P.O, Pathanamthitta – 691523
17	Cooperators Federation	P-418/07 (21-11-2007)	Revenue Tower, Adoor – 691523
18	Forum for Rural & Urban Integrated Transformations (FRUITS)	P-439/07 (05-12-2007)	Kanraj Bhavan, Makkamkunnu P.O, Pathanamthitta – 689645
19	Council for Advanced Studies	P 221/02 (10-04-2002)	P.B. No. 92, Thiruvalla – 689101
20	YMA Library Thalachira	P 449/09 (09-12-2009)	Thalachira, Eram P.O, Pathanamthitta – 689664
21	Netaji Smaraka Grandhasala	P459 (01-09-1994)	Kurumpakara P.O, Pathanapuram – 689695

Sl. No	Name of NGO	Registration No. (Date)	Address
22	Gandhi Smaraka Grandhasala	P-386/06 (02-08-2006)	Ullannoor P.O, Kulanada – 689503

~~V.~~U. LIST OF MORTURIES

NAME OF INSTITUTION	MORTUARY AVAILABILITY (YES/NO)	COLD STORAGE FACILITY	NO OF BODIES (CAPACITY)
TIRUVALLA MEDICAL MISSION	YES	YES	SIX
Rev GEORGE MATHEN MEDICAL MISSION HOSPITAL MALLAPPALLY	YES	YES	EIGHT
FELLOWSHIP MISSION HOSPITAL KUMBANAD	Yes	YES	TEN
RANNY MARTHOMA MEDICAL MISSION CENTRE	YES	YES	19
POYANIL HOSPITAL KOZHENCHERRY	YES	YES	EIGHT
DH KOZHENCHERRY	YES	YES	SIX
GH PATHANMATHITTA	YES	YES	SIX

~~W.~~V. DEPARTMENT OF FIRE & RESCUE

Sl. No	Station Name	Sanctioned Strength	Present Strength	Vehicles Available	Key Equipment
1	Assistant Divisional Office	ADO-1, HC-1, SC-2, Clerk-2, Typist-1	ADO-1, HC-1, SC-2, Clerk-4, Typist-1	Nil	Administrative Office
2	Pathanamthitta Fire Station	SO-1, ASO-1, LF-4, DM-1, FD-7, FM-24, PTS-1	SO-1, ASO-1, LF-4, DM-1, FD-7, FM-14	Water Tender, Mini Water Tender, Water Mist Tender, Recovery Vehicle, Quick Response	Hydraulic Set, Rubber Dinghy, Concrete Cutter, Inflatable Lights, Float Pump, Chainsaw, Air Compressor, Scuba Set, Generator, BA Set, Gas Cutter, Life Detector

Sl. No	Station Name	Sanctioned Strength	Present Strength	Vehicles Available	Key Equipment
				Vehicle, Ambulance, Jeep, Water Mist Bullet	
3	Adoor Fire Station	SO-1, ASO-1, LF-4, DM-1, FD-7, FM-24	SO-1, ASO-1, LF-4, DM-1, FD-7, FM-10	2 Water Tenders	Hydraulic Set, Rubber Dinghy, Inflatable Lights, Float Pump, Chainsaw, Portable Pump, Generator
4	Thiruvalla Fire Station	SO-1, ASO-1, LF-4, DM-1, FD-7, FM-24, PTS-1	SO-1, ASO-1, LF-4, DM-1, FD-6, FM-9, PTS-1	Water Tender	Hydraulic Set, Inflatable Lights, Float Pump, Chainsaw
5	Ranny Fire Station	SO-1, ASO-1, LF-4, DM-1, FD-7, FM-23, PTS-1	SO-1, ASO-1, LF-4, DM-1, FD-7, FM-9, PTS-1	Water Tender, Mini Water Tender, Jeep	Hydraulic Set, Rubber Dinghy, Inflatable Lights, Chainsaw
6	Seethathode Fire Station	SO-1, ASO-1, LF-3, DM-1, FD-4, FM-12	SO-1, ASO-1, LF-3, DM-1, FD-4, FM-10	2 Water Tenders, Ambulance, Water Mist Bullet	Inflatable Light, Float Pump, Chainsaw, Portable Pump, BA Set

~~X.~~W. Pathanamthitta Temporary & Permanent Shelters

Taluk	Village	Type	Shelter Name / Location	Status
Kozhenchery	Chenneerkara	Temporary	K.K. Decoration Oonnukal	Fit for use
	Kulanada	Permanent	Panchayath Community Hall at Panil	Fit for use
	Kulanada	Temporary	MDLPS Panangad, Kulanada	Fit for use
	Kidangannur	Temporary	Panchayath Community Hall Ezhikkad	Fit for use
	Kidangannur	Temporary	St. Mary's MLPS Neervilakom	Fit for use
	Kidangannur	Temporary	SNDP UPS Vallana	Fit for use

Taluk	Village	Type	Shelter Name / Location	Status
	Kozhenchery	Temporary	St Mary's GHS Kozhenchery	Fit for use
	Kozhenchery	Temporary	MTLPS Vanchithra Thekkemala	Fit for use
	Kozhenchery	Temporary	Hyndhava Sabhamandiram Kunnathukara	Fit for use
	Mallappuzhassery	Temporary	MTLP School Onthecadu	Fit for use
	Mallappuzhassery	Temporary	Govt VHSS Aranmula	Fit for use
	Mallappuzhassery	Temporary	Balawadi & Community Hall	Fit for use
	Mallappuzhassery	Temporary	CMS UP School Punnakkadu	Fit for use
	Mallappuzhassery	Temporary	MTLP School Mallappuzhassery	Fit for use
	Mallappuzhassery	Temporary	CMS LP School Kuzhikkala	Fit for use
	Mallappuzhassery	Temporary	Govt LPS Karamveli	Fit for use
	Omalloor	Temporary	GHSS Omalloor	Fit for use
	Omalloor	Temporary	Arya Bharathi H S	Fit for use
Pathanamthitta	-	Relief Camp	Govt LPS Anappara	Fit for use
	-	Relief Camp	Govt Welfare LPS Nannuvakkom	Fit for use
	-	Relief Camp	Islam LPS Pathanamthitta	Fit for use
	-	Relief Camp	SNVUPS Myladumpara	Fit for use
	-	Relief Camp	Kodunnara UPS	Fit for use
	-	Relief Camp	Govt UPS Vettipra	Fit for use
	-	Relief Camp	MDLPS Koonam	Fit for use
	-	Relief Camp	HSS Thycavu	Fit for use
	-	Relief Camp	Marthoma HSS, Pathanamthitta	Fit for use
	-	Relief Camp	Catholicate HSS Pathanamthitta	Fit for use
	-	Relief Camp	7th Day School	Fit for use
	-	Relief Camp	Marymatha HS Kodunnara	Fit for use
	-	Relief Camp	Amrithavidyalaya Kallarakkavu	Fit for use
	-	Relief Camp	MBVHS Kumbazha	Fit for use
	-	Relief Camp	Athurashram HS Kodunnara	Fit for use
	-	Temporary	SAMERU	Fit for use

Taluk	Village	Type	Shelter Name / Location	Status
Ranni	Angadi	Temporary	Govt. LPS Pulloopram	Fit for use
	Ayroor	Temporary	Ayroor Govt School	Fit for use
	Kollamula	Temporary	Govt LPS Chathanthara	Fit for use
	Kollamula	Temporary	PT Philip Memorial LP School	Fit for use
	Kollamula	Temporary	Govt LPS Arayanjilimannu	Fit for use
	Kollamula	Temporary	St. George LPS Thulappilly	Fit for use
	Kollamula	Temporary	UPS Kollamula	Fit for use
	Kollamula	Temporary	St. George LPS Venkurinji	Fit for use
	Kollamula	Temporary	SNDP School Venkurinji	Fit for use
	Kollamula	Temporary	Govt LPS Paruva	Fit for use
	Kollamula	Permanent	Govt HS Colony, Mannadisala	Fit for use
	Kollamula	-	SNDP Highschool Venkurinji	Fit for use
	Kollamula	-	Govt High School Kissumam	Fit for use
	Kollamula	-	Govt Polytechnic VCRA	Fit for use
	Kollamula	-	MGM Hiring	Fit for use
	Kollamula	-	Shaji Puthuparambil, Chathanthara	Fit for use
	Perunad	Permanent	Sabarimala Edathavalam	Fit for use
	Perunad	-	Samskarika Nilayam, Mukkom	Fit for use
	Perunad	-	Balan Keerthy Bhavan	Fit for use
Mallappally	Kunnamthanam	Temporary	Kunnamthanam Community Hall	Fit for use
	Kunnamthanam	Temporary	New Model Govt LP School	Fit for use
	Kunnamthanam	Temporary	SALPS Anjilithanam	Fit for use
	Kunnamthanam	Temporary	SALPS Vallamala	Fit for use
	Kunnamthanam	Temporary	Govt LPS Kunnamthanam	Fit for use
	Kallooppara	Temporary	MDLPS Madathumbhagam	Fit for use
	Kallooppara	Temporary	HS Kallooppara	Fit for use
	Puramattom	Temporary	St. Behnan's LP School	Fit for use

Taluk	Village	Type	Shelter Name / Location	Status
Adoor	Thumpamon	Temporary	MGHS Thumpamon	Fit for use
	Kodumon	Permanent	Govt SCLPS Kodumon	Fit for use
	Kodumon	Permanent	Govt LPS Edathitta	Fit for use
Thiruvalla	Niranam	Temporary	MTLPS	Fit for use
	Peringara	Temporary	St Johns UPS Mepral	Fit for use
	Thiruvalla	Temporary	CMS High School Thukkalassery	Fit for use
Konni	Chittar	Temporary	Chittar Govt HS	Fit for use
	Kalanjoor	Temporary	Govt LPS Kalanjoor	Fit for use
	Seethathodu	Temporary	KRPMHSS Seethathodu	Fit for use

~~Y.~~X. DETAILS OF MICRO, SMALL & MEDIUM SCALE INDUSTRIES

Sl.No	Category	Industry Name	Location	Male	Female	Total Workforce
1	Agro	Cheeckanal Industries & Trading Co.	Omalloor	15	5	20
2	Agro	My Food Roller Flour Factory Pvt Ltd	Mylapra	30	10	40
3	Agro	Agri Tech Research & Exports Pvt Ltd	Kunnamthanam	8	2	10
4	Agro	Sastha Containers & Packages	Poonkavu	17	3	20
5	Textile	Jai Hind Textiles & Oil Mills	Omalloor	12	8	20
6	Forest	Guru Sticks	Chengaroor	46	3	49
7	Forest	Victory Splints	Vallicode	48	2	50
8	Forest	Sri Saravana Match Industries	Kuttoor	18	2	20
9	Forest	Fulcrum Corporation	Koodal	48	2	50
10	Forest	United Tropical Veneers Pvt Ltd	Kaviyoor	95	5	100
11	Engineering	KSRTC Garage	Thiruvalla	97	2	99
12	Engineering	KSRTC Garage	Pathanamthitta	90	10	100
13	Engineering	Marikar Motors Ltd	Pathanamthitta	30	5	35
14	Engineering	Focus Automobile Service Ltd	Kozhencherry	47	3	50

15	Engineering	GAHM Medical Equipments Pvt Ltd	Kinfra Park	9	1	10
16	Chemical	Enjayes Spices & Chemical Oils Ltd	Vallicode	25	-	25
17	Chemical	Akay Flavours & Aromatics Pvt Ltd	Elavumthitta	150	-	150
18	Chemical	Ocean Polymers	Kinfra Park	18	-	18
19	Building	AKS Wire Cut Bricks	Vallicode	15	5	20
20	Building	Shanio Metal Crusher	Thiruvalla	40	10	50
21	Building	Scorpio Tiles Pvt Ltd	Adoor	95	5	100
22	Electrical	Traco Cable Company Ltd	Thiruvalla	110	-	110
23	Electrical	Sabarigiri Hydro Electric Project	Moozhiyar	80	-	80
24	Electrical	Kakkad Hydro Electric Project	Seethathodu	35		

~~Z.~~Y. List of Roads/ River/ Canal

Sl. No	Taluk	Village	Road / River / Canal
1	Kozhenchery	Chennerkkara	Kulanada–Omalloor Road
2	Kozhenchery	Chennerkkara	Omalloor–Elavumthitta Road
3	Kozhenchery	Chennerkkara	Oonnukal–Murippara Road
4	Kozhenchery	Chennerkkara	Pannikuzhi–Murippara Road
5	Kozhenchery	Chennerkkara	Elavumthitta–Prakkanam Road
6	Kozhenchery	Chennerkkara	Omalloor–Elanthoor Road
7	Kozhenchery	Mezhuveli	Elavumthitta–Chengannur Road
8	Kozhenchery	Mezhuveli	Achankovil River
9	Kozhenchery	Elanthoor	Thiruvalla–Kumbazha PWD Road
10	Kozhenchery	Kidangannoor	Kulanada–Kozhenchery PWD Road
11	Kozhenchery	Kidangannoor	PIP Canal
12	Kozhenchery	Kozhenchery	Thiruvalla–Kumbazha PWD Road
13	Kozhenchery	Kozhenchery	PIP Canal
14	Kozhenchery	Mallappuzhassery	Mavelikkara–Kozhenchery Road
15	Kozhenchery	Mallappuzhassery	Thiruvalla–Kumbazha Road
16	Kozhenchery	Mallappuzhassery	Kozhenchery–Elavumthitta–Pandalam Road
17	Kozhenchery	Aranmula	Aranmula–Kuruthar Road
18	Kozhenchery	Aranmula	Aranmula–Punnakkadu Road
19	Kozhenchery	Omalloor	Kaippattoor–Pathanamthitta Road
20	Kozhenchery	Omalloor	Omalloor–Elanthoor Road
21	Kozhenchery	Omalloor	Omalloor–Kulanada Road
22	Kozhenchery	Omalloor	Omalloor–Vazhamuttom Road

Sl. No	Taluk	Village	Road / River / Canal
23	Kozhenchery	Pathanamthitta	Thiruvalla–Kumbazha Road
24	Ranni	Angadi	Ranni–Thiruvalla Road
25	Ranni	Angadi	Ranni–Kozhenchery Road
26	Ranni	Angadi	Ranni–Kandanperoor Road
27	Ranni	Pazhavangadi	Punalur–Muvattupuzha Highway
28	Ranni	Chethackal	Mannamaruthi–Vechoochira Road
29	Ranni	Ayroor	Cherukolpuzha–Ranni Road
30	Ranni	Ayroor	Cherukolpuzha–Thadickal Road
31	Ranni	Ayroor	Thadiyoor–Plankomon Road
32	Ranni	Ayroor	PIP Irrigation Canal
33	Ranni	Kollamula	Mukkoottuthara–Chathanthara Road
34	Ranni	Kollamula	Mukkoottuthara–Erumely Road
35	Ranni	Kollamula	Mukkoottuthara–Thalappilly Road
36	Ranni	Kollamula	Chathanthara–Vechoochira Road
37	Ranni	Kollamula	Vechoochira–Erumely Road
38	Ranni	Perunad	Mannarakulanji–Kakkayam Road
39	Ranni	Perunad	Perunad–Athikkayam Road
40	Ranni	Vadasserikkara	Mannarakulanji–Pampa Road
41	Ranni	Ranni	Ranni–Vadasserikkara Road
42	Mallappally	Anicadu	Mallappally–Punnaveli Road
43	Mallappally	Kottangal	Padimon–Chungappara PWD Road
44	Mallappally	Kottangal	Perumpetty–Chingalppara PWD Road
45	Mallappally	Thelliyoor	Thiruvalla–Ranni Road
46	Mallappally	Thelliyoor	Kozhenchery–Mallappally Road
47	Mallappally	Thelliyoor	Kozhenchery–Thelliyoor Road
48	Mallappally	Mallappally	Kottayam–Mallappally–Kozhenchery Road
49	Mallappally	Mallappally	Thiruvalla–Mallappally Road
50	Mallappally	Perumbetty	Mallappally–Thoovanakkadavu Road
51	Mallappally	Perumbetty	Chalappally–Chunkappara Road
52	Mallappally	Perumbetty	Madathumchal–Ranni Road
53	Mallappally	Perumbetty	Perumpetty–Ranni Road
54	Mallappally	Perumbetty	Vrindavanam–Mukkuzhi–Ranni Road
55	Mallappally	Perumbetty	Perumpetty–Puthukkudimukku Road
56	Mallappally	Perumbetty	Madathumchal–Kannamperoor Road
57	Mallappally	Perumbetty	Perumpetty–Punnakkalnirappu–Kulathoormuzhi Road
58	Mallappally	Puramattom	Thiruvalla–Ranni Road
59	Adoor	Pallikal	Angadi–Puzhakulam Road
60	Adoor	Pallikal	Thengamon–Nellimukal Road
61	Adoor	Pallikal	Thengamon–Angadi Road
62	Adoor	Angadickal	Kodumon–Koodal Road
63	Adoor	Angadickal	Chandanappally–Koodal Road
64	Adoor	Ezhamkulam	Pathanamthitta–Ezhamkulam–Enathu Road
65	Adoor	Kadampanad	Adoor–Sasthamkotta Road
66	Adoor	Thumpamon	Kaipattoor–Pandalam Road
67	Adoor	Enathu	MC Road (Adoor)
68	Adoor	Adoor	MC Road (TVM–Angamaly)

Sl. No	Taluk	Village	Road / River / Canal
69	Adoor	Adoor	KP Road (Kayamkulam–Punalur)
70	Adoor	Adoor	State Highway (Chavara–Pathanamthitta)
71	Adoor	Pandalam	MC Road (Pandalam–Pathanamthitta)
72	Adoor	Pandalam	Pandalam–Mavelikkara Road
73	Adoor	Pandalam	Pandalam–Nooranadu Road
74	Thiruvalla	Niranam	Kadapuva–Veeyapuram Link Highway
75	Thiruvalla	Niranam	Niranam–Thittady PWD Road
76	Thiruvalla	Niranam	Niranam–Thottumada Road
77	Thiruvalla	Kadapra	Thiruvalla–Mavelikkara Road
78	Thiruvalla	Kadapra	Kolara Canal
79	Thiruvalla	Nedumprom	Thiruvalla–Ambalappady Road
80	Thiruvalla	Peringara	Kanjirathummoodu–Chathenkary–Concode Road
81	Thiruvalla	Peringara	Swamipalam–Mepral–Komankera Chira
82	Thiruvalla	Kavumbhagam	Thiruvalla–Mavelikkara Road
83	Thiruvalla	Kavumbhagam	Kavumbhagam–Idinjillam Road
84	Thiruvalla	Kavumbhagam	MC Road
85	Thiruvalla	Thiruvalla	Thiruvalla–Mavelikkara Road
86	Thiruvalla	Eraviperoor	Thiruvalla–Kumbazha Road
87	Thiruvalla	Eraviperoor	Thiruvalla–Ranni Road
88	Thiruvalla	Eraviperoor	PIP Canal
89	Thiruvalla	Koipuram	TK Road
90	Thiruvalla	Koipuram	Chettimukku–Arattupuzha Road
91	Thiruvalla	Koipuram	Kumbanad–Arattupuzha Road
92	Thiruvalla	Koipuram	PIP Canal
93	Thiruvalla	Thottappuzhassery	TK Road
94	Thiruvalla	Thottappuzhassery	Maramon–Thadiyoor Road
95	Thiruvalla	Thottappuzhassery	Maramon–Kanjeettukara–Ranni Road
96	Ranni	Chittar	Chittar–Seethathodu Road
97	Ranni	Chittar	Chittar–Perunad Road
98	Ranni	Chittar	Chittar–Thannithode–Konni Road
99	Ranni	Chittar	Chittar–Kodumudi Road
100	Ranni	Chittar	Chittar–Manakkayam Road
101	Konni	Vallicode	Adoor–Pathanamthitta Road
102	Konni	V Kottayam	Channanappally–Konni Road
103	Konni	Kalanjoor	Punalur–Muvattupuzha Road
104	Konni	Pramadom	Konni–Chandanappally Road
105	Konni	Pramadom	Pathanamthitta–Poonkavu Road
106	Konni	Pramadom	Kumbazha–Konni Road
107	Konni	Pramadom	Mallasseri–Poonkavu Road
108	Konni	Pramadom	Poonkavulakkur–Konni Road
109	Konni	Aruvappulam	Achankovil–Konni Road
110	Konni	Thannithode	Achankovil–Chittar Road
111	Konni	Mylapra	Punalur–Muvattupuzha Road

~~AA.~~Z. List of JCB / CRAIN Services

Sl. No	Taluk	Village	Name / Details
1	Kozhenchery	Chennerkkara	Moni (Mullankuzhiyil, Oonnukal)
2	Kozhenchery	Mezhuveli	Jose Murupel
3	Kozhenchery	—	Jagan (Laksham Veedu, Kotta)
4	Kozhenchery	—	Kamalasanan (Sabarimanthodam, Vallana)
5	Kozhenchery	Kozhenchery	Santhosh B
6	Kozhenchery	Omalloor	Sudheesh
7	Kozhenchery	Omalloor	Sathyan
8	Ranni	Angadi	Jose (Thoppil, Unnakkavu)
9	Ranni	Angadi	Unni Thadathil
10	Ranni	Pazhavangadi	Shibu Thadathil
11	Ranni	Kattoor	Rameshan Nair
12	Ranni	Ayroor	Kochumon PT
13	Ranni	Kollamula	Siji
14	Ranni	Kollamula	Benny
15	Ranni	Perunad	Noushad Mankamannil
16	Ranni	Perunad	Shaji Nirapurackal
17	Mallappally	Thelliyoor	Prabhakaran Thyparambil
18	Adoor	Pallickal	Ravi
19	Adoor	Kadampanad	Rahim (Mannadi)
20	Adoor	Pandalam	Rajan
21	Adoor	Pandalam	Manikuttan
22	Adoor	Erathu	Ponnachan
23	Thiruvalla	Niranam	Chellappan
24	Thiruvalla	Kadapra	Shiju
25	Thiruvalla	Peringara	Gopi
26	Thiruvalla	Eraviperoor	Saji
27	Thiruvalla	Thottappuzhassery	Babu Maramkolli
28	Thiruvalla	Thottappuzhassery	Maniyan Pilla
29	Thiruvalla	Thottappuzhassery	Kochumon
30	Konni	Iravon	Sasi
31	Konni	Vallicode	Sooryan
32	Konni	Koodal	Babu
33	Konni	Malayalappuzha	Biju Thekkethil
34	Konni	Thannithode	Binoy

PRIVATE HOSPITALS IN PATHANAMTHITTA PROVIDING DELIVERY SERVICES

SI NO	NAME OF INSTITUTIONS
1	Pushpagiri MCH, Thiruvalla
2	TMM Hospital Thiruvalla
3	Believers Church Medical College Hospital Kuttapuzha

SI NO	NAME OF INSTITUTIONS
4	St. Gregorious MMH, Parumala
5	Lifeline Adoor
6	Mount Zion Adoor
7	Holy Cross Adoor
8	CMH Pandalam
9	Chitra Hospital Pandalam
10	NSS Pandalam
11	Peoples Hospital,Pathanamthitta
12	St.Luke Pathanamthitta
13	Muthoot Pathanamthitta
14	Muthoot Kozhencherry
15	Poyyanil Kozhencherry
16	Marthoma Hospital Ranni
17	Sree Ayyappa MCH Vadasserikkara
18	Fellowship Hospital Kumbanadu
19	EMS Hospital Elanthoor

Health Facility Preparedness Assessment Report for Pathanamthitta, Kerala for Sep-2025

Facilities Reported

Total Facilities Reported	Government Facilities Reported	Private Facilities Reported
372	350	22

Government Facility Type	Total
Community Health Centre	11
District Hospital	1
Health Sub Centre	274
IDSP-DPHL	1
IDSP-SRL	0
Medical College Hospital	1
Other Health Facility	10
Other Laboratory	2
Primary Health Centre	46
Sub District Hospital	4
Super Speciality Hospital	0

Private Facility Type	Total
Medical College Hospital	3

Private Facility Type	**Total**
Other Health Facility	19
Other Laboratory	0
Super Speciality Hospital	0

Beds Strength

Total number of Beds in Facility: 5861

Isolation Beds without O2		**O2 Supported Isolation Beds**		**ICU Beds**		**Ventilator Supported Beds**	
Total	**Functional**	**Total**	**Functional**	**Total**	**Functional**	**Total**	**Functional**
359	330	181	162	441	433	173	157

Human Resources

Type of Resource	**Total Available**
Nurses in position	4398
Paramedics in position	1659
Ayush Doctors in position	4
Staff trained in PSA Plants	33
Staff trained in Ventilators	740
Allopathic Doctors in position	1520
Any Other FLWs, Anganwadi, ANM, Asha, Village functionary	4842

Logistics

Type	**Total**	**Function**	**% Functional**
Nebulizers	760	742	97.63

Oximeters	1276	1225	96
Oxygen Concentrators	272	262	96.32
Oxygen Cylinders	1643	1523	92.7
PSA Plants	16	10	100
LMO	12	11	91.67
MGPS	23	23	100

Type	Total
PPE Kits	1652
N-95 Masks	7622

Drugs

Name	Total
Total Doxycycline	645137
Total Paracetamol	9808450
Total Azithromycin	278638
Total Dexamethasone	52253
Total Methyl Prednisolone	6532
Total Oseltamivir 75mg tablets	61401
Total Oseltamivir 100ml Syrup bottle	613

Ambulances

Name	Total
Total Other Category Ambulances	18
Total Basic Life Support Ambulances	43
Total Advance Life Support Ambulances	12

IT Interventions

Name	Total

Ambulance Call Centres	235
Facilities tagged to call centres	209
Facilities with Telemedicine Services	288

COH-K |CBS Dashboard

Sl No	Localbody	Community Mentors	Community Volunteers	Total	%
1	Anikkadu Grama Panchayat	91	637	728	100
2	Aranmula Grama Panchayat	134	912	1046	103.8
3	Aruvappulam Grama Panchayat	105	746	851	101.3
4	Ayiroor Grama Panchayat	114	787	901	100.6
5	Chenneerkara Grama Panchayat	110	690	800	102
6	Cherukol Grama Panchayat	91	644	735	101
7	Chittar Grama Panchayat	91	637	728	100
8	Earathu Grama Panchayat	124	838	962	101.1
9	Elanthoor Grama Panchayat	94	641	735	101
10	Enadimangalam Grama Panchayat	113	740	853	101.5
11	Eraviperoor Grama Panchayat	119	839	958	100.6
12	Ezhamkulam Grama Panchayat	140	981	1121	100.1
13	Ezhumattoor Grama Panchayat	99	699	798	101.8
14	Kadambanad Grama Panchayat	119	842	961	100.9
15	Kadapra Grama Panchayat	105	742	847	100.8
16	Kalanjoor Grama Panchayat	141	991	1132	101.1
17	Kallooppara Grama Panchayat	98	694	792	101
18	Kaviyoor Grama Panchayat	100	702	802	102.3
19	Kodumon Grama Panchayat	128	908	1036	102.8
20	Koipram Grama Panchayat	119	839	958	100.6
21	Konni Grama Panchayat	126	889	1015	100.7
22	Kottanad Grama Panchayat	91	638	729	100.1
23	Kottangal Grama Panchayat	91	637	728	100
24	Kozhanchery Grama Panchayat	91	646	737	101.2
25	Kulanada Grama Panchayat	115	804	919	102.6
26	Kunnanthanam Grama Panchayat	105	740	845	100.6
27	Kuttoor Grama Panchayat	98	688	786	100.3
28	Malayalapuzha Grama Panchayat	101	688	789	100.6
29	Mallappally Grama Panchayat	98	686	784	100
30	Mallappuzhassery Grama Panchayat	94	645	739	101.5
31	Mezhuvely Grama Panchayat	93	640	733	100.7
32	Mylapra Grama Panchayat	103	641	744	102.2
33	Naranammoozhy Grama Panchayat	91	640	731	100.4
34	Naranganam Grama Panchayat	99	697	796	101.5
35	Nedumpram Grama Panchayat	91	652	743	102.1

Sl No	Localbody	Community Mentors	Community Volunteers	Total	%
36	Niranam Grama Panchayat	91	637	728	100
37	Omalloor Grama Panchayat	110	692	802	102.3
38	Pallickal Grama Panchayat	163	1127	1290	100.2
39	Panthalam-Thekkekkara Grama Panchayat	98	686	784	100
40	Peringara Grama Panchayat	105	741	846	100.7
41	Pramadam Grama Panchayat	136	928	1064	100
42	Puramattam Grama Panchayat	91	637	728	100
43	Ranni Grama Panchayat	91	643	734	100.8
44	Ranni Pazhavangady Grama Panchayat	119	849	968	101.7
45	Ranny Angady Grama Panchayat	91	637	728	100
46	Ranny Perunadu Grama Panchayat	105	735	840	100
47	Seethathodu Grama Panchayat	91	637	728	100
48	Thannithodu Grama Panchayat	91	639	730	100.3
49	Thottappuzhassery Grama Panchayat	92	639	731	100.4
50	Thumpamon Grama Panchayat	91	637	728	100
51	Vadasserikkara Grama Panchayat	105	735	840	100
52	Vallikkodu Grama Panchayat	116	740	856	101.9
53	Vechoochira Grama Panchayat	105	738	843	100.4
54	Adoor Municipality	196	1372	1568	100
55	Pandalam Municipality	231	1626	1857	100.5
56	Pathanamthitta Municipality	233	1583	1816	101.3
57	Thiruvalla Municipality	273	1918	2191	100.3

Contact points

Districts	DMO Office	Collectorate Control Room	DISHA
Pathanamthitta	0468 2228220 0468 2220313 2222642	***Collectorate Control Room, 1077***; Collectorate, 0468-2222515, 0468-2232515, 0468-2222505, 0468-2222507;	1056