PANDEMIC PREPAREDNESS PLAN CHOORNIKKARA PANCHAYAT

FHC CHOORNIKKARA
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MESSAGE FROM PRESIDENT/CHAIR LSGI

The health and well-being of our people is the foremost responsibility of the Panchayat. Recent global and national experiences have shown us that pandemics can pose serious challenges to public health, livelihoods, and social stability. Preparedness, timely action, and collective responsibility are key to minimizing their impact.

This Pandemic Preparedness Plan has been developed to strengthen our Panchayat's capacity to prevent, prepare for, respond to, and recover from public health emergencies. The plan outlines clear roles and responsibilities for elected representatives, health officials, frontline workers, volunteers, and community institutions, ensuring coordinated and effective action during a crisis.

I urge all residents to cooperate with the Panchayat, follow public health guidelines, and actively participate in awareness and prevention activities. Together, through vigilance, unity, and compassion, we can protect our community and ensure resilience in the face of future health emergencies.

Let us commit ourselves to preparedness today for a safer and healthier tomorrow.

DATE :21/1/26

MESSAGE FROM HEALTH STANDING COMMITTEE CHAIR

Message from the Chairman, Health Standing Committee

Choornikkara Grama Panchayat

It gives me immense pride to present the Pandemic Preparedness Plan for Choornikkara Panchayat. In an era where public health challenges are increasingly complex, being proactive is no longer an option—it is a necessity. This document serves as our blueprint to safeguard the lives and well-being of every citizen in our community.

A Note of Appreciation

The strength of any plan lies in the expertise and dedication of the people behind it. I would like to extend my heartfelt congratulations and gratitude to our core health team for their tireless efforts in drafting this comprehensive strategy:

• The Medical Officer: For providing visionary leadership and ensuring that our local strategies align with the highest medical standards. Your clinical oversight is the backbone of our resilience.

• The Health Inspector: For your meticulous planning and for bridging the gap between administrative policy and ground-level execution.

• Junior Health Inspectors (JHIs): For your unwavering commitment to field-level surveillance and community outreach. You are the frontline warriors who turn these plans into reality.

Our Commitment

This preparedness plan is a testament to what we can achieve through teamwork. By focusing on early detection, rapid response, and community awareness, we are ensuring that Choornikkara remains a safe and healthy environment for all.

I urge all stakeholders and residents to cooperate with our health department as we implement these vital measures. Together, we are prepared; together, we are strong.

[Name of Chairman]

Chairman, Health Standing Committee

Choornikkara Grama Panchayat

21/1/2026

MESSAGE BY MEDICAL OFFICER

Message from the Medical Officer
Family Health Centre, Choornikkara
Pandemic Preparedness Plan – Choornikkara Panchayat

The experiences of the 2018 floods and the COVID-19 pandemic in 2020 have clearly demonstrated the vulnerability of our community to public health emergencies. These events have taught us the importance of preparedness, timely response, and coordinated action at all levels.

In light of these lessons, the Pandemic Preparedness Plan of Choornikkara Panchayat aims to strengthen our capacity to prevent, detect, and respond effectively to future outbreaks. The plan emphasizes early surveillance, rapid response systems, strengthening primary healthcare services, ensuring availability of essential medicines and equipment, and protecting vulnerable populations.

Community participation remains the cornerstone of this initiative. Public awareness on hygiene practices, vaccination, vector control, and responsible health-seeking behavior is essential. We also stress the importance of inter-departmental coordination, involving local self-government institutions, health workers, volunteers, and other stakeholders.

The Family Health Centre, Choornikkara, is committed to providing leadership in implementing this plan, ensuring continuity of essential health services even during emergencies, and safeguarding the health and well-being of every resident.

Let us work together as a resilient community, prepared to face any future health challenges with confidence and unity.

Medical Officer
Family Health Centre, Choornikkara

EXECUTIVE SUMMARY

Family Health Centre (FHC) functions as the primary public healthcare institution serving the population of 38,881 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.

FHC Choorikkara 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 Choornikkara stands as a vital institution in safeguarding public health and improving the quality of life of the residents of Choornikkara 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

1. Introduction

Choornikkara Panchayat, located in Ernakulam district of Kerala, is a rapidly urbanizing local self-government institution with a mix of residential, commercial, and peri-urban areas. Due to increasing population density, mobility, and proximity to major urban centers, the Panchayat is vulnerable to infectious disease outbreaks and public health emergencies.

The experience of global pandemics such as COVID-19 has demonstrated the critical importance of preparedness, early detection, coordinated response, and community participation at the grassroots level. Local governments play a frontline role in surveillance, containment, risk communication, and essential service delivery during health crises.

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2. Rationale for Pandemic Preparedness at Panchayat Level

The need to prepare a Pandemic Preparedness Plan for Choornikkara Panchayat arises from:

a) Public Health Vulnerability

- High population density and household clustering
- Presence of elderly population and people with comorbidities
- Risk of rapid disease transmission in community settings

b) Lessons from COVID-19

The COVID-19 pandemic highlighted:

- The necessity of decentralized planning
- Importance of quarantine facilities and isolation support
- Need for coordinated action between Health Department, Local Self-Government Institutions (LSGIs), and community volunteers
- Importance of supply chain management for food, medicines, and essential services

c) Legal and Institutional Mandate

Under Kerala's decentralized governance framework, Panchayats are responsible for public health, sanitation, waste management, and disaster response coordination. Preparing a pandemic plan aligns with state disaster management guidelines and public health mandates.

d) Increasing Risk of Emerging Diseases

Globalization, climate change, and increased mobility increase the risk of:

- Zoonotic diseases - Leptospirosis
- Vector-borne diseases – Dengue Fever
- Respiratory pandemics -
- Antimicrobial resistance-related public health threats

2018 Kerala Floods: Statewide Context

In **August 2018**, Kerala experienced one of the worst flooding events in its history, driven by extraordinarily heavy monsoon rainfall, excess dam releases and saturated catchments. The deluge affected all parts of the state, with massive disruption of normal life — including loss of lives, property damage, road destruction, farm inundation and widespread displacement of people.

- Over a million people were displaced and housed in relief camps across Kerala.
- In Ernakulam district, heavy rains and rising waters led to evacuation and relief measures in low-lying areas.

Impact on Choornikkara Panchayat

Local Inundation

- During the August 2018 flooding, parts of **Choornikkara Panchayat** — especially low-lying wards — were **submerged by floodwaters** as rivers and canals overflowed, pushing water several kilometers inland from the coast and local backwaters.

Extent of Submergence

- Reports from the period described water entering residential areas in Choornikkara and surrounding regions. Many relief camps were inundated, requiring relocation of evacuees to higher sites.
- The Periyar river's rise contributed significantly to flooding in parts of Ernakulam district, including Choornikkara.

Post-Flood Effects

- In the aftermath, **16 out of its 20 wards were reported submerged** during the deluge, disrupting development activities such as agricultural projects and local programmes.
- Industries and agriculture — e.g., local mushroom cultivation initiatives — were set back due to inundation, though recovery efforts later took shape.

Relief & Rehabilitation

- Relief camps were set up across flood-affected localities, including Choornikkara, as part of district and state administration efforts to shelter displaced families, supply food and medical aid, and coordinate rescue operations.

Key Characteristics of the 2018 Floods

- **Unprecedented rainfall:** August 2018 saw significantly higher than normal rainfall across Kerala, contributing to river overflows and inundation downstream.
- **Infrastructure impact:** Roads, homes and public utilities across Ernakulam district were damaged or submerged, requiring major post-flood infrastructure repair.
- **Extended relief operations:** The scale of the disaster led to prolonged state and community engagement in rehabilitation beyond the monsoon period.

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3. Objectives of the Pandemic Preparedness Plan

The background context supports the following objectives:

1. To establish an early warning and surveillance system at the Panchayat level

2. To ensure coordinated response among health institutions, ICDS, ASHA workers, and local administration
3. To identify and prepare quarantine, isolation, and treatment support facilities
4. To ensure uninterrupted essential services (water, sanitation, food supply, waste management)
5. To protect vulnerable populations
6. To build community awareness and risk communication systems

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4. Importance of Localized Planning

Pandemic response effectiveness depends on local-level preparedness because:

- Panchayats are the first point of contact with citizens
- Local data enables targeted interventions
- Community trust improves compliance with health advisories
- Rapid mobilization of volunteers is possible at grassroots level

A localized preparedness plan ensures that Choornikkara Panchayat can respond quickly, minimize mortality and morbidity, and maintain social and economic stability during a public health emergency.

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5. Conclusion

The **2018 Kerala floods** severely affected Choornikkara Panchayat due to intense monsoon rains and rising water levels in the Periyar and connected waterways. Large parts of the Panchayat were submerged, relief camps were activated, and residents faced displacement and damage to livelihoods. The event remains a key reference point for local hazard planning and disaster preparedness, informing later strategies to reduce flood risk and improve community resilience.

Preparing a Pandemic Preparedness Plan for Choornikkara Panchayat is a proactive and strategic measure to safeguard public health, strengthen institutional capacity, and enhance community resilience. Based on lessons from COVID-19 and emerging global health threats, a structured, well-coordinated, and community-driven preparedness framework is essential for ensuring timely and effective response to future pandemics.

LSGD AT A GLANCE

Geographical Setting

Choornikkara lies in the central part of Kerala's coastal plain region, close to the Periyar River system that shapes much of northern Ernakulam's landscape.

The area is part of the greater Aluva locality, approximately near Kochi city but administratively distinct as a rural panchayat.

Choornikkara Panchayat is a semi-urban administrative area in Ernakulam district, situated near Aluva within Kerala's fertile midland region. It's positioned between larger municipalities and neighboring village panchayats, with flat geophysical terrain influenced by the Periyar River basin and integrated into the Kochi metropolitan fringe in terms of transport and development.

BOUNDARIES

Choornikkara Panchayat is bordered by:

- South: Kalamassery Municipality and Eloor Municipality
- North: Aluva Municipality, Keezhmadu, and parts of Kadungalloor Panchayat
- East: Edathala and Keezhmadu Panchayat areas
- West: Eloor and Kadungalloor Panchayat

TOPOGRAPHY & LANDSCAPE

- The land is generally flat to gently rolling terrain, typical of Kerala's midland and lowland region around the Periyar River basin.

- Historically, areas around Choornikkara had wetlands and waterlogged tracts linked to river flooding and backwater systems, though many have been altered by urban expansion.

BASELINE DATA

PANCHAYAT	: CHOORNIKKARA
GRADE	: SPECIAL GRADE
TOTAL WARDS	: 21
VILLAGE	: CHOORNIKKARA, KADUNGALLOOR
BLOCK PANCHAYAT	: VAZHAKKULAM
BLOCK PANCHAYAT DIVISION	: 1. CHOORNIKKARA
	2. ASOKAPURAM
	3. NOCHIMA
DISTRICT	: ERANAKULAM
DISTRICT PANCHAYAT DIVISION	: EDATHALA
TALUK	: ALUVA
LEGITATIVE ASSEMBLY	: ALUVA
PARLIAMENT CONSTITUENCY	: CHALAKKUDI
AREA	: 11.07 Sq. Km
LOCATION	: 10°4'46.20"N, 76°20'44.77"E

BORDER

NORTH	: ALUVA MUNICIPALITY
SOUTH	: KALAMASSERY MUNICIPALITY
EAST	: ALUVA – MUNNAR ROAD / EDATHALA PANCHAYAT
WEST	: PERIYAR RIVER

GENERAL INFORMATION – FHC CHOORNIKKARA

LSGD	: CHOORNIKKARA PANCHAYAT
WARD	: 21
JAK	: 5
JHI SECTION	: 2
JPHN	: 5
MLSP	: 5
ASHA	: 18
HOUSES	: 9,894
DWELLING HOUSES	: 9,547
POPULATION	: 38,881
MALE	: 18,236
FEMALE	: 19,952
TOTAL EC	: 5821
0 – 5 CHILDREN	: 1840

SC COLONIES	: 8
SC FAMILIES	: 559
SC POPULATION	: 2112
ST COLONIES	: 0
ST FAMILIES	: 5
ST POPULATION	: 25
MIGRANT SITES	: 64
NO OF MIGRANTS	: 819
NO OF 0 -5 MIGRANTS	: 34
NO OF WELLS	: 5030
PUBLIC WELL	: 34
POND	: 11
NO. OF ANGANWADIES	: 32
NO. OF SCHOOLS	: 8
NO. OF COLLEGES	: 2
BUDS SCHOOL	: 1
NO. OF KUDUMBASREE UNITS	: 231
EPEP FAMILIES	: 22
GOVERNMENT INSTITUTIONS	: 10
PRIVATE INSTITUTIONS	: 34
GOVERNMENT HOSPITAL	: 1

PRIVATE HOSPITALS	: 3
LABORATORY	: 9
DENTAL CLINIC	: 4
HOMOEO CLINIC	: 5
AYURVEDA CLINIC	: 2
ACCUPUNCTURE	: 3
HOTELS	: 45
TEA SHOP & THATTUKADA	: 18
BAKERY /COOL BAR	: 38
CATERING UNITS	: 16
TEMPLE	: 13
MOSQUE	: 16
CHURCH	: 3
SPORTS & ARTS CLUB	: 15
LIBRARARY	: 2
RESIDENTS ASSOCIATION	: 43
FLATS	: 63
BANK	: 4
PETROL PUMP	: 3
ORPHANAGE	: 0
WATER PUMPING STATION	: 5

CREMATORIUM : 3

MILK SOCIETY : 1

SODA FACTORY : 2

ICE CREAM COMPANY : 1

FACTORIES : 8

HOLLOW BRICK UNIT : 1

SCRAP SHOP : 25

TYRE SHOP : 9

PLANTATION : 0

CINEMA THEATRE : 0

METRO STATION : 4

AREA & WARDS

- The panchayat covers multiple residential and semi-urban neighbourhoods structured into 21 wards for local governance.

Ward	Houses	Population	Migrants	Wells	Hot Spots	Education Institution	Hospital
1	450	1471	47	114		0	0
2	526	1507	36	125		1	0
3	435	1505	14	97			0
4	547	1657	19	199		0	0
5	558	1698	31	252		0	0
6	461	1687	32	235		1	0
7	568	1321	5	325		1	0
8	470	1573	7	245		2	0

9	510	1576	150	182		0	1
10	680	1704	30	407		0	0
11	405	1540	79	238		0	0
12	458	1410	41	396		0	0
13	479	1404	163	270		0	0
14	460	1468	19	117		0	2
15	380	1540	22	190		0	0
16	600	1404	100	310		2	0
17	420	1510	37	305		0	0
18	557	1715	45	204		1	0
19	485	1726	64	215		0	0
20	515	1629	12	275		0	0
21	510	1640	16	286		0	0

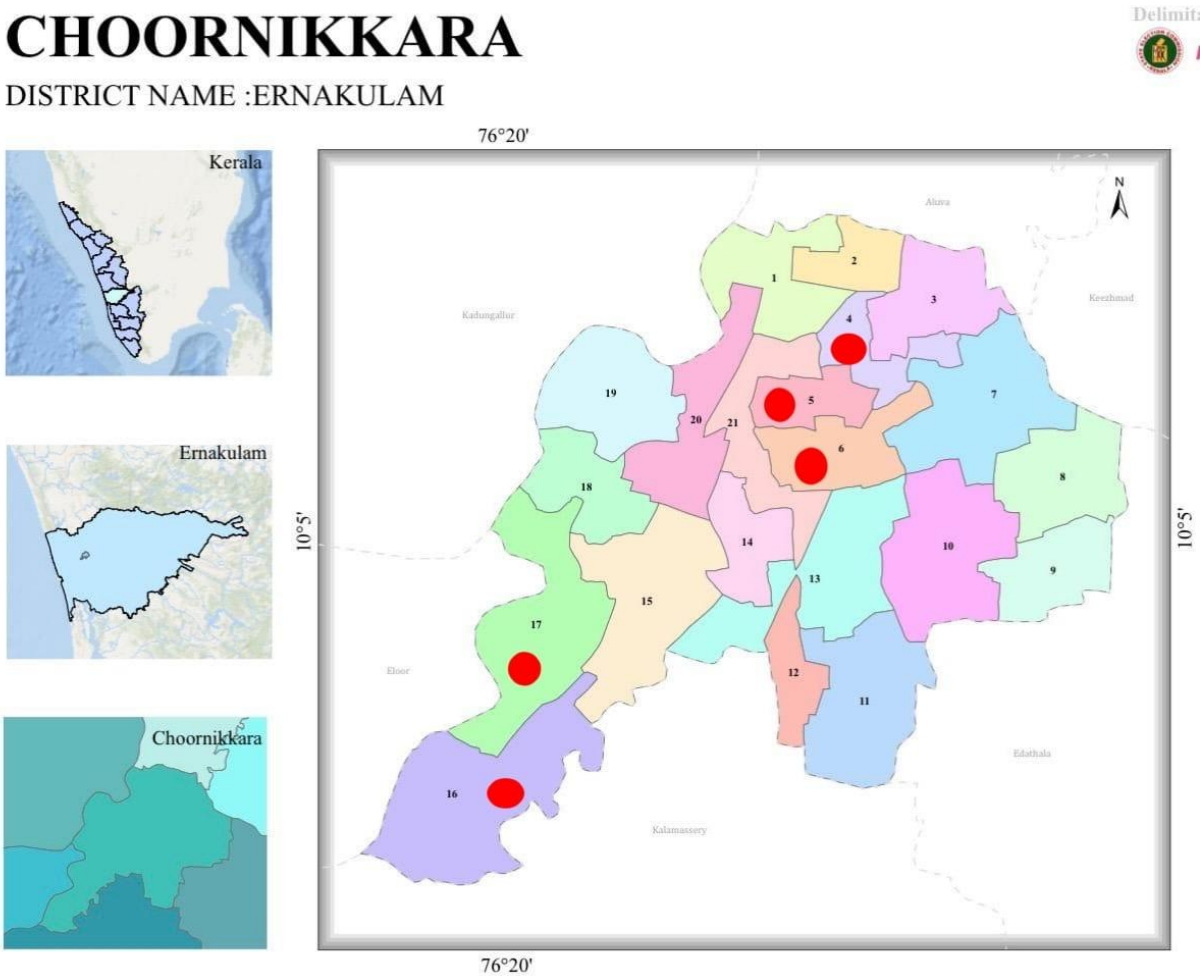
- Risk stratification among wards in the context of Communicable diseases and hazards
- Major Roads/rivers

- 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

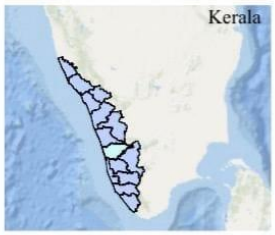
2023

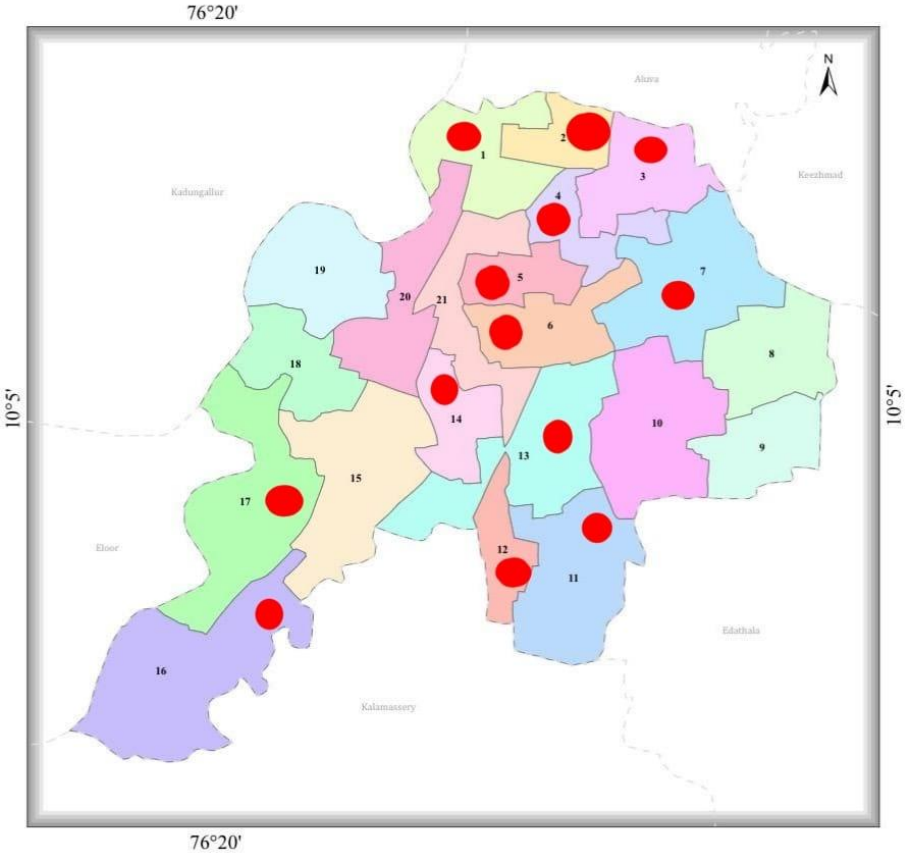


2024

CHOORNIKKARA

DISTRICT NAME :ERNAKULAM

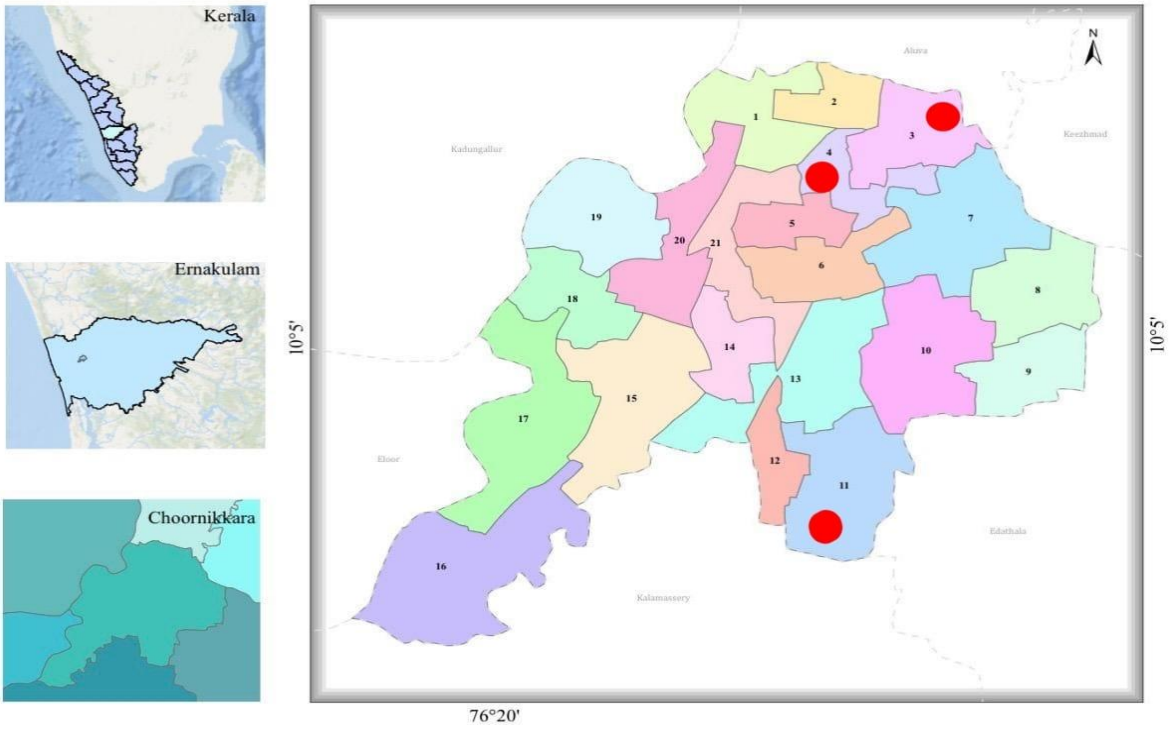




2025

CHOORNIKKARA

DISTRICT NAME :ERNAKULAM



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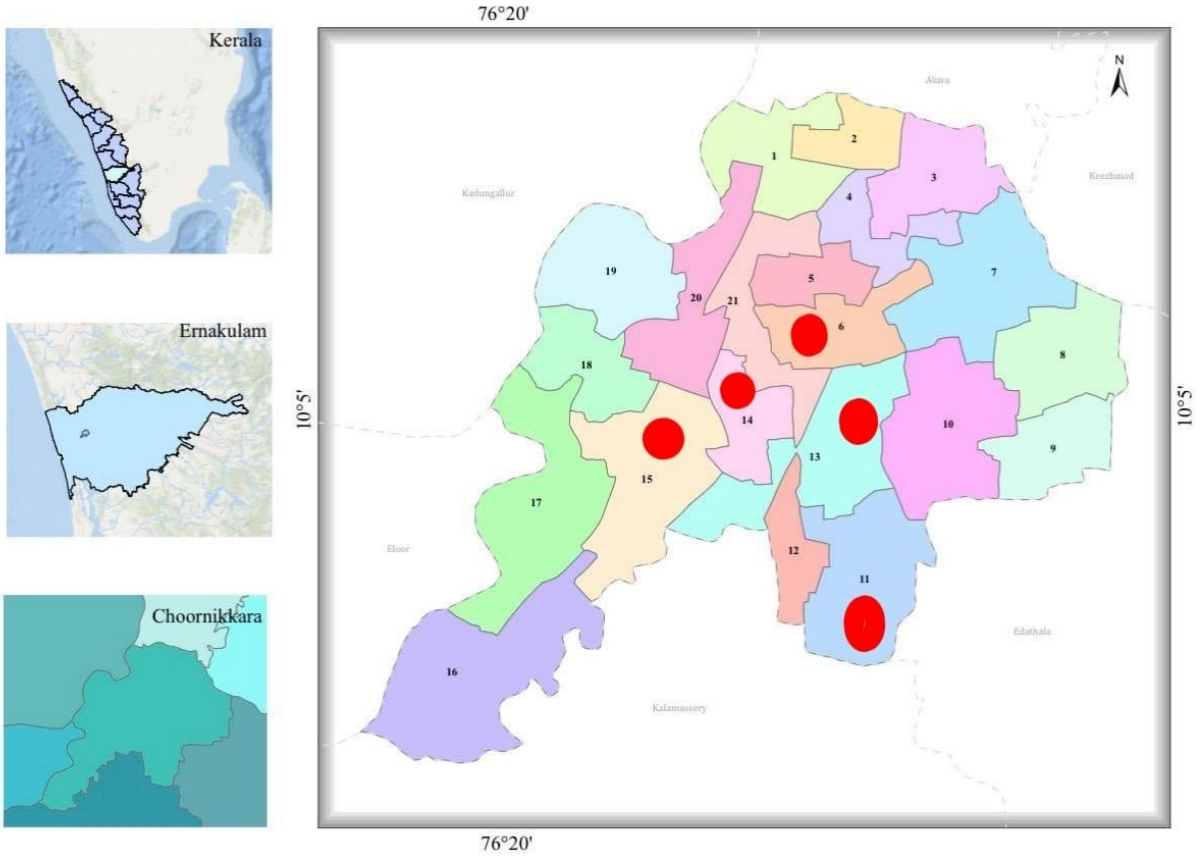
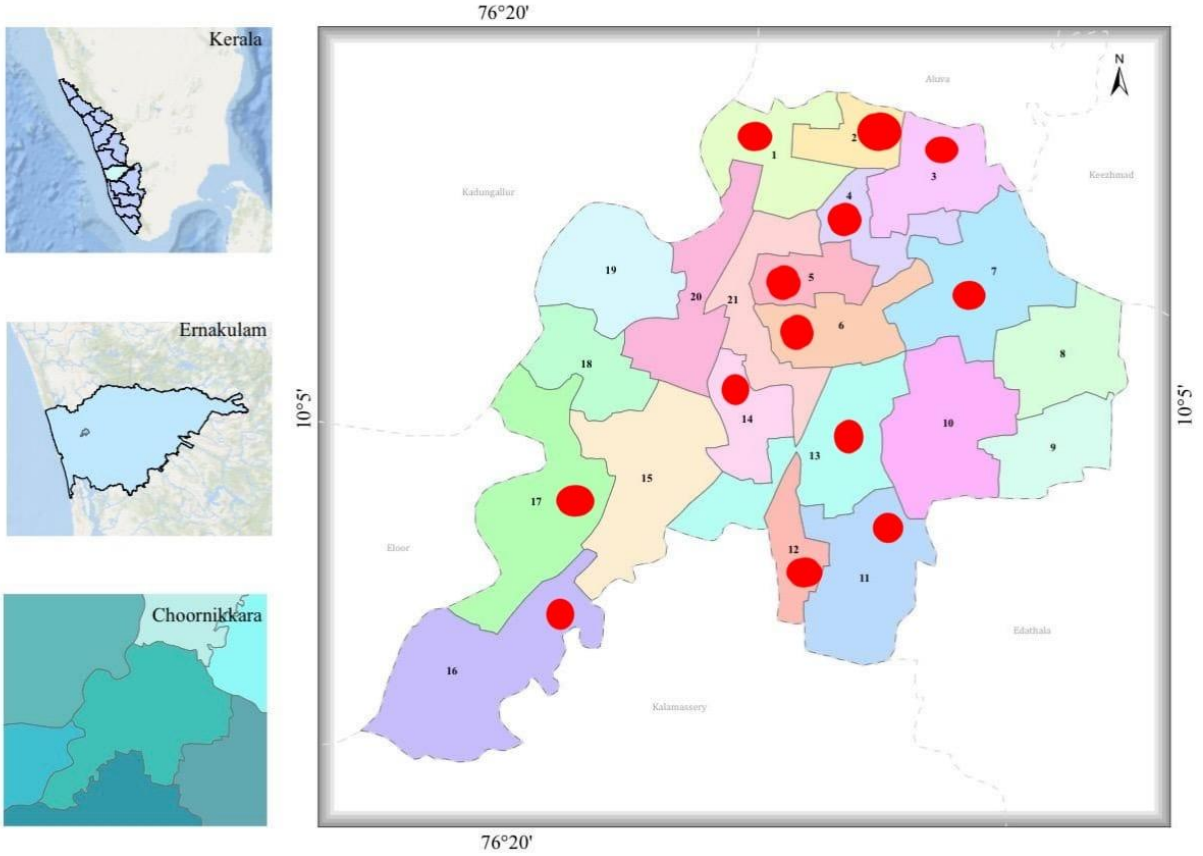
CHOORNIKKARA

DISTRICT NAME :ERNAKULAM



CHOORNIKKARA

DISTRICT NAME :ERNAKULAM



INTEGRATED HEALTH INFRASTRUCTURE MAP OF CHOORNIKKARA PANCHAYAT

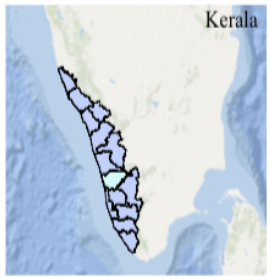
CHOORNIKKARA

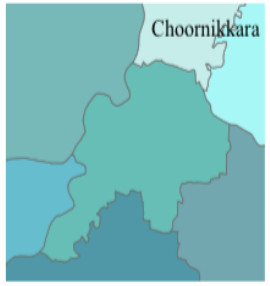
DISTRICT NAME :ERNAKULAM

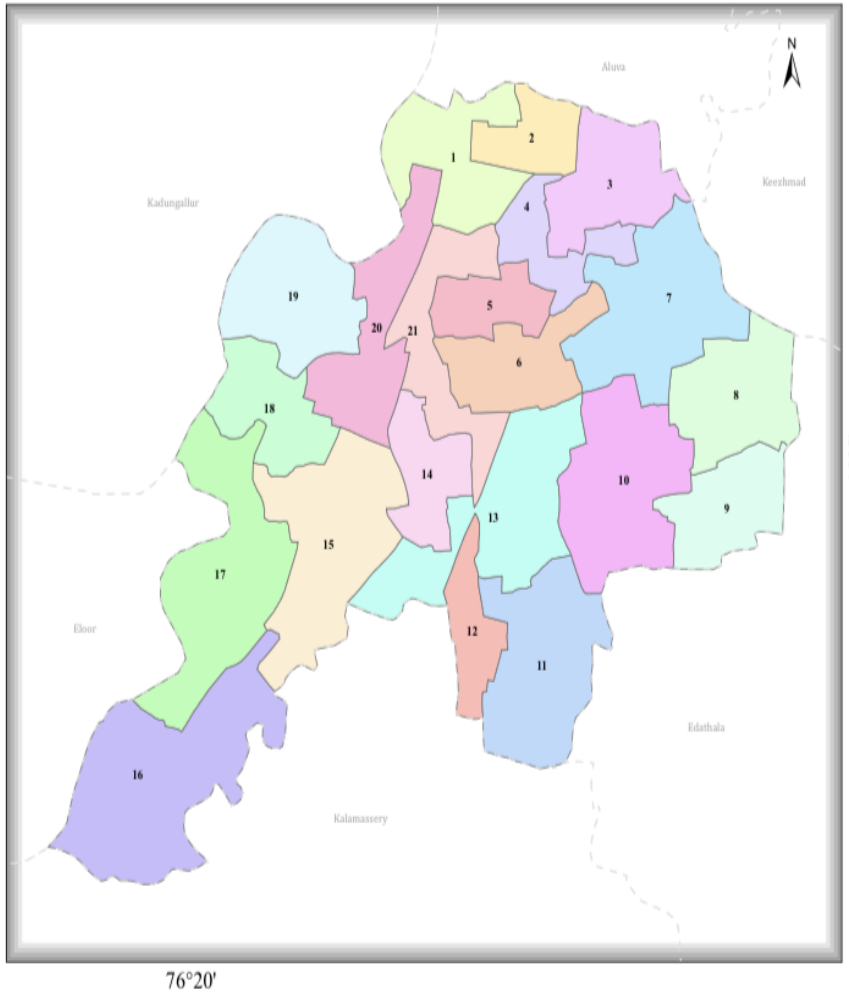
Delimitation Commission, Kerala

Ksmart

Date : 17-10-2025







Technology Support : Information Kerala Mission

GENERAL PROFILE OF THE LSGI'S

BACKGROUND OF THE LSGI

Choornikkara Grama Panchayat is situated in the Aluva Taluk of Eranakulam district, Kerala. The geographical landscape of the Panchayat is predominantly low-lying, characterized by extensive paddy fields (Kole lands) and a dense network of rivers, canals. This unique terrain plays a significant role in shaping the local microclimate and poses distinct challenges to transportation, emergency response, and service delivery, particularly during monsoon seasons and flood events.

The Panchayat is administratively divided into multiple wards, with a population largely dependent on traditional livelihoods. Agriculture—especially paddy cultivation—fishing, coir and coconut husk processing, and allied activities form the backbone of the local economy. In recent years, tourism-related activities and service-sector employment have also shown gradual growth. 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, Choornikkara LSGI has historically been vulnerable to seasonal flooding, waterborne diseases, and vector-borne illnesses such as Dengue and Leptospirosis. The severe floods experienced during 2018 flood disaster, significantly impacted life, livelihoods, and infrastructure within the Panchayat. 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	Choornikkara
Type (GP/Municipality / Corporation etc.)	Grama Panchayath
Block	Vazhakkulam
District	Ernakulam
Number of wards	21
Total area (sq. km)	11.07 Sq. Km
Population(Projected)	**38881**
Population density	3,450 persons/sq km
Terrain (coastal/low-lying/backwaters/foothills, etc.)	Low – lying Terrain
Number of rivers passing through LSGI	**1**
Number of water bodies in the LSGI	**10**

TABLE 1: BACKGROUND OF LSGD

Description	Details
Number of educational institutions	9
Factories / small-scale industries	17
Flood-prone wards	20
Landslide-prone wards	0
Death Management and Disposal Facilities (mortuaries/crematorium, including electric)	8
Auditoriums/Marriage halls/convention centres/community halls	12

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	**38881**
Male	**19337**
Female	**19544**
Transgender	**0**
Children under 5	**1840**
Adolescent	2030
Elderly (>60)	9675
SOCIAL/LIVELIHOOD VULNERABILITY	
Previous EPEP family	20

Description		Details (in numbers)
DEMOGRAPHIC PROFILE		
BPL family		1835
Tribal communities		0
Migration	Immigrant	819
	Emigrant	2600
Socio-economically deprived		0
Fisherfolk		0
SC Community		530
ST Community		8

Graphs: Population pyramid (if possible) for seeing if your LSGI has a high "dependency ratio" (lots of children and elderly compared to working adults).

CLINICAL VULNERABILITY

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

Description	Details in numbers
Pregnant women	32
Lactating mothers	162
Bedbound patients	218
Patients under palliative care other than bedbound	35
Patients on Haemodialysis	39
Patients on CAPD	9
Cancer patients (currently on treatment)	126
Haemophilic patients	5
Mentally challenged	82
Differently abled	53
Diabetic patients	3528
Hypertensive patients	3259
TB patients	10

Overall, the data suggests that Choornikkara Grama Panchayat has a significant number of residents requiring sustained medical care, chronic disease management, and community-based health interventions. Strengthening primary healthcare services, home care programs, NCD

clinics, and preventive health initiatives will be essential to address the healthcare needs of the population effectively.

Major Festivals & Events at Choornikkara

These are the major Festival events with the possibility of a public gathering

Sl. No.	Name of festival	Month detailing the periodicity
1	SREE MAHAVISHNU KSHETHRAM , MUTTAM	MAY
2	AMBATTUKAVU BHAGAVATHI KSHETHRAM,AMBATTUKKAVU	MARCH
3	AYYAPPASWAMI KSHETHRAM,KUNNATHERY	DECEMBER
4	MANTHRAKKAL SREE BHAGAVATHY KSHETHRAM,THAIKATTUKARA	SERTEMBER
5	KALARIKKAL TEMPLE,AMBATTUKKAVU	FEBRUARY
6	BHUVANESWARY TEMPLE,KUNNATHERY	JULY, DECEMBER
7	MAONOOTUKAVU TEMPLE;PULINCHODE	DECEMBER

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 CHOORNIKKARA	FHC	9497482702	2	0	0	0	1
2	HWC AMBATTUKAVU 1	HWC	9447184809	0	0	0	0	0
3	HWC AMBATTUKAVU 2	HWC	7902603901	0	0	0	0	0
4	HWC S N PURAM	HWC	9400672515	0	0	0	0	0
5	HWC ASOKAPURAM	HWC	9633537381	0	0	0	0	0
6	GOVT HOMOEO DISPENSARY		9747019891	0	0	0	0	0
7	AYURVEDA DISPENSARY		9446844358	0	0	0	0	0
Private Healthcare Facilities								

TABLE 5. HEALTH FACILITY RESOURCE SUMMARY								
Sl. no.	**Health Facility**	**Type of Facility (MCH/GH/CHC/FHC/SC etc.)**	**Contact Number**	**Total beds**	**ICU Beds**	**Oxygen-Supported Beds**	**No. of Ventilator Support Beds**	**No. of ambulances**
1	CMC CLINIC KUNNATHERY	PVT	9539420230	10	0	0	0	0
2	DAYA CLINIC	PVT	7034487108	5	0	0	0	0
AYUSH Healthcare Facilities								

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 / Specialty)**	**Speciality (if any)**	**Address**	**Contact Number**	**Diagnostic Facility (Y/N)**	**Ambulance Linkage (Y/N)**
1	CMC CLINIC	N	GEN	GENERAL	KUNNATHERI	9539420230	Y	Y
2	DAYA CLINIC	N	GEN	GENERAL	KODIKUTHUMALA	7034487108	Y	Y

TABLE 6. PRIVATE CLINIC RESOURCE SUMMARY								
3	SANTHIBHAVAN GOODS SAMARITAN MEDICAL CENTRE	N	GEN	PHYSIOTHERAPY	ASOKAPURAM	7594825650	Y	
4	VAYDYA AYURVEDA CLINIC	N	AYURVEDA		GARAGE	7592048988		N
5	KAROTHUKUZHY AYURVEDA PHARMACY	N	AYURVEDA		S N PURAM	9496453820		
6	HAILAN HOMOEO CLINIC	N	HOMOEO		ASOKAPURAM	9645124493		N
7	DR:NIBINS HOMOEO CLINIC	N	HOMOEO		ASOKAPURAM	7012306287		N
8	ST:MARYS HOMOEO CLINIC	N	HOMOEO		KUNNATHERI	9846183810		N
9	BABU'S HOMOEO CLINIC	N	HOMOEO		GARAGE	9847404499		N
10	HEAL HOMOEO CLINIC	N	HOMOEO		KUNNATHERI	9946104834		N
11	LIFE LINE DENTAL CLINIC	N	DENTAL		COMPAYPADY	9497385266		N
12	DR:PAUL'S DENTAL CLINIC	N	DENTAL		COMPAYPADY	9447529570		N
13	KADAVIL DENTAL CLINIC	N	DENTAL		COCHIN BANK			N
14	HAZEL DENTAL CLINIC	N	DENTAL		COMPANYPADY	9947251649		N
15	KPA HEALTH AND WELLNESS HOSPITAL	N	SIDHA, UNANI, AYURVEDA		KUNNATHERY	9526737777		N
16	JAYA HOMOEO CLINIC	N	HOMOEO		COCHIN BANK			N
17	LIFE LINE ACUPUNCTURE	N	ACUPUNCTURE		KUNNATHERY	9861489821		N
18	SMILE THE HOLISTIC CENTRE	N	ACUPUNCTURE		MUTTOM	9961793539		N
		N						

TABLE 6. PRIVATE CLINIC RESOURCE SUMMARY								
19	BECALM ACUPUNCTURE WELLNESS CENTRE		ACUPUNCTURE		AMBATTUKKAVU	9020292569		N

HEALTHCARE EDUCATION & TRAINING INSTITUTIONS

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

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

SPECIALIZED SERVICES & EMERGENCY INVENTORY

`This section provides a detailed view of the specialized medical resources available to the community, focusing on emergency response and critical care capabilities. This table tracks the vital assets required for managing severe illnesses and emergencies across Government, Private, and AYUSH sectors.

Item	Govt	Private	AYUSH	Total
Hospital beds	0	10	0	10

Item	Govt	Private	AYUSH	Total
Oxygen-generating systems(Y/N)	**0**	**0**	**0**	
Oxygen-supported beds(Numbers)	**0**	**0**	**0**	**0**
Ventilator-supported beds	**0**	**0**	**0**	**0**
ICU beds	**0**	**0**	**0**	**0**
Burns units	**0**	**0**	**0**	**0**
Blood centres	**0**	**0**	**0**	**0**
BLS ambulances	**0**	**0**	**0**	**0**
ALS ambulances	**0**	**0**	**0**	**0**
Dialysis facilities	**0**	**0**	**0**	**0**
Dispensaries	**2**	**0**	**0**	**2**
Medical store	**0**	**38**	**0**	**38**
Industrial establishments(**Medium-scale industries/small-scale industries establishments to whom we can depend in a worst-case scenario)**	**0**	**10**	**0**	**10**

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							
FHC CHOORNIKKARA	N	N	Y	N	N	N	N

DIAGNOSTICS FACILITY MAPPING AT THE LSGI LEVEL

The diagnostic capacity of _____ **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	9	0	10
Microbiology labs	0	6	0	5
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	Daya Clinic,	PRIVATE	KODIKUTHUMALA	7034487108	YES	NO
2	CMC CLINIC	PRIVATE	KUNNATHERY	9539420230	YES	NO
3	BIOMIC LAB	PRIVTAE	COCHINBANK	8075589703	NO	NO
4	MEDITECH LAB	PRIVATE	COMPANIPPADI	9995912228	NO	NO
5	TSCB MEDILAB	SOCIETY	COMPANYPADY	7356478937	NO	
6	BENZ MEDICAL LAB	PRIVATE	COCHIN BANK	9744995056	NO	NO
7	TSCB MANAKKAPADY	SOCIETY	ASOKAPURAM	9142625139	NO	
8	PNH DRC Laboratory,	PRIVATE	COCHINBANK	9400064228	NO	NO
9	SHANTHIBHAVAN GOODS SAMARITAN MEDICAL CENTRE	PRIVATE	ASOKAPURAM	7594825650	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	**32**	**1-21**	**50**	**ICDS-9747474068**
Schools	**8**	**2,6,18,8,15**	**500**	
Colleges	**1**	**14**	**500**	
Healthcare Educational Institutions				
Medical colleges (Govt/Private)	**0**	**0**	**0**	**NA**
Nursing colleges (Govt/Private)	**0**	**0**	**0**	**NA**
Dental colleges (Govt/Private)	**0**	**0**	**0**	**NA**
Paramedical institutes (Govt/Private)	**0**	**0**	**0**	**NA**
Community Gathering Spaces				
Community halls	1	17	300	0484-2623530
Auditoriums	12	4,7,9,10:3, 11,13,15:2, 17,18	7000	
Religious buildings	2	15,7	1500	
Vulnerable Group Support Facility				
Destitute homes	**0**	**0**	**0**	**0**
Elderly homes	**1**	**18**	**25**	
LSGD owned other buildings	0	0	0	
Mass Fatality Management (MFM) Infrastructure				
Mortuary	**0**	**0**	**0**	**0**

Crematorium	**2**	**2,8**		**9061996451,9846061624**

*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	**2**	**12**	**14**
Doctors – AYUSH	**1**	**5**	**6**
Doctors – Veterinary	**1**	**0**	**1**
Doctors – Dental	**0**	**6**	**6**
Nursing officers	**2**	**6**	**8**
Lab technicians	**2**	**9**	**11**
Optometrist	**0**	**0**	**0**
Pharmacists	**1**	**6**	**7**
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**	**1**	**2**
LHS (Lady Health Supervisor)	**0**	**0**	**0**
LHI (Lady Health Inspectors)	**1**	**0**	**1**
JPHN (Jr Public Health Nurses)	**5**	**0**	**5**
JHI (Jr Health Inspectors)	**2**	**0**	**2**
MLSP (Mid-Level Service Providers)	**5**	**0**	**5**
Palliative Nurses	**1**	**0**	**1**
RBSK Nurses	**1**	**0**	**1**
PRO	**0**	**0**	**0**
Epidemiologist	**0**	**0**	**0**
Data Manager	**0**	**0**	**0**

COMMUNITY & SUPPORT CADRE

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

Cadre	Number
ASHA Workers	**18**
AWW (Anganwadi Workers)	**32**
Emergency Medical Volunteers (Trained)	**0**
Kudumbashree	**231**
MNREGS	**51**
Purusha Swayam Sahaya Sangham	**0**
Ex-Servicemen	**15**
Retired Police Officers	**27**
NCC/NSS Volunteers	**145**
Red Cross volunteers	**173**
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	23
Religious based organizations	12
Foreign based organizations	2

Category	Total Count
Sports Club/youth clubs	15
Kudumbashree SHGs	250
Ayalkootams	250
Political organizations	8
Residential organizations	43

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	N
Fire & Rescue Stations	0	N
Water Pumping Points	0	N
Public Distribution System (PDS)	0	N

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	3

Crane	4
Heavy Trucks	1
Tractor	1
Ambulances	5
Mobile mortuaries	0
Boats	0
Taxi service	56

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 _____.

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)	50	7,4
	Pet Animals (Dogs/Cats)	356	WARD 1-21
	Stray Dog Population	100	WARD 1-21
	Pig Farms (Number of heads)	0	0

Category	Item	Estimated Population	Wards
	Small Units (Sheep / Goats – clustered)	1	7
Bird Population	Poultry Units (Birds)	0	0
	Poultry- (FOWL)	200	11
	Wild/Migratory Birds (Observed)	0	
	Crow Mortality Events (Reported)	0	

The main risk of zoonotic diseases in **Choornikkara Panchayat** is concentrated in **Wards 7,11** which is explained by the high density of , poultry fowl areas, and small units of sheep,goat . 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.

1. Veterinary Dispensary Choornikkara

- A government-linked **veterinary dispensary** serving Choornikkara and nearby areas.
- Typically offers **basic animal healthcare services**, vaccination, medicines and minor treatments for livestock and small animals.
- Smaller in scale than a full veterinary hospital but is an important frontline facility for rural animal husbandry needs.
- According to the Kerala Animal Husbandry listings, there *is* an official **Veterinary Dispensary at Choornikkara** with contact/services under the Department of Animal Husbandry & Dairy Science.

Facility Type	Name of Facility	Ownership Govt / Pvt	Location(Ward No)	Contact number
Veterinary Dispensary	Govt Veterinary Dispensary	Govt	**6**	9446443181
Veterinary Hospital / Polyclinic	**0**	**0**	**0**	**NA**
Private Veterinary Clinics	**0**	**0**	**0**	**NA**
Mobile / Emergency Vet Service (incl. night services)	**0**	**0**	**0**	**NA**
Pet Homes / Animal Shelters	**0**	**0**	**0**	**NA**
Slaughterhouse-linked Veterinary Inspection Unit	**0**	**0**	**0**	**NA**

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	GOV	9446443184
Private Veterinary Doctors	0	0	
Livestock Inspectors	2	GOVT	9400802979,9847877292
Para-veterinary Staff / Attenders	1	GOVT	8089098852
Contract / On-call Veterinary Support (if any)	0		

HIGH-RISK INTERFACE POINTS (SURVEILLANCE SITES)

High-risk interface points for zoonotic disease surveillance in Choornikkara 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 spill over risks are elevated.

Type of Habitat	Type of High risk interface	Geographical vulnerability
Wetlands & Backwaters	16,17,18,19	
Backyard Poultry Farms		
Cattle Sheds near Water Bodies	Ward 6	
Fish & Meat Markets	NIL	
Community Slaughter Sites	NIL	
Migratory Bird Congregation Areas	NIL	
Rodent-Infested Grain Storage	NIL	

Category	**Total Count**	**Key Locations (wards)**
Poultry Farms	1	150
Backyard / Clustered Poultry Units	3970	WARD 2-21
Duck Rearing Units (open water access)	6291	WARD 2-21
Slaughterhouses/ Slaughter Points	0	NA
Meat/Fish Markets	0	NA
Live Bird Sale Points	0	NA
Cattle Markets / Weekly Animal Fairs	0	NA
Pet Shops / Breeders	0	NA
Animal Shelters / Pet Homes	0	NA
Waste Disposal Sites near Animal Units	0	NA

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	1,2,3,4,6,7,8,10,11,12,13,14,15,16,17,18	PERIYAR	MED
Water bodies/wetlands	9,6,18,14,13,4	PERIYAR	LOW
Solid waste accumulation	14,13.10,8	NH ,RAILWAY TRACK	LOW
Animal waste disposal issues	10	KUNNATHERY	LOW
Rodent infestation zones	NIL	NA	NIL
Industrial effluent discharge	NIL	NA	NIL
Construction sites / abandoned buildings	16	COMPANIPPADI SPW ROAD	LOW
Poor drainage/blocked canals	NIL	NIL	NIL
Drinking water source contamination risk	NIL	NIL	NIL

1. Flooding and Water-Related Risks

- Choornikkara lies close to the **Periyar River basin**, which is identified as a **high to very high flood risk zone** in flood susceptibility studies; this means heavy rains frequently cause flooding in parts of the panchayat and neighbouring areas, posing risks to property and infrastructure.

- Extreme rainfall events (intense monsoon showers and storms) can damage crops and disrupt agriculture, as reported by local farmers after heavy rain and strong winds destroyed banana plantations.

2. Water Pollution and Groundwater Concerns

- Although specific pollution reports for Choornikkara aren't widely covered in media, groundwater and surface water in Kerala are increasingly threatened by **contamination from domestic waste, pesticides,**

and industrial pollutants more generally. This includes risks like microbial contamination and variations in water quality, which are **state-wide environmental concerns**.

- Wetland areas in and around Choornikkara have historically been under pressure from land conversion, which alters natural water retention and filtration capabilities that protect water quality.

🏘️ 3. Loss of Wetlands and Land-Use Change

- There have been controversies in the past over the conversion of **wetlands into dry land or commercial plots**, which can disrupt ecosystems, reduce natural flood buffering, and affect biodiversity.

🏚️ 4. Urban and Infrastructure Hazards

- Dilapidated buildings and unsafe structures (e.g., the recent collapse of parts of the panchayat office building) are environmental safety risks for the community. Such hazards can be worsened by weather events like rain and wind.

- Instances like unresolved dangerous trees near homes highlight public safety concerns tied to environmental maintenance and local governance action.

🌾 5. Broader Environmental Pressures in the Region

Even if not specific only to Choornikkara, several environmental pressures reflecting the region's conditions can influence local risk factors:

- **Rapid urbanization** and build-up in Ernakulam district increase runoff, heat, and pollution loads on existing drainage systems.

- **Climate variability** (more erratic rainfall and intense storms) raises the likelihood of flooding and crop damage across many Kerala panchayats including Choornikkara.

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	SUMMMER			
Leptospirosis	MONSOON			
Dengue/Chikungunya	MONSOON			
Acute Diarrheal Diseases	SUMMER			
Rabies	SUMMER			
Anthrax (rare)				

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	20	1,2,3,4,6,7,8,10,11,12,13,14,15,16,17,18,19,20,21	HIGH
Wetland-adjacent communities	0	NA	NA
Backyard poultry / duck rearing households	WARD 1-21		LOW
Livestock-rearing households	2,3,4,5,6,7,910,11,13,15,18		MEDIUM
Slaughterhouse & meat market workers	0	NA	
Fisherfolk & fish market workers	0	NA	LOW
Sanitation workers	2,1	CLEANING WORKERS	HIGH
Daily wage / migrant workers	WARD 1-21	KOOLIE WORKERS	HIGH
Elderly & chronically ill populations	WARD 1-21	ABOVE 60	HIGH
Pregnant Women	WARD 1-21	HIGH RISK PREGNANT WOMEN	HIGH
Children (schools, Anganwadi's)	WARD 1-21	UNIMMUNIZED CHILDREN	HIGH
Limited access to safe water & sanitation	0	NA	NA

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			260	423	127	DECREASING
Leptospirosis			0	4	4	STABLE
Hepatitis A			0	20	89	INCREASING
Malaria			1	0	2	INCRESAING
Scrub Typhus			0	0	1	STABLE
Typhoid			0	0	4	INCREASING
H1N1			0	0	1	STABLE
H3N2			0	0	0	STABLE
ADD			23	40	118	STABLE
Mumps			16	17	20	INCREASING
Measles		1	4	1	0	STABLE
Hepatitis B			0	0	0	STABLE
Hepatitis C			0	0	0	STABLE
Tuberculosis		11	17	19	18	STABLE
Leprosy		0	0	0	1	STABLE
COVID-19		0	0	0	11	DECREASING

*(USE THE ABOVE TABLE DATA TO CREATE THE GRAPH/DIAGRAM)

SEASONAL TREND ANALYSIS

Seasonal analysis helps anticipate surges (e.g. dengue in monsoon, leptospirosis 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			8	20	6	
2			8	39	3	
3			5	21	22	
4			14	43	13	
5			51	35	1	
6			35	30	2	
7			8	16	1	
8			13	6	12	
9			21	3	3	
10			9	3	2	
11			11	24	33	
12			9	18	1	
13			9	65	7	
14			4	17	1	

15		0	3	4	5	
16		0	16	18	3	
17		0	23	10	2	
18		0	4	7	1	
19		0	3	6	1	
20		0	10	25	5	
21		0	9	13	3	

LEPTOSPIROSIS

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

Peak: June - August

LEPTOSPIROSIS – WARD-WISE YEARLY DISTRIBUTION (2021–2025)

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

9		0	0	0	0	
10		0	0	0	0	
11		0	0	1	1	
12		0	0	0	1	
13		1	0	0	0	
14		0	0	0	0	
15		0	0	0	1	
16		0	0	0	1	
17		0	0	0	0	
18		0	0	0	0	
19		0	0	0	0	
20		0	0	0	0	
21		0	0	0	0	
					Overall	

Summary (2021–2025)

Out of 21 wards in Choornikkara:

- **10 wards reported at least one leptospirosis case** over the five years.
- **11 wards consistently reported zero** cases.
- Cases are **sporadic and low in number,** with no large outbreaks.

Key Takeaways

- The **highest annual count** occurred in **2021,** mostly in mid-area wards.
- **2022 had no cases,** possibly due to environmental factors or effective interventions.
- From **2023 onward,** cases shifted toward **north and central/south zones,** especially **Ward 11** and neighboring wards (12, 15, 16).
- Presence is **sporadic and low,** with no evidence of widespread community outbreaks.

What This Suggests

- Some wards (like **11,12,15,16**) may have **persistent environmental risk factors** — e.g., waterlogging, poor drainage, proximity to rodents or agriculture.
- Wards with one-time cases may reflect **temporary risk events** (floods, heavy rainfall, stray animal exposure).

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 (2024–2025)

Ward	Hep A – Ward-wise Yearly Distribution					
	2021	2022	2023	2024	2025	Total
1		0	0	0	0	**0**
2		0	0	0	0	**0**
3		0	0	0	1	**1**
4		0	0	1	0	**1**
5		0	0	6	3	**9**
6		0	0	3	14	**17**
7		0	0	0	0	**0**
8		0	0	1	1	**2**
9		0	0	0	8	**8**
10		0	0	0	2	**2**
11		0	0	2	22	**24**
12		0	0	1	4	**5**

13		0	0	0	13	**13**
14		0	0	2	10	**12**
15		0	0	1	4	**5**
16		0	0	0	1	**1**
17		0	0	3	6	**9**
18		0	0	0	0	**0**
19		0	0	0	0	**0**
20		0	0	0	0	**0**
21		0	0	0	0	**0**
		0				

OUTCOME-BASED TREND ANALYSIS- 2025

Summary Insights

- Hepatitis A was **absent in the first two years**, then gradually appeared in 2023.
- The **peak outbreak occurred in 2024**, concentrated mainly in central wards (6, 11, 13, 14, 17).
- Some wards remained unaffected throughout, indicating **localized spread** rather than uniform transmission across the Panchayath.
- Public and health interventions should focus on **high-incidence wards** to control outbreaks and prevent further spread.

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	129	0
Water Borne Disease	207	0
Air Borne Diseases	27	0
Blood Borne Diseases	0	0
Food Borne Diseases	0	0

Vector-Borne Disease

Disease	No. of Cases	No. of Deaths
Dengue	127	0
Malaria	2	0
Chikungunya	0	0

Water Borne Disease

Disease	No. of Cases	No. of Deaths
Cholera	0	0
Typhoid	4	0
Hep- A	89	0
Dysentery	0	0
Amoebiasis	0	0
E- Coli infections	0	0

Air Borne Disease

Disease	No. of Cases	No. of Deaths
Influenza	43	0
H1N1	1	0
TB	18	2
Chickenpox	57	0
Measles	0	0
Covid-19	9	0
Pertussis	0	0
Mumps	20	0

Blood-Borne Disease

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

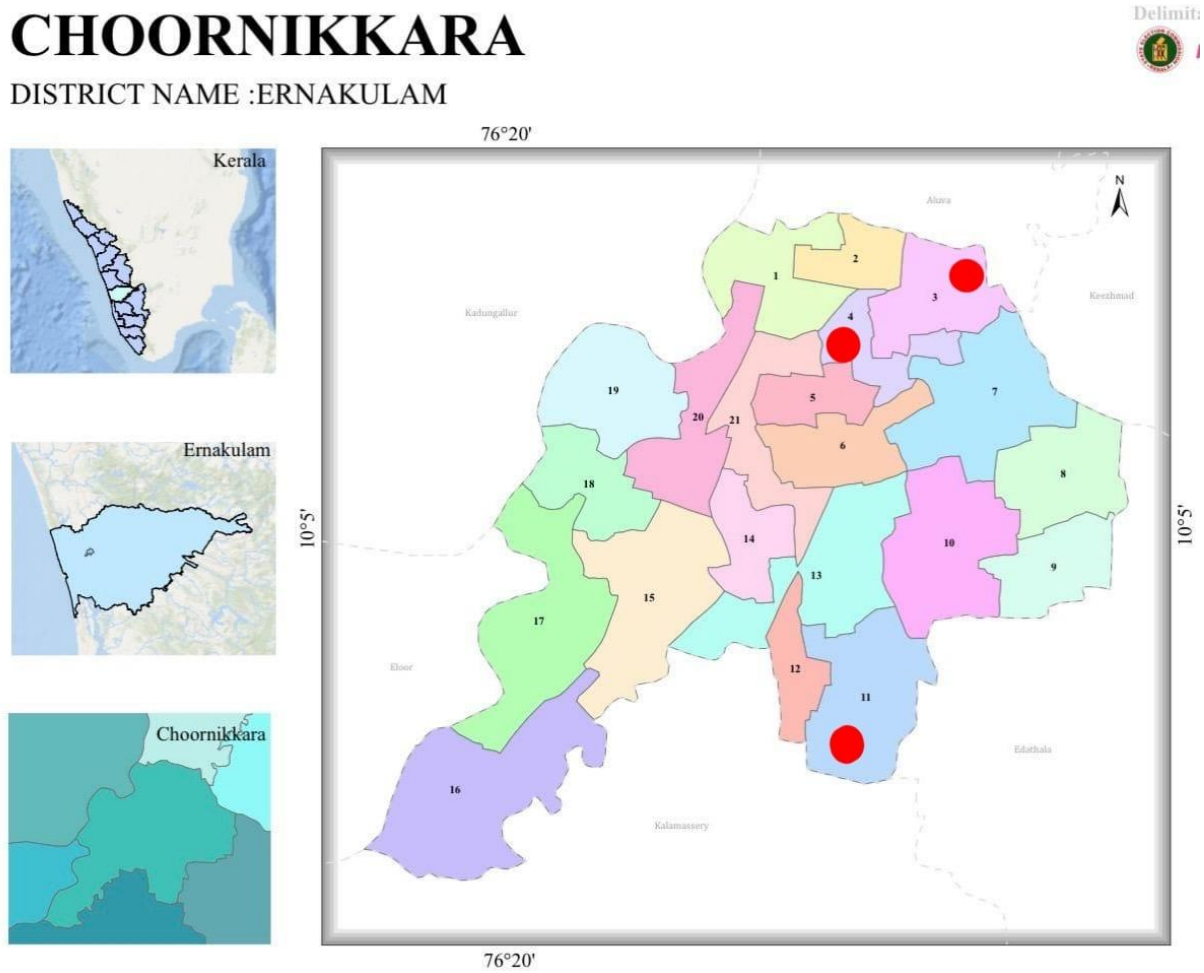
Zoonotic Disease

Disease	No. of Cases	No. of Deaths
Rabies	0	0
Leptospirosis	4	1
Avian influenza	0	0
West nile	0	0

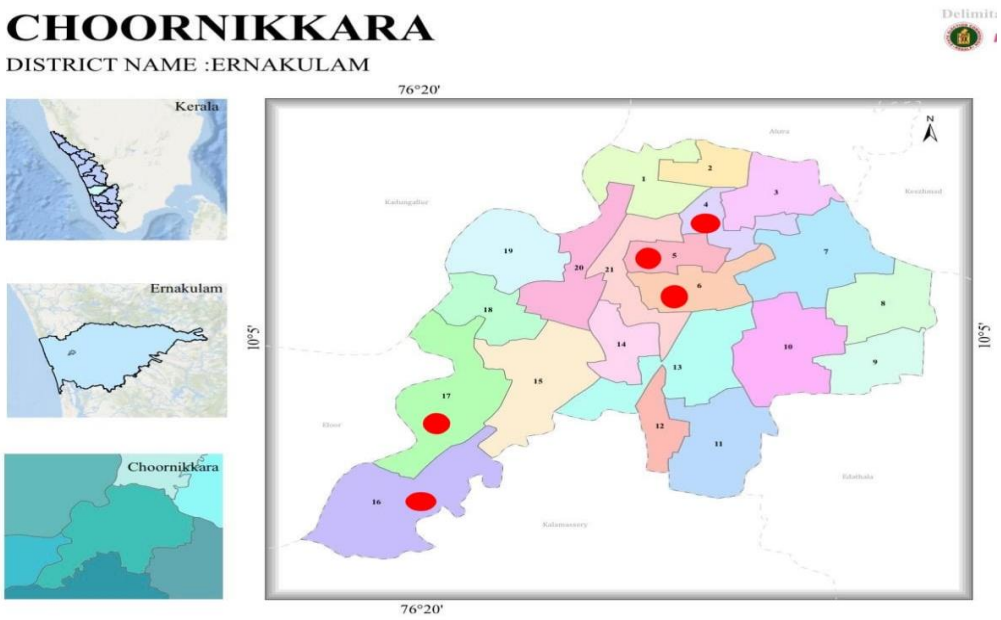
Anthrax	**0**	**0**
Nipah	**0**	**0**
Scrub Typhus	**1**	**0**

INTEGRATED DISEASE HOTSPOT MAP (2023–2025)

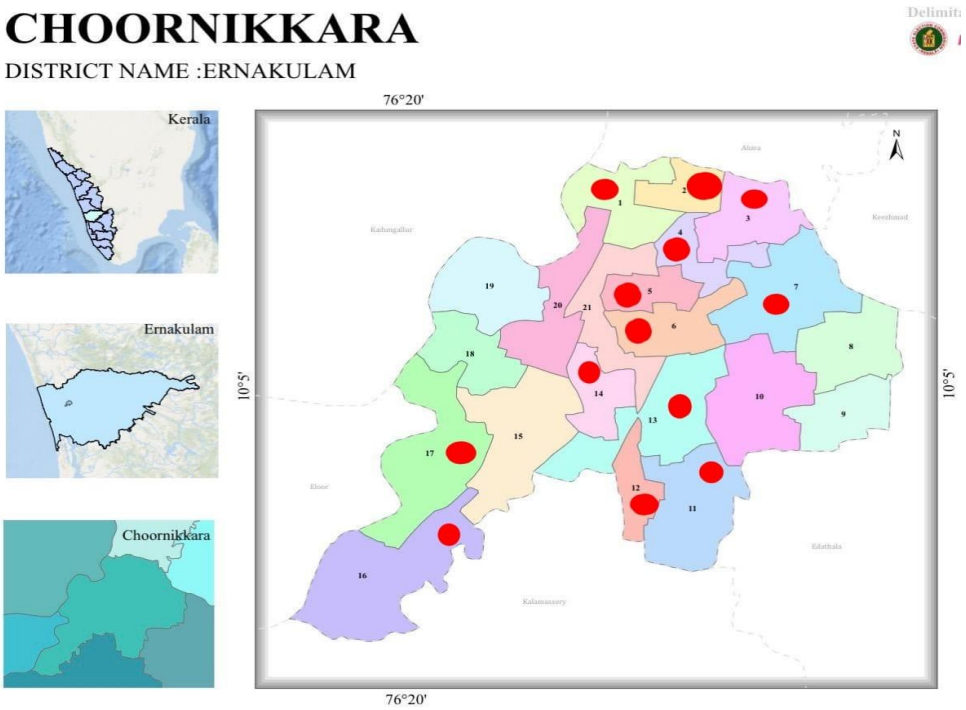
DENGUE FEVER 2025



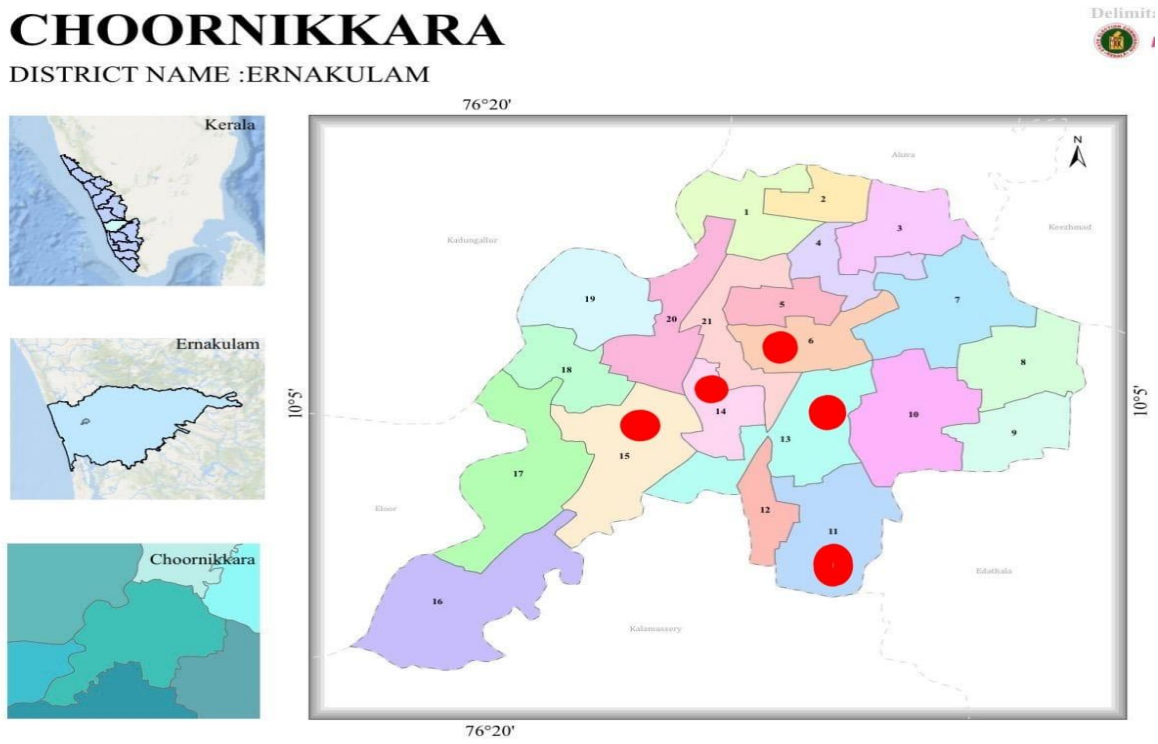
DENGUE FEVER 2023



DENGUE FEVER 2023



HEPATITIS A 2025



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Ward No	Dengue Total (2023-25)	Leptospirosis Total (2023-25)	Hepatitis A T0otal (2023-25)	Mumps (2021-25)	ADD (2021-25)	Total Cases
1	34	1	0			
2	50	1	0			
3	48	0	1			
4	70	1	1			
5	57	0	9			
6	67	0	17			
7	25	0	0			
8	30	0	2			
9	27	0	8			
10	14	0	2			
11	57	2	24			
12	28	1	5			
13	81	0	13			
14	22	0	12			
15	12	1	5			
16	37	1	1			
17	35	0	9			
18	12	0	0			
19	10	0	0			
20	40	0	0			
21	25	0	0			

By overlaying five years of data, we have identified WARD 1-21 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 choornikkara** 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	NASEER	Panchayat President	LSGD	Chairperson	9846358034
2	Dr.SREEKALA C N	Medical Officer (PHC/CHC)	Health Dept	Member Secretary	9497482702
3	Dr.MEERA BEN	Veterinary Officer	Animal Husbandry	Member	9446443181
4	Dr.RINU	Epidemiologist	Health Dept	Member	9496296780
5	ARUN GHOSH. T	Health Inspector/PHN	Health Dept	Surveillance	9895995851
6	BINDU K S	ASHA Supervisor	Health Dept	Community link	9074603812

7	NASEEMA K E	ICDS Supervisor	Social Welfare	Vulnerable groups	9747474068
8	MANU RAJ	Police Station Officer	Police Dept	Law & order	9497987116
9	ABDUL NAZAR	Ward Councillor Representative	LSGD	Community coordination	9249874946
10	RAMLA THAJUDHEEN	Kudumbashree CDO	Kudumbashree	Community mobilisation	9895429607
11	NEW STAR CLUB	NGO/Volunteer rep	Civil Society	Support services	9895062014
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			
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)

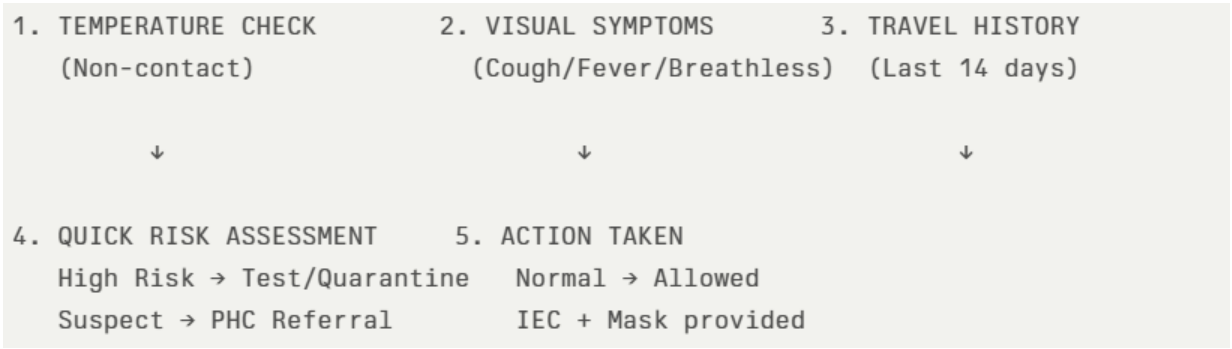
2. SCREENING CHECKPOINTS

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: Choornikkara Panchayath Office.

Backup Location: Community Hall in Choornikkara Grama Panchayat.

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	PREMA LATHA	AS	9497789310	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	NASAR	HEALTH STANDING COMMITTEE CHAIRMAN	9249874946	Handling the public helpline, coordinating ambulance dispatch, and contact tracing calls.
Logistics Coordinator	AJMAL SHA	WARD MEMBER	9946305279	
Technical Support *(IT/Data)*	AMRUTHA	T A	8606017215	

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	WARD MEMBER	
Social media	YOUTH CLUB	
Local Cable TV/Radio	ACV	

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

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

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

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

5. COORDINATION WITH DISTRICT/STATE AUTHORITIES & OTHER ORGANISATIONS

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

KEY DETAILS:

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

Reporting Schedule and Protocols:

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

SUPPLY CHAIN COORDINATION

The LSG shall coordinate closely with Block, District, and State authorities (KMSCL) to ensure uninterrupted availability of essential goods, medical supplies, and logistics during a pandemic. Supply requirements shall be assessed regularly based on case load and communicated promptly to the appropriate authorities for timely replenishment.

Key Points:

- Maintain updated contact details of District and Block nodal officers for health logistics, oxygen supply, ambulances, and essential medicines.

- Submit timely indent requests for PPE, testing kits, medicines, oxygen, and other critical supplies through prescribed channels.

- Monitor stock levels at LSGD facilities, quarantine/isolation centres, and field teams through daily stock registers and dispensing logs to prevent shortages.

- Coordinate with District authorities, Karunya/Neethi medical shops, and local purchase committees for funds allocation and emergency procurement.

- Ensure regular monitoring of dispensing registers at all facilities to track usage, expiry, and pilferage—shortages being a perennial issue requiring proactive weekly audits.

- Activate surge procurement protocols during high caseloads, leveraging local purchase powers under LSGD funds alongside state supplies.

RESOURCE INVENTORY AND CONTACTS

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

COLLABORATION WITH NGOS, PPP, AND CSR

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

Key Points:

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

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

INTERDEPARTMENTAL COORDINATION

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

Department	Representative	Key Role	Contact
Health (PHC)	Staff Nurse :	Case management	
Veterinary	Veterinary Surgeon:	Animal surveillance	
ICDS	Supervisor: Sindhu	Nutrition support	
Education	Head Teacher:	School coordination	
Police		Containment enforcement	_____

Water Authority	_____	Water supply	_____
LSGD Engineering	_____	Quarantine infrastructure	_____

PHASE 3 - SURGE CAPACITY

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

CONVERSION OF COMMUNITY FACILITIES

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

Name of facility	Facility Type	No. of Buildings	Ward	Surge Capacity (Beds)	Nodal Person
KMH HALL,KUNNATHERI	Auditorium	1	11		HANEEFA
ILFATH AUDITORIUM	Auditorium	1	10		ALI
SNDP HALL, KUNNATHERI	Auditorium	1	10		BOSE
NMKP HALL, KUNNATHERI	Auditorium	1	11		
N S S HALL, AMBATTUKKAVU	Auditorium	1	13		HARI
MUTTOM MCMJ HALL	Auditorium	1	15		ASHRAF
IDEAL AUDITORIUM	Auditorium	1	18		SMEER
KMJ AUDITORIUM,KODIKUTHU MALA	Auditorium	1	9		NADIRSHA
SNDP HALL,SNPURAM	Auditorium	1	4		SASI
ST.SEBASTIAN CHURCH PARISH HALL	Auditorium	1	7		FR.ALEX KATTEL
ANGEL HALL PULINCHODU	Auditorium	1	17		EBIN VARGHESE
AYYANKALI HALL,AMBATTUHAVU	Auditorium	1	15		THASNEEM SUDHEER

- **Recovery and rehabilitation phase**

- **Recovery**

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

CONCLUSION

Additional points

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

RECOMMENDATIONS

1. STRENGTHENING HEALTHCARE INFRASTRUCTURE

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

2. COMMUNITY AWARENESS & EDUCATION

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

3. EMERGENCY RESPONSE & COORDINATION

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

4. SUPPLY CHAIN & FOOD SECURITY

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

5. DIGITAL PREPAREDNESS

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

6. TRAINING & CAPACITY BUILDING

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

7. LONG-TERM RESILIENCE

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

MOCKDRILL SCENARIOS

ANNEXURE

1. IMPORTANT PHONE NUMBERS

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

1.1. DETAILS OF GRAMA PANCHAYAT/MUNICIPALITY/CORPORATION WARDS

Sl.No	Name of the ward	Ward number	Name of the ward member	Contact number
1	**PULINJODU**	1	LIJI AUGUSTINE	8304836850
2	**PATTERIPURAM**	2	SONA RAJESH	7736235960
3	**PALLIKUNNU**	3	MANOJ	9745742820
4	**SREENARAYANAPURAM**	4	SHEELA JOSE	9947180897
5	**THAIKKATTUKARA**	5	ANAS	9847280732
6	**KUNNUMPURAM**	6	JASMIN	9496280781
7	**MANAKKAPPADY**	7	LALY IVAN	9495350417
8	**ASHOKAPURAM**	8	SREERAG SUNDER	9946020292
9	**KODIKUTHUMALA**	9	SAFIYA SAHEER	9847778064
10	**KATTEPADAM**	10	SHARAF	9526810581
11	**KUNNATHERY**	11	MANJU DILEESH	8075167613
12	**KUNNATHERY WEST**	12	SHAILA YOUSUF	9995831434
13	**KUNNATHERY CENTRAL**	13	SIVANANDAN	9895262800
14	**CHAMBYARAM**	14	FOUSIYA KABEER	9895513953
15	**AMBATTUKAVU**	15	AJMAL SHAH	9946305279
16	**MUTTOM**	16	NAZAR	9249874946
17	**CHOORNIKKARA**	17	THASNEEM SUDHEER	8086892551
18	**COMPANYPADI**	18	LEENA JAYAN	9847691480
19	**MUTHIRAPPADAM**	19	AFSAL	9745234288
20	**POYYAKARA**	20	NAZEER	9846358034
21	**MANTHRAKKAL**	21	BUSHARA BEEGUM	9188794470

1.2. OTHER IMPORTANT PHONE NUMBERS OF GRAMA PANCHAYAT/MUNICIPALITY/CORPORATION AREA

Sl. No.	Name	Contact number
1.	PANCHAYATH SECRETARY	
2.	VILLAGE OFFICE	**9846013444**
3.	AGRICULTURE OFFICER	0484-2620214
4.	VEO	9496466921
5.	CDS CHAIRPERSON	9895429607
6.	POLICE STATION (ALUVA)	0484-2624006
7.	Excise department	9400069560
8.	FIRE STATION	0484-2624101

1.3. IMPORTANT OFFICES OF GRAMA PANCHAYAT/MUNICIPALITY/ CORPORATION

Sl.No	Name of the office	Contact person	Contact number
1.	Village Office	Village Officer	**9846013444**
2.	Agriculture Office	Agriculture Officer	**7612732827**
3.	Animal Husbandry Office	Animal Husbandry Doctor	**9446443184**
4.	Police Station	Police Officer	0484-2624006
5.	BSNL Office	Officer	0484-2629800
6.	Block Office	Officer	0484-2677142
7.	KSEB Office	Officer	0484-2624451
8.	Fisheries Office	Officer	
9.	Fire and Rescue	Officer	0484-2624101

1.4. HEALTH SERVICES

Sl. No	Name of the hospital/institution	Location	Phone number
1.	Government hospitals/PHC	Kunnathery	9497482702
2.	Private hospitals	NA	NA
3.	Clinical laboratories	Ward 1-21	
4.	Chemist/pharmacy	WARD 1-21	
5.	Blood donors	WARD 1-21	
6.	Other language experts (Bihari, Hindi, Bengali, Asamees ……)		

1.5. VETERINARY SERVICES

Sl.No	Name of the Clinic	Name of the Surgeon/Doctor	Place/location	Phone Number
1	Govt.Veterinary Hospital	DR.Meera Ben Vakkachan	Kunnumpuram	9446443184

1.6. HELPLINE NUMBERS

Helpline	**Phone number**
Police	0484-2624006
Fire and Rescue	0484-2624101
KSEB	0484-2624451

1.7. PUBLIC AND PRIVATE SCHOOLS CONTACT DETAILS

S.No	Name of School	Institution type	Phone number
1	TSC LPS, THAIKKATTUKARA	Aided	9446650759

2	ASHOKA LPS, ASHOKAPURAM	Aided	9895187997
3	ST FRANCIES D'ASSISI SENIOR SECONDARY SCHOOL, ASOKAPURAM	Private	9544783359 9072838434
4	SPW LPS, THAIKKATTUKARA	Govt	9447329915
5	TALENT PUBLIC SCHOOL	Private	8547568179
6	NIRMALA HIGHER SECONDARY SCHOOL ALUVA	Private	9539419843
7	SPW HS, THAIKKATTUKARA	AIDED	9447819190
8	IDEAL PUBLIC SCHOOL, THAIKKATTUKARA, ALUVA	Private	9249902288

1.9. ANGANWADI CONTACT DETAILS

SL NO	WARD NO	AW NO	Name of Center	NAME OF WORKER	PHONE NO
1	1	97	Patteripuram	LINA T K	9895292877
2	1	98	Kattikkuzhy	RUNBY JOSEPH	8547812640
3	2	99	Patteripuram	ANITHA T S	8281470993
4	3	100	Pallikkunnu	LAISA P A	9037573216
5	4	101	Chelakunnu	SHEELA E A	9562569039

6	4	102	S. N. Puram	LINDA C K	8589885408
7	5	103	Kunnumpuram, Near Govt Ayurveda Hospital	RAJESWARI P T	8078961973
8	5	104	Pallikavala, Thaikkattukara	BEENA P A	8589885408
9	6	105	Kunnumpuram	USHA T R	8547812640
10	6	116	library pipeline road	SHEEBA K Y	9846984359
11	7	106	Ashokapuram Anganwadi	AMBILY A A	9526740720
12	7	107	Manakkapadi	ANITHA A B	9744132253
13	8	108	DWEEP COLONY	VALSALAKUMARI D	9747008067
14	9	109	Edamanaparamb	BEENA K T	9526973505
15	9	110	Kodikuthumala	NIRMALA K K	9744959142
16	10	111	KUNNATHERI	SATHY P V	9645549270
17	10	112	Pallithazham	BEENA K V	8943546744
18	10	113	Kunnathery S.N.D.P road	JUDY THOMAS	8891193617
19	11	114	Sahridaya	DHANYA P M	9633430920
20	11	115	Kunnatheri	SUBHASHINI P N	9526989406
21	17	117	Mandrakkal	AYSHA C B	9995122661
22	12	118	Kunnathery PHC	SANDHYA T R	9809677727
23	13	119	Ambattukav	NOUFIYAKASIM	9074543765
24	13	120	AMBATTUKAVU, EDAMULA	PRIYA M C	8086414397
25	14	121	Muttom Thaikkavu	SAFIYA K M	9947359036

26	15	122	Muttom Samskarikanilyam	MELBA T R	9656429240
27	15	123	Muttom pallypady	RANJISHA K B	7909298467
28	16	124	Vrindavan	PRIYAKUMARI T K	8129900521
29	17	125	Companypady	SUBAIDA	9544652526
30	18	126	Muthirapadam	SUDHA A B	9947896700
31	18	127	Pattadupadam	SHAILA N K	9495218063
32	18	128	Garrage	NASEERA P P	8848109737

1.12. INFORMATION REGARDING RESOURCES

Means of transportation	Total No	Phone Number
Heavy Trucks	1	
Tractor	1	
Ambulances	5	

Boats	0	
Taxi service	56	

AMBULANCE SERVICE			
SL. NO	**NAME OF INSTITUTION & ADDRESS**	**TYPE**	**CONTACT NO**
1	LSGD, CHOORNIKKARA	PANCHAYAT	0484-2623530
2	SUDHEER, SNPURAM	PRIVATE	9961123007
3	SANOOP, KUNNATHERI UNION	PRIVATE	9895601937
4	TONY THEKKANATH	PRIVATE	9947107070
5	CITU AMBULANCE	CITU UNION	8921311300

Annexure 1: LSG Baseline Data Collection Format

A. Baseline data

Sl. No.	Indicator / Field	Baseline Data	Source / Remarks
1	Name of LSG	CHOORNIKKARA	
2	District	ERNAKULAM	
3	Block / Taluk	VAZHAKKULAM	
4	Type of LSG (Gram Panchayat / Municipality / Corporation)	GRAMA PANCHAYATH	
5	Area (sq. km)	11.07 Sq.Km	
6	No. of wards	21	
7	GIS boundary file available	(Yes/No)	
8	Key contact person & phone	PRESIDENT-9846358034	

B. Demography

Indicator / Field	Baseline Data	Source / Remarks
Total population	38881	
Males	19337	
Females	19544	
Transgender population	0	
Age distribution (<5, 5–14, 15–59, ≥60)	<5-1840,>60-9675	
No. of households		
Population density (persons/sq.km)		
No. of migrant workers	819	
Major occupational groups	INDUSTRIAL JOBS,CONSTRUCTION,SERVICE,TRADE,TRANSPORT,OFFICE JOBS ,PROFESSIONALS	

C. Vulnerable Populations & Social Risks

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	No. of elderly (≥60)	9675	
2	No. of persons with disability	MENTAL ILLNNESS-53,AUTISM-33,CERIBRAL PALSI-10,BLIND- 19,	
3	No. of bedridden persons	212	
4	No. of chronic disease cases (DM/HTN/COPD/CKD etc.)	DM-3528,HTN-3251,CKD-410,CANCER-125	
5	Pregnant women (current estimate)	152	
6	Children <5 years	1840	
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	0	
11	Orphanages / old age homes (number & capacity)	OLD AGE HOME 1CAPACITY -50 HOSTEL -5,CAPACITY -200	
12	Hostels / prisons / shelters (number & capacity)	HOSTEL -5,CAPACITY 200	
13	Poverty / BPL estimate	BPL-1835	
14	Food insecurity hotspots	NIL	
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)	PHC -1	
2	PHC/Family Health Centre details (name, location)	FHC CHOORNIKKARA	
3	Subcentres / Health & Wellness Centres (number)	5	
4	Private clinics / hospitals (number)	3	
5	Labs available (public/private)	9	
6	Availability of ambulance services (Yes/No, number)	YES -5	

7	Availability of isolation/quarantine facilities (Yes/No, details)	NO	
8	Cold chain facilities (Yes/No, details)	NO	
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-5,ASHA-18	
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)	NIL	
2	Railway stations (number)	NIL	
3	Boat jetties / fishing harbours (number)	NIL	
4	Ports / airports nearby (specify distance)	NIL	
5	Major highways/roads passing through	NH 47	
6	Border crossings (state/district)	NIL	
7	Major markets / weekly markets	NIL	
8	Tourism hubs / major event venues	NIL	
9	Schools/colleges with hostels (number)	COLLEGE 1WITH HOSTEL	
10	Factories / large workplaces (number)	2	

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, KWA	
2	No. of public wells	34	
3	No. of households with piped water connection	5399	
4	Water quality testing routine (Yes/No)	YES	
5	Common contamination risks (flooding, salinity, industrial waste)	NIL	
6	Open defecation free status (Yes/No)	YES	
7	Solid waste management system (Yes/No)	YES	
8	Bio-medical waste disposal mechanism (Yes/No)	YES	
9	No. of public toilets	0	

10	Handwashing stations in public places (Yes/No)	0	

G. Zoonotic Risks & One Health0

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Livestock population (cattle/goats/pigs/poultry) – estimates	CATTLE -263,GOAT-149,PIG-0,POULTRY-3970	
2	No. of dairy farms / poultry farms / pig farms	1	
3	Slaughterhouses / meat shops (number)	MEAT SHOP 6	
4	Animal markets (Yes/No, details)	0	
5	Veterinary dispensaries (number)	1	
6	History of zoonotic outbreaks (rabies, leptospirosis, avian flu etc.)	NIL	
7	Stray dog population management measures (Yes/No)	NIL	
8	Rodent infestation hotspots (Yes/No)	1	
9	Wetlands / waterlogged areas prone to leptospirosis	4	Chavarupaadam (15), katteppadam(10), kallungalpparambu(11), katteppadam (6)
10	Bat roosting areas / caves / fruit orchards (if any)	Nil	
11	Human-animal interface hotspots (farms near residences)	Cattle farm 1	Katteppadam ward 6)3houses and population 10

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)	NA	
3	Cyclone/sea surge risk (Yes/No)	NO	
4	Heatwave risk zones (Yes/No)	KATTEPPDAM WARD 10	
5	Waterlogging areas (list)	9	1,14,15,16,18 (NEAR TO PERIYAR)Ward 13,7,10,8
6	Shelter homes / relief camps (number, capacity)	9	SCHOOLS-8,COLLEGE -1
7	Past disaster displacement history	FLOOD-2018	

8	Disruption to water supply/transport common (Yes/No)	YES	

I. Critical Infrastructure & Logistics

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Schools (number)	8	
2	Anganwadis (number)	32	
3	Colleges (number)	1	
4	Community halls (number)	1	
5	Places of worship with large gatherings (number)	TEMPLE FESTIVALS-4, CHURCH FESTIVALS - 3,MOSQUE (UROOZ-1)	
6	Large markets / shopping areas (number)	NIL	
7	Warehouses / cold storages (number)	4	
8	Telecom/mobile network coverage gaps (Yes/No)	NO	
9	Power outage frequency (high/medium/low)	MEDIUM	
10	Availability of generators in key facilities	NO	

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)	250	
4	Volunteer network (number, coverage)	2650	
5	Community-based surveillance mechanisms (Yes/No)	YES	
6	IEC dissemination channels (WhatsApp groups, community radio, PA systems)	YES(SREDHA GROUP)	
7	Rumour tracking mechanisms (Yes/No)	YES	
8	Languages spoken / literacy considerations	Malayalam,Hindi	
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	COVID 19, FLOOD-2018
7	Intersectoral coordination mechanism (Health, Police, LSG, Veterinary, Education)	YES	
8	Mock drills conducted in last 12 months (Yes/No)	NO	
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)	NO	

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)	11,15	
3	Any unique local risks (industrial pollution, refugee camps, etc.)	NIL	

4	Recommendations for preparedness strengthening		