Pandemic Preparedness plan of Mookkannur Gramapanchayath

DR RENJINI RAJENDRAN
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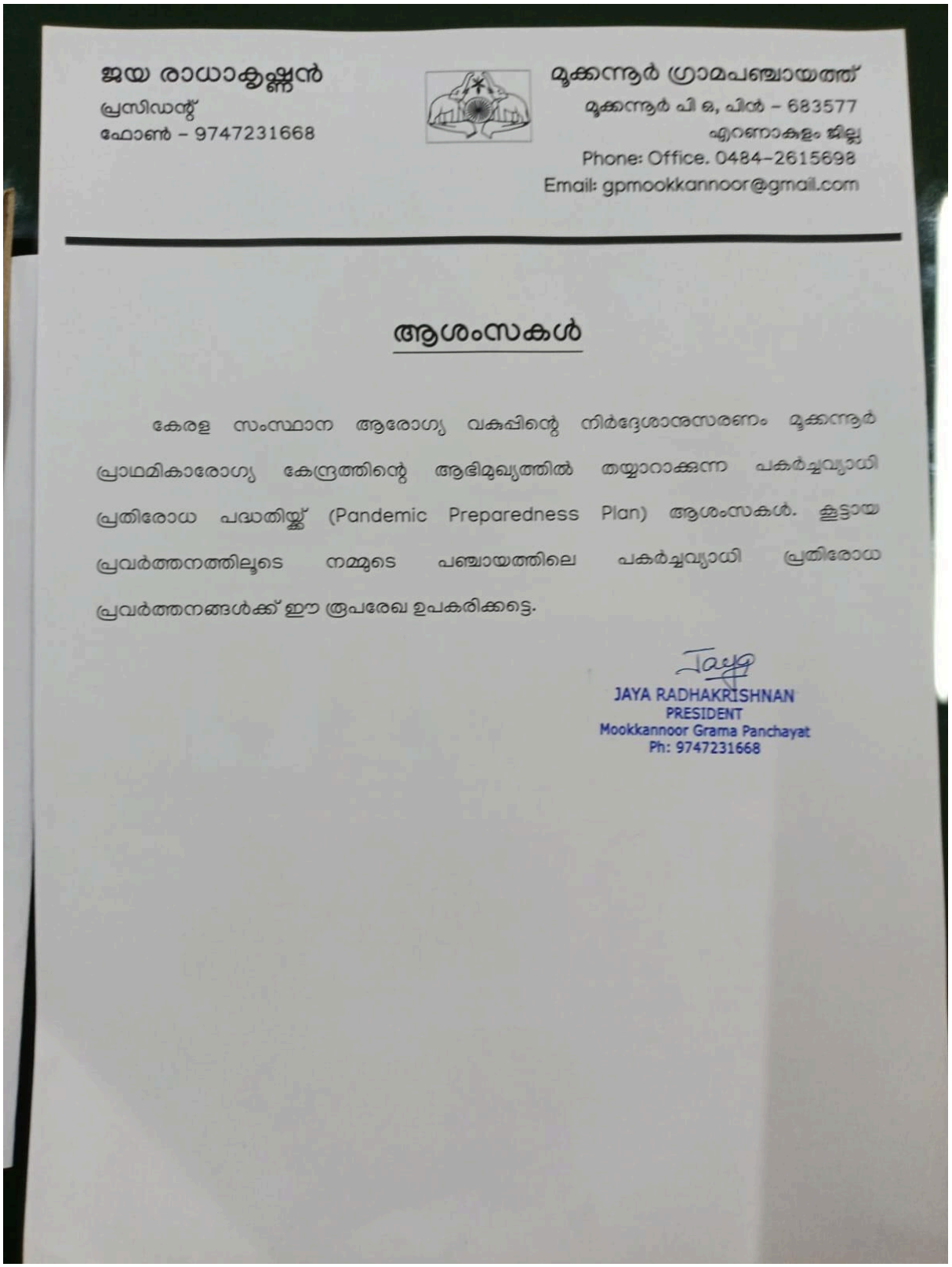
MESSAGE FROM PRESIDENT/CHAIR LSGI



ജയ രാധാകൃഷ്ണൻ
പ്രസിഡന്റ്
ഫോൺ – 9747231668

മൂക്കന്നൂർ ഗ്രാമപഞ്ചായത്ത്
മൂക്കന്നൂർ പി ഒ, പിൻ – 683577
എറണാകുളം ജില്ല
Phone: Office. 0484-2615698
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ആശംസകൾ

കേരള സംസ്ഥാന ആരോഗ്യ വകുപ്പിന്റെ നിർദ്ദേശാനുസരണം മൂക്കന്നൂർ പ്രാഥമികാരോഗ്യ കേന്ദ്രത്തിന്റെ ആഭിമുഖ്യത്തിൽ തയ്യാറാക്കുന്ന പകർച്ചവ്യാധി പ്രതിരോധ പദ്ധതിയ്ക്ക് (Pandemic Preparedness Plan) ആശംസകൾ. കൂട്ടായ പ്രവർത്തനത്തിലൂടെ നമ്മുടെ പഞ്ചായത്തിലെ പകർച്ചവ്യാധി പ്രതിരോധ പ്രവർത്തനങ്ങൾക്ക് ഈ ശ്രമം ഉപകരിക്കട്ടെ.

JAYA RADHAKRISHNAN
PRESIDENT
Mookkannoor Grama Panchayat
Ph: 9747231668

MESSAGE FROM HEALTH STANDING COMMITTEE CHAIR

വിൻസി തോമസ്
ചെയർമാൻ, ആരോഗ്യ –
വിദ്യാഭ്യാസ സ്റ്റാന്റിംഗ് കമ്മിറ്റി
(മെമ്പർ – വാർഡ് – 13)
ഫോൺ – 9072656034

മൂക്കന്നൂർ ഗ്രാമപഞ്ചായത്ത്
മൂക്കന്നൂർ പി. ഒ, മൂക്കന്നൂർ
എറണാകുളം ജില്ല – 683577
ഫോൺ – 0484 – 2615698

ആശംസകൾ

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Vincy

VINCY THOMAS
Health & Education Standing Committee Chairperso
Mookkannoor Gramapanchayat
Mookkannoor P.O., Ernakulam Dist.-683 5
Ph: 9072656034

MESSAGE BY MEDICAL OFFICER

PRIMARY HEALTH CENTRE MOOKKANNOOR -683577

PHONE NUMBER:0484 2614420

EMAIL ID- phcmookanur@gmail.com

MEDICAL OFFICER - DR. RANJINI RAJENDRAN

PHONE NUMBER:9037017159

അഭിനന്ദനങ്ങൾ.

കേരള സംസ്ഥാന ആരോഗ്യ വകുപ്പിന്റെ നിർദ്ദേശാനുസരണം മുക്കന്നൂർ പ്രാഥമികാരോഗ്യ കേന്ദ്രത്തിന്റെ ആഭിമുഖ്യത്തിൽ നടപ്പാക്കുന്ന പകർച്ചവ്യാധിപ്രതിരോധ പദ്ധതിക്ക് [Pandemic Preparedness Plan] അഭിനന്ദനങ്ങൾ. ഇത്തരം പ്രവർത്തനത്തിലൂടെ നമ്മുടെ പഞ്ചായത്തിലെ പകർച്ചവ്യാധി പ്രതിരോധ പ്രവർത്തനങ്ങൾക്ക് ഈ രൂപരേഖ ഉപകരിക്കട്ടെ.

തുറവൂർ
10.02.26

PRIMARY HEALTH CENTRE * MOOKKANNOOR *

Dr. Ranjini Rajendran

MEDICAL OFFICER INCHARGE
P.H. CENTRE. MOOKKANNUR

EXECUTIVE SUMMARY

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

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

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

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

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

LIST OF ABBREVIATIONS

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

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INTRODUCTION

- **Background of the PPP – pandemic preparedness is prepared with consulting lsgd & other deparments**

LSGD at a glance **Mookkannoor panchayath has an area of 22.5 square kilometers which includes 15 mookkannoor panchayath wards.**

TOTAL HOUSES : 5265

TOTAL POPULATION : 21357

TOTAL MIGRANT POPULATION : 467

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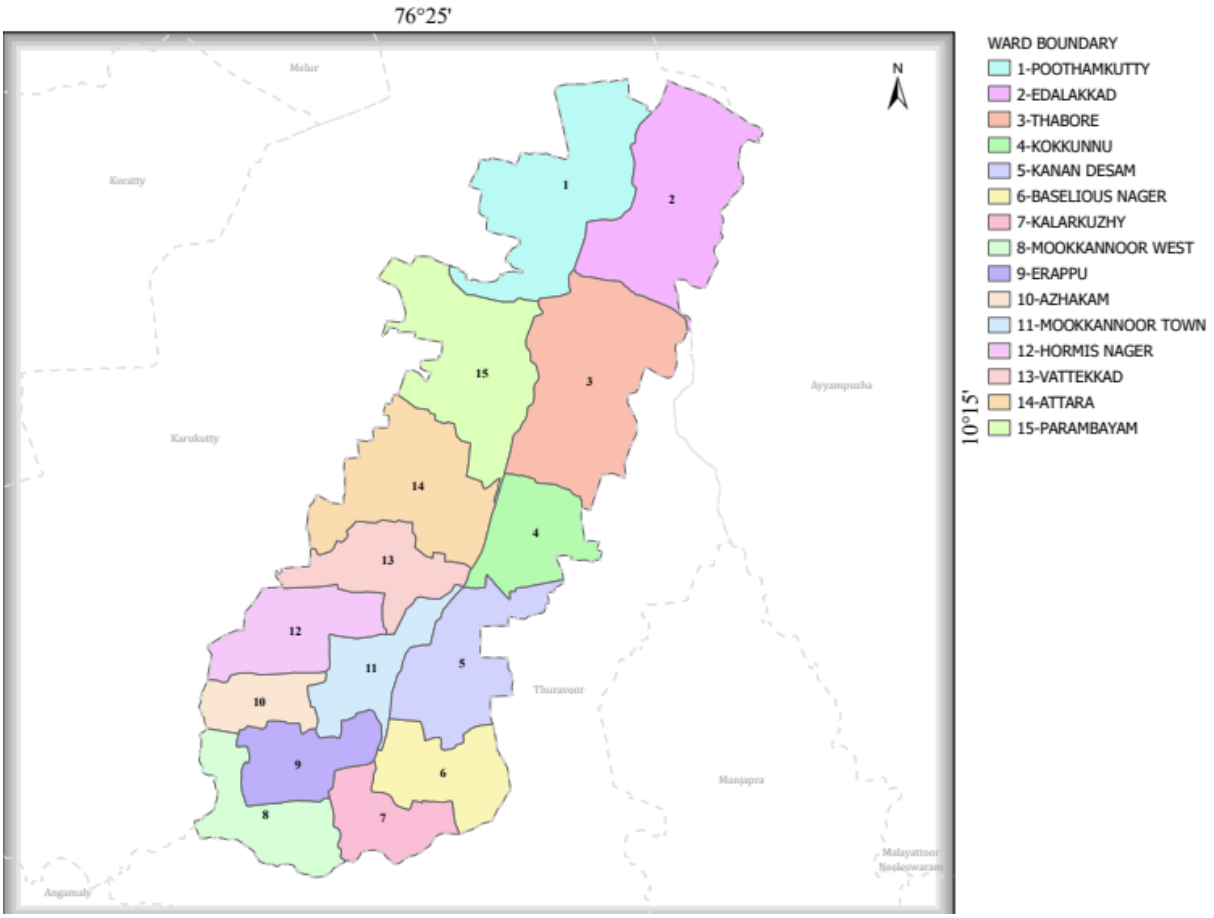
LSGD AT A GLANCE

- 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.
15	5265	21357	467	4049	5	14	4

- Risk stratification among wards in the context of Communicable diseases and hazards –

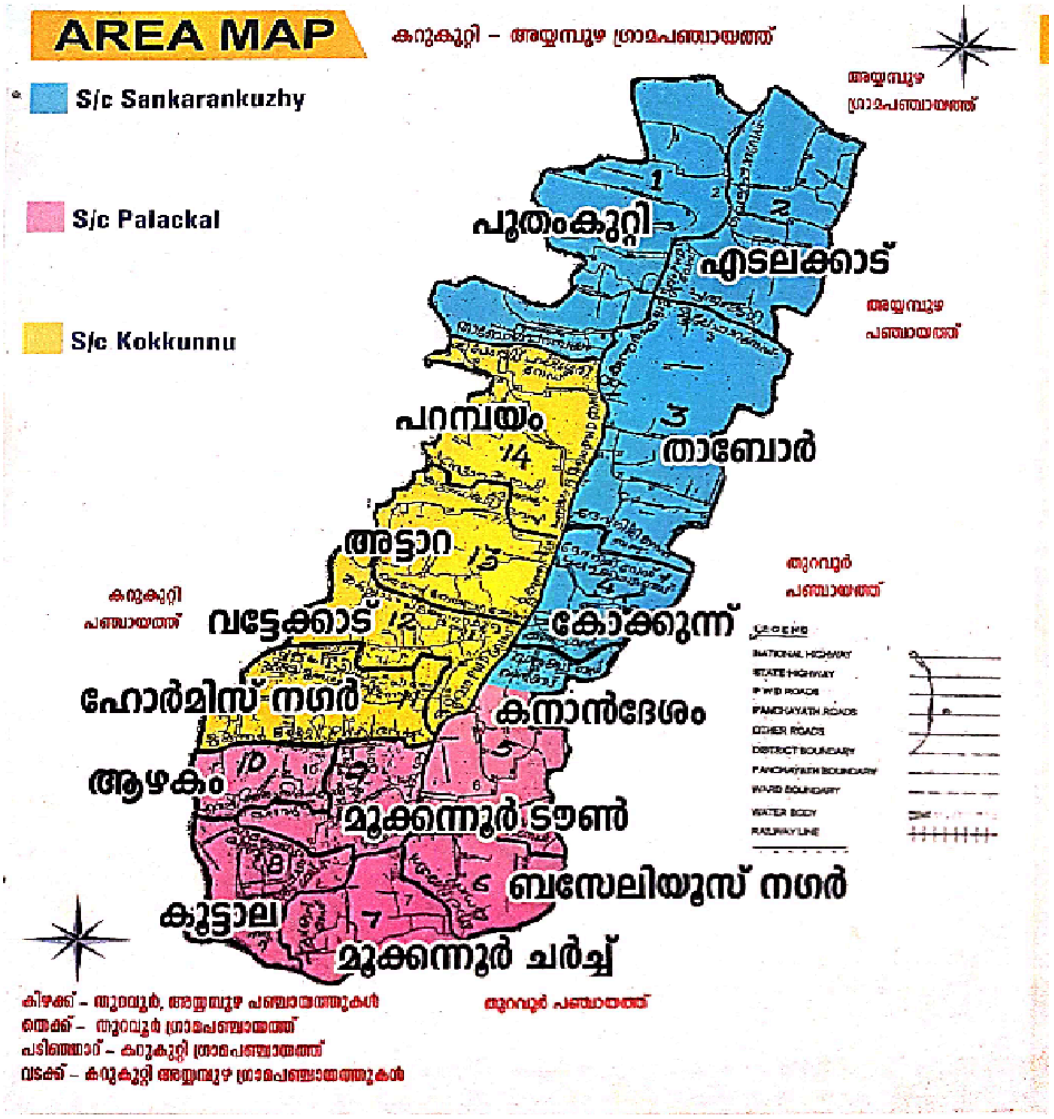
This is an area where pineapple and castor farming are participated, and many people get dengue fever, those involved in other agricultural work and those engaged in informal employment also get leptospirosis

- Major Roads/rivers – mookkannoor - ezhattumukham road
- Major establishments with geospatial mapping- one part of the panchayath is forest and mountains ,and the other is plains ,there are also canals through which water flows
- occupational groups, socio cultural groups, migration & mobility patterns
  agriculture, small industries,
- *Vulnerability mapping done*
- Disaster prone areas (geographic vulnerability)

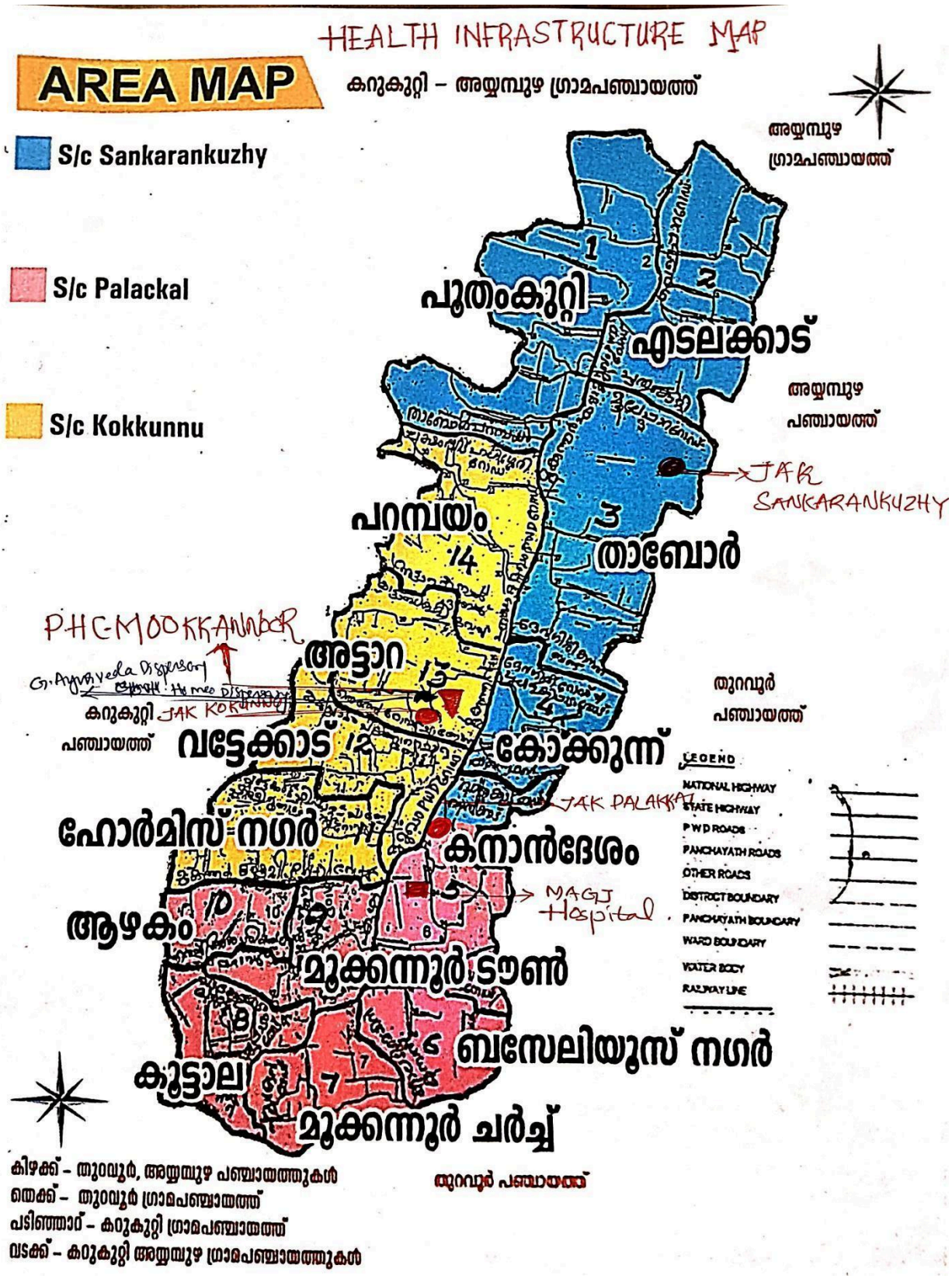
Quarries were located at poothamkutty area presently not working

Maps - ward-based (Mention source also)

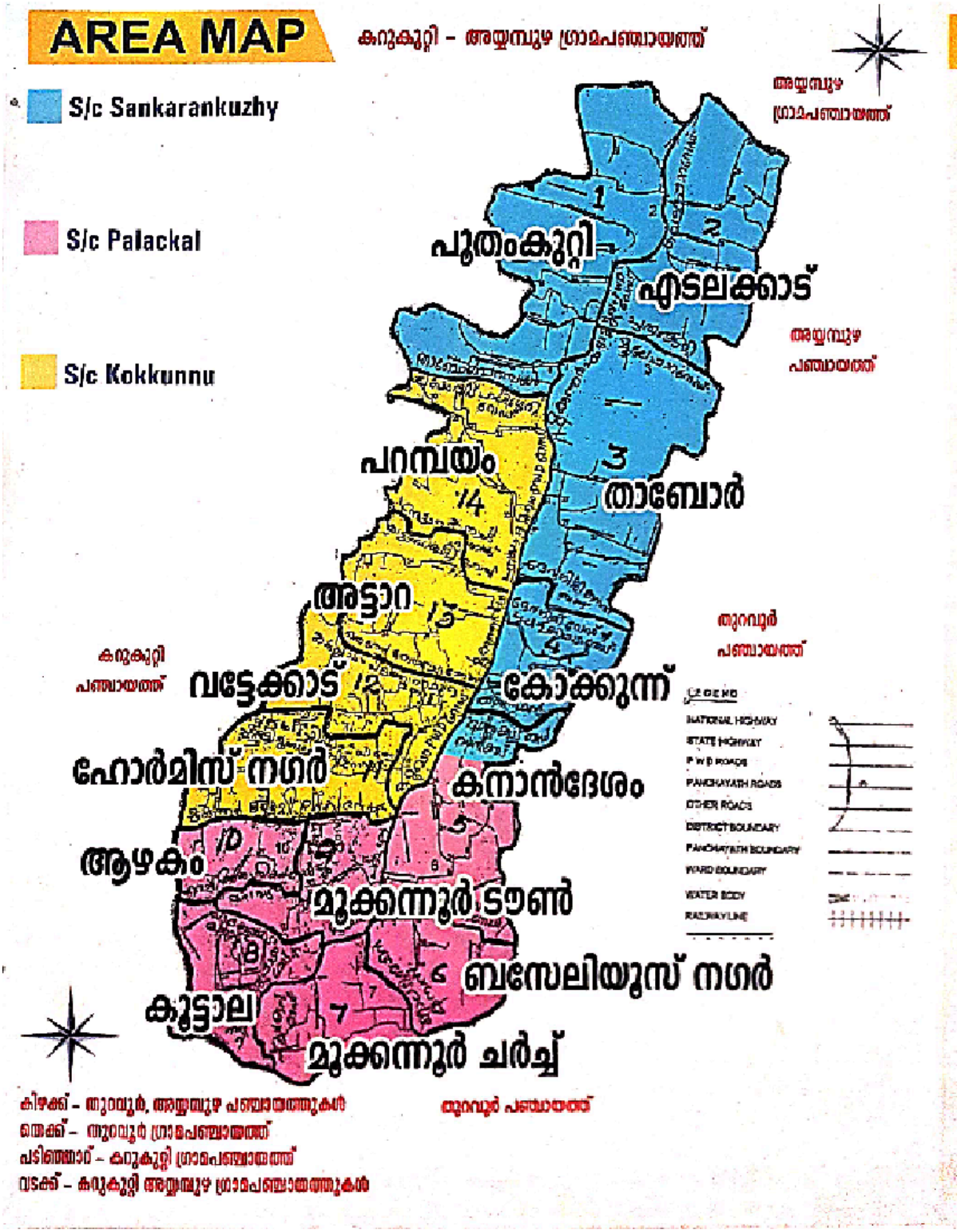
1. Geographical boundaries - ward boundaries map
2. Health infrastructure map
3. roads and rivers map
4. major establishments map
5. disaster-prone areas map
6. hotspot map - CD & disasters



INTEGRATED HEALTH INFRASTRUCTURE MAP OF MOOKKANNOOR PANCHAYATH



Health Infrastructure Map


AREA MAP
കറുകുറ്റി - അയ്യമ്പുഴ ഗ്രാമപഞ്ചായത്ത്
S/c Sankarankuzhy
S/c Palackal
S/c Kokkunnu
അയ്യമ്പുഴ ഗ്രാമപഞ്ചായത്ത്
പുതംകുറ്റി
എടലക്കാട്
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താബോർ
അട്ടാറ
തുറവൂർ പഞ്ചായത്ത്
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കോക്കുന്ന്
ഹോർമിസ് നഗർ
കനാൻദേശം
ആഴകം
മൂക്കന്നൂർ ടൗൺ
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STATE HIGHWAY
PWD ROADS
PANCHAYATH ROADS
OTHER ROADS
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PANCHAYATH BOUNDARY
WARD BOUNDARY
WATER BODY
RAILWAY LINE
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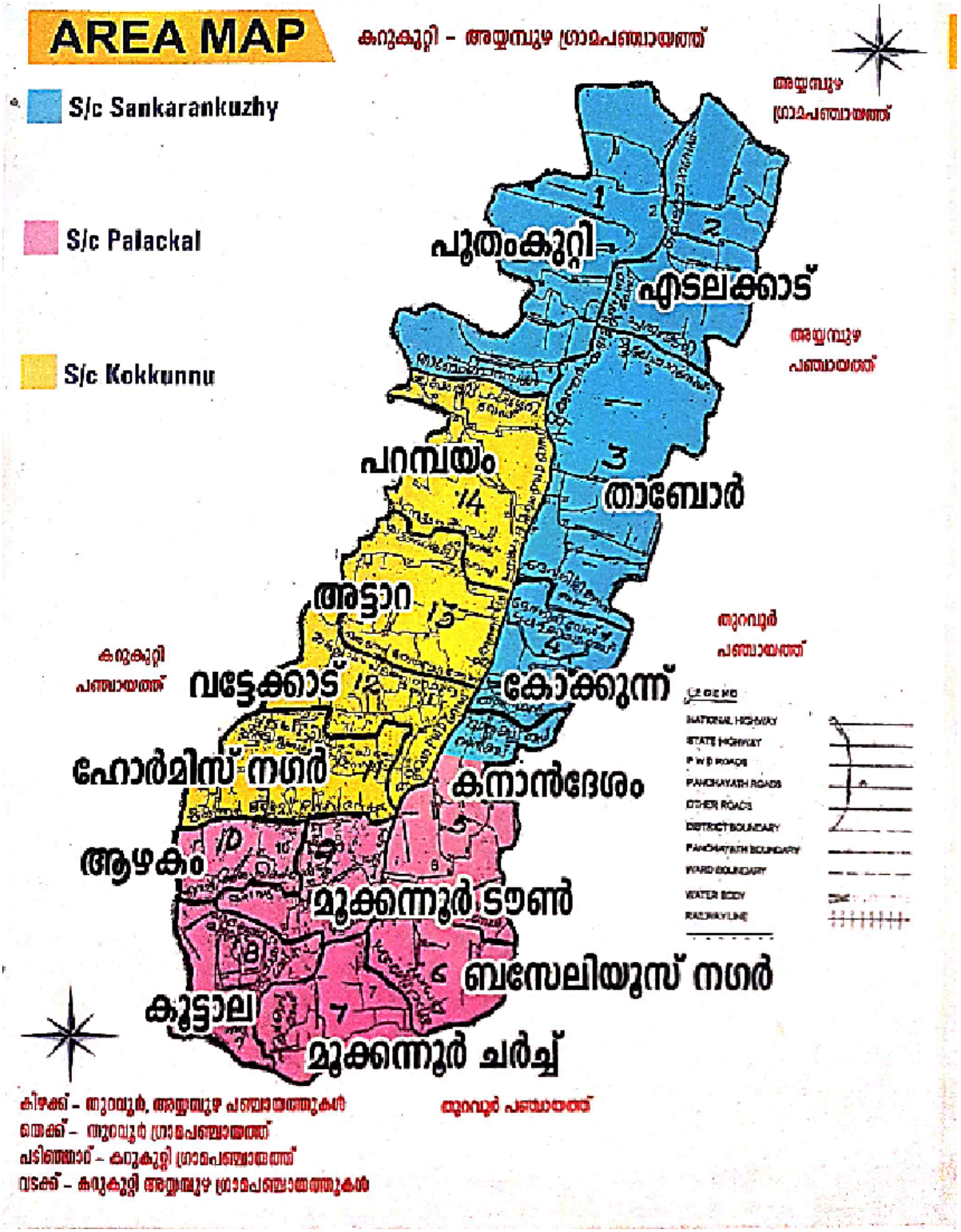
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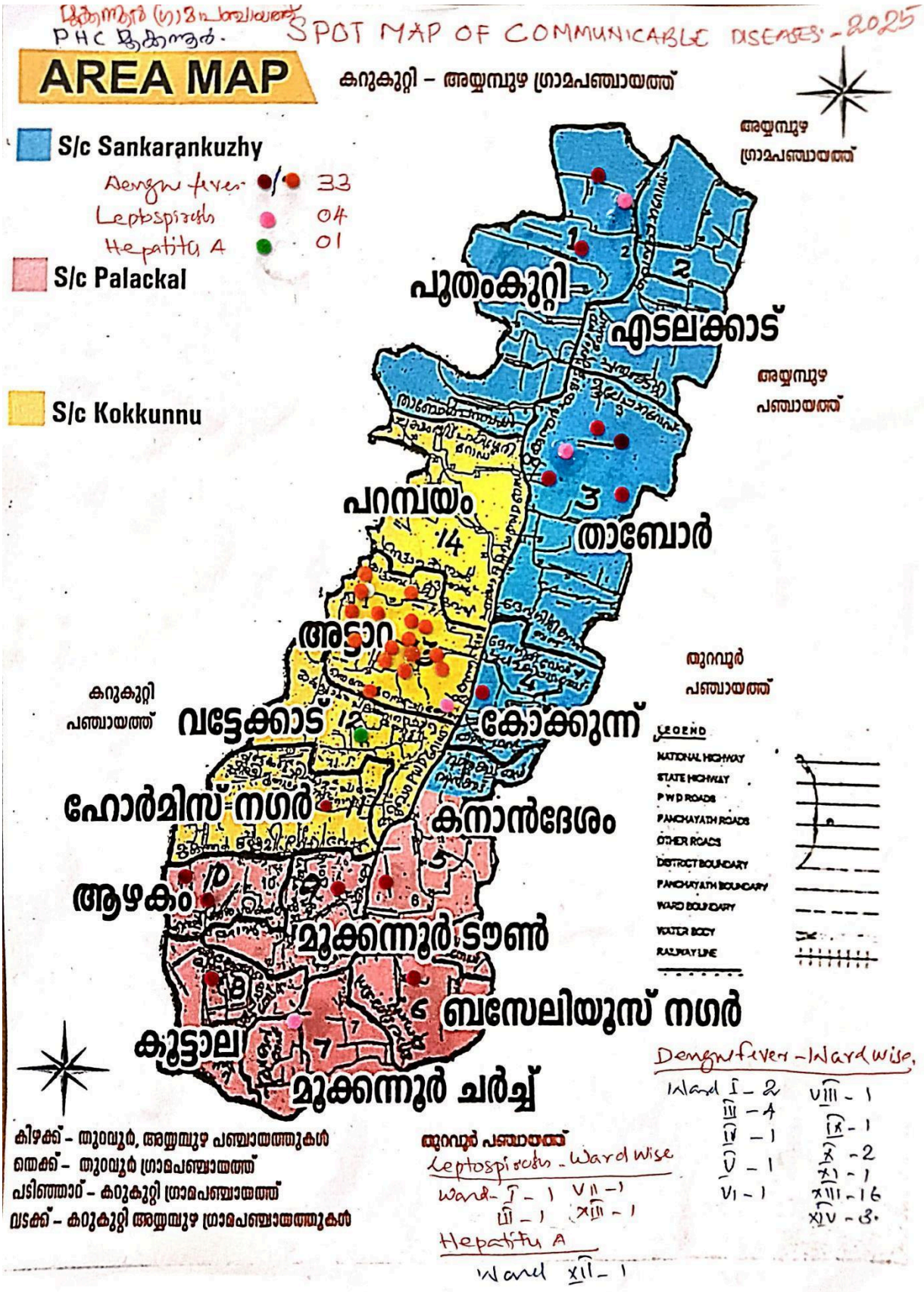
PHC തുകനൂർ.
SPOT MAP OF COMMUNICABLE DISEASES - 2025
AREA MAP
കറുകുറ്റി – അയ്യമ്പുഴ ഗ്രാമപഞ്ചായത്ത്
S/c Sankarankuzhy
Dengu fever 33
Leptospirosis 04
Hepatitis A 01
S/c Palackal
S/c Kokkunnu
അയ്യമ്പുഴ ഗ്രാമപഞ്ചായത്ത്
പൂതംകുറ്റി
എടലക്കാട്
അയ്യമ്പുഴ പഞ്ചായത്ത്
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അടാറ
തുറവൂർ പഞ്ചായത്ത്
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കൂട്ടാല
മുക്കന്നൂർ ചർച്ച്
Dengu fever - Ward wise.
Ward I - 2
II - 4
III - 1
IV - 1
V - 1
VI - 1
VIII - 1
IX - 1
X - 2
XI - 1
XIII - 16
XIV - 3.
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തുറവൂർ പഞ്ചായത്ത്
Leptospirosis - Ward wise
Ward - I - 1
VII - 1
III - 1
XIII - 1
Hepatitis A
Ward XII - 1

GENERAL PROFILE OF THE LSGI'S

Background of the LSGI

Mookkannoor Grama Panchayath is a rural local self-government institution situated in Ernakulam district of Kerala. The Panchayath functions under the Kerala Panchayati Raj system and plays an important role in local administration and development activities.

The geographical area mainly consists of midland terrain with agricultural fields, rubber plantations,Nutmeg cultivation, coconut groves, and residential settlements. Some low-lying areas experience waterlogging during heavy monsoon rains. The climate is tropical, with significant rainfall during the southwest monsoon season.

The Panchayath is divided into several wards, with a population largely dependent on agriculture and allied activities. Rubber, Nutmeg cultivationcoconut, and paddy cultivation are the major agricultural practices. Livestock rearing, small-scale businesses, daily wage work, and service-sector employment also contribute to household income. A section of the population is engaged in overseas employment, and migrant labourers are present in construction and agricultural sectors.

In terms of social infrastructure, the Panchayath has schools, anganwadis, primary health facilities, places of worship, and community centers. Kudumbashree units and cooperative societies actively support women empowerment and local economic development. Basic amenities such as roads, drinking water supply, sanitation services, and electricity are provided and maintained by the local body.

From a public health and disaster management perspective, seasonal challenges include waterlogging, waste management issues, and mosquito-borne diseases such as Dengue and Leptospirosis during the monsoon period. The 2018 floods in Kerala highlighted the importance of strengthening local preparedness, infrastructure resilience, and coordination among departments.

Overall, Mookkannoor Grama Panchayath is a developing rural community with a strong agricultural base, active local governance, and growing emphasis on sustainable development and disaster preparedness.

Table 1: Background of LSGD

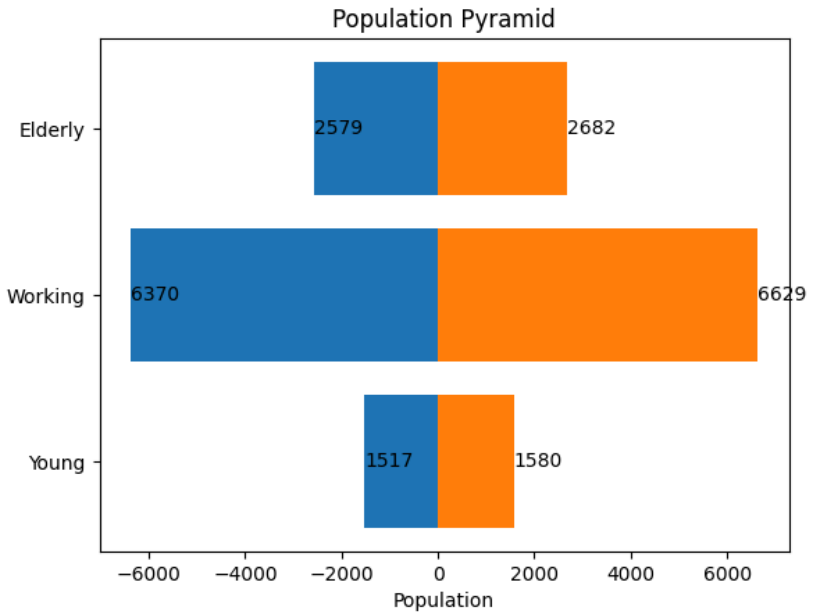
Description	Details
Name of LSGI	MOOKKANNOOR
Type (GP/Municipality / Corporation etc.)	Grama Panchayath
Block	ANGAMALY
District	ERNAKULAM
Number of wards	15
Total area (sq. km)	22.55
Population(Projected)	21357
Population density	825/sq km
Terrain (coastal/low-lying/backwaters/foothills, etc.)	Land area
Number of rivers passing through LSGI	0
Number of water bodies in the LSGI	5
Number of educational institutions	14
Factories / small-scale industries	3
Flood-prone wards	2 – wards – 6,7
Landslide-prone wards	NO
Death Management and Disposal Facilities (mortuaries/crematorium, including electric)	1(electric crematorium)
Auditoriums/Marriage halls/convention centres/community halls	9

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		21357
Male		10468
Female		10889
Transgender		0
Children under 5		514
Adolescent		2583
Elderly (>60)		5261
SOCIAL/LIVELIHOOD VULNERABILITY		
Previous EPEP family		46
BPL family		5671
Tribal communities		----
Migration	Immigrant	467
	Emigrant	2620
Socio-economically deprived		320
Fisherfolk		0
SC Community		1132
ST Community		113



A moderately constrictive population pyramid indicates a stable population with a strong working-age group and a gradually increasing elderly population.

Clinical Vulnerability

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

Description	Details in numbers
Pregnant women	108
Lactating mothers	50
Bedbound patients	175
Patients under palliative care other than bedbound	449
Patients on Haemodialysis	19
Patients on CAPD	0
Cancer patients (currently on treatment)	49

Description	Details in numbers
Haemophilic patients	0
Mentally challenged	59
Differently abled	271
Diabetic patients	2678
Hypertensive patients	2634
TB patients	6

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

Sl. No.	Name of festival	Month detailing the periodicity
1	ST MARYS FERONA CHURCH ,PALLIPADI	OCTOBER
2	KOKKUNNU ST THOMAS DEVALAYAM	JANUARY
3	SUBRAMANYA TEMPLE AZHAKAM	JANUARY
4	AZHAKAM ST MARYS CHARCH AZHAKAM	JANUARY
5	LITTLE FLOWER CHRUCH MOOKKANNOOR	OCTOBER
6	ST MARYS CHURCH POOTHAMKUTTY	SEPTEMBER
7	SREE BHOOTHA BHOOTHANESWARI SREE BHADRAKALI TEMPLE	MARCH
8	HOLY FAMILY CHURCH TABORE	JANUARY
9	ST JOSEPH CHURCH BIJOPURAM PARAMBAYAM	FEBRURY
10	DEVINE MERCY CHURCH TABORE	APRIL
11	DURGA DEVI TEMPLE VATTEKKADU	JANUARY

INFRASTRUCTURE & RESOURCE INVENTORY

Health Facility Directory & Basic Capacity in the LSGD

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

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

Table 5. Health Facility Resource Summary

Sl. no.	Health Facility	Type of Facility (MCH/GH/CHC/FHC/SC etc.)	Contact Number	Total beds	ICU Beds	Oxygen-Supported Beds	No. of Ventilator Support Beds	No. of ambulances
Government Healthcare Facilities								
1	PHC MOOKKANNOOR	PHC	04842614420	0	0	0	0	1
2	JAK KOKKUNNU	JAK	NA	0	0	0	0	0
3	JAK SANKARANKUZHI	JAK	NA	0	0	0	0	0
4	JAK PALAKKAL	JAK	NA	0	0	0	0	0
Private Healthcare Facilities								
1	MAGJ HOSPITAL	PVT MULTY	04846674300	260	20	118	6	2

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**
		SPECIALITY						
AYUSH Healthcare Facilities								
1	GOVT AYURVEDA HOSPIAL MKNR		9495380851	0	0	0	0	0
2	GOVT HOMEO HOSPTAL		9447902754	0	0	0	0	0

Private Clinics

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

Table 6. Private Clinic Resource Summary								
Sl No.	**Name of Clinic**	**Registered (Y/N)**	**Clinic (General / Speciality)**	**Speciality (if any)**	**Address**	**Contact Number**	**Diagnostic Facility (Y/N)**	**Ambulance Linkage (Y/N)**
1	ONENESS HOMOEO CLINIC	Y	GENERAL		PALLIPADI,MKNR	7012086177	N	N

Table 6. Private Clinic Resource Summary								
2	DR MOHANAN HOMOEO CLINIC	Y	GENERAL		KOKKUNNU	9961518892	N	N

Healthcare Education & Training Institutions

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

Category of Institution	Govt	Private	AYUSH	Total
Medical Colleges	0	0	0	0
Nursing Colleges	0	1	0	1
Dental Colleges	0	0	0	0
Para-medical / Allied Health	0	0	0	0
Pharmacy Colleges	0	0	0	0

Specialized Services & Emergency Inventory

This section provides a detailed view of the specialized medical resources available to the community, focusing on emergency response and critical care capabilities. This table tracks the vital

assets required for managing severe illnesses and emergencies across Government, Private, and AYUSH sectors.

Item	Govt	Private	AYUSH	Total
Hospital beds	0	260	0	260
Oxygen-generating systems(Y/N)	0	0	0	0
Oxygen-supported beds(Numbers)	0	118	0	118
Ventilator-supported beds	0	6	0	6
ICU beds	0	20	0	20
Burns units	0	0	0	0
Blood centres	0	1	0	1
BLS ambulances	0	2	0	2
ALS ambulances	0	0	0	0
Dialysis facilities	0	6	0	6
Dispensaries	2	1	0	1
Medical store	0	6	0	6
Industrial establishments(**Medium-scale industries/small-scale industries establishments to whom we can depend in a worst-case scenario)**	0	3	0	3

Oxygen & Diagnostic Capacity

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

Name of Health Facility	Oxygen-generating System (Y/N)	Backup Oxygen Source (Y/N)	Diagnostic Facilities Available(Y/N)				
			Lab	USG	X-ray	CT/MRI	RT-PCR
Government Healthcare Facilities							
PHC MOOKKANNOOR	Y	Y	Y	0	0	0	0

Diagnostics facility mapping at the LSGI level

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

Item	Govt	Private	AYUSH	Total
General labs	1	5	0	6
Microbiology labs	0	1	0	1
RT-PCR labs	0	0	0	0
USG units	0	1	0	1
CT/MRI units	0	1	0	1
Research labs	0	0	0	0
Labs of other departments that can be repurposed	0	0	0	0

Laboratory Identification & Basic Details

Sl. No.	Name of Laboratory	Ownership (Govt / Private / Academic)	Address	Contact No.	24×7 Services (Yes/No)	NABL / Govt Approved (Yes/No)
1	HMC LAB MKNR	GOVT	KOKKUNNU	04842611444420	NO	NO

Sl. No.	Name of Laboratory	Ownership (Govt / Private / Academic)	Address	Contact No.	24×7 Services (Yes/No)	NABL / Govt Approved (Yes/No)
2	URBAN SAHAKARANA MEDICAL LABORATRY,	PVT	MOOK KANNOOR	9544613530	NO	NO
3	QUALITY LAB & DIAGONSTICS CENTRE	PVT	MOOK KANNOOR	9400615776	NO	NO
4	MEDIKING DIAGNOSTIC CENTRE	PVT	MOOK KANNOOR	9947546605	NO	NO
5	AROGYA CLINICAL LABORATRY	PVT	MOOK KANNOOR	9446623407	NO	NO
6	MAGJ	PVT	MOOK KANNOOR	04846674300	YES	

Social and Community Infrastructure for surge plan

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

Category	**Total Count**	**Ward**	**Est. Capacity (Persons)**	**Contact details**
Educational Institutions				
Anganwadis	19	15	250	9605460649 (ICDS SUPERVISOR)

Schools	11	1,5,7,8 10,12	5000	9747150189
Colleges	3	5,9,11	1000	8547704139
Healthcare Educational Institutions				
Medical colleges (Govt/Private)	0	0	0	NO
Nursing colleges (Govt/Private)	0	1	200	956776956
Dental colleges (Govt/Private)	0	0	0	NO
Paramedical institutes (Govt/Private)	0	0	0	NO
Community Gathering Spaces				
Community halls	0	2	100	9747231668
Auditoriums	0	1	50	
Religious buildings	0	6	300	9539769644
Vulnerable Group Support Facility				
Destitute homes	0	0		

Elderly homes	4	5,9	150	9745813445
LSGD owned other buildings	0	0		
Mass Fatality Management (MFM) Infrastructure				
Mortuary	0	0		
Crematorium	1	0		9947969864

*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	25	28
Doctors – AYUSH	2	0	2
Doctors – Veterinary	1	0	1
Doctors – Dental	0	10	10
Nursing officers	2	113	115
Lab technicians	1	14	15
Optometrist	0	5	5
Pharmacists	2	23	25
Psychologists	0	1	1
Counsellors	0	2	2

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)	1	0	1
LHI (Lady Health Inspectors)	0	0	0
JPHN (Jr Public Health Nurses)	3	0	3
JHI (Jr Health Inspectors)	2	0	2
MLSP (Mid-Level Service Providers)	3	0	3
Palliative Nurses	1	0	1
RBSK Nurses	1	0	1
PRO	0	0	0
Epidemiologist	0	0	0

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

Community & Support Cadre

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

Cadre	Number
ASHA Workers	14
AWW (Anganwadi Workers)	19
Emergency Medical Volunteers (Trained)	86
Kudumbashree	179
MNREGS	820
Purusha Swayam Sahaya Sangham	na
Ex-Servicemen	6

Cadre	Number
Retired Police Officers	12
NCC/NSS Volunteers	0
Red Cross volunteers	24
One Health Community Volunteers	0
One Health Community Mentors	0

Community Organizations

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

Category	Total Count
NGOs	2
Religious based organizations	8
Foreign based organizations	0

Category	Total Count
Sports Club/youth clubs	12
Kudumbashree SHGs	179
Ayalkootams	179
Political organizations	6
Residential organizations	2

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	9497987120
Fire & Rescue Stations	1	04842452101
Water Pumping Points	1	KOKKUNNU ST JOSEPH CHURCH NEAR
Public Distribution System (PDS)	8	NA

Information regarding resources

The availability of essential transport and support resources plays a quiet but critical role in saving lives. Equipment such as ambulances, mobile mortuaries, amphibian ambulances, and motorized boats ensures that patients, samples, and healthcare teams can move swiftly—even in flooded,

remote, or difficult terrains. Heavy vehicles like JCBs, cranes, tractors, and torus lorries support logistics, waste management, emergency infrastructure, and rapid conversion of spaces into care or isolation facilities. Taxis, four-wheel-drive vehicles, and trucks help maintain continuity of essential services, reach vulnerable populations, and support home-based care and supply delivery.

Means of transportation	Total Count
JCB	2
Crane	0
Heavy Trucks	5
Tractor	1
Ambulances	3
Mobile mortuaries	0
Boats	0
Taxi service	0

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

ONE HEALTH & ENVIRONMENTAL SURVEILLANCE

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

effective pandemic preparedness in high-risk areas like Kokkunu, poothamkutty, tabore, mknr town

Animal & Bird Population

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

Category	Item	Estimated Population	Wards
Animal Population	Livestock (Cattle/Goats/Buffalo)	1902	ALL WARDS
	Pet Animals (Dogs/Cats)	1138	ALL WARDS
	Stray Dog Population	84	1,4,5,8,9,
	Pig Farms (Number of heads)	547	5 WARDS(1,4,7,8,11
	Small Units (Sheep / Goats – clustered)	951	ALL WARDS
Bird Population	Poultry Units (Birds)	7	1,mookkannoor3,11
	Poultry- (FOWL)	72268	ALL WARDS
	Wild/Migratory Birds (Observed)	NA	N A

Category	Item	Estimated Population	Wards
	Crow Mortality Events (Reported)	NO	Nil

.the risk of zoonotic diseases in our panchayath is comparatively low.

Veterinary Infrastructure

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

Facility Type	Name of Facility	Ownership Govt / Pvt	Location(Ward No)	Contact number
Veterinary Dispensary	VETERINARY HOSPITAL	GOVT	13	9947624116
Veterinary Hospital / Polyclinic	0	0	0	0
Private Veterinary Clinics	0	0	0	0
Mobile / Emergency Vet Service (incl. night services)	0	0	0	0
Pet Homes / Animal Shelters	0	0	0	0
Slaughterhouse-linked Veterinary Inspection Unit	0	0	0	0

Veterinary Doctors & Workforce

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

Category	Number Available	Type (Govt/Pvt)	Contact number
Government Veterinary Doctors	1	govt	9947624116
Private Veterinary Doctors	0	Nil	Nil
Livestock Inspectors	3	Govt	9656743127 9947769381 7510267822
Para-veterinary Staff / Attenders	1	govt	9496461562
Contract / On-call Veterinary Support (if any)	0	Nil	Nil

High-Risk Interface Points (Surveillance Sites).

Type of Habitat	Type of High risk interface	Geographical vulnerability
Wetlands & Backwaters	0	0

Backyard Poultry Farms	0	0
Cattle Sheds near Water Bodies	0	0
Fish & Meat Markets	0	0
Community Slaughter Sites	0	0
Migratory Bird Congregation Areas	0	0
Rodent-Infested Grain Storage	0	0

Category	Total Count	Key Locations (wards)
Poultry Farms	7	5,1,7,2,3
Backyard / Clustered Poultry Units	0	Nil
Duck Rearing Units (open water access)	0	Nil
Slaughterhouses/ Slaughter Points	2	PVT - WARD 9
Meat/Fish Markets	0	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	2	6,7	low
Water bodies/wetlands	0	0	Nil
Solid waste accumulation	0	0	Nil
Animal waste disposal issues	0	0	Nil
Rodent infestation zones	0	0	Nil
Industrial effluent discharge	0	0	Nil
Construction sites / abandoned buildings	0	0	Nil
Poor drainage/blocked canals	0	0	Nil
Drinking water source contamination risk	0	0	Nil

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.

Disease	Peak Risk Season	Key Drivers	High-Risk Locations	Surveillance Focus
Avian Influenza	NA	Nil	Nil	Nil
Leptospirosis	JUNE,JULY, AUGUST	agricluture	Ward 3,4,6	Pharmers & dairy farmers
Dengue/Chikungunya	JUNE,JULY, AUGUST	plantations	Ward 1,2,3,4,5,9,13	Source reduction
Acute Diarrheal Diseases	MAY.JUNE	Hotel food	Ward 11	students
Rabies	NA	Nil	Nil	Nil
Anthrax (rare)	NA	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	6,7	KALARKUZHI	LOW
Wetland-adjacent communities	NA	Nil	Nil
Backyard poultry / duck rearing households	NA	Nil	Nil
Livestock-rearing households	NA	Nil	Nil
Slaughterhouse & meat market workers	NA	Nil	Nil
Fisherfolk & fish market workers	NA	Nil	Nil
Sanitation workers	NA	Nil	Nil
Daily wage / migrant workers	NA	Nil	Nil
Elderly & chronically ill populations	NA	Nil	Nil
Pregnant Women	NA	Nil	Nil
Children (schools, Anganwadi's)	NA	Nil	Nil
Limited access to safe water & sanitation	4,1,3	KOKUNNU, POOTHAMKUTTY	medium

EPIDEMIOLOGICAL TRENDS (2021–2025)

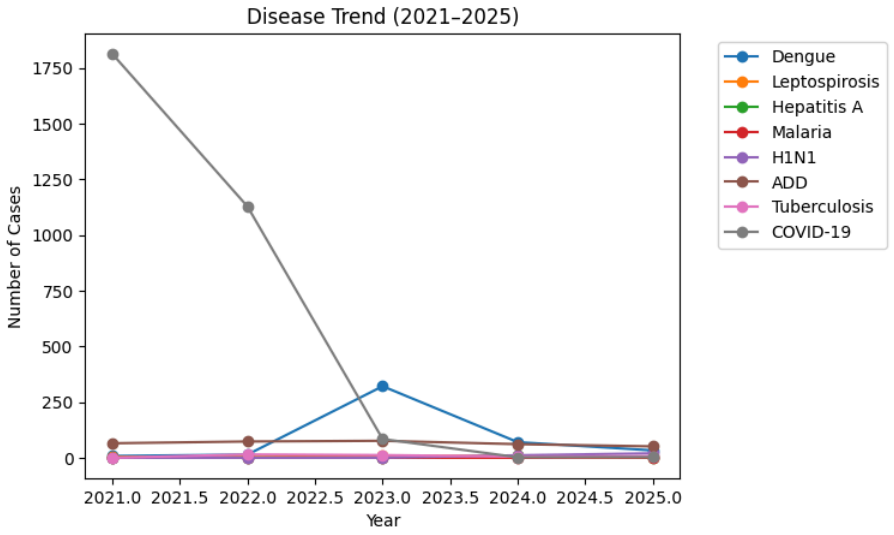
Disease surveillance is the systematic collection, analysis, and interpretation of health data for planning, implementation, and evaluation of public health practice. This section presents the disease surveillance profile of the LSGI based on routine reporting systems and outbreak investigations to identify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

Disease Burden among human beings(Last 5 Years)

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

Disease	2021	2022	2023	2024	2025	Trend(Increasing/Stable/Decreasing)
Dengue	8	14	321	70	33	**Decreasing**
Leptospirosis	4	3	8	8	4	**Decreasing**
Hepatitis A	0	0	0	8	1	**Decreasing**
Malaria	0	0	0	0	1	**Increasing**
Scrub Typhus	0	0	0	0	0	**Stable**
Typhoid	0	0	0	0	0	**Stable**
H1N1	0	0	0	11	20	**Increasing**
H3N2	0	0	0	0	0	**Stable**
ADD	65	73	76	61	51	**Decreasing**
Mumps	0	0	0	0	0	**Stable**

Measles	0	0	0	0	0	**Stable**
Hepatitis B	0	0	0	0	0	**Stable**
Hepatitis C	0	0	0	0	0	**Stable**
Tuberculosis		15	12	5	7	**Stable**
Leprosy	0	0	0	0	0	**Stable**
COVID-19	1813	1128	84	2	3	stable



The data shows a sharp decline in COVID-19 cases over time, a major dengue outbreak in 2023, and a gradual decrease in ADD with emerging respiratory infections like H1N1 in recent years.

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	2	17	**3**	**2**	24
2	1	2	30	**3**	**0**	36
3	0	2	26	**10**	**4**	42
4	0	1	61	**10**	**1**	73
5	0	3	44	**3**	**1**	51
6	1	0	16	**2**	**1**	20
7	1	0	18	**3**	**0**	22

8	0	2	21	**4**	**1**	28
9	0	0	17	**14**	**1**	32
10	2	1	6	**4**	**2**	15
11	2	0	21	**8**	**1**	32
12	1	0	11	**2**	**0**	14
13	0	1	14	**2**	**16**	33
14	0	0	19	**3**	**3**	25

LEPTOSPIROSIS

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

Peak: June - August

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

Ward	**Leptospirosis – Ward-wise Yearly Distribution**					
	2021	**2022**	**2023**	**2024**	**2025**	**Total**

1	1	0	0	**2**	**1**	4
2	0	0	0	**1**	**0**	1
3	0	0	0	**1**	**1**	2
4	0	1	1	**0**	**0**	2
5	0	0	0	**0**	**0**	0
6	0	0	0	**1**	**0**	1
7	1	0	2	**2**	**1**	6
8	0	1	1	**1**	**0**	3
9	0	0	0	**0**	**0**	0
10	0	0	0	**0**	**0**	0
11	0	1	2	**0**	**0**	3
12	2	0	0	**0**	**0**	2
13	0	0	1	**0**	**1**	2

14	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**	**1**	**0**	1
3	**0**	**0**	**0**	**0**	**0**	0
4	**0**	**0**	**0**	**0**	**0**	0
5	**0**	**0**	**0**	**0**	**0**	0
6	**0**	**0**	**0**	**0**	**0**	0
7	**0**	**0**	**0**	**1**	**0**	1

8	**0**	**0**	**0**	**2**	**0**	2
9	**0**	**0**	**0**	**1**	**0**	1
10	**0**	**0**	**0**	**0**	**0**	0
11	**0**	**0**	**0**	**1**	**0**	1
12	**0**	**0**	**0**	**0**	**1**	1
13	**0**	**0**	**0**	**1**	**0**	1
14	**0**	**0**	**0**	**1**	**0**	1

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	33	0
Water Borne Diseases	56	0
Air Borne Diseases	28	0
Blood Borne Diseases	0	0
Food Borne Diseases	0	0

Vector-Borne Disease

Disease	No. of Cases	No. of Deaths
Dengue	33	0
Malaria	1	0
Chikungunya	0	0

Water Borne Disease

Disease	No. of Cases	No. of Deaths
Cholera	0	0
Typhoid	0	0
Hep- A	1	0
Dysentery	0	0
Amoebiasis	0	0
E- Coli infections	0	0

Air Borne Disease

Disease	No. of Cases	No. of Deaths
Influenza	2	0
H1N1	20	0
TB	6	0
Chickenpox	29	0

Measles	0	0
Covid-19	3	0
Pertussis	0	0
Mumps	0	0

Blood-Borne Disease

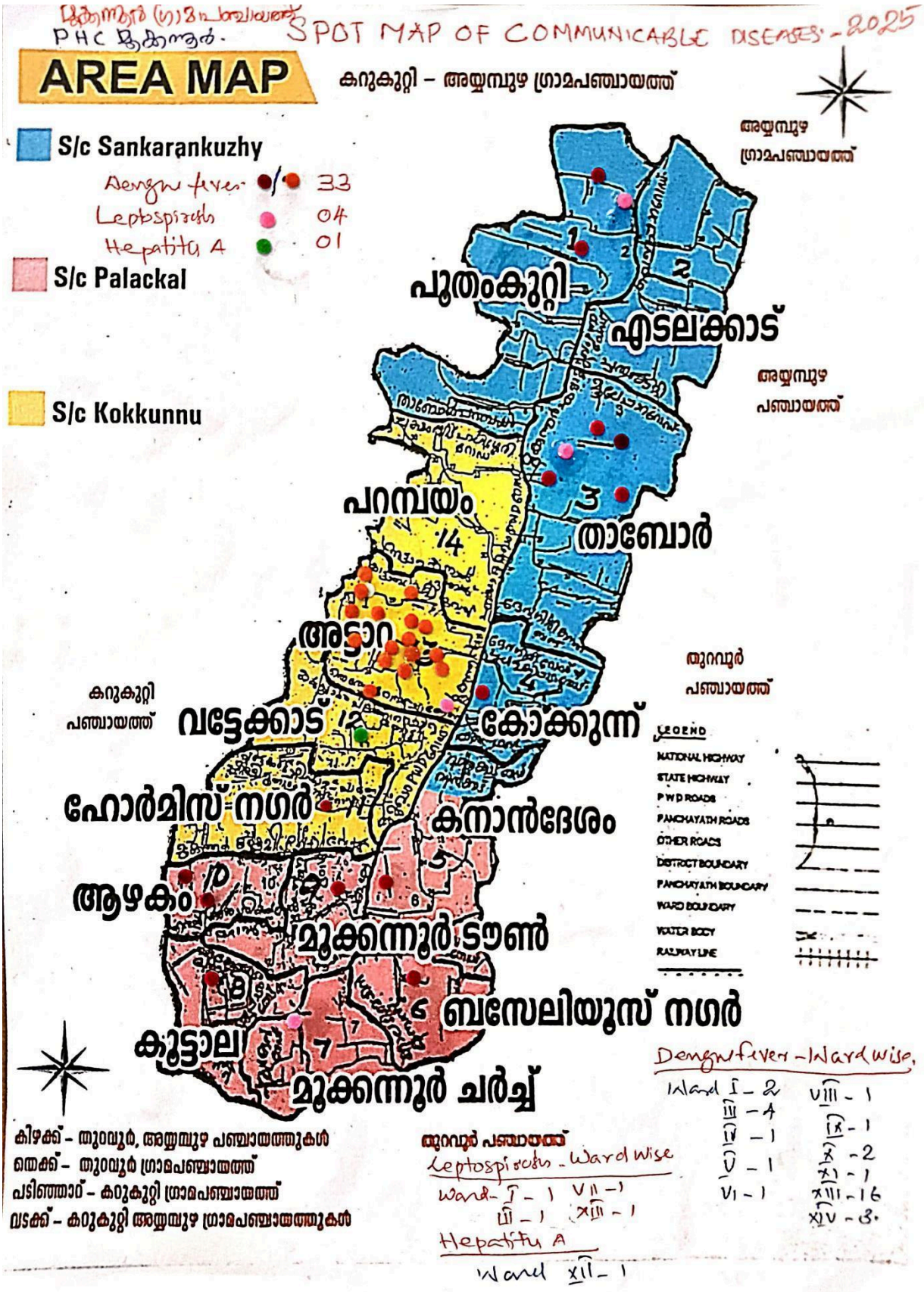
Disease	**No. of Cases**	**No. of Deaths**
AIDS	0	0
Hep- B	0	0
Hep- C	0	0

Zoonotic Disease

Disease	**No. of Cases**	**No. of Deaths**
Rabies	0	0
Leptospirosis	4	0

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

Integrated Disease Hotspot Map (2021–2025)


PHC കുമ്പനാട്.
SPOT MAP OF COMMUNICABLE DISEASES - 2025
AREA MAP
കറുകുറ്റി – അയ്യമ്പുഴ ഗ്രാമപഞ്ചായത്ത്
S/c Sankarankuzhy
Dengue fever 33
Leptospirosis 04
Hepatitis A 01
S/c Palackal
S/c Kokkunnu
അയ്യമ്പുഴ ഗ്രാമപഞ്ചായത്ത്
പൂതംകുറ്റി
എടലക്കാട്
അയ്യമ്പുഴ പഞ്ചായത്ത്
പറമ്പയം
താബോർ
അടാറ്റ്
തുറവൂർ പഞ്ചായത്ത്
കറുകുറ്റി പഞ്ചായത്ത്
വട്ടേക്കാട്
കോക്കുന്ന്
ഹോർമിസ് നഗർ
കനാൻദേശം
ആഴകം
മുക്കന്നൂർ ടൗൺ
ബസേലിയൂസ് നഗർ
കൂട്ടാല
മുക്കന്നൂർ ചർച്ച്
LEGEND
NATIONAL HIGHWAY
STATE HIGHWAY
PWD ROADS
PANCHAYATH ROADS
OTHER ROADS
DISTRICT BOUNDARY
PANCHAYATH BOUNDARY
WARD BOUNDARY
WATER BODY
RAILWAY LINE
Dengue fever - Ward wise
Ward I - 2
II - 4
III - 1
IV - 1
V - 1
VI - 1
VII - 1
VIII - 1
IX - 1
X - 2
XI - 1
XII - 16
XIV - 3
കിഴക്ക് – തുറവൂർ, അയ്യമ്പുഴ പഞ്ചായത്തുകൾ
തെക്ക് – തുറവൂർ ഗ്രാമപഞ്ചായത്ത്
പടിഞ്ഞാറ് – കറുകുറ്റി ഗ്രാമപഞ്ചായത്ത്
വടക്ക് – കറുകുറ്റി അയ്യമ്പുഴ ഗ്രാമപഞ്ചായത്തുകൾ
തുറവൂർ പഞ്ചായത്ത്
Leptospirosis - Ward wise
Ward - I - 1
VII - 1
III - 1
XII - 1
Hepatitis A
Ward XII - 1

Ward No	Dengue Total (2021-25)	Leptospirosis Total (2021-25)	Hepatitis A Total (2021-25)	Mumps (2021-25)	ADD (2021-25)	Total Cases
1	24	4	0		25	53
2	36	1	1		23	61
3	42	2	0		18	62
4	73	2	0		27	102
5	51	0	0		20	71
6	20	1	0		26	47

7	22	6	1		26	55
8	28	3	2		24	57
9	32	0	1		19	52
10	15	0	0		21	36
11	32	3	1		23	59
12	14	2	1		24	41
13	33	2	1		29	62
	25	0	1		21	57

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

Preparedness and Response Protocol at LSG Level

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

Constitution of One Health Committee

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

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

Sl No	Name	Designation	Department/Institution	Role in Committee	Contact Number
1	Jaya Radhakrishnan	Panchayat President	LSGD	Chairperson	8086594185
2	Dr Renjini Rajendran	Medical Officer (PHC/CHC)	Health Dept	Member Secretary	9037017159
3	Dr Rejitha	Veterinary Officer	Animal Husbandry	Member	9947624116
4	Dr Reshmi Ann Varkey	Epidemiologist	Health Dept	Member	8123094063
5	Satheeshkumar C A Giji T U(PHN)	Health Inspector/PHN	Health Dept	Surveillance	9496695750 9495093486
6	GIJI T U	ASHA Supervisor	Health Dept	Community link	9495093486
7	ANITHA	ICDS Supervisor	Social Welfare	Vulnerable groups	9605460649
8		CIRCLE INSPECTOR	Police Dept	Law & order	9497987120

9	BINDHU KUMARAN	Ward Councillor Representative	LSGD	Community coordination	9567338155
10	LISSY JAMES	Kudumbashree CDO	Kudumbashree	Community mobilisation	9656641565
11		AROGYA VOLUNTERRS	Civil Society	Support services	
12					

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	HEALTH DEP		MO
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	HELATH DEP		MO
Intersectoral coordination and convergence	VARIOUS DEP & LSGD		HI
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 NO numbers
    - Pulse oximeters – 4 numbers
    - Hand sanitizers – 3 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

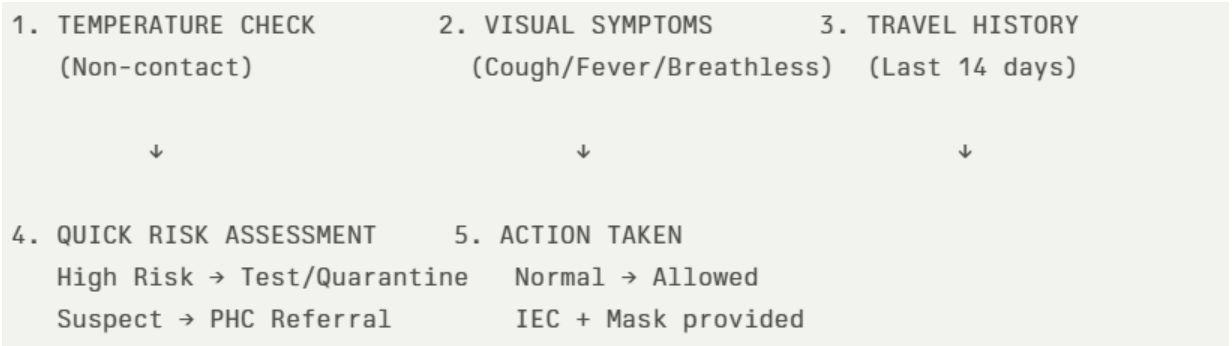
Screening checkpoints at high-traffic locations (transport hubs, markets, religious gatherings) for early detection of symptomatic travellers and crowd screening during outbreaks. Potential locations include bus stands, market entry points, and boat jetties, based on local context and risk assessment.

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



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: Mokkannur Panchayath Office.

Backup Location: Community Hall in Mokkannur G.P.

Health System Control Room Framework

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

1. ***Rapid Response Team (RRT)***
    - Provides immediate intervention during emergencies, clusters, and field alerts.
    - Coordinates urgent actions such as case investigation, contact tracing, isolation, and inter-facility referrals.
2. ***Data Management & Analytics Team***
    - Collects, validates, and manages key health system indicators (cases, tests, beds, HR, supplies).
    - Analyzes data trends, generates projections, and supports evidence-based decision-making for local authorities.
3. ***Human Resource Deployment Team***
    - Allocates healthcare staff efficiently based on workload and need
    - Ensures adequate and equitable workforce distribution across facilities
4. ***Laboratory Surveillance Team***
    - Oversees diagnostic testing coordination, sample transport, and timely reporting of results.
    - Monitors lab indicators (testing volume, positivity rate, turnaround time) for early detection of outbreaks
5. ***Vaccination Cell (If Required)***
    - Plans and executes vaccination campaigns, including micro-planning and session scheduling.
    - Tracks coverage, identifies gaps, and coordinates corrective actions with field teams and outreach services.

6. ***Infrastructure & Patient Occupancy Team***
    - Monitors facility capacity, earmarked beds, oxygen and critical care resources across all linked facilities.
    - Ensures optimal patient distribution and referral management using updated bed-status and resource data.
    - BMWM
7. ***Communication team***
8. ***Logistics and supply chain***
9. ***Transportation (interfacility & emergency transport)***
10. ***Media surveillance Call centre***
11. ***Management of the deceased***
12. ***Intersectoral coordination and convergence***

Key Control Room Team

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

Role	Name	Designation	Contact Number	Responsibility
In-charge/Nodal Officer	DR RENJINI	MO	9037017159	Overall coordination, decision-making, and reporting to the District level.
Data Entry Operator	NA	NA	NA	Managing the line list, updating dashboards, and tracking testing results.
Communication Officer	SATHEESHKUMARCA	HI	9496695750	Handling the public helpline, coordinating ambulance dispatch, and contact tracing calls.
Logistics Coordinator	NA	NA	NA	NA

Technical Support *(IT/Data)*	NA	NA	NA	NA

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	JHI/JPHN	AVAILABLE
Social media	OFFICE	DO
Local Cable TV/Radio	LSGD	DO

- All messages disseminated through the Hub shall align with advisories issued by the Health Department and District authorities.

- Community leaders shall be sensitized to support behavior change, reduce stigma, and counter misinformation.

- Special efforts shall be made to reach vulnerable and hard-to-reach populations using locally appropriate communication methods.

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

5. Coordination with District/State Authorities & Other Organisations

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

Key Details:

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

Reporting Schedule and Protocols:

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

State Cell	Zoonotic cross-sector events	FORTNIGHT	MO

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	7306993299

PPE Kits/Masks/Gloves	Local Vendors	9895090125
Oxygen Cylinders/Concentrators	KMSCL	7306993299
Medicines/Antivirals	KMSCL	7306993299
Medicines/Antivirals	Neethi Shops	04842760821
Test Kits (RTPCR/Rapid)	KMSCL	7306993299

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	SPC STUDENTS	9947815008

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 :	Case management	9446252491
Veterinary	Veterinary Surgeon:	Animal surveillance	9947624116
ICDS	Supervisor: Sindhu	Nutrition support	9605460649
Education	Head Teacher:	School coordination	9747150189
Police	04842452328	Containment enforcement	_____
Water Authority	8547638165	Water supply	_____
LSGD Engineering	7591906454	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
ST MARYS FERONA CHURCH ,PALLIPADI	Church hall	2	7,8	100	antony
Sehiyon church hall	**hall**	1	4	50	baiju
Shohs mookkannoor	**Class rooms**	1	5	250	HM
HSs mookkannoor	**Class rooms**	3	7,8	300	Principal,HM
AzhakamLPS	**Class rooms**	2	10	150	HM
Vattekkadu LPS	Class rooms	1	12	150	HM
Thabore HS	**Class rooms**	2	2,3	200	HM
FISSAT Hostel	**rooms**	2	11	800	Principal
Balanagar hostel	**Rooms**	1	5	100	

- **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 Mokkannur 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	BIJU PALATTY	1	POOTHANKUTTY	9446608091
2	MINI VARGHESE	2	EDALAKKADU	9745451545
3	LJI PAPPACHAN	3	DEVAGIRI	9947969864
4	T V SUBRAN	4	KOKKUNNU	9846384194
5	SINI DAVIS	5	KANANDESAM	9846550964
6	ROYSON VARGHESE	6	BASELIOUS NAGAR	9745813373
7	BIJU JOSEPH	7	MOOKKANNOOR CHURCH	9846015265
8	MATHAI T K	8	KOOTTALA	9846945604
9	LAIJO ANU	9	MOOKKANNOOR TOWN	7591969363
10	JAYA RADHAKRISHNAN	10	AZHAKAM	9747231668
11	MILSA JIJO	11	MOOKKANNOOR TOWN	8547316964

12	ELIAS K THARIAN	12	HORMIS NAGAR	9446128798
13	VINCY THOMAS	13	VATTEKKADU	9072656034
14	BINDHU KUMARAN	14	ATTARA	9446516102
15	DALY JOY	15	PARAMBAYAM	9562957380

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

Sl. No.	Name	Contact number
1.	JAYA RADHAKRISHNAN President	9747231668
2.	BIJU PALATTY vice president	9446608091
3.	VINCY THOMAS standing comity health	9072656034
4.	SUNIL KUMAR secretary	9947456362
5.		
6.		
7.	MANI Excise department	9447820789
8.	Forest department	

1.3. Important offices of grama panchayat/municipality/ corporation

Sl.No	Name of the office	Contact person	Contact number
1.	Village Office	Village OfficeR	8547643714
2.	Agriculture Office	Agriculture Officer	9383471130
3.	Animal Husbandry Office	Animal Husbandry Doctor	9947624116
4.	Police Station	Police Officer	9497987120
5.	BSNL Office	Officer	04842615000
6.	Block Office	Officer	9544808751
7.	KSEB Office	Officer	9496009035
8.	Fisheries Office	Officer	04842604179
9.	Fire and Rescue	Officer	04842452101

1.4. Health Services

Sl. No	Name of the hospital/institution	Location	Phone number
1.	Government hospitals/PHC	kokkunnu	04842614420
2.	Private hospitals	mookkannoor	8086194300

3.	Clinical laboratories		
4.	Chemist/pharmacy		
5.	Blood donors		
6.	Other language experts (Bihari, Hindi, Bengali, Asamees ……)	NA	

1.5. Veterinary Services

Sl. No	Name of the Clinic	Name of the Surgeon/Doctor	Place/location	Phone number
1	Govt.Veterinary Hospital	Dr Rajitha	Kokkunnu	9947624116

1.6. Helpline numbers

Helpline	Phone number
Police CI	9497987120
Fire and Rescue	0474245101
KSEB	9496009035

1.7. Public and Private Schools Contact details

S.No	Name of School	Institution type	Phone number
1	SHOHS MOOKKANNOOR	Aided	9946665436
2	NMCLPS VATTEEKKADU	Aided	9446741973
3	HOLY FAMILY UPS THABORE	Aided	9495560323
4	HOLY FAMILY HS THABORE	Aided	8078279837
5	GOVT UPS AZHAKAM	Govt	9846421042
6	GOVT HSS MOOKKANNOOR	Govt	9497017823
7	GOVT HS MOOKKANNOOR	Govt	9495731109
8	BUDS SCHOOL	Govt	8089709273
9	SACRED HEART ENGLISH MEDIUM SCHOOL	Private	8891617170
10	EMMANUAL ORPHANGE MISSION SCHOOL	Private	9446605306
11	SANTHOME SCHOOL	Private	8089709273

1.9. Anganwadi Contact Details

Ward No	Name of Anganwadi Teachers	Phone number
2	RAJANI K R	9946356492
2	NISHA NARAYANAN	9645442712
3	MINI M A	8943431668

3	BINDHU KUMARAN	9048017200
3	ANJALY	7025584751
4	REJI9 M O	9447813090
5	AMBILI	7736982054
6	ANITTA	70349916686
6	KOCHURANI	9744246851
7	LILLI P T	9946391794
9	SOUMYA	8943076610
9	MOLI P A	9645204944
9	SHYAMALA K K	7510278567
10	SAJITHA GEORGE	9645385390
12	AJITHA AD	9633346552
12	JOONI	9526040268
14	MEENA K K	9645501878
15	SOBI JOSEPH	9605934611

1.12. Information regarding resources

Means of transportation	Name of Owner	Phone Number
Heavy Trucks	NA	NA
Tractor	NA	NA

Ambulances	PANCHAYATH	8086918011
Boats	NA	NA
Taxi service AUTO TAXI 7	JOSE U A	9539820535
	SHAJAN	9847772805
	BIJU	8943091487
8	JOSE MADASERI	9947090501
	SHAJI ARAKKAL	9495116326
	ABHILASH MADATHIL	9946943030
	BABY KAIPRAMBADAN	9447458599
	SUDHI MADATHIL	8605318705
	RAGU	9947004180
	BAIJU	9747084953
	BONI (CAR)	9496264443
14	ANVIN GARVASIS	9037223194
	JAISON PALATTY	9747925678
	JOY VEZHAPARAMBIL	9846814731
	VARGHESE KARIYATTY	9447913498
5	SHAJU	9400595291
	JOSEPH T K	9846975867
	JEFRY WILSON	9496351938
	ROJI LONAPPAN	9645119906
	THARITH T	9846726863

Annexure 1: LSG Baseline Data Collection Format

A. Baseline data

Sl. No.	Indicator / Field	Baseline Data	Source / Remarks
1	Name of LSG	MOOKKANNOOR	-
2	District	ERNAKULAM	-
3	Block / Taluk	ANGAMALY	-
4	Type of LSG (Gram Panchayat / Municipality / Corporation)	GRAMAPANCHAYATH	-
5	Area (sq. km)	22.5 sq.km	-
6	No. of wards	15	-
7	GIS boundary file available	(Yes/No)	-
8	Key contact person & phone	Dr RENJIJI - 9037017159	-

B. Demography

Indicator / Field	Baseline Data	Source / Remarks
Total population	21357	-
Males	10468	-
Females	10889	-
Transgender population	0	-
Age distribution (<5, 5–14, 15–59, ≥60)	(814,2214,12068,5261)	-
No. of households	5265	-
Population density (persons/sq.km)	825 Person/sq.km	-
No. of migrant workers	467	-
Major occupational groups	Agriculture	-

C. Vulnerable Populations & Social Risks

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	No. of elderly (≥60)	5261	-
2	No. of persons with disability	26	-
3	No. of bedridden persons	173	-
4	No. of chronic disease cases (DM/HTN/COPD/CKD etc.)	2655	-
5	Pregnant women (current estimate)	108	-
6	Children <5 years	814	-
7	Tribal population (if any)	113 (ST)	-
8	Fisherfolk / coastal vulnerable groups (if any)	0	-
9	Urban slums / unnotified settlements (if any)	0	-
10	Homeless population		-
11	Orphanages / old age homes (number & capacity)	3- 4 100 -100	-

12	Hostels / prisons / shelters (number & capacity)	3/0/0 800/0/0	-
13	Poverty / BPL estimate	5671	-
14	Food insecurity hotspots	0	-
15	Any history of stigma/discrimination issues (Yes/No)	0	-

D. Health System & Service Readiness

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	No. of health facilities in LSG (PHC/CHC/TH/DH/Private)	2 PHC MOOKKANNOOR, MAGJ HOSPITAL (pvt)	–
2	PHC/Family Health Centre details (name, location)	PHC MOOKKANNOOR	-
3	Subcentres / Health & Wellness Centres (number)	3	-
4	Private clinics / hospitals (number)	8/1	-

5	Labs available (public/private)	1/4	-
6	Availability of ambulance services (Yes/No, number)	YES /3	-
7	Availability of isolation/quarantine facilities (Yes/No, details)	YES	-
8	Cold chain facilities (Yes/No, details)	YES – PHC MOOKKANNOOR , MAGJ HOSPITAL	-
9	Stockpile space available (Yes/No)	YES	-
10	PPE / mask / sanitizer availability plan (Yes/No)	YES	-
11	Surveillance staff available (JHI/JPHN/ASHA count)	2/3/14	-
12	Existing emergency referral pathways (Yes/No)	YES	-

E. Points of Entry & Mobility

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks

1	Bus stands / depots (number)	NO	-
2	Railway stations (number)	NO	-
3	Boat jetties / fishing harbours (number)	NO	-
4	Ports / airports nearby (specify distance)	NO	-
5	Major highways/roads passing through	NO	-
6	Border crossings (state/district)	NO	-
7	Major markets / weekly markets	NO	-
8	Tourism hubs / major event venues	NO	-
9	Schools/colleges with hostels (number)	11/2	-
10	Factories / large workplaces (number)	3	-

F. Water, Sanitation & Hygiene (WASH)-

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Major drinking water sources (piped / wells / borewells / springs)	WELLS 4023	-
2	No. of public wells	26	-
3	No. of households with piped water connection	2250	-
4	Water quality testing routine (Yes/No)	YES	-
5	Common contamination risks (flooding, salinity, industrial waste)	----	-
6	Open defecation free status (Yes/No)	NO	-
7	Solid waste management system (Yes/No)	YES	-
8	Bio-medical waste disposal mechanism (Yes/No)	YES	-
9	No. of public toilets	YES	-
10	Handwashing stations in public places (Yes/No)	YES / 1	-

G. Zoonotic Risks & One Health

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Livestock population (cattle/goats/pigs/poultry) – estimates	NA	-
2	No. of dairy farms / poultry farms / pig farms	5/7/7	-
3	Slaughterhouses / meat shops (number)	MEAT SHOP 12	-
4	Animal markets (Yes/No, details)	NO	-
5	Veterinary dispensaries (number)	1	-
6	History of zoonotic outbreaks (rabies, leptospirosis, avian flu etc.)	NO	-
7	Stray dog population management measures (Yes/No)	NO	-
8	Rodent infestation hotspots (Yes/No)	NO	-
9	Wetlands / waterlogged areas prone to leptospirosis	---	-
10	Bat roosting areas / caves / fruit orchards (if any)	1/0/0	-
11	Human-animal interface hotspots (farms near residences)	----	-

H. Climate & Disaster Risks (Pandemic Amplifiers)

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Flood-prone wards (list)	--	
2	Landslide-prone wards (list)	--	
3	Cyclone/sea surge risk (Yes/No)	NO	
4	Heatwave risk zones (Yes/No)	NO	
5	Waterlogging areas (list)	---	
6	Shelter homes / relief camps (number, capacity)	---	
7	Past disaster displacement history	---	
8	Disruption to water supply/transport common (Yes/No)	NO	

I. Critical Infrastructure & Logistics

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Schools (number)	11	
2	Anganwadis (number)	19	
3	Colleges (number)	3	

4	Community halls (number)	9	
5	Places of worship with large gatherings (number)	--	
6	Large markets / shopping areas (number)	--	
7	Warehouses / cold storages (number)	--	
8	Telecom/mobile network coverage gaps (Yes/No)	YES(POOTHAMKUTTY)	
9	Power outage frequency (high/medium/low)	MEDIUM	
10	Availability of generators in key facilities	YES	

J. Risk Communication & Community Networks

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Ward-level rapid response teams (Yes/No)	YES	
2	Jagratha samithis / committees active (Yes/No)	YES	

3	Kudumbashree presence and strength (number of units)	179	
4	Volunteer network (number, coverage)	86	
5	Community-based surveillance mechanisms (Yes/No)YES	YES	
6	IEC dissemination channels (WhatsApp groups, community radio, PA systems)	YES	
7	Rumour tracking mechanisms (Yes/No)	YES	
8	Languages spoken / literacy considerations	MALAYALAM	
9	Vulnerable groups communication strategy available (Yes/No)	YES	

K. Preparedness Planning & Governance

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	LSG emergency plan available (Yes/No)	YES	
2	Pandemic preparedness plan available (Yes/No)	YES	

3	Incident Command System identified (Yes/No)	NO	
4	Rapid procurement mechanism available (Yes/No)	YES	
5	Emergency fund available (Yes/No, amount)	---	
6	Past outbreak response experience (Yes/No, details)	YES(FOOD POISON,DENGUE)	
7	Intersectoral coordination mechanism (Health, Police, LSG, Veterinary, Education)	YES	
8	Mock drills conducted in last 12 months (Yes/No)	YES	
9	Training coverage for staff/volunteers (Yes/No)	YES	

L. Surveillance & Data Systems

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Digital reporting tools used (e.g., DHIS2, portals)	YES	
2	Availability of line-listing format (Yes/No)	YES	

3	Contact tracing team identified (Yes/No)	YES	
4	Mapping of high-risk households available (Yes/No)	YES	
5	Testing sample transport mechanism (Yes/No)	YES	
6	Reporting timeline adherence (good/average/poor)	GOOD	
7	Data sharing between departments (Yes/No)	YES	
8	Availability of dashboard for monitoring (Yes/No)	YES	

M. Additional Notes & Observations

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Key challenges perceived by LSG		-
2	Top 5 high-risk wards (reason)	WARD 3- NATURE SOURCE WARD 4, NATURE SOURCE, WARD 1 DENGUE PRONE AREA, WARD 9 – DENGUE PRONE AREA, WARD – 11 WATER BORNE DISEAS	

3	Any unique local risks (industrial pollution, refugee camps, etc.)		
4	Recommendations for preparedness strengthening		