PANDEMIC

NESS PLAN OF

PUZHA

MESSAGE OF PANCHAYAT PRESIDENT

Local Self Government Institutions have a crucial role in safeguarding the health and wellbeing of the community during public health emergencies and pandemics. The experiences from recent outbreaks and pandemics have highlighted the importance of preparedness, coordinated action, timely communication, and community participation in reducing the impact of such events.

This Pandemic Preparedness Plan has been developed to strengthen the preparedness of our Karukutty Grama Panchayat to effectively prevent, detect, respond to, and recover from public health emergencies. The plan has been prepared from our experiences in managing COVID-19 pandemic and other public health emergencies and adopts a One Health approach, recognizing the close interconnection between human health, animal health, and the environment in preventing and managing disease outbreaks. It also outlines the roles and responsibilities of various stakeholder departments, institutions, elected representatives, health workers, volunteers, and community organizations in ensuring a coordinated response.

The success of any such effort depends on the active collaboration between the various departments, organisations and the public. Special attention must be given to vulnerable groups including the elderly, children, persons with disabilities, and individuals with chronic illnesses. Our success in mitigating any such outbreaks and pandemics depends on the collective effort of all.

I sincerely appreciate the efforts of the Health Department in coordinating this major initiative involving Local Self Government across Kerala. I also appreciate the Medical Officer and other officials, healthcare workers, technical experts, and stakeholders who contributed to the preparation of this document. I am confident that this plan will serve as an important guide for strengthening local preparedness and resilience against future public health threats.

Let us work together to build a safer, healthier, and more resilient community.

Panchayat President

Ayyampuzha Gramapanchayat

MESSAGE FROM MEDICAL OFFICER

Public health emergencies and pandemics remind us that health systems must always 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, coordinated response, and strong community participation are essential to reduce health risks and protect lives.

Kerala Health has taken this initiative for the last six months, build capacities of state, district and sub district level functionaries. Addl Chief Secretary conducted series of meetings with DSO, Epidemiologist along with the State Resource Team . This Pandemic Preparedness Plan has been developed to strengthen the readiness of our Grama Panchayat 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 plan follows 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 must also have surge preparedness plans which can be adopted quickly during a public health emergency.

Particular attention must also be 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.

I sincerely appreciate the leadership and support from our President and other elected representatives and the dedicated efforts of my health team and officers from other departments and community members who contributed to the preparation of this plan. I hope this document will serve as a practical guide for strengthening local resilience and ensuring a timely, effective, and compassionate response during public health emergencies.

Medical Officer

Ayyampuzha Grampanchayat

EXECUTIVE SUMMARY

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

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

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

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

Overall, Puthenvelikkara Taluk Hospital stands as a vital institution in safeguarding public health and improving the quality of life of the residents of Puthenvelikkara Grama Panchayath

LIST OF ABBREVIATIONS

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

INTRODUCTION

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

LSGD AT A GLANCE

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

Ward	Houses	Population	Migrants	Wells	Hot spots	Ed. Institutions	Hosp pvt/govt.
14	3867	14235	236	3143	2	22	1/1

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

Maps - ward-based (Mention source also)

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

INTEGRATED HEALTH INFRASTRUCTURE MAP OF MANJAPRA PANCHAYATH

GENERAL PROFILE OF THE LSGI'S

Background of the LSGI

Ayyampuzha Grama Panchayat is situated in the end of Ernakulam district, Kerala. The geographical landscape of the Panchayat is high , characterized by 600 acers of Plantation corporation rubber and Palm Oil plantation area with attacks of Elephants , wild pigs is a real threat for the 1,2 ,3 4, Wards . This plantation forest area has less distinct public transportation, emergency response, and service delivery, .

The Panchayat is administratively divided into 14 wards, with a population largely on NRI economy,Rubber Plantation and other form of the backbone of the local economy..

From a public health and disaster management perspective, AyyampuzhaLSGI has vulnerable to slandsliding, mild water scarce area, and mild cases of vector-borne illnesses such as Dengue and Leptospirosis.. These recurring emergencies have underscored the importance of strengthening local preparedness, response mechanisms, and inter-departmental coordination.

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

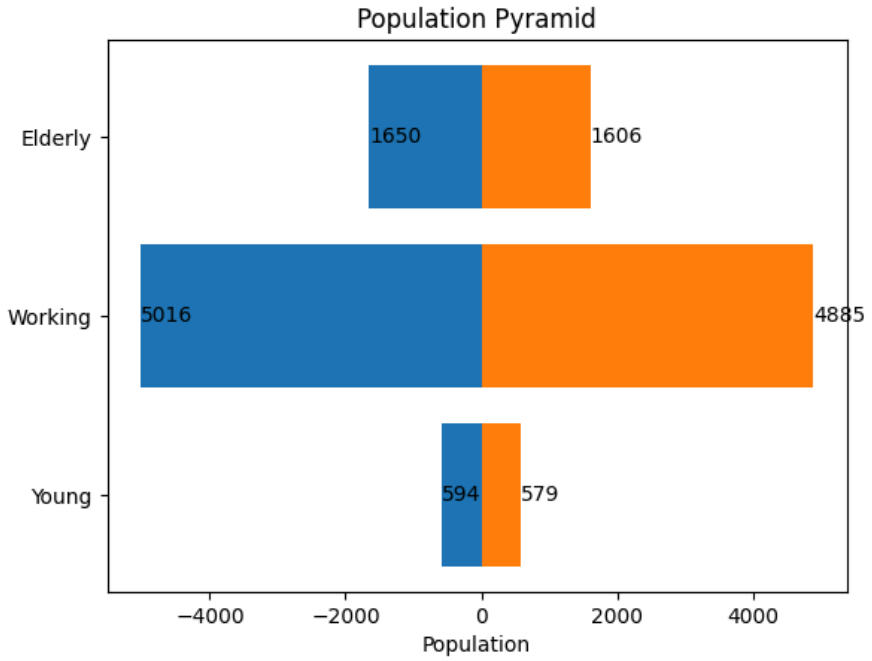
Table 1: Background of LSGD

Description	**Details**
Name of LSGI	AYYAMPUZHA
Type (GP/Municipality / Corporation etc.)	Grama Panchayath
Block	ANGAMALI
District	Ernakulam
Number of wards	14
Total area (sq. km)	231.39 sq. km
Population(Projected)	14130
Population density	persons/sq km
Terrain (coastal/low-lying/backwaters/foothills, etc.)	High lying terrain surrounds by rocky & plantation area
Number of rivers passing through LSGI	1
Number of water bodies in the LSGI	7
Number of educational institutions	22
Factories / small-scale industries	3
Flood-prone wards	2
Landslide-prone wards	11
Death Management and Disposal Facilities (mortuaries/crematorium, including electric)	1 Crematorium
Auditoriums/Marriage halls/convention centres/community halls	8

Demographic and Vulnerable Population

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

Description		Details (in numbers)
DEMOGRAPHIC PROFILE		
Total population		14330
Male		7260
Female		7070
Transgender		0
Children under 5		593
Adolescent		580
Elderly (>60)		3256
SOCIAL/LIVELIHOOD VULNERABILITY		
Previous EPEP family		46
BPL family		1874
Tribal communities		23
Migration	Immigrant	235
	Emigrant	775
Socio-economically deprived		5180
Fisherfolk		0
SC Community		1624
ST Community		28



A constrictive population pyramid with a high elderly proportion indicates an aging population with increased dependency burden.

Clinical Vulnerability

Description	Details in numbers
Pregnant women	61
Lactating mothers	64
Bedbound patients	83
Patients under palliative care other than bedbound	243
Patients on Haemodialysis	8
Patients on CAPD	0
Cancer patients (currently on treatment)	9
Haemophilic patients	0
Mentally challenged	27
Differently abled	45

Description	Details in numbers
Diabetic patients	1564
Hypertensive patients	1488
TB patients	4

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

Sl. No.	Name of festival	Month detailing the periodicity
1	Ayyampuzha St.mary's church	January
2	Infant jesus church ,Kollakode	Decemember
3	Little flower church ,Potta	January
4	St.George Chully	January
5	Thanikode temple	March
6	Pullepara Temple thaze cutting	February

Table 5. Health Facility Resource Summary								
Sl. no.	**Health Facility**	**Type of Facility (MCH/GH/CHC/FHC/SC etc.)**	**Contact Number**	**Total beds**	**ICU Beds**	**Oxygen-Supported Beds**	**No. of Ventilator Support Beds**	**No. of ambulances**
Government Healthcare Facilities								
1	Fhc Ayyampuzha	family health centre	0484 2696825	4	0	0	0	1
Private Healthcare Facilities								
1								
2								
AYUSH Healthcare Facilities								
1	HOMEO	GOVT HOS	Dr George 9847753422	0	0	0	0	0
2	AYURVEDA	GOVT.	Dr.Manju 9446304518	0	0	0	0	0

Private Clinics

Table 6. Private Clinic Resource Summary

Sl No.	Name of Clinic	Registered (Y/N)	Clinic (General / Speciality)	Speciality (if any)	Address	Contact Number	Diagnostic Facility (Y/N)	Ambulance Linkage (Y/N)
1. 2								
3.								

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Healthcare Education & Training Institutions

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

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

Specialized Services & Emergency Inventory

Item	Govt	Private	AYUSH	Total
Hospital beds	4	0	0	4
Oxygen-generating systems(Y/N)	No	No	No	No
Oxygen-supported beds(Numbers)	0	0	0	38
Ventilator-supported beds	0	0	0	0
ICU beds	0	0	0	0
Burns units	No	0	0	0
Blood centres	No	0	0	0
BLS ambulances	No	0	0	0
ALS ambulances	No	0	0	0
Dialysis facilities	No	0	0	0
Dispensaries	0	0	0	0
Medical store	0	1	0	1
Industrial establishments (**Medium-scale industries/small-scale industries establishments to whom we can depend in a worst-case scenario)**		3 Small Scale Industries		

Oxygen & Diagnostic Capacity

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							
DDRC	N	N	Y	N	N	N	N
URBAN LAB	N	N	Y	N	N	N	N
MEDICAL CENTRE	N	N	Y	N	Y	N	N
PJ -HITECH	N	N	Y	N	N	N	N
	N	N	Y	N	N	N	N

Diagnostics facility mapping at the LSGI level

Item	Govt	Private	AYUSH	Total
General labs	0	0	0	0
Microbiology labs	0	0	0	0
RT-PCR labs	0	0	0	0
USG units	0	0	0	0
CT/MRI units	0	0	0	0
Research labs	0	0	0	0
Labs of other departments that can be repurposed	0	0	0	0

Laboratory Identification & Basic Details

Sl. No.	Name of Laboratory	Ownership (Govt / Private / Academic)	Address	Contact No.	24×7 Services (Yes/No)	NABL / Govt Approved (Yes/No)
	NA	0	0	0	0	0
	NA	0	0	0	0	0

Social and Community Infrastructure for surge plan

Category	**Total Count**	**Ward**	**Est. Capacity (Persons)**	**Contact details**
Educational Institutions				
Anganwadis	16	14		
Schools	5			
Colleges	0			
Healthcare Educational Institutions				
Medical colleges (Govt/Private)	0			

Nursing colleges (Govt/Private)	0			
Dental colleges (Govt/Private)	0			
Paramedical institutes (Govt/Private)	0			
Community Gathering Spaces				
Community halls	0			
Auditoriums	1			
Religious buildings	6			
Vulnerable Group Support Facility				
Destitute homes	0			
Elderly homes	0			
LSGD owned other buildings				
Mass Fatality Management (MFM) Infrastructure				
Mortuary	0			
Crematorium	1			

*refer annexure 1 for contact details

Human resources

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

Medical & Clinical Personnel

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

Cadre	Govt (No.)	Private (No.)	Total
Doctors—Modern Medicine	3	0	3
Doctors – AYUSH	2	0	2
Doctors – Veterinary	1	0	1
Doctors – Dental	0	0	0
Nursing officers	2	0	2
Lab technicians	2	1	3
Optometrist	0	0	0
Pharmacists	4	1	5
Psychologists	0	0	0
Counsellors	0	0	0

Public Health & Field-Level Workforce

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

Cadre	Health services	Municipal common services	Total
HS (Health Supervisors)	0	0	0
HI (Health Inspectors)	1	0	1
LHS (Lady Health Supervisor)	0	0	0
LHI (Lady Health Inspectors)	1	0	1
JPHN (Jr Public Health Nurses)	3	0	3
JHI (Jr Health Inspectors)	2	0	2
MLSP (Mid-Level Service Providers)	4	0	4
Palliative Nurses	1	0	1
RBSK Nurses	0	0	0

Cadre	Health services	Municipal common services	Total
PRO	0	0	0
Epidemiologist	0	0	0
Data Manager	0	0	0

Community & Support Cadre

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

Cadre	Number
ASHA Workers	14
AWW (Anganwadi Workers)	17
Emergency Medical Volunteers (Trained)	5
Kudumbashree	135
MNREGS	412

Cadre	Number
Purusha Swayam Sahaya Sangham	0
Ex-Servicemen	9
Retired Police Officers	9
NCC/NSS Volunteers	14
Red Cross volunteers	0
One Health Community Volunteers	0
One Health Community Mentors	0

Community Organizations

Category	Total Count
NGOs	1
Religious based organizations	3
Foreign based organizations	0
Sports Club/youth clubs	4
Kudumbashree SHGs	875
Ayalkootams	136
Political organizations	2
Residential organizations	3

Administrative & Emergency Services

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

Category	Total Count	Contact details
Police Stations	1	9400571617
Fire & Rescue Stations	0	
Water Pumping Points	0	
Public Distribution System (PDS)	0	

Information regarding resources

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

Means of transportation	Total Count
JCB	5
Crane	1
Heavy Trucks	15
Tractor	1

Ambulances	3
Mobile mortuaries	1
Boats	0
Taxi service	6

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

ONE HEALTH & ENVIRONMENTAL SURVEILLANCE

Animal & Bird Population

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Category	Item	Estimated Population	Wards
Animal Population	Livestock (Cattle/Goats/Buffalo)	1589	14
	Pet Animals (Dogs/Cats)	1267	14
	Stray Dog Population	204	
	Pig Farms (Number of heads)	5	
	Small Units (Sheep / Goats – clustered)	986	
Bird Population	Poultry Units (Birds)	nil	

Category	Item	Estimated Population	Wards
	Poultry- (FOWL)	74051	
	Wild/Migratory Birds (Observed)	nil	
	Crow Mortality Events (Reported)	nil	

Veterinary Infrastructure

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

Facility Type	Name of Facility	Ownership Govt / Pvt	Location(Ward No)	Contact number
Veterinary Dispensary	1	Govt	10	9048461857
Veterinary Hospital / Polyclinic	0	0	0	0
Private Veterinary Clinics	0	0	0	0
Mobile / Emergency Vet Service (incl. night services)	Vetenery hospital kalady	Govt.	0	Dr.Ameen Aham : 9447126457
Pet Homes / Animal Shelters	0	0	0	0
Slaughterhouse-linked Veterinary Inspection Unit	0	0	0	0

Veterinary Doctors & Workforce

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

Category	Number Available	Type (Govt/Pvt)	Contact number
Government Veterinary Doctors	1	Govt	Dr.JEBY 9048461857
Private Veterinary Doctors	0		
Livestock Inspectors	2	Govt	SMITHA 628104076 MANU Krishnan 9846318049
Para-veterinary Staff / Attenders	1	Govt	Ajith : 9746712207
Contract / On-call Veterinary Support (if any)	2	Govt	

High-Risk Interface Points (Surveillance Sites)

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

Type of Habitat	Type of High risk interface	Geographical vulnerability
Wetlands & Backwaters	Nil	nil
Backyard Poultry Farms	0	nil
Cattle Sheds near Water Bodies	0	nil
Fish & Meat Markets	2	nil
Community Slaughter Sites	0	nil
Migratory Bird Congregation Areas	0	nil
Rodent-Infested Grain Storage	0	nil

Category	Total Count	Key Locations (wards)
Poultry Farms	3 (48634 birds)	14
Backyard / Clustered Poultry Units	0	nil
Duck Rearing Units (open water access)	0	nil
Slaughterhouses/ Slaughter Points	0	nil
Meat/Fish Markets	1	nil
Live Bird Sale Points	0	nil
Cattle Markets / Weekly Animal Fairs	0	nil
Pet Shops / Breeders	0	nil
Animal Shelters / Pet Homes	0	nil
Waste Disposal Sites near Animal Units	0	nil

Environmental Risk Mapping

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

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

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

Risk Factor	High-Risk Wards	Key Locations	Risk Level (High/Med/Low)
Flood-prone areas	8,9,	Chathakulam	Medium
Water bodies/wetlands	Ward 1,2	Chalakudy river	medium
Solid waste accumulation	Nil	nil	Nil
Animal waste disposal issues	Nil	nil	NIL
Rodent infestation zones	Nil	nil	Nil
Industrial effluent discharge	Nil	nil	nil
Construction sites / abandoned buildings	Nil	nil	Nil
Poor drainage/blocked canals	nil	nil	Nil
Drinking water source contamination risk	1,2,3,4	Ayyampuzha Plantation areas	low

Disease Seasonality Mapping

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

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

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

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

Disease	Peak Risk Season	Key Drivers	High-Risk Locations	Surveillance Focus
Avian Influenza	Nil	NA	nil	NIL
Leptospirosis	Monsoon	MNREG,Agriculture	nil	
Dengue/Chikungunya	June-July		Ayyampuzha,cutting,kunthiri	
Acute Diarrheal Diseases	January -December		14 wards	
Rabies	Nil	nil	nil	
Anthrax (rare)	Nil	nil	nil	

Vulnerability Mapping

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

Vulnerability Factor	High-Risk Wards	Key Groups / Locations	Risk Level
Flood-prone households	67		
Wetland-adjacent communities	0		
Backyard poultry / duck rearing households	0		
Livestock-rearing households	0		
Slaughterhouse & meat market workers	0		
Fisherfolk & fish market workers	0		
Sanitation workers	24		
Daily wage / migrant workers	235		
Elderly & chronically ill populations	5524		
Pregnant Women	84		
Children (schools, Anganwadi's)	1224		
Limited access to safe water & sanitation	238		

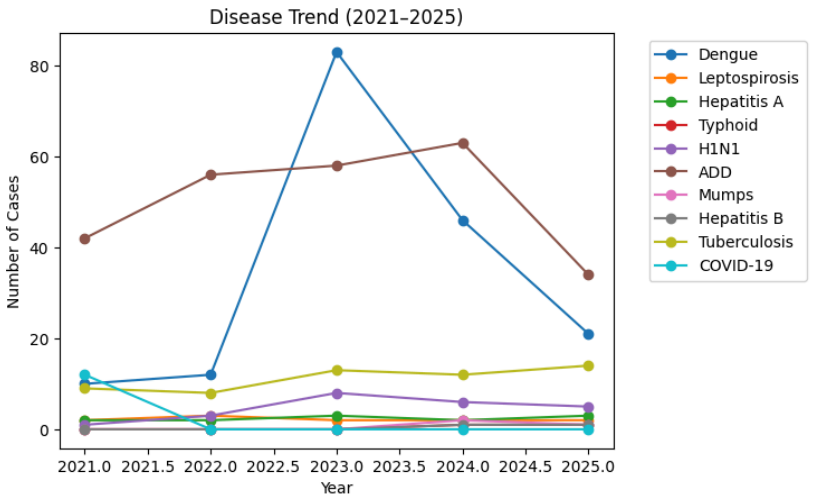
EPIDEMIOLOGICAL TRENDS (2021–2025)

Disease Burden among human beings(Last 5 Years)

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

Disease	2021	2022	2023	2024	2025	Trend(Increasing/Stable/Decreasing)
Dengue	10	12	83	46	21	decreasing
Leptospirosis	2	3	2	2	2	Stable
Hepatitis A	2	2	3	2	3	Stable
Malaria	0	0	0	0	0	Stable
Scrub Typhus	0	0	0	0	0	Stable
Typhoid	0	0	0	1	1	Stable
H1N1	I	3	8	6	5	Stable
H3N2	0	0	0	0	0	Stable
ADD	42	56	58	63	34	decreasing
Mumps	0	0	0	2	1	Stable

Measles	0	0	0	0	0	Stable
Hepatitis B	0	0	0	1	1	Stable
Hepatitis C	0	0	0	0	0	Stable
Tuberculosis	9	8	13	12	14	increasing
Leprosy	0	0	0	0	0	Stable
COVID-19	12	0	0	0	0	



The data shows a dengue peak in 2023, consistently present tuberculosis cases, and declining ADD with minimal impact from other disease

Seasonal Trend Analysis

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

DENGUE

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

Peak: July–November

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

Ward	Dengue – Ward-wise Yearly Distribution					
	2021	2022	2023	2024	2025	Total
1	0	1	0	0	1	2
2	1	1	0	1	0	3
3	0	1	2	0	0	3

4	1	4	13	17	3	38
5	0	0	7	2	1	10
6	0	0	12	2	10	24
7	0	0	17	4	1	22
8	6	0	7	3	1	17
9	0	3	2	2	1	5
10	2	0	5	2	1	5
11	2	1	5	2	0	9
12	0	0	4	2	0	6
13	0	1	8	10	2	21

LEPTOSPIROSIS

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

Peak: June - August

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

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

12	1	0	0	0	0	1
13	0	0	0	0	0	0

VIRAL HEPATITIS - A

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

Peak: October - December

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

Ward	**Hep A – Ward-wise Yearly Distribution**					
	2021	**2022**	**2023**	**2024**	**2025**	**Total**
1	0	0	0	0	0	0
2	0	0	0	0	1	1
3	0	0	1	0	0	1
4	1	0	1	0	0	2

5	0	1	0	1	0	2
6	0	0	0	0	1	1
7	1	1	0	0	0	2
8	0	0	0	1	0	1
9	0	0	0	0	0	1
10	0	0	0	0	0	0
11	0	0	0	0	1	1
12	0	0	0	0	0	0
13	0	0	0	0	0	0

Outcome-Based Trend Analysis- 2025

Transmission Trend- 2025

For effective management of public health issues, it is important to track the trend of disease transmission mode. It helps identify the population or place at high risk that can be used to predict outbreaks and implement targeted interventions as quickly as possible. Understanding these kinds

of trends enables authorities to allocate resources efficiently and change the strategies adequately based on the trend that follows.

Mode of Transmission	No. of cases	No. of Deaths
Vector Borne Diseases	22	0
Water Borne Diseases	34	0
Air Borne Diseases	14	3 (tb)
Blood Borne Diseases	0	0
Food Borne Diseases	0	0

Vector-Borne Disease

Disease	No. of Cases	No. of Deaths
Dengue	22	0
Malaria	0	0
Chikungunya	0	0

Water Borne Disease

Disease	No. of Cases	No. of Deaths
Cholera	0	0
Typhoid	0	0
Hep- A	3	0
Dysentery	0	0
Amoebiasis	0	0
E- Coli infections	0	0

Air Borne Disease

Disease	No. of Cases	No. of Deaths
Influenza	0	0

H1N1	5	0
TB	13	1
Chickenpox	14	0
Measles	0	0
Covid-19	0	0
Pertussis	0	0
Mumps	2	0

Blood-Borne Disease

Disease	**No. of Cases**	**No. of Deaths**
AIDS	0	0
Hep- B	1	0
Hep- C	0	0

Zoonotic Disease

Disease	No. of Cases	No. of Deaths
Rabies	0	0
Leptospirosis	2	0
Avian influenza	0	0
West nile	0	0
Anthrax	0	0
Nipah	0	0
Scrub Typhus	0	0

Preparedness and Response Protocol at LSG Level

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

Constitution of One Health Committee

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

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

Sl No	Name	Designation	Department/Institution	Role in Committee	Contact Number
1	SUNNY PYNADATH	Panchayat President	LSGD	CHAIRMAN	9447913420
2	DR. SARIMOLE	Medical Officer (PHC/CHC)	Health Dept	Member Secretary	9496022568
3	DR.SMITHA	Veterinary Officer	Animal Husbandry	Member	8281969909
4	NIL	Epidemiologist	Health Dept	Member	
5	PRINCE JOHN	Health Inspector/PHN	Health Dept	Surveillance	9447573860
6	SIMI DAVIS	ASHA LEADER	Health Dept	Community link	9400976875
7	BENCY	ICDS Supervisor	Social Welfare	Vulnerable groups	9633122682
8		Police Station Officer	Police Dept	Law & order	0484 2462360
9	BIJI SAJU	Ward Councillor Representative	LSGD	Community coordination	9946794095
10	MINI	Kudumbashree CDO	Kudumbashree	Community mobilisation	9495546748
11	SATHEESH	NGO/Volunteer rep	Civil Society	Support services	9446991787
12		Line Department representations			

Key Responsibilities:

- Review disease surveillance data (human + animal)
- Conduct ward-wise risk assessment and vulnerability mapping
- Approve quarantine/isolation centre locations
- Coordinate with district for resources (PPE, oxygen, ambulances)

- Periodically review health system surge capacity, including beds, oxygen, human resources, and ambulances.
- Approve and monitor risk communication and community engagement strategies, including rumour management.
- Ensure protection and service continuity for vulnerable groups (elderly, persons with disabilities, dialysis patients, coastal populations).
- Conduct quarterly mock drills
- Monitor equity measures for vulnerable groups

Meeting Schedule:

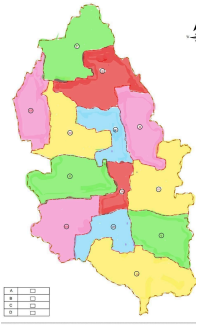
Quarterly (normal times) | Weekly (outbreak alert) | Daily (pandemic phase)

Pandemic Response Workforce

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

Total Response Workforce Available: 300 persons

Team Name	Composition	Key Responsibilities	Team Leader
Surveillance and Contact Tracing Team	HI, JHI, JPHN, ASHAs and Volunteers	Case detection, contact listing, home visits, reporting	HI
Case Management Team	Doctors, Nurses, MLSP, Palliative Nurses	Patient care & referral	DOCTOR
Quarantine & Isolation Team	LSGD staff, Volunteers	Facility management	JHI
Psychosocial support	MHAT ELANTHIKARA	SATHEESH	HI

Logistics & supply chain Team	LSGD staff, Storekeepers, Drivers 3	Supplies & transport [PPE, medicines, oxygen, transport, waste management]	Ward Member 
Communication Team	Ward members, Kudumbashree, Youth clubs, AWW workers and other self help groups	IEC, community meetings, countering misinformation	M.O in charge
Transportation	KSRTC, educational institutional buses		
Media Surveillance			
Intersectoral coordination and convergence	SECRETARY GRAMAPANCHAYATH		
Collaborative surveillance			

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

Activities and Measures before and during Pandemic

PHASE 1 - Alert / Preparation

Surveillance and Reporting-Enhanced syndromic surveillance:

1. **Data sources for surveillance:**

2. **Event-based triggers (to be monitored and reported):**
3. **Zoonotic and animal health surveillance**
4. Logistics and Stock Preparedness

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

    - PPE kits – numbers
    - Pulse oximeters – ___ numbers
    - Hand sanitizers – ___ litres
    - Masks, gloves, disinfectants – adequate quantity

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

➢ Identification of Quarantine and Isolation Facilities

- Identify and list suitable buildings for quarantine and isolation (schools, hostels, community halls, etc.).
- Categorise cases as per the severity and allocate to appropriate facilities (for instance, severe cases to classrooms, mild cases to an assembly hall in case of a school).
- Facility readiness checklist needed (beds, toilets, ventilation) etc.

- Find an alternate site if the primary sites are not available or not in use.
- Identify facility managers and support staff
- Prepare basic SOPs for:
  - Admission and discharge
  - Food, water, sanitation
  - Infection prevention and waste disposal
- Ensure availability of basic amenities: water, sanitation, electricity, ventilation, and waste disposal. Prepare a rapid activation plan for these facilities if case numbers increase.

➢ Risk Communication and Community Preparedness

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

➢ Protection of Vulnerable Groups

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

- Prepare and regularly update **line-lists** of vulnerable populations, including:
    - Elderly persons living alone
    - Persons with disabilities
    - Pregnant women
    - Migrant workers
    - Dialysis patients

  The detailed line-lists shall be maintained as **Annexure** ___ and updated periodically.

➢ Clinical Dependency Mapping

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

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

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

PHASE 2 - Active Response

1. Case Identification and Contact Tracing

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

Field Staff Involved

- Health Inspector (HI)
- Junior Health Inspector (JHI)

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

2. Screening Checkpoints

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

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

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

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

Standard Screening Protocol

```
1. TEMPERATURE CHECK        2. VISUAL SYMPTOMS       3. TRAVEL HISTORY
   (Non-contact)              (Cough/Fever/Breathless)  (Last 14 days)

         ↓                          ↓                        ↓

4. QUICK RISK ASSESSMENT     5. ACTION TAKEN
   High Risk → Test/Quarantine   Normal → Allowed
   Suspect → PHC Referral        IEC + Mask provided
```

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

3. Pandemic Control Room

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

Control Room Infrastructure and Location

Primary Location: _AYYAMPUZHA Panchayath Office.

Backup Location: Community Hall in AYYAMPUZHA G.P.

Health System Control Room Framework

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

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

Key Control Room Team

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

Role	Name	Designation	Contact Number	Responsibility
In-charge/Nodal Officer	SUNIL K	LSGD SECRETARY	9847049005	Overall coordination, decision-making, and reporting to the District level.
Data Entry Operator				Managing the line list, updating dashboards, and tracking testing results.
Communication Officer	JOICY JOSEPH	CLERK	9544846502	Handling the public helpline, coordinating ambulance dispatch, and contact tracing calls.
Logistics Coordinator				
Technical Support *(IT/Data)*	JINI	TECHMICAL ASSISTANT	9495131422	

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

Key Points:

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

- All reports and situation updates shall be shared daily with the Block and District Surveillance Unit.

- The Control Room shall act as a single point of contact for coordination with response teams, health institutions, and other departments.

- Contact details of the Control Room shall be widely communicated to field staff and stakeholders during activation.

Daily Monitoring Indicators

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

1. **Epidemiological Indicators:**

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

2. **Surveillance Indicators:**

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

3. **Logistics and Infrastructure Indicators:**

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

4. **Alert Findings**

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

Category	Trigger Pophint (Red Flag)	Immediate Action

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

Additional investigations like Whole Genome Sequencing (WGS)	Detection of a **Variant of Concern (VOC) or Variant of Interest (VOI)**	Implement strict micro-containment; update clinical protocols to match variant severity.

4. Communication of Public Health Information

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

Key communicators

Channel	Responsible Person	Contact
Ward-level announcements		
Social media		
Local Cable TV/Radio		

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

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

5. Coordination with District/State Authorities & Other Organisations

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

Key Details:

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

Reporting Schedule and Protocols:

To Whom	What to Report	Frequency	Nodal Person
Block PHC	Complete Situation Report (Cases, Quarantine, Beds, Screening, Deaths)		
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 LSGD facilities, quarantine/isolation centres, and field teams through daily stock registers and dispensing logs to prevent shortages.
- Coordinate with District authorities, Karunya/Neethi medical shops, and local purchase committees for funds allocation and emergency procurement.
- Ensure regular monitoring of dispensing registers at all facilities to track usage, expiry, and pilferage—shortages being a perennial issue requiring proactive weekly audits.
- Activate surge procurement protocols during high caseloads, leveraging local purchase powers under LSGD funds alongside state supplies.

Resource Inventory and Contacts

Resource Category	Source (District/State/Private)	Contact
PPE Kits/Masks/Gloves	KMSCL	
PPE Kits/Masks/Gloves	Local Vendors	
Oxygen Cylinders/Concentrators	KMSCL	
Medicines/Antivirals	KMSCL	

Medicines/Antivirals	Neethi Shops	
Test Kits (RTPCR/Rapid)	KMSCL	

Collaboration with NGOs, PPP, and CSR

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

Key Points:

- Engage NGOs and community-based organisations for community outreach, awareness, and support to vulnerable populations.
- Leverage CSR support for procurement of medical equipment, PPE, oxygen concentrators, food kits, and sanitation materials, as permitted.
- Ensure all collaborations align with government guidelines and are routed through approved administrative and financial procedures.
- Maintain transparency and documentation for all external support received and utilised.

Organization	Type	Support Offered	Contact Person
Youth Clubs/Student Unions	CBO		

Interdepartmental Coordination

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

Department	Representative	Key Role	Contact

Health (PHC)	Staff Nurse : Smt.JIJI SHAJI	Case management	9447509858
Veterinary	Veterinary Surgeon: Dr,JAIBY	Animal surveillance	9048461857
ICDS	Supervisor: FRANCY	Nutrition support	9539050874
Education	Head Teacher:	School coordination	
Police	STATION OFFICER : SANIL CHANDRAN	Containment enforcement	9400571617
Water Authority	AE	Water supply	8547638165
LSGD Engineering		Quarantine infrastructure	

PHASE 3 - Surge Capacity

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

Conversion of Community Facilities

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

Name of facility	Facility Type	No. of Buildings	Ward	Surge Capacity (Beds)	Nodal Person

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

CONCLUSION

Additional points

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

RECOMMENDATIONS

1. Strengthening Healthcare Infrastructure

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

2. Community Awareness & Education

- Conduct regular awareness campaigns on hygiene, vaccination, and preventive measures.
- Use local communication channels (community radio, WhatsApp groups, notice boards) to spread verified information.
- Train volunteers to act as health ambassadors in each ward.

3. Emergency Response & Coordination

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

4. Supply Chain & Food Security

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

5. Digital Preparedness

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

6. Training & Capacity Building

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

7. Long-Term Resilience

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

MOCKDRILL SCENARIOS

ANNEXURE

1. IMPORTANT PHONE NUMBERS

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

persons and institutions who/which are supposed to give technical and co-ordination support to reduce the impact of pandemic.

1.1. Details of grama panchayat/municipality/corporation wards

Sl.No	Name of the ward	Ward number	Name of the ward member	Contact number

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

Ward no.	Name of ward member	Contact number
1.	SHIVANANDHAN	9747805535
2.	RESHMA SHINOJ	7306535270
3.	DIVYA SARATH	9539490149
4.	GITA MUKUNDAN	8281088559
5.	**SHAJI THALIYAN**	8606764186
6.	M.M.SHAJU	8547776057
7.	ABHIJITH KUMAR M.R.	8590129983
8.	REJI VARGHESE	7025893241
9	ANOOP AUGUSTINE	9846041667

10	SHELBY BENNY	9497029438
11	AATHIRA SANDEEP	9846519878
12	BIJU KAVUNGA	98474478989
13	DIVYA SIJU	9961118302
14	BABY KOTTAKKAL	9544364775

1.3. Important offices of grama panchayat/municipality/ corporation

Sl.No	Name of the office	Contact person	Contact number
1.	Village Office	Village Officer	
2.	Agriculture Office	Agriculture Officer	ASHA JOHN: 7025752691
3.	Animal Husbandry Office	Animal Husbandry Doctor	JAIBY : 9048461857
4.	Police Station	Police Officer	SANIL CHANDRAN : 9400571617
5.	BSNL Office	Officer	
6.	Block Office	Officer	

7.	KSEB Office	Officer	
8.	Fisheries Office	Officer	
9.	Fire and Rescue	Officer	DIBIN : 9946829173

1.4. Health Services

Sl. No	Name of the hospital/institution	Location	Phone number
1.	Government hospitals/PHC		
2.	Private hospitals	NIL	nil
3.	Clinical laboratories	Nil	nil
4.	Chemist/pharmacy	FHC Ayyampuzha	9995307530
5.	Blood donors		
6.	Other language experts (Bihari, Hindi, Bengali, Asamees ……)		

1.5. Veterinary Services

Sl. No	Name of the Clinic	Name of the Surgeon/Doctor	Place/location	Phone number

1	Govt.Veterinary Hospital	

1.6. Helpline numbers

Helpline	Phone number
Police	
Fire and Rescue	
KSEB	

1.7. Public and Private Schools Contact details

S.No	Name of School	Institution type	Phone number
1	GURUDEVAN LPS	Aided	9747611317
2	MARIA BHAVAN	Private	9629638732
3	Govt. LPS CHULLY	Govt	9446605588
4	ST.GEORGE H.S.CHULLY	Private	9961633499
5	KALADY PLANTATION HSS	Aided	9846669830

1.9. Anganwadi Contact Details

SL No	Name of Anganwadi Teachers	Phone number