PANDEMIC PREPAREDNESS PLAN THURAVUR

FHC THURAVOOR
phcthuravoor@gmail.com

MESSAGE FROM PRESIDENT/CHAIR LSGD

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വാർഡ് - 2
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തീയതി 2.3.26

ആശംസകൾ

കേരള സംസ്ഥാന ആരോഗ്യ വകുപ്പിന്റെ നിർദ്ദേശാനുസരണം ഗ്രാമപഞ്ചായത്ത് തലത്തിൽ പകർച്ച വ്യാധി പ്രതിരോധ പദ്ധതി (Pandemic preparedness plan) തയ്യാറാക്കേണ്ടതുണ്ട്. തുറവൂർ കുടുംബാരോഗ്യ കേന്ദ്രത്തിന്റെ ആഭിമുഖ്യത്തിൽ തയ്യാറാക്കുന്ന പകർച്ചവ്യാധി പ്രതിരോധ പ്ലാനിന് ആശംസകൾ നേരുന്നു. ഗ്രാമപഞ്ചായത്തിന്റെ ആരോഗ്യ പ്രവർത്തനങ്ങൾക്ക് ഈ മാർഗ്ഗരേഖ ഒരു മുതൽക്കൂട്ടായി തീരട്ടെ.

OFFICE OF THE THURAVOOR GRAMA PANCHAYAT
THURAVOOR P.O., ERNAKULAM

PRESIDENT
Thuravoor Grama Panchayat

MESSAGE FROM HEALTH STANDING COMMITTEE CHAIR

ജോസി ജേക്കബ്
മെമ്പർ, വാർഡ്-4
ആരോഗ്യ വിദ്യാഭ്യാസ സ്റ്റാൻഡിംഗ് കമ്മിറ്റി ചെയർ പേഴ്സൺ
തുറവൂർ ഗ്രാമപഞ്ചായത്ത്
ഫോൺ (ഓഫീസ്) : 0484 - 2617517

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തീയതി 21.3.26

ആശംസകൾ

കേരള സംസ്ഥാന ആരോഗ്യ വകുപ്പിന്റെ നിർദ്ദേശാനുസരണം ഗ്രാമപഞ്ചായത്ത് തലത്തിൽ പകർച്ച വ്യാധി പ്രതിരോധ പദ്ധതി (Pandemic preparedness plan) തയ്യാറാക്കേണ്ടതുണ്ട്. തുറവൂർ കുടുംബാരോഗ്യ കേന്ദ്രത്തിന്റെ ആഭിമുഖ്യത്തിൽ തയ്യാറാക്കുന്ന പകർച്ചവ്യാധി പ്രതിരോധ പ്ലാനിന് ആശംസകൾ നേരുന്നു. ഗ്രാമപഞ്ചായത്തിന്റെ ആരോഗ്യ പ്രവർത്തനങ്ങൾക്ക് ഈ മാർഗ്ഗരേഖ ഒരു മുതൽക്കൂട്ടായി തീരട്ടെ.

ജോസി ജേക്കബ്ബ്
ആരോഗ്യ വിദ്യാഭ്യാസ സ്റ്റാന്റിംങ്ങ് കമ്മിറ്റി ചെയർമാൻ

OFFICE OF THE THURAVOOR GRAMA PANCHAYAT
THURAVOOR P.O., ERNAKULAM

MEMBER
Thuravoor Grama Panchayat

MESSAGE BY MEDICAL OFFICER

Dr. Anitha R Krishna
Medical Officer
Family Health Centre, Thuravoor

Subject: Community Health Alert:
Strengthening Our Collective Defenses
Dear Residents,
COVID 19 pandemic and 2018 Flood has been necessitated the need for a pandemic preparedness plan for every health care set up. As we navigate this season, our health system remains on high alert .While our Primary Care Services continue to support your daily wellness through initiative like the Arogyam Anandam Campaign , Vibe for Wellness Campaign ,School Health Bell, Palliative Care, Elderly Care , we must stay vigilant against emerging respiratory pathogens and seasonal outbreaks and climate related changes which has a long lasting effect on our health and environment.
In line with the State's latest grassroots pandemic preparedness frame work, I urge every household to follow these essential protocols:

- **Early Reporting & Surveillance:** If you or any family member experiences persistent fever ,difficulty breathing ,or unusual fatigue, please contact our FHC immediately. early detection is our strongest tool in preventing community spread.
- **Arogya Jagratha Samithi Participation:** We request all residents to actively engage with their local ward-level Arogya Jagrath Samithis These committees are our first line of defense for monitoring health trends and ensuring local sanitation.
- **Hygiene& Respiratory Etiquette:** Continue Practicing standard precautions: frequent hand washing, using masks in crowded indoor spaces ,and maintaining physical distances if symptomatic.

- **Vulnerable Group Protection:** Special care must be taken for the elderly, pregnant women, children under 5 years of age and those with chronic conditions like Diabetes, Hypertension, cardiac illness, stroke, Tubercuosis, Chronic Kidney patients, patients suffering from mental illness . Ensure their medications are stocked and they avoid unnecessary exposure during peak flu seasons.
- **Environmental Health:** with the changing climate. Be wary of water- borne illness. and extreme heat related illness. Ensure all drinking water sources are chlorinated and avoid stagnant water to prevent vector-borne diseases. Also ensure that adequate hydration is maintained .expose to sun rays peak hours of day(11am-3pm) should be avoided. Contact FHC/JAK in case any distress.

  Our Family Health Centre is equipped with necessary diagnostic protocols and is linked to the district's specialized care network .Let us work together to keep our community safe and resilient.

  For any health- related queries or emergencies,

  Please reach out to:

  FHC Helpline:977870430

  DISHA State Helpline:1056 or 0471-25520256

  Stay Healthy .Stay Informed.

  Dr. Anitha R Krishna

  Medical Officer

  Family Health Centre, Thuravoor

EXECUTIVE SUMMARY

Primary Health Centre (PHC) functions as the primary public healthcare institution serving the population of 21750 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.

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

Despite constraints related to infrastructure, manpower, and increasing service demand, the 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, FHC Thuravoor stands as a vital institution in safeguarding public health and improving the quality of life of the residents of Thuravoor 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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- LSGD at a glance

LSGD AT A GLANCE

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- Baseline data
- Ward division - 14

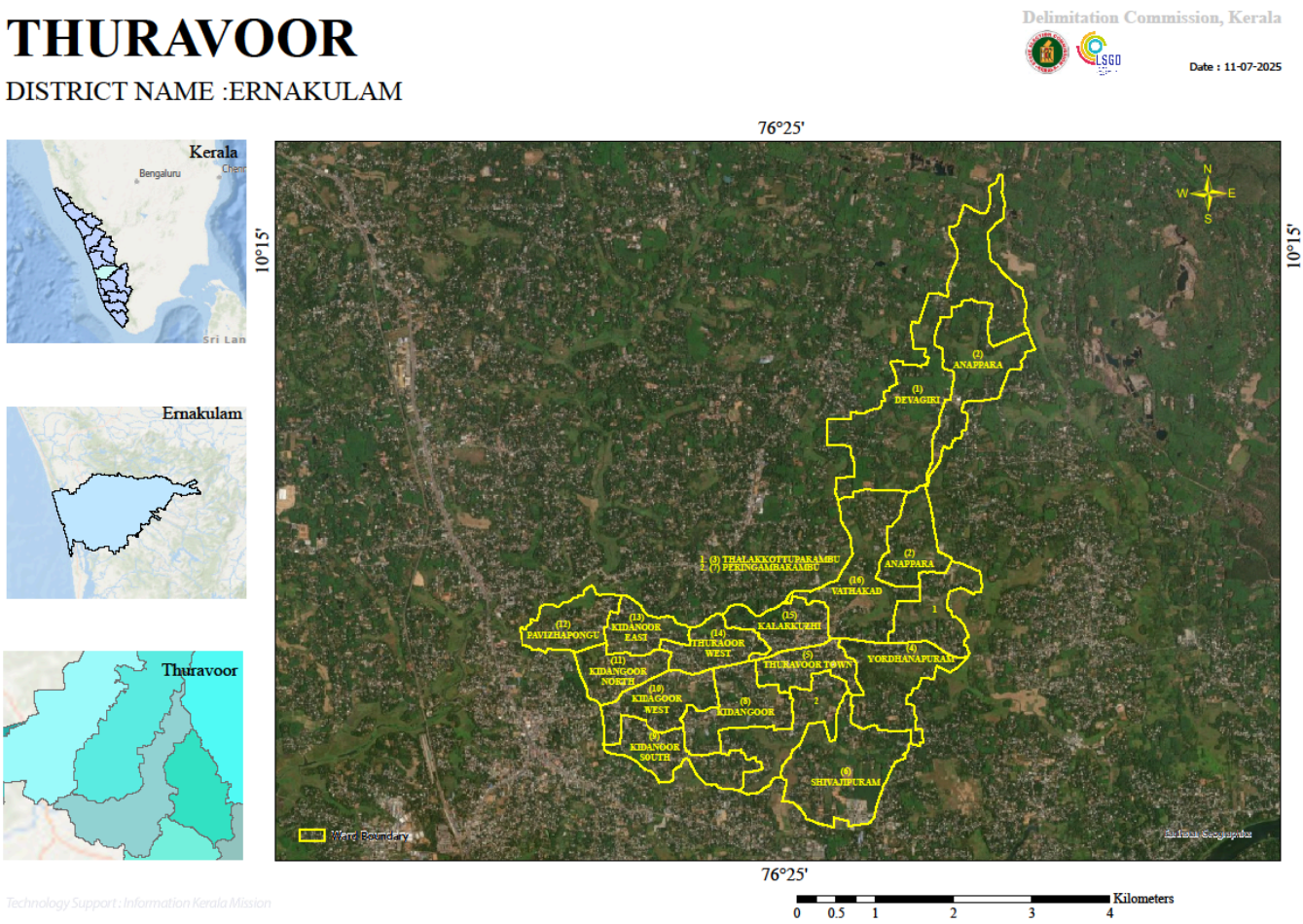
Ward	Houses	Population	Migrants	Wells	Hot spots	Ed. Institutions	Hosp pvt/govt.
16	6552	21448	450	5664	4	10	3

- 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)

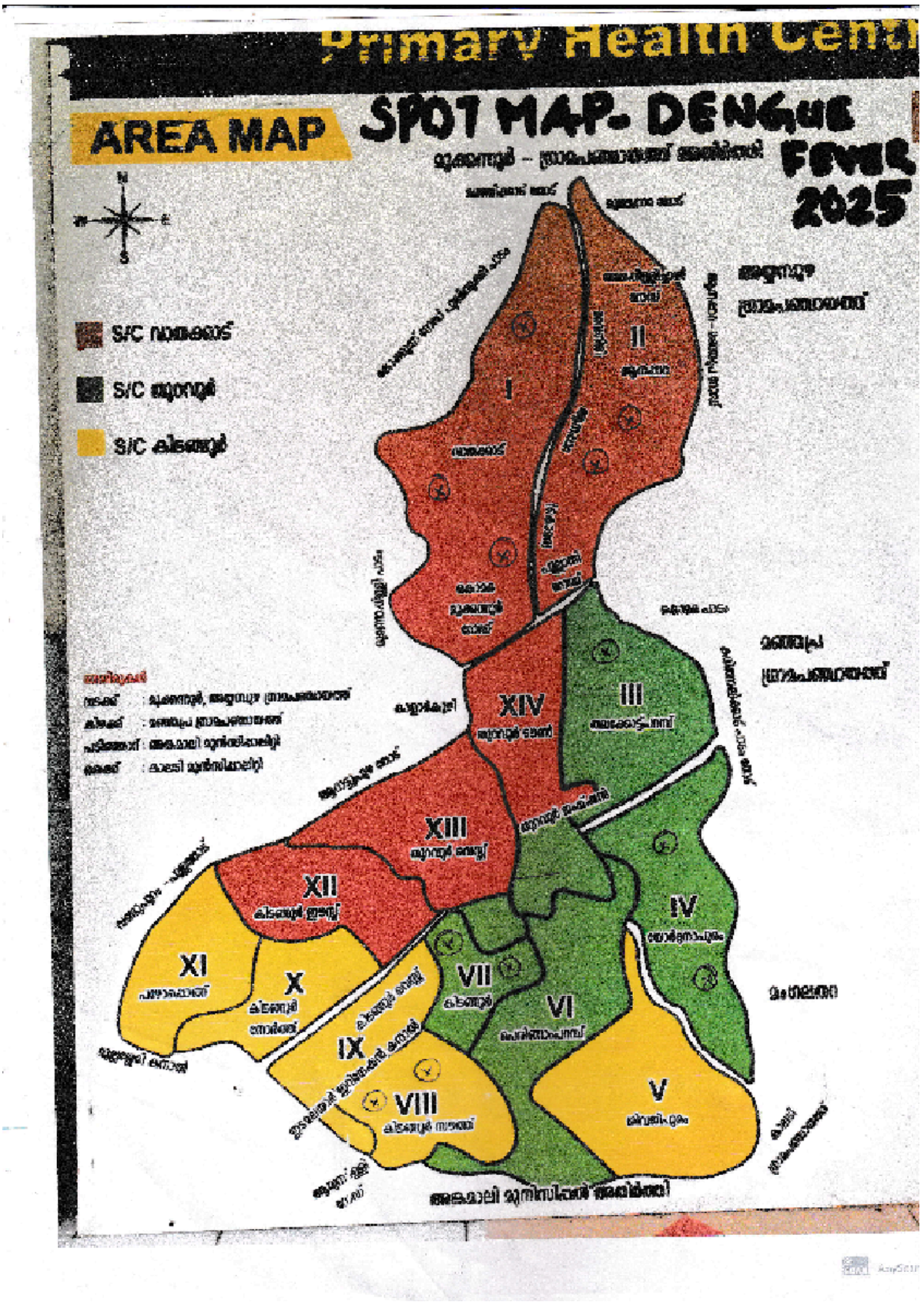
Maps - ward-based (Mention source also)

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 THURAVOOR PANCHAYAT



Health Infrastructure Map


AREA MAP
SPOT MAP- DENGUE FEVER 2025
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S/C തെക്ക്
S/C കിഴക്ക്
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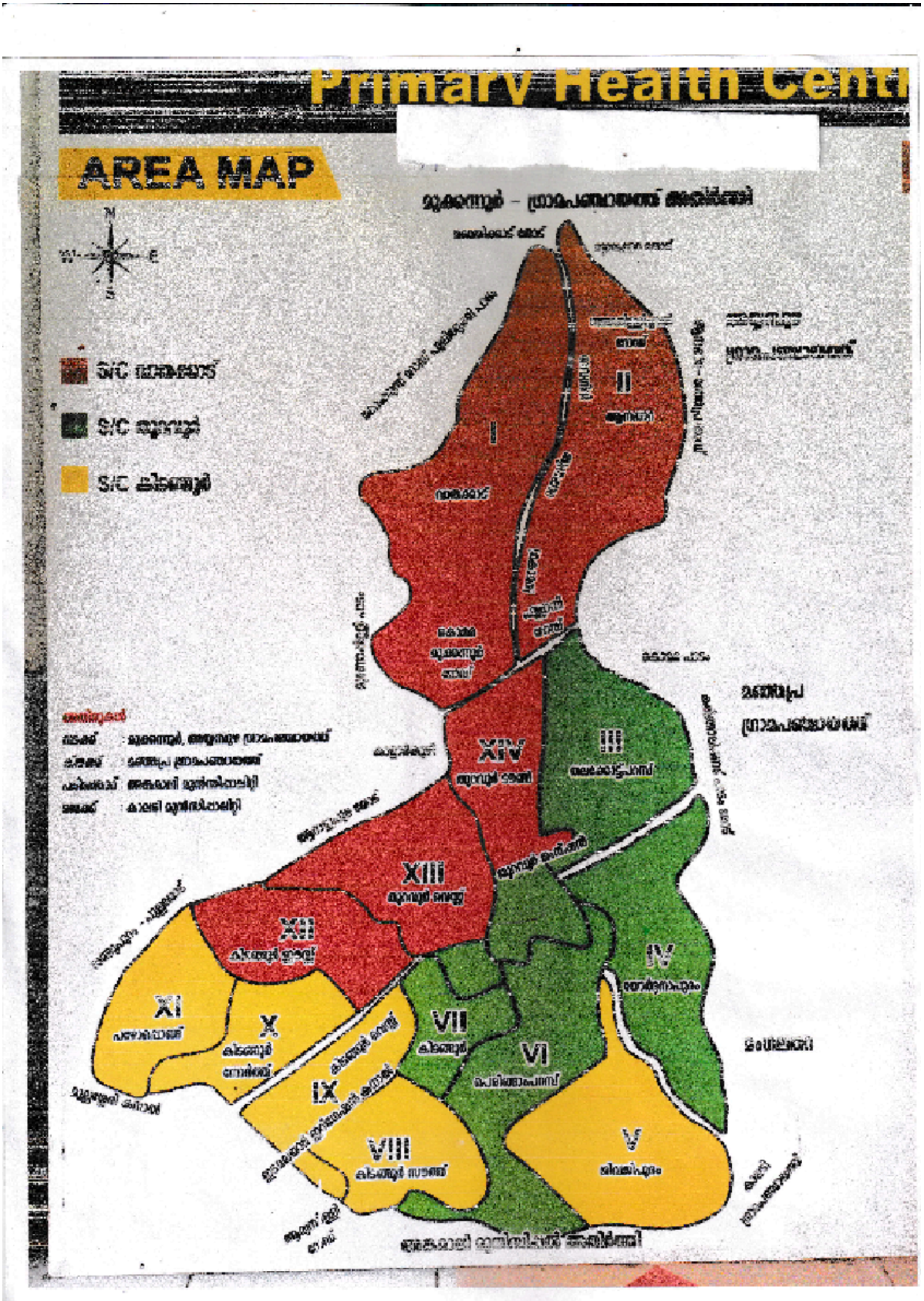
Primary Health Centi
AREA MAP
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IV

GENERAL PROFILE OF THE LSGI'S

Background of the LSGI

Thuravoor Grama Panchayat is situated in Ernakulam district, Kerala. The geographical landscape of the Panchayat is predominantly plain land with canals for irrigation purposes.

The Panchayat is administratively divided into 16 wards, with a population of 21750, majority of the younger generation is employed abroad leaving only elderly and children in the panchayath area. A small population is still dependent on agriculture and nutmeg cultivation. The area hosts a diverse workforce, including a notable presence of migrant labourers, particularly in construction, agriculture, and allied sectors.

From a public health and disaster management perspective,Thuravoor gramapanchayath has not faced much disaster and outbreaks except for vector-borne illnesses such as Dengue in 2023 and Leptospirosis. The 2018 floods even though had not affected a majority , it had a social and mental affect in the lives of people in the area. The Dengue outbreak in 2023 has once again stressed the importance of premonsoon preparedness and need for intersectoral coordination. 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	Thuravoor
Type (GP/Municipality / Corporation etc.)	Grama Panchayath
Block	ANGAMALY
District	ERNAKULAM
Number of wards	16

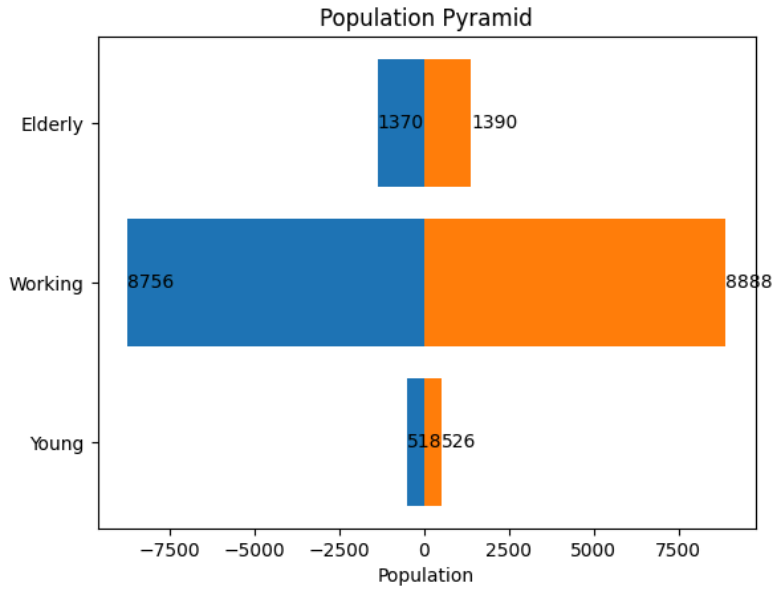
Table 1: Background of LSGD	
Description	**Details**
Total area (sq. km)	12.13Sq.Km
Population(Projected)	21750
Population density	1443 -persons/sq km
Terrain (coastal/low-lying/backwaters/foothills, etc.)	Plain
Number of rivers passing through LSGI	Nil
Number of water bodies in the LSGI	20
Number of educational institutions	10
Factories / small-scale industries	5
Flood-prone wards	0
Landslide-prone wards	0
Death Management and Disposal Facilities (mortuaries/crematorium, including electric)	Nil
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	21750

Description		Details (in numbers)
DEMOGRAPHIC PROFILE		
Male		10644
Female		10804
Transgender		0
Children under 5		938
Adolescent		120
Elderly (>60)		2799
SOCIAL/LIVELIHOOD VULNERABILITY		
Previous EPEP family		13
BPL family		2337
Tribal communities		0
Migration	Immigrant	450
	Emigrant	2327
Socio-economically deprived		0
Fisherfolk		0
SC Community		547
ST Community		0



A broad working-age population with relatively lower young and elderly groups indicates a stable, economically productive population with low dependency.

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	96
Lactating mothers	202
Bedbound patients	138
Patients under palliative care other than bedbound	138
Patients on Haemodialysis	27
Patients on CAPD	42
Cancer patients (currently on treatment)	10

Description	Details in numbers
Haemophilic patients	0
Mentally challenged	76
Differently abled	112
Diabetic patients	873
Hypertensive patients	1821
TB patients	3

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

Sl. No.	Name of festival	Month detailing the periodicity
1	ST:JUDE CHURCH YUDHAPURAM	October

INFRASTRUCTURE & RESOURCE INVENTORY

Health Facility Directory & Basic Capacity in the LSGD

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

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

Table 5. Health Facility Resource Summary

Sl. no.	Health Facility	Type of Facility (MCH/GH/CHC/FHC/SC etc.)	Contact Number	Total beds	ICU Beds	Oxygen-Supported Beds	No. of Ventilator Support Beds	No. of ambulances
Government Healthcare Facilities								
1	FHC THURAVOOR	FHC	9778370430	0	0	0	0	1
Private Healthcare Facilities - Nil								
AYUSH Healthcare Facilities								
1	NHM AYURVEDHA DISPENSARY	CLINIC	9495603317	0	0	0	0	0
2	NHM HOMEO DISPENSARY	CLINIC	9447458546	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	Dr.Jintos clinics	Yes	General	physician	Thuravoor	9846197371	No	Nil
2	Dr.Neko Clinic	Yes	Speciality	Gynecology	Kidangoor	9847918487	Yes	Nil

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

Category of Institution	Govt	Private	AYUSH	Total
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	NO	NO	NO	NO
Oxygen-generating systems(Y/N)	NO	NO	NO	NO
Oxygen-supported beds(Numbers)	NO	NO	NO	NO
Ventilator-supported beds	NO	NO	NO	NO
ICU beds	NO	NO	NO	NO
Burns units	NO	NO	NO	NO
Blood centres	NO	NO	NO	NO
BLS ambulances	NO	4	NO	NO
ALS ambulances	NO	1	NO	NO
Dialysis facilities	NO	NO	NO	NO
Dispensaries	NO	1	NO	NO
Medical store	NO	4	1	NO
Industrial establishments(**Medium-scale industries/small-scale industries**	NO	NO	NO	NO

Item	Govt	Private	AYUSH	Total
establishments to whom we can depend in a worst-case scenario)				

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							
1	Y	Y	Y	0	0	0	0

Diagnostics facility mapping at the LSGI level

The diagnostic capacity of THURAVOOR_ **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	1	5	0	6
RT-PCR labs	0	0	0	0
USG units	0	0	0	0
CT/MRI units	0	0	0	0
Research labs	0	0	0	0
Labs of other departments that can be repurposed	0	0	0	0

Laboratory Identification & Basic Details

Sl. No.	Name of Laboratory	Ownership (Govt / Private / Academic)	Address	Contact No.	24×7 Services (Yes/No)	NABL / Govt Approved (Yes/No)
1	Health care	Private	Kidangoor	8281456566	No	Yes
2	Health care	Private	Aanappara	828145656	No	Yes
3	Sinchu laboratries	Private	Thuravoor	9745813693	No	Yes
4	Care high tech	Private	Thuravoor	9847927691	No	Yes

Social and Community Infrastructure for surge plan

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

Category	**Total Count**	**Ward**	**Est. Capacity (Persons)**	**Contact details**
Educational Institutions				
Anganwadis	21	1-16	350	9656427708
Schools	9	1,2.,14, 10,9	10000	9846949425,
Colleges- ITI	1	5	450	0478 2562388
Healthcare Educational Institutions				
Medical colleges (Gov./Private)	0	0	0	0

Nursing colleges (Govt/Private)	0	0	0	0
9Dental colleges (Govt/Private)	0	0	0	0
Paramedical institutes (Govt/Private)	0	0	0	0
Community Gathering Spaces				
Community halls	3	15	1000	9744459184
Auditoriums	24	1-16	2500	8547507356
Religious buildings	22	1-16	1000	9048534071
Vulnerable Group Support Facility				
Destitute homes	0	0	0	0
Elderly homes	0	0	0	0
LSGD owned other buildings	0	0	0	0
Mass Fatality Management (MFM) Infrastructure				
Mortuary	0	0	0	0
Crematorium	0	0	0	0

*refer annexure 1 for contact details

Human resources

This section focuses on the **human capital** available within the LSGI. In any emergencybe 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	5	0	5
Doctors – AYUSH	5	1	6
Doctors – Veterinary	1	0	1
Doctors – Dental	0	2	2
Nursing officers	5	0	0
Lab technicians	2	14	14
Optometrist	1	1	2
Pharmacists	2	0	2
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)	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	1	0	1

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	16
AWW (Anganwadi Workers)	21
Emergency Medical Volunteers (Trained)	0
Kudumbashree	131
MNREGS	420
Purusha Swayam Sahaya Sangham	16
Ex-Servicemen	18

Cadre	Number
Retired Police Officers	10
NCC/NSS Volunteers	30
Red Cross volunteers	25
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	10
Religious based organizations	22
Foreign based organizations	0

Category	Total Count
Sports Club/youth clubs	16
Kudumbashree SHGs	131
Ayalkootams	131
Political organizations	8
Residential organizations	32

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	0	0
Fire & Rescue Stations	0	0
Water Pumping Points	0	0
Public Distribution System (PDS)	0	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	0
Heavy Trucks	0
Tractor	2
Ambulances	4
Mobile mortuaries	0
Boats	0
Taxi service	25

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

ONE HEALTH & ENVIRONMENTAL SURVEILLANCE

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

Animal & Bird Population

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

Category	Item	Estimated Population	Wards
Animal Population	Livestock (Cattle/Goats/Buffalo)	NO	NO
	Pet Animals (Dogs/Cats)	NO	NO
	Stray Dog Population	NO	NO
	Pig Farms (Number of heads)	NO	NO
	Small Units (Sheep / Goats – clustered)	NO	NO
Bird Population	Poultry Units (Birds)	3	1,2
	Poultry- (FOWL)	NO	NO
	Wild/Migratory Birds (Observed)	NO	NO
	Crow Mortality Events (Reported)	NO	NO

The main risk of zoonotic diseases in is concentrated in **Wards**, which is explained by the high density of pig farms, cattle congregation areas, and poultry units. The stray dog population in

market areas, fish landing sites, bus stations continues to be a substantial problem for rabies surveillance and bite prevention. There is a considerable risk of avian influenza introduction and amplification during **November - December** due to the seasonal presence of migratory and resident water birds near **ponds/ canal / river / backwater / paddy field**. Clusters of pig farms and animal shelters vulnerable to flooding further raise the risk of leptospirosis and other zoonoses mediated by the environment, especially during monsoon floods.

Veterinary Infrastructure

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

Facility Type	Name of Facility	Ownership Govt / Pvt	Location(Ward No)	Contact number
Veterinary Dispensary	GOV.VETENARY	GOV	4	8289827638
Veterinary Hospital / Polyclinic	NO	NO	NO	NO
Private Veterinary Clinics	NO	NO	NO	NO
Mobile / Emergency Vet Service (incl. night services)	NO	NO	NO	NO
Pet Homes / Animal Shelters	NO	NO	NO	NO
Slaughterhouse-linked Veterinary Inspection Unit	NO	NO	NO	NO

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	8289827638
Private Veterinary Doctors	NIL	NIL	NIL
Livestock Inspectors	NIL	NIL	NIL
Para-veterinary Staff / Attenders	NIL	2	04842698082
Contract / On-call Veterinary Support (if any)	NIL	GOV.	04842698082

High-Risk Interface Points (Surveillance Sites)

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

Type of Habitat	Type of High risk interface	Geographical vulnerability

Wetlands & Backwaters	0	0
Backyard Poultry Farms	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	3	Vathakkad, Anappara,Shivajipuaram
Backyard / Clustered Poultry Units	0	0
Duck Rearing Units (open water access)	0	0
Slaughterhouses/ Slaughter Points	8	Kidangoor,Tthuravoor ,Aanappara ,Vathakkad,
Meat/Fish Markets	0	0
Live Bird Sale Points	0	0
Cattle Markets / Weekly Animal Fairs	0	0
Pet Shops / Breeders	0	0
Animal Shelters / Pet Homes	0	0
Waste Disposal Sites near Animal Units	0	0

Environmental Risk Mapping

Environmental risk mapping identifies monsoon/flood hotspots for vector-borne (dengue, 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	0	NIL	0
Water bodies/wetlands	0	0	0
Solid waste accumulation	0	0	0
Animal waste disposal issues	0	0	0
Rodent infestation zones	0	0	0
Industrial effluent discharge	0	0	0
Construction sites / abandoned buildings	0	0	0
Poor drainage/blocked canals	0	0	0
Drinking water source contamination risk	0	0	0

Disease Seasonality Mapping

1, **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				
Leptospirosis	JUNE, JULY ,AUGUST	LABOURES	KIDANGOOR	YES
Dengue/Chikungunya	JUNE, JULY ,AUGUST	GENARAL PUBLIC	VATHAKAD, KIDANGOOR ,PAVIZHAPONGAM	YES
Acute Diarrheal Diseases	MAY ,JUNE,AUGUST	GENARAL PUBLIC	NA	YES
Rabies	NIL	NIL	NIL	NIL
Anthrax (rare)	NIL	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	0	0	0
Wetland-adjacent communities	0	0	0
Backyard poultry / duck rearing households	0	0	0
Livestock-rearing households	0	0	0
Slaughterhouse & meat market workers	0	0	0
Fisherfolk & fish market workers	0	0	0
Sanitation workers	0	0	0
Daily wage / migrant workers	0	0	0
Elderly & chronically ill populations	0	0	0
Pregnant Women	0	0	0
Children (schools, Anganwadi's)	0	0	0
Limited access to safe water & sanitation	0	0	0

EPIDEMIOLOGICAL TRENDS (2021–2025)

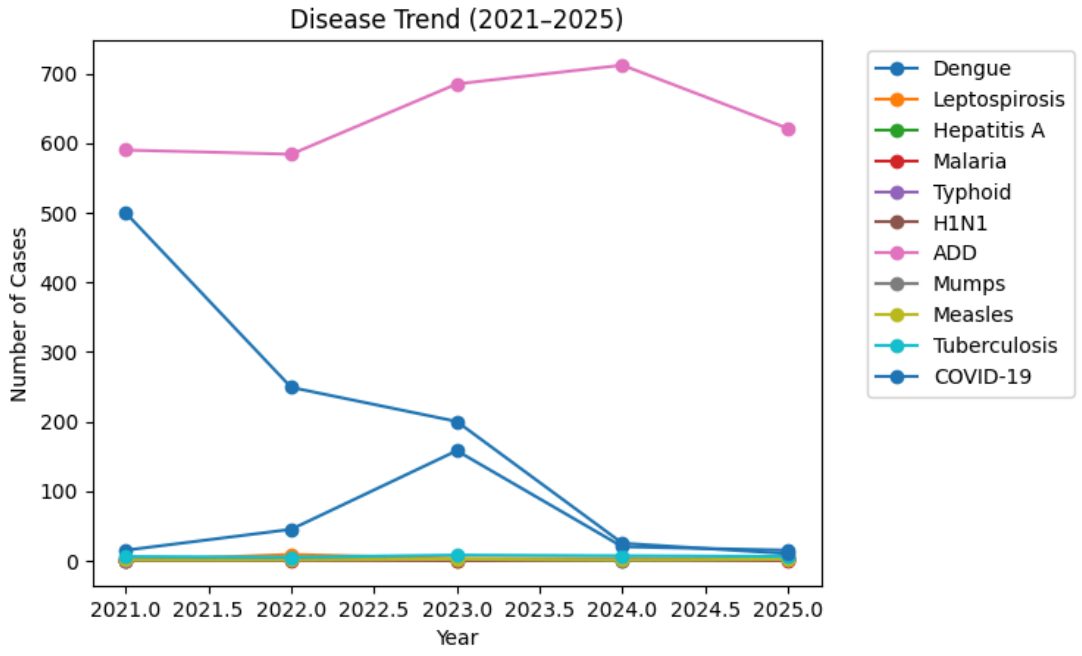
Disease surveillance is the systematic collection, analysis, and interpretation of health data for planning, implementation, and evaluation of public health practice. This section presents the disease surveillance profile of the LSGI based on routine reporting systems and outbreak investigations to identify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

Disease Burden among human beings(Last 5 Years)

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

Disease	2021	2022	2023	2024	2025	Trend(Increasing/Stable/Decreasing)
Dengue	15	45	158	20	15	Decreasing
Leptospirosis	0	9	3	3	2	Decreasing
Hepatitis A	0	1	0	2	1	Decreasing
Malaria	0	0	0	1	0	Decreasing
Scrub Typhus	0	0	0	0	0	Decreasing
Typhoid	0	1	1	2	2	Stable
H1N1	1	2	1	0	5	Decreasing
H3N2	0	0	0	0	0	Decreasing
ADD	590	584	685	712	621	Decreasing
Mumps	1	1	2	0	1	Decreasing

Measles	1	1	2	1	2	Decreasing
Hepatitis B	0	0	0	0	0	Decreasing
Hepatitis C	0	0	0	0	0	Decreasing
Tuberculosis	6	5	8	7	6	Decreasing
Leprosy	0	0	0	0	0	Decreasing
COVID-19	500	249	200	25	10	Decreasing



The data shows persistently high ADD cases, a peak in dengue in 2023, and a steady decline in COVID-19 with generally low levels of other diseases.

Seasonal Trend Analysis

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

DENGUE

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

Peak: July–November

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

Ward	Dengue – Ward-wise Yearly Distribution					
	2021	2022	2023	2024	2025	Total
1	2	2	18	3	3	28
2	0	3	16	5	2	262
3	0	8	21	0	1	30
4	1	2	8	2	2	15
5	2	7	5	2	3	19
6	0	2	12	4	2	20
7	1	2	10	4	2	19

8	1	2	9	1	3	16
9	2	2	9	2	0	15
10	1	3	9	0	0	13
11	1	2	7	2	0	12
12	1	2	13	6	0	22
13	3	4	3	2	0	12
14	0	5	18	3	0	26

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

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	1	1
2	0	0	0	0	0	0
3	0	0	0	0	0	0
4	0	0	0	0	0	0
5	0	0	0	0	0	0
6	0	0	0	0	0	0
7	0	0	0	0	0	0

8	0	0	0	0	0	0
9	0	0	0	0	0	0
10	0	0	0	0	0	0
11	0	0	0	0	0	0
12	0	0	0	0	0	0
13	0	0	0	0	0	0
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	1	1
Water Borne Diseases	0	0
Air Borne Diseases	30	0
Blood Borne Diseases	0	0
Food Borne Diseases	4	0

Vector-Borne Disease

Disease	No. of Cases	No. of Deaths
Dengue	15	1
Malaria	0	0
Chikungunya	0	0

Water Borne Disease

Disease	No. of Cases	No. of Deaths
Cholera	0	0
Typhoid	2	0
Hep- A	1	0
Dysentery	621	0
Amoebiasis	0	0
E- Coli infections	0	0

Air Borne Disease

Disease	No. of Cases	No. of Deaths
Influenza	2	0
H1N1	5	0
TB	6	1
Chickenpox	25	0

Measles	2	0
Covid-19	3	0
Pertussis	0	0
Mumps	1	0

Blood-Borne Disease

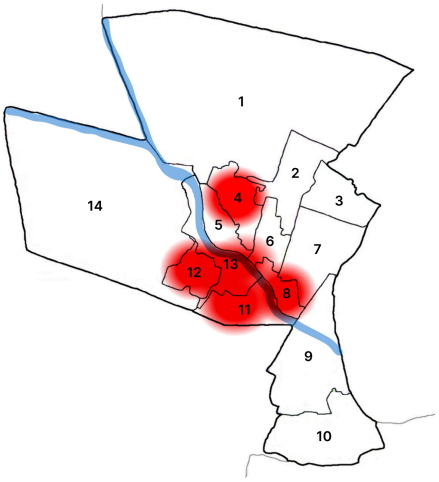
Disease	**No. of Cases**	**No. of Deaths**
AIDS	0	0
Hep- B	0	0
Hep- C	0	0

Zoonotic Disease

Disease	**No. of Cases**	**No. of Deaths**
Rabies	0	0
Leptospirosis	2	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)



Ward No	Dengue Total (2021-25)	Leptospirosis Total (2021-25)	Hepatitis A Total (2021-25)	Mumps (2021-25)	ADD (2021-25)	Total Cases
1	28	0	1	0	12	41

2	26	2	0	0	9	37
3	30	1	0	0	11	42
4	15	0	0	1	8	23
5	19	3	0	2	10	25
6	20	3	0	1	8	32
7	19	3	0	1	11	34
8	16	1	0	0	9	26
9	15	3	0	1	6	25
10	13	2	0	0	7	22
11	12	2	0	0	9	23

12	22	0	0	0	8	30
13	12	1	0	0	8	21
14	26	0	1	0	10	37

By overlaying five years of data, we have identified …4,8,11,12,13……..'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	M P Martin	Panchayat President	LSGD	Chairperson	9630357435
2	Dr:Anitha R Krishna	Medical Officer (PHC/CHC)	Health Dept	Member Secretary	9895854994
3	Yousaf Ali	Veterinary Officer	Animal Husbandry	Member	7736631407
4	Dr Reshmi Ann Varkey	Epidemiologist	Health Dept	Member	8123094063
5	Satheeshkumar C A	Health Inspector/PHN	Health Dept	Surveillance	9496695750
6	Sajna	ASHA Supervisor	Health Dept	Community link	9072137111
7	Beena	ICDS Supervisor	Social Welfare	Vulnerable groups	9656427708
8	SI	Police Station Officer	Police Dept	Law & order	0484-24522328
9	Jessy	Ward Councillor Representative	LSGD	Community coordination	9562268381
10	Manju Shijo	Kudumbashree CDO	Kudumbashree	Community mobilisation	9048368488

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

Key Responsibilities:

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

Meeting Schedule:

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

Pandemic Response Workforce

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

Total Response Workforce Available: 300 persons

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

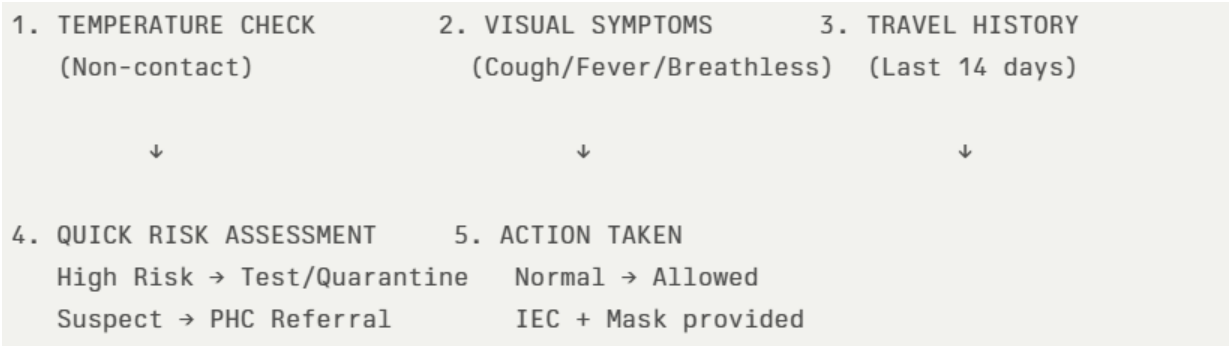
Screening checkpoints at high-traffic locations (transport hubs, markets, religious gatherings) for early detection of symptomatic travellers and crowd screening during outbreaks. Potential locations include bus stands, market entry points, and boat jetties, based on local context and risk assessment.

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



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: Thuravoor Panchayath Office.

Backup Location: Community Hall in Thuravoor 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:Anitha R Krishna	M.O. Incharge	9895854994	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	Satheesh kumar C A	HI	9496695750	Handling the public helpline, coordinating ambulance dispatch, and contact tracing calls.
Logistics Coordinator	UNNIKRISHNAN	Pharmacist	8089955503	Logistic management

	THILAKAN			
Technical Support *(IT/Data)*	Geethu Mohan	Datha entry	7025753156	Danta entry support

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

Key Points:

- The Control Room shall be staffed with a designated In-charge, data entry personnel, and communication staff with clearly defined roles and shift arrangements.
- It shall maintain updated records on daily monitoring indicators including new cases, persons under active quarantine, and hospital bed occupancy.
- All reports and situation updates shall be shared daily with the Block and District Surveillance Unit.
- The Control Room shall act as a single point of contact for coordination with response teams, health institutions, and other departments.
- Contact details of the Control Room shall be widely communicated to field staff and stakeholders during activation.

Daily Monitoring Indicators

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

1. **Epidemiological Indicators:**

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

2. **Surveillance Indicators:**

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

3. **Logistics and Infrastructure Indicators:**

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

4. **Alert Findings**

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

Category	Trigger Pophint (Red Flag)	Immediate Action
Clusters	**Geographical or facility-based:** 5+ cases linked to one location (office, school, street).	Declare a micro-containment zone; perimeter control and active case finding.
Testing	Sudden drop in testing volume / delay in reporting / unusual testing trends	Review the sample collection process, address lab bottlenecks, deploy additional testing teams, and notify the District Lab.
Lab	Test Positivity rate increases	Increase testing sites in that ward.
Hospital	>80% Oxygen bed occupancy	Activate backup/CFLTC beds.
Travel	Cluster of cases from a single flight/train or high-risk arrival group.	Trace all passengers in adjacent seats; implement mandatory institutional quarantine.

Animal	Mass poultry/wildlife death or unusual sickness	Notify Animal Husbandry, sample the area, and dispatch RRT for environmental sampling and zoonotic check.
Mortality	Sudden spike in home deaths or brought-in-dead (BID) cases	Audit the deaths and Active Case Search drive
Additional investigations like Whole Genome Sequencing (WGS)	Detection of a **Variant of Concern (VOC) or Variant of Interest (VOI)**	Implement strict micro-containment; update clinical protocols to match variant severity.

4. Communication of Public Health Information

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

Key communicators

Channel	Responsible Person	Contact
Ward-level announcements	GEORGE	9847180020
Social media	RIJO	9847328550
Local Cable TV/Radio	RIJO	9847328550

- 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)	HS	JAYAMOHAN
District IDSP Unit	Outbreaks/Clusters/Unusual Events (>5 cases same ward)	ERNAKULAM IDSP CELL	BINU
Veterinary Officer	Animal health events/Zoonotic alerts	VETERINARY	YUSAF ALI

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	0484255009

PPE Kits/Masks/Gloves	Local Vendors devamatha surgikal	9846630118
Oxygen Cylinders/Concentrators	KMSCL	0484255009
Medicines/Antivirals	KMSCL	0484255009
Medicines/Antivirals	Neethi Shops	0484 253456
Test Kits (RTPCR/Rapid)	KMSCL	0484 255009

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 :	Case management	9846465687
Veterinary	Veterinary Surgeon:	Animal surveillance	7736621407
ICDS	Supervisor: Sindhu	Nutrition support	9656427708
Education	Head Teacher:	School coordination	9846949425
Police	Sub Inspector	Containment enforcement	0484-24522328
Water Authority	NIL	Water supply	NIL
LSGD Engineering	AE	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
Angamly convention centre	Hall		5	50	
shivajiporam conve Thuravoor mervahnts association hall			6 15	20 20	

- **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 thuravoor 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	DEVAGIRI	1	M M JAISON	9447577513
2	ANAPPARA	2	M P MARTIN	9895969507
3	THALAKOTTUPARAMBU	3	BIJU PURUSHOTHAMAN	9496493843
4	YORDHANAPURAM	4	JOSY JACOB	9846082648
5	THURAVOOR TOWN	5	SOPHIA JIJO	8086470570
6	SIVAJIPURAM	6	MAYA SAJEEV	9946689274
7	PERINGAMAPARAMBU	7	SAJI GOPI	9539626628
8	KIDANGOOR	8	JOSEPH PAREKATTIL	9400618256
9	KIDANGOOR SOUTH	9	BIJI BABU	9061516184
10	KIDANGOOR WEST	10	C O JOSEPH	9495445019
11	KIDANGOOR NORTH	11	RAJANI BAIJU	9747833734
12	PAVIZHAPONGUE	12	AYYAPPAN M V	9349905531

13	KIDANGOOR EAST	13	PUSHPA RAJESHKUMAR	9947844302
14	KIDANGOOR LIBRARY	14	SALOMI KURIACHAN	9400517815
15	KALARKUZHY	15	ANTONY THOMAS	9846014046
16	VATHAKAD	16	JESSY JOY	9562268381

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

Sl. No.	Name	Contact number
1.	?	?
2.		
3.		
4.		
5.		
6.		
7.	Excise department	
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	9037211215
2.	Agriculture Office	Agriculture Officer	9447797934
3.	Animal Husbandry Office	Animal Husbandry Doctor.	7736621407
4.	Police Station	Police Officer.	0484-24522328
5.	BSNL Office	Officer	NIL
6.	Block Office	BDO	
7.	KSEB Office	Officer	0484-2452280
8.	Fisheries Office	Officer	NIL
9.	Fire and Rescue	Officer	101

1.4. Health Services

Sl. No	Name of the hospital/institution	Location	Phone number
1.	Government hospitals/PHC	Fhc Thuravoor	9778370430
2.	Private hospitals	NIL	NIL

3.	Clinical laboratories	Sinchu Health care High tech laboratories etc…	9207587475, 8281456566, 9847927691
4.	Chemist/pharmacy	NIL	NIL
5.	Blood donors	NIL	NIL
6.	Other language experts (Bihari, Hindi, Bengali, Asamees ……)	NIL	NIL

1.5. Veterinary Services

Sl. No	Name of the Clinic	Name of the Surgeon/Doctor	Place/location	Phone number
1	Govt.Veterinary Hospital	Surgeon	Thuravoor	7736621407

1.6. Helpline numbers

Helpline	Phone number
Police	0484-24522328
Fire and Rescue	101

KSEB	0484-24522328

1.7. Public and Private Schools Contact details

S.No	Name of School	Institution type	Phone number
1	St Mary 'S LPS THURAVOOR	Aided	9048741275
2	St Joseph HSS Kidangoor	Aided	7994167912
3	St Joseph H S Kidangoor	Private	9947312483
4	Infant Jesus Kidangoor	Govt	9946947486
5	Fathima L P S Anappara	Private	9846949425
6	Mar augustine , Thuravoor	Private	8943432124
7	Sree Bhadra LPS,Kidangoor	Private	9947330207
8	Auxilium Shool ICSE,Kidangoor	Govt	9961364810
9	St Annes Public school, Vathakkad	Govt	9747439065

1.9. Anganwadi Contact Details

Ward No	Name of Anganwadi Aw/worker	Phone number
1	Manju Aw- 50,Valsa Aw-51,Tomcy Aw-52	956249323,9656789983,9048115567

2	, Moly Aw-55	,9745059649
3	Elsy Iype Aw no-54	9745698144
4	Shiney Varghese Aw-56	9961457669
5	Vidya Aw-57	9447584071
6	Shaija Aw-58	9633530245

Ward No	Anganwadi No and Name of aw/worker	Phone number
7	Maya Aw-61	9400535830
8	1 . Maya /cno 59	9946689274
9	1.Mary Antu Aw- 61	9961080188
	2.Anadhavalley Aw- 62	9400535830
10	Raji Aw-63	8921992995
11	Premakumary Aw-64	9288906535
12	1.Ambika Aw-65 2.Sunitha Aw-66	9605771508 9947078940
13	1.Shantha Aw-67 2.Mercy Aw-68	6235288467 9048107571
14	1.Renjini Aw-70	9846860582
15	1.Sheeja aw-69	8606615278
16	1.Siji Joy aw-53	8086034011

1.12. Information regarding resources

Means of transportation	Name of Owner	Phone Number
Heavy Trucks	SIJO	9846538864
Tractor	Padashegarasamithi	984538851
Ambulances	LSGD,Thuravoor co- op bank	0484 256189
Boats	NIL	NIL
Taxi service	AVAILABLE	9

Annexure 1: LSG Baseline Data Collection Format

A. Baseline data

Sl. No.	Indicator / Field	Baseline Data	Source / Remarks
1	Name of LSG	THURAVOOR	
2	District	ERNAKULAM	
3	Block / Taluk	ANGAMALY	
4	Type of LSG (Gram Panchayat / Municipality / Corporation)	GRAM PANCHAYT	
5	Area (sq. km)	12.13	
6	No. of wards	14	
7	GIS boundary file available	(Yes/No)	
8	Key contact person & phone	M P Martin	

B. Demography

Indicator / Field	Baseline Data	Source / Remarks
Total population	21750	
Males	10804	
Females	10946	
Transgender population	0	
Age distribution (<5, 5–14, 15–59, ≥60)	>5 -933	
No. of households	6876	
Population density (persons/sq.km)	12.13Sq.km.	
No. of migrant workers	450	
Major occupational groups	Agriculchure	

C. Vulnerable Populations & Social Risks

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	No. of elderly (≥60)	3510	
2	No. of persons with disability	73	
3	No. of bedridden persons	99	
4	No. of chronic disease cases (DM/HTN/COPD/CKD etc.)	DM-873 HTN-1821 COPD-49 CKD-27	
5	Pregnant women (current estimate)	117	
6	Children <5 years	933	
7	Tribal population (if any)	0	
8	Fisherfolk / coastal vulnerable groups (if any)	0	
9	Urban slums / unnotified settlements (if any)	0	
10	Homeless population	8	
11	Orphanages / old age homes (number & capacity)	0	

12	Hostels / prisons / shelters (number & capacity)	0	
13	Poverty / BPL estimate	2435	
14	Food insecurity hotspots	NO	
15	Any history of stigma/discrimination issues (Yes/No)	NO	

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)	1	
2	PHC/Family Health Centre details (name, location)	FHC THURAVOOR	
3	Subcentres / Health & Wellness Centres (number)	3	
4	Private clinics / hospitals (number)	2	

5	Labs available (public/private)	YES	
6	Availability of ambulance services (Yes/No, number)	YES	
7	Availability of isolation/quarantine facilities (Yes/No, details)	YES	
8	Cold chain facilities (Yes/No, details)	YES	
9	Stockpile space available (Yes/No)	NO	
10	PPE / mask / sanitizer availability plan (Yes/No)	YES	
11	Surveillance staff available (JHI/JPHN/ASHA count)	JHI 2, JPHN 3, ASHA 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)	0	

2	Railway stations (number)	0	
3	Boat jetties / fishing harbours (number)	0	
4	Ports / airports nearby (specify distance)	8.8k m	
5	Major highways/roads passing through	0	
6	Border crossings (state/district)	0	
7	Major markets / weekly markets	0	
8	Tourism hubs / major event venues	0	
9	Schools/colleges with hostels (number)	9	
10	Factories / large workplaces (number)	4	

F. Water, Sanitation & Hygiene (WASH)

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Major drinking water sources (piped / wells / borewells / springs)	private well–5636 public well-28 water tap-46	well

2	No. of public wells	28	
3	No. of households with piped water connection	48	
4	Water quality testing routine (Yes/No)	YES	
5	Common contamination risks (flooding, salinity, industrial waste)	NO	
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	1	
10	Handwashing stations in public places (Yes/No)	1	

G. Zoonotic Risks & One Health

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

1	Livestock population (cattle/goats/pigs/poultry) – estimates	Cattle-789, Goats-605 Pig-30	
2	No. of dairy farms / poultry farms / pig farms	5	
3	Slaughterhouses / meat shops (number)	8	
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)	YES	
8	Rodent infestation hotspots (Yes/No)	NO	
9	Wetlands / waterlogged areas prone to leptospirosis	NO	

10	Bat roosting areas / caves / fruit orchards (if any)	NO	
11	Human-animal interface hotspots (farms near residences)	NO	

H. Climate & Disaster Risks (Pandemic Amplifiers)

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

I. Critical Infrastructure & Logistics

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

1	Schools (number)	9	
2	Anganwadis (number)	21	
3	Colleges (number)	1	
4	Community halls (number)	9	
5	Places of worship with large gatherings (number)	0	
6	Large markets / shopping areas (number)	0	
7	Warehouses / cold storages (number)	0	
8	Telecom/mobile network coverage gaps (Yes/No)	YES	
9	Power outage frequency (high/medium/low)	MEDIUM	
10	Availability of generators in key facilities	0	

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)	131	
4	Volunteer network (number, coverage)	YES	
5	Community-based surveillance mechanisms (Yes/No)	YES	
6	IEC dissemination channels (WhatsApp groups, community radio, PA systems)	Whatsupp, FB, NOTICE ,INSTAGRAM.	
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)	YES	
4	Rapid procurement mechanism available (Yes/No)	YES	
5	Emergency fund available (Yes/No, amount)	YES	
6	Past outbreak response experience (Yes/No, details)	YES	
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	NA	
2	Top 5 high-risk wards (reason)	1,2,3,6	

3	Any unique local risks (industrial pollution, refugee camps, etc.)	NO	
4	Recommendations for preparedness strengthening	NA	