

**FHC POOTHRIKKA
POOTHRIKKA
GRAMAPANCHAYATH**

**PANDEMIC PREPARDNESS
PLAN 2026**

MESSAGE FROM PRESIDENT/CHAIR LSGI

As the President of the Poothrika Grama Panchayath, it is my privilege to introduce this Pandemic Preparedness and Response Plan. The recent global and national health emergencies have highlighted the critical importance of preparedness, timely response, and community cooperation in safeguarding lives.

This plan provides a structured framework for pandemic prevention and response, encompassing early detection, risk communication, coordinated health interventions, and active community participation. Its effectiveness depends upon the collective commitment of all residents, local authorities, health professionals, and volunteers.

T P Varghese

PRESIDENT

POOTHRIKA GRAMAPANCHAYATH

MESSAGE FROM HEALTH STANDING COMMITTEE CHAIR

The ongoing challenges posed by infectious diseases and global health emergencies have reaffirmed the importance of resilient health systems and proactive planning at the grassroots level. As Chairperson of the Health Standing Committee, I am honored to present this message alongside the Pandemic Preparedness Plan of Poothrikka Gram Panchayath 2026.

This document reflects our commitment to:

- Enhancing surveillance, early detection, and reporting mechanisms.
- Strengthening preventive measures and risk communication strategies.
- Ensuring coordinated health service delivery during emergencies.
- Promoting public awareness, participation, and community resilience.

I extend my sincere appreciation to the Panchayat officials, health professionals, and community members who contributed to this plan. Their expertise and dedication are fundamental to building a safer and healthier Poothrikka for all.

Biju K George

Chairperson, Health Standing Committee, Poothrikka Grama Panchayath

MESSAGE BY MEDICAL OFFICER

As the Medical Officer in Charge of the Family Health Centre, I am privileged to present this Preface to the Pandemic Preparedness Plan of Poothrikka Gram Panchayath 2026. The COVID-19 pandemic and other public health challenges have underscored the importance of preparedness, rapid response, and coordinated action at the community level.

This plan is designed to strengthen the capacity of our local health systems, ensure timely interventions, and empower our community to effectively respond to public health emergencies. It provides comprehensive guidance on disease surveillance, preventive measures, risk communication, and the mobilization of health resources.

Dr. BHAVYA
MEDICAL OFFICER I/C
FHC POOTHRIKKA

EXECUTIVE SUMMARY

The plan focuses on preparing the Panchayath to effectively prevent, detect, and respond to future pandemics. It emphasizes early disease surveillance, strengthening local healthcare facilities, and training response teams.

Key measures include improving public awareness, ensuring availability of essential supplies, and coordinating with health authorities. The plan also ensures continuity of essential services and supports community recovery after outbreaks.

Overall, it aims to reduce health risks, protect livelihoods, and build a resilient and well-prepared community

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

LSGD AT A GLANCE

Ward	Houses	Population	Migrants	Wells	Hot spots	Ed. Institutions	Hosp pvt/govt.
16	6461	23311	560	5421	1	8	11

WARD MAP OF POOTHRIKKA PANCHAYAT

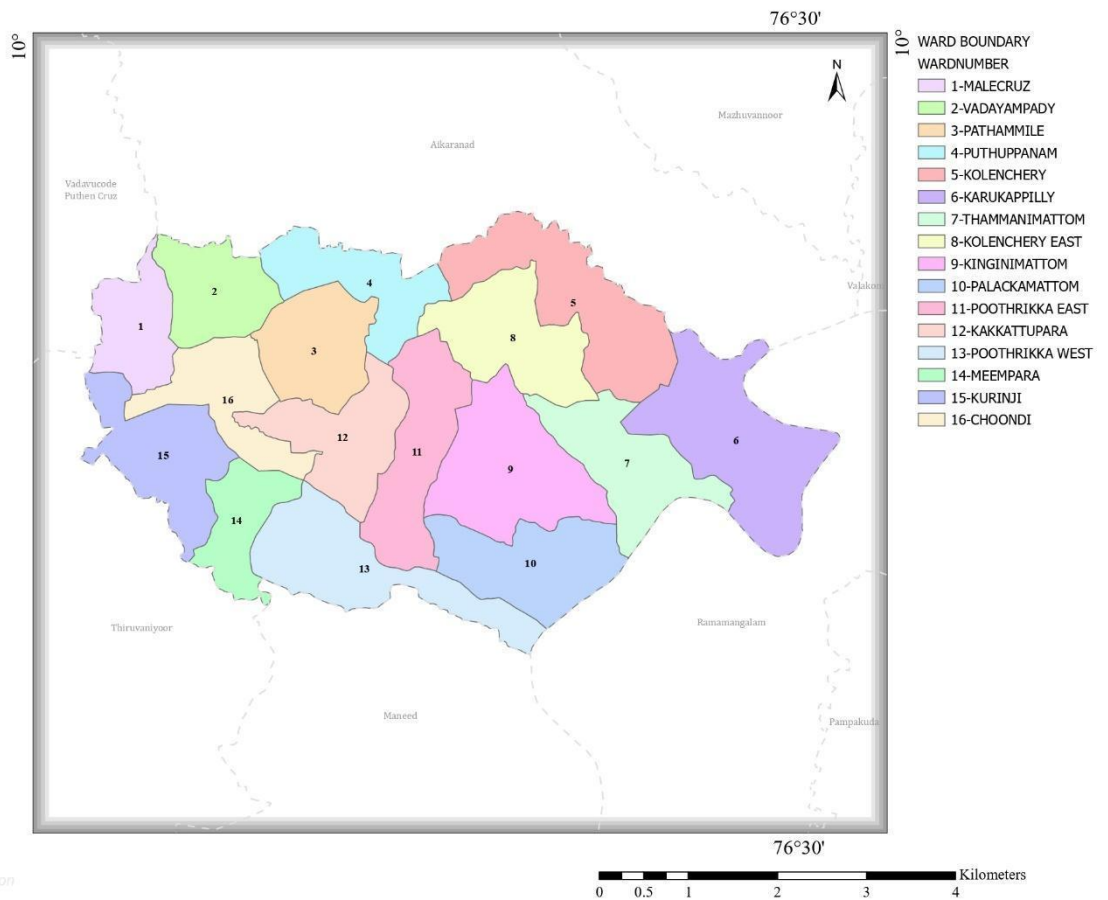
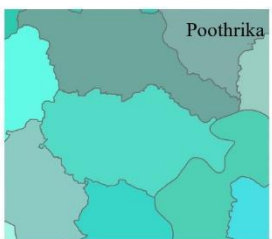
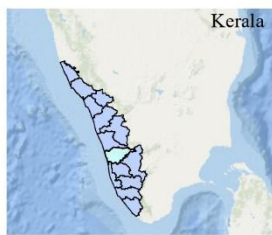
POOTHRIKA

DISTRICT NAME :ERNAKULAM

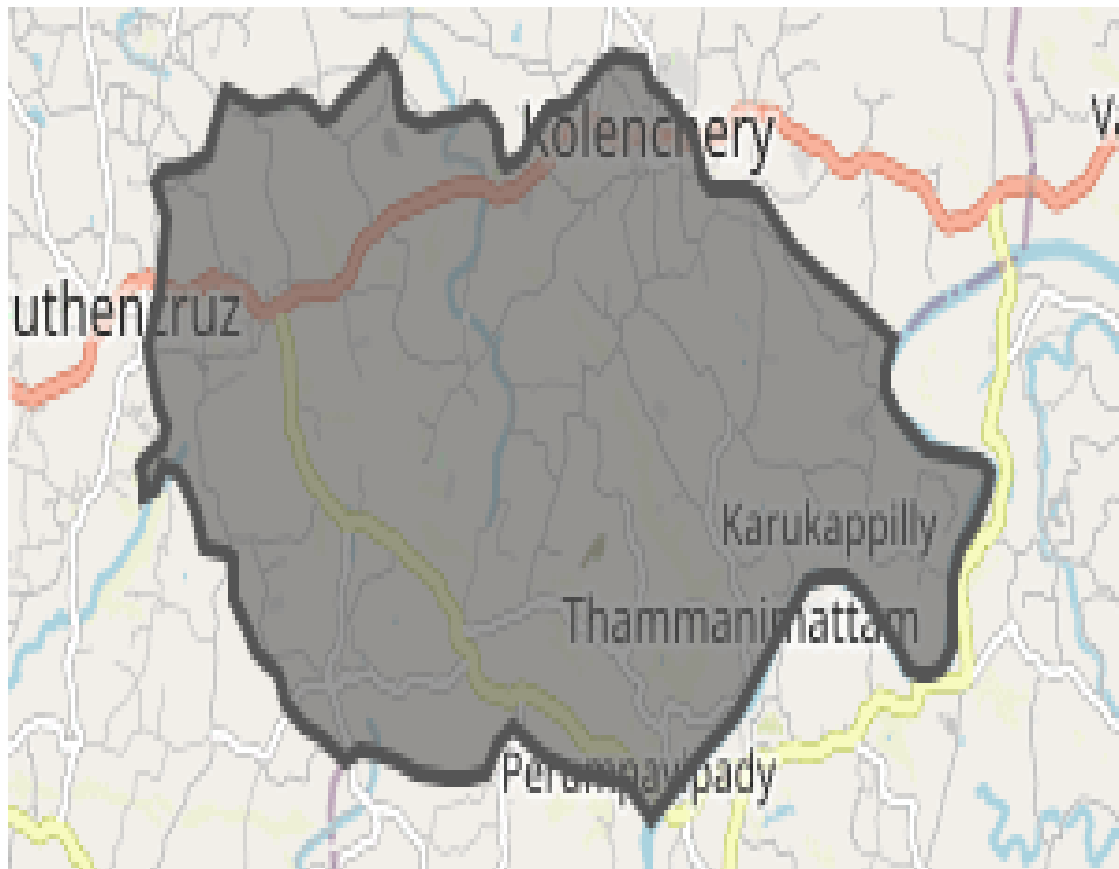
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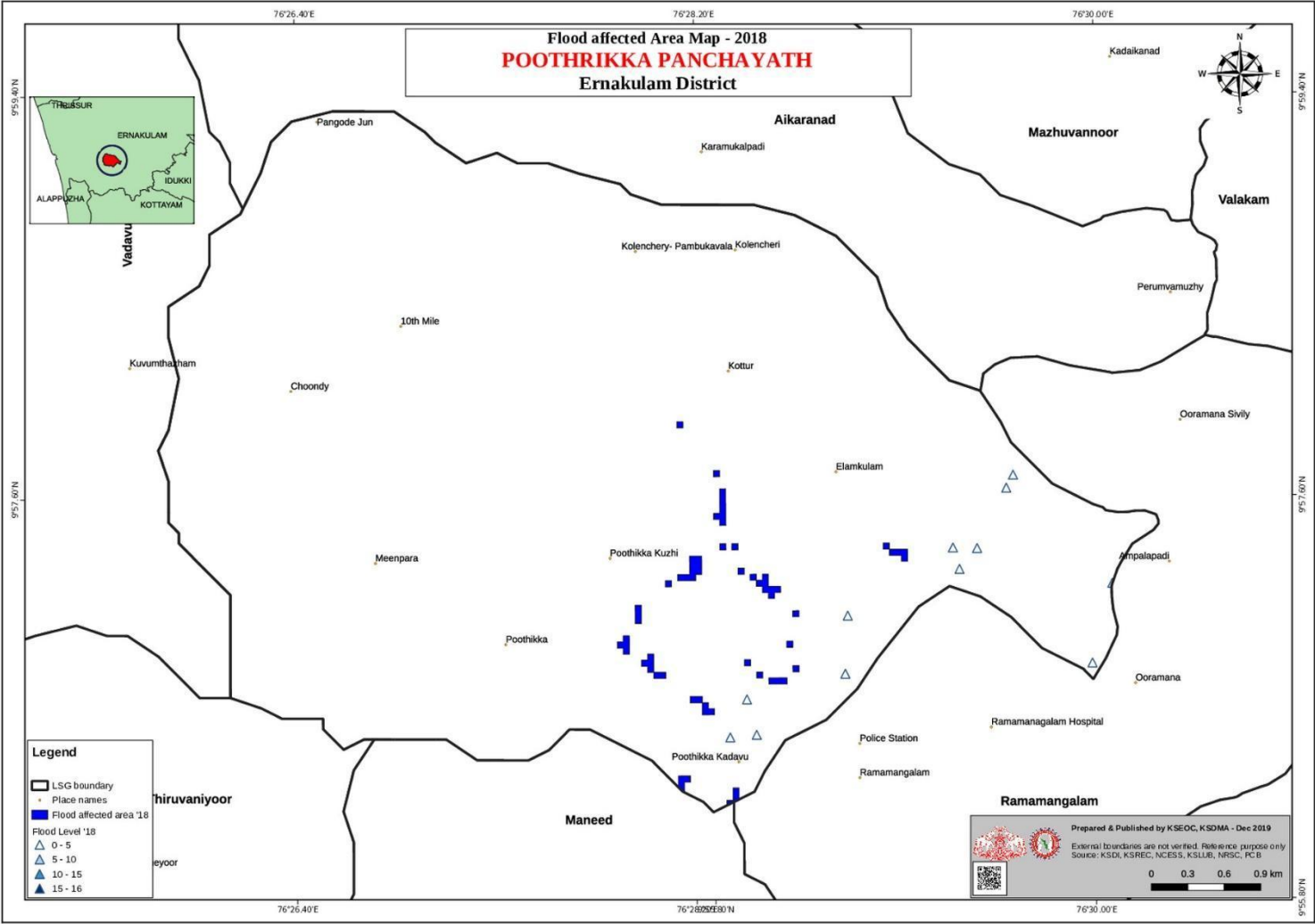
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ROAD MAPPING



FLOOD PRONE AND HOTSPOT MAP



GENERAL PROFILE OF THE LSGI'S

Background of the LSGI

Poothrikka Gram Panchayat is a local self-government institution functioning in the Ernakulam district of the state of Kerala, under the constitutional framework of decentralized governance in India. As the grassroots tier of the Panchayati Raj system, the Panchayat plays a vital role in delivering public services, implementing development schemes, and ensuring participatory governance at the village level.

The Panchayat is entrusted with responsibilities related to public health, sanitation, drinking water supply, waste management, local infrastructure development, social welfare, agriculture support, and poverty alleviation. It acts as the primary administrative body that connects government policies with the daily needs of the local community.

Poothrikka Gram Panchayat is committed to inclusive and sustainable development by promoting community participation through Ward Committees, self-help groups such as Kudumbashree, youth organizations, and resident associations. Through coordinated planning and effective utilization of resources, the Panchayat strives to enhance the quality of life of its residents while preserving the cultural and environmental heritage of the region.

Guided by transparency, accountability, and citizen engagement, Poothrikka Gram Panchayat continues to work toward strengthening local democracy and achieving holistic rural development.

Table 1: Background of LSGD

Description	Details
Name of LSGI	POOTHRIKKA
Type (GP/Municipality / Corporation etc.)	Grama Panchayath
Block	VADAVUCODE
District	ERNAKULAM

Table 1: Background of LSGD

Description	Details
Number of wards	16
Total area (sq. km)	23.53 sq. km
Population (Projected)	23311
Population density	persons/sq. km
Terrain (coastal/low-lying/backwaters/foothills, etc.)	NIL
Number of rivers passing through LSGI	1
Number of water bodies in the LSGI	5331
Number of educational institutions	11
Factories / small-scale industries	4
Flood-prone wards	6710
Landslide-prone wards	0
Death Management and Disposal Facilities (mortuaries/crematorium, including electric)	1
Auditoriums/Marriage halls/convention centres/community halls	7

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	23311
Male	11634
Female	11672
Transgender	0
Children under 5	979
Adolescent	1568
Elderly (>60)	4438
SOCIAL/LIVELIHOOD VULNERABILITY	
Previous EPEP family	14
BPL family	1981
TRIBAL COMMUNITIES	155 PERSONS
MIGRATION	560
SOCIO-ECONOMICALLY DEPRIVED	0
FISHERFOLK	NIL
SC COMMUNITY	2743 Persons
ST COMMUNITY	155 Persons

Clinical Vulnerability

Description	Details in numbers
Pregnant women	95
Lactating mothers	183
Bedbound patients	92
Patients under palliative care other than bedbound	176
Patients on Haemodialysis	10
Patients on CAPD	16
Cancer patients (currently on treatment)	26
Haemophilic patients	0
Mentally challenged	0
Differently abled	127
Diabetic patients	2428
Hypertensive patients	3917
TB patients	3

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

Sl. No.	Name of festival	Month detailing the periodicity
1	St. Mary's Church Poothrikka	AUGUST
2	Mahavishnu Temple Pariyaram	FEBRUARY
3	Ghorakunnath Bhagavathy Temple, Kinginimattom	FEBRUARY
4	St. James Church Poothrikka	JANUARY
5	Kolenchery Church	JULY

INFRASTRUCTURE & RESOURCE INVENTORY

Health Facility Directory & Basic Capacity in the LSGD

Ward No.	Name of Institution	Location	Government / Private	Phone No.	No. of Beds	Facilities (ICU, Trauma Care, etc.)	Other Facilities
5	Ebenezer Dental Clinic Kolenchery	Kolenchery	Private	944692 9773			
5	Dr Paul's Speciality Dental Clinic Kolenchery	Kolenchery	Private				
4	Nechupadam Dental Clinic Kolenchery	Kolenchery	Private	994660 7060			
2	Medline Diagnostic Center Choodi	Choodi	Private	701230 1744			
5	Olive Diagnostic Centre, Kolenchery	Kolenchery	Private	984605 5552			
1	Olive Diagnostic Centre, Choodi	Choodi	Private	984605 5552			
10	Amritha Clinic Lab Poothrikka	Poothrikka	Private	974725 2080			
4	Kazhunilathil Dental Clinic Kolenchery	Kolenchery	Private	944660 6779			
5	AVM Ayurveda Hospital Kolenchery	Kolenchery	Private				

4	Medical Diagnostic Clinic Center Kolenchery	Kolenchery	Private	8606181960			
4	Our Lady's Dental Clinic Puthuppanam	Puthuppanam	Private				

Healthcare Education & Training Institutions

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

Specialized Services & Emergency Inventory

Item	Govt	Private	AYUSH	Total
Hospital beds	0	10	0	10
Oxygen-generating systems(Y/N)	0	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	1	2	0	3
ALS ambulances	0	0	0	0
Dialysis facilities	0	0	0	0

Pandemic Preparedness Plan

Dispensaries	2	0	0	2
Medical store	0	11	4	15
Industrial establishments (Medium-scale industries/small-scale industries establishments to whom we can depend in a worst-case scenario)	-	-	-	-

Oxygen & Diagnostic Capacity

Name of Health Facility	Oxygen-generating System (Y/N)	Backup Oxygen Source (Y/N)	Diagnostic Facilities Available(Y/N)				
			Lab	USG	X-ray	CT/MRI	RT-PCR
Government Healthcare Facilities							
FHC POOTHRIKKA	NO	NO	YES	NO	NO	NO	NO

Diagnostics facility mapping at the LSGI level

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

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	FHC Poothrikka	Govt	Poothrikka		No	Yes
2	Aster Labs	Private	Choondy	9447096624	No	No
3	HRD Labs	Private	Kolenchery	8606261000	No	
4	DDRC Agilus	Private	Choondy	9333493334	No	Yes
5	Parvathy Lab	Private	Kolenchery		No	
6	DDC	Private	Choondy	9496005061	NO	

Social and Community Infrastructure for surge plan

Category	Total Count	Ward	Est. Capacity (Persons)
Educational Institutions			
Anganwadi's	22	ALL	1350
Schools	11	2,3,5,6,7,11	2162
Colleges	1	5	800
Healthcare Educational Institutions			
Medical colleges (Govt/Private)	NIL	-	-
Nursing colleges (Govt/Private)	NIL	-	-
Dental colleges (Govt/Private)	NIL	-	-
Paramedical institutes (Govt/Private)	NIL	-	-
Community Gathering Spaces			
Community halls	81	16	100
Auditoriums	3	4,8,11	1000
Religious buildings	4	12,15,16	500
Vulnerable Group Support Facility			
Destitute homes	NIL	-	-
Elderly homes	1	1	10
LSGD owned other buildings	NIL	-	-
Mass Fatality Management (MFM) Infrastructure			
Mortuary	NIL	-	-
Crematorium	1	2	2

HUMAN RESOURCES

Medical & Clinical Personnel

Cadre	Govt (No.)	Private (No.)	Total
Doctors—Modern Medicine	1	4	5
Doctors – AYUSH	1	-	1
Doctors – Veterinary	1	-	1
Doctors – Dental	NIL	9	9
Nursing officers	1	5	6
Lab technicians	1	4	5
Optometrist	0	1	1
Pharmacists	2	12	14
Psychologists	0	0	0
Counsellors	0	0	0

Public Health & Field-Level Workforce

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

Cadre	Health services	Municipal common services	Total
Palliative Nurses	1	0	1
RBSK Nurses	1	0	1
PRO	1	0	1
Epidemiologist	1	0	1
Data Manager	1	0	1

Community & Support Cadre

Cadre	Number
ASHA Workers	13
AWW (Anganwadi Workers)	22
Emergency Medical Volunteers (Trained)	8
Kadambas're	65
MNREGS	14
Purusha Swayam Sahaya Sangham	0
Ex-Servicemen	138
Retired Police Officers	198
NCC/NSS Volunteers	122
Red Cross volunteers	-
One Health Community Volunteers	13
One Health Community Mentors	13

Community Organizations

Category	Total Count
NGOs	2
Religious based organizations	2
Foreign based organizations	0
Sports Club/youth clubs	2
Kudumbasree SHGs	16
Ayalkootams	123
Political organizations	5
Residential organizations	17

Administrative & Emergency Services

Category	Total Count	Contact details
Police Stations	1	0484276024
Fire & Rescue Stations	0	101
Water Pumping Points	0	
Public Distribution System (PDS)	6	9447816027

Information regarding resources

Means of transportation	Total Count
JCB	3
Crane	0
Heavy Trucks	2
Tractor	2
Ambulance	2

Mobile mortuaries	0
Boats	0
Taxi service	17

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.

Animal & Bird Population

Category	Item	Estimated Population	Wards
Animal Population	Livestock (Cattle/Goats/Buffalo)	480	ALL WARDS
	Pet Animals (Dogs/Cats)	650	ALL WARDS
	Stray Dog Population	96	ALL WARDS
	Pig Farms (Number of heads)	10	WARD 9
	Small Units (Sheep / Goats – clustered)	573	ALL WARDS
Bird Population	Poultry Units (Birds)	NIL	NIL
	Poultry- (FOWL)	21000	ALL WARDS
	Wild/Migratory Birds (Observed)	NIL	NIL
	Crow Mortality Events	NIL	NIL

Veterinary Infrastructure

Facility Type	Name of Facility	Ownership Govt / Pvt	Location (Ward No)	Contact number
Veterinary Dispensary	NIL	NIL	NIL	NIL
Veterinary Hospital / Polyclinic	GOVERNMENT VETERINARY HOSPITAL	GOVT	KOLENCHERY	9447129763
Private Veterinary Clinics	0	0	0	0
Mobile / Emergency Vet Service (incl. night services)	0	0	0	0
Pet Homes / Animal Shelters	0	0	0	0
Slaughterhouse-linked Veterinary Inspection Unit	0	0	0	0

Veterinary Doctors & Workforce

Category	Number Available	Type (Govt/Pvt)	Contact number
Government Veterinary Doctors	1	GOVT	9497129763
Private Veterinary Doctors	NA	NA	NA
Livestock Inspectors	NA	NA	NA
Para-veterinary Staff / Attenders	2	GOVT	NA
Contract / On-call Veterinary Support (if any)	NA	NA	NA

High-Risk Interface Points (Surveillance Sites)

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

Category	Total Count	Key Locations (wards)
Poultry Farms	14	ALL WARDS, Except 1,14
Backyard / Clustered Poultry Units	7	3,6
Duck Rearing Units (open water access)	NIL	NIL
Slaughterhouses/ Slaughter Points	NIL	NIL
Meat/Fish Markets	NIL	NIL
Live Bird Sale Points	NIL	NIL
Cattle Markets / Weekly Animal Fairs	NIL	NIL
Pet Shops / Breeders	1	XII
Animal Shelters / Pet Homes	NIL	NIL
Waste Disposal Sites near Animal Units	NIL	NIL

Environmental Risk Mapping

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	6,7,10	Karukapilly, Thammanimattom, Palackamattom	High
Water bodies/wetlands	6,7,10	Karukapilly, Thammanimattom, Palackamattom	High
Solid waste accumulation	NIL	NIL	NIL
Animal waste disposal issues	NIL	NIL	NIL
Rodent infestation zones	NIL	NIL	NIL
Industrial effluent discharge	16,11	KARIKODE	MED
Construction sites / abandoned buildings	NIL	NIL	NIL
Poor drainage/blocked canals	NIL	NIL	NIL
Drinking water source contamination risk	NIL	NIL	NIL

Disease Seasonality Mapping

- Flooding & waterlogging** → amplifies leptospirosis, malaria, diarrheal diseases.
- Migratory bird influx (Nov–Feb)** → avian influenza risk.
- Mosquito breeding cycles** → vector-borne disease peaks in monsoon.
- Agricultural practices** → close human–animal contact in paddy fields.

Disease	Peak Risk Season	Key Drivers	High-Risk Locations	Surveillance Focus
Avian Influenza	NIL	NIL	NIL	NIL
Leptospirosis	September-October	STAGNANT WATER	NIL	STAGNANT WATER
Dengue/Chikungunya	June-July	PLANTATION	NIL	PLANTATION
Acute Diarrheal Diseases	June- August	WATER	NIL	FOOD AND DRINKING WATER
Rabies	0	0	0	0
Anthrax (rare)	0	0	0	0

Vulnerability Mapping

Vulnerability Factor	High-Risk Wards	Key Groups / Locations	Risk Level
Flood-prone households	6,7,10	Karukapilly, Palackamattom	High
Wetland-adjacent communities	6,7,10	Karukapilly, Palackamattom	High
Backyard poultry / duck rearing households	3,6,7	Karukapilly, Chemmala	Low
Livestock-rearing households	All Wards	Poothrikka	Medium
Slaughterhouse & meat market workers	NIL	NIL	NIL
Fisherfolk & fish market workers	NIL	NIL	NIL
Sanitation workers	All Wards	Poothrikka	High
Daily wage / migrant workers	All Wards	Poothrikka	High
Elderly & chronically ill populations	All Wards	Poothrikka	High
Pregnant Women	All Wards	Poothrikka	High
Children (schools, Anganwadi's)	6,7,10	Karukapilly, Palackamattom	High
Limited access to safe water & sanitation	NIL	NIL	NIL

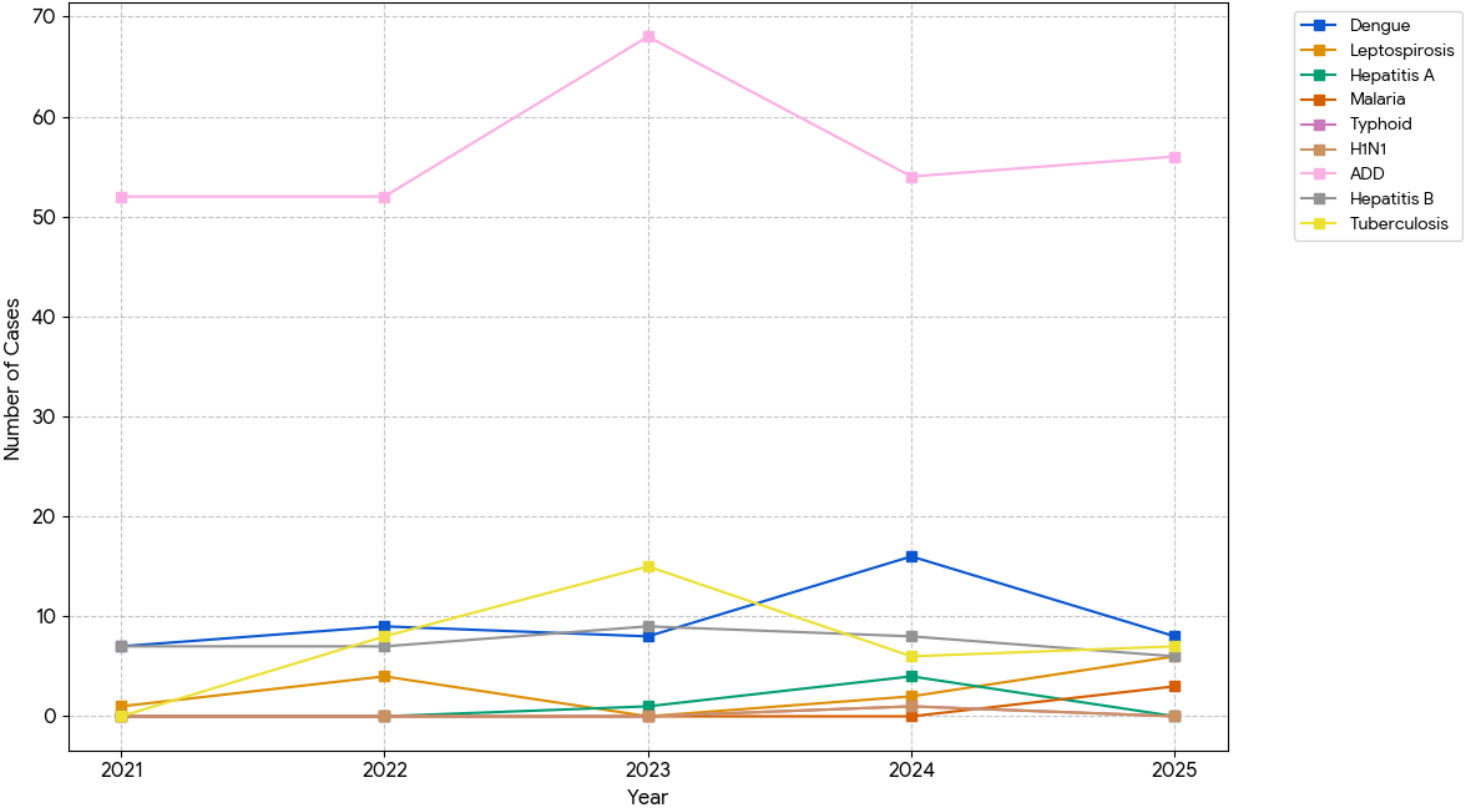
EPIDEMIOLOGICAL TRENDS (2021–2025)

Disease Burden among human beings (Last 5 Years)

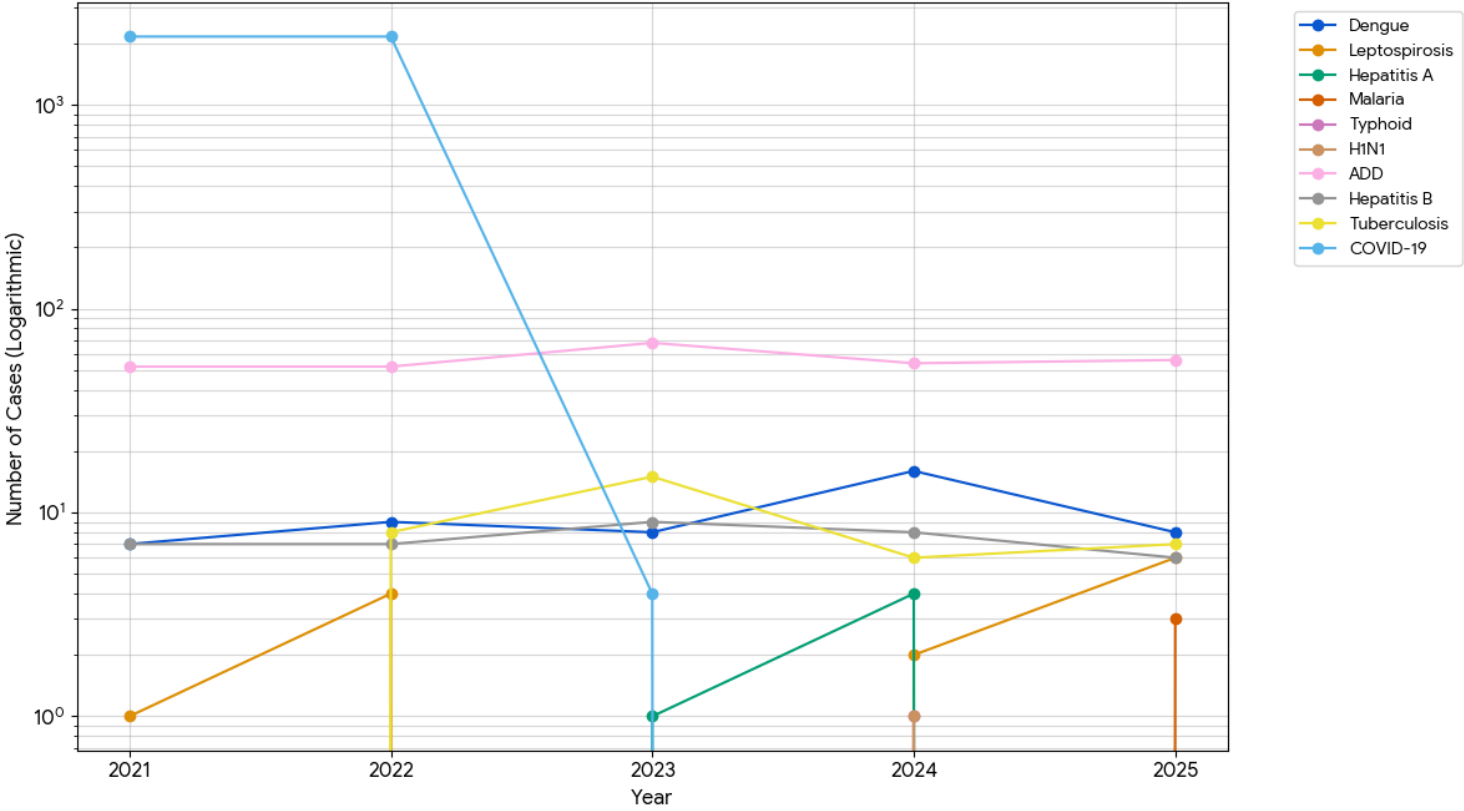
Disease	2021	2022	2023	2024	2025	Trend (Increasing/Stable/Decreasing)
Dengue	7	9	8	16	8	DECREASING
Leptospirosis	1	4	0	2	6	INCREASING
Hepatitis A	0	0	1	4	0	DECREASING
Malaria	0	0	0	0	3	INCREASING
Scrub Typhus	0	0	0	0	0	
Typhoid	0	0	0	1	0	STABLE
H1N1	0	0	0	1	0	STABLE
H3N2	0	0	0	0	0	STABLE
ADD	52	52	68	54	56	
Mumps	0	0	0	0	0	
Measles	0	0	0	0	0	
Hepatitis B	7	7	9	8	6	STABLE
Hepatitis C	0	0	0	0	0	STABLE
Tuberculosis	0	8	15	6	7	
Leprosy	0	0	0	0	0	STABLE
COVID-19	2164	2164	4	0	0	DECREASING

Pandemic Preparedness Plan

Epidemiological Trends (2021-2025) - Excluding COVID-19



Epidemiological Trends (2021-2025) - Log Scale



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

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

VIRAL HEPATITIS - A

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

Peak: October - December

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

Ward	Hep A – Ward-wise Yearly Distribution					
	2021	2022	2023	2024	2025	Total
1	0	0	0	0	0	0
2	0	0	0	0	0	0
3	0	0	0	0	0	0
4	0	0	0	0	0	0
5	0	0	0	2	0	2
6	0	0	0	0	0	0
7	0	0	0	0	0	0
8	0	0	0	0	0	0
9	0	0	1	0	0	1
10	0	0	0	0	0	0
11	0	0	0	0	0	0
12	0	0	0	0	0	0
13	0	0	0	0	0	0
14	0	0	0	1	0	1
15	0	0	0	0	0	0
16	0	0	0	0	0	0

OUTCOME-BASED TREND ANALYSIS- 2025**Transmission Trend- 2025**

Mode of Transmission	No. of cases	No. of Deaths
Vector Borne Diseases	11	0
Water Borne Diseases	0	0
Air Borne Diseases	17	0
Blood Borne Diseases	6	0
Food Borne Diseases	0	0

Vector-Borne Disease

Disease	No. of Cases	No. of Deaths
Dengue	8	0
Malaria	3	0
Chikungunya	0	0

Water Borne Disease

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

Air Borne Disease

Disease	No. of Cases	No. of Deaths
Influenza	0	0
H1N1	0	0
TB	7	0
Chickenpox	11	0
Measles	0	0
Covid-19	0	0
Pertussis	0	0
Mumps	0	0

Blood-Borne Disease

Disease	No. of Cases	No. of Deaths
AIDS	0	0
Hep- B	6	0
Hep- C	0	0

Zoonotic Disease

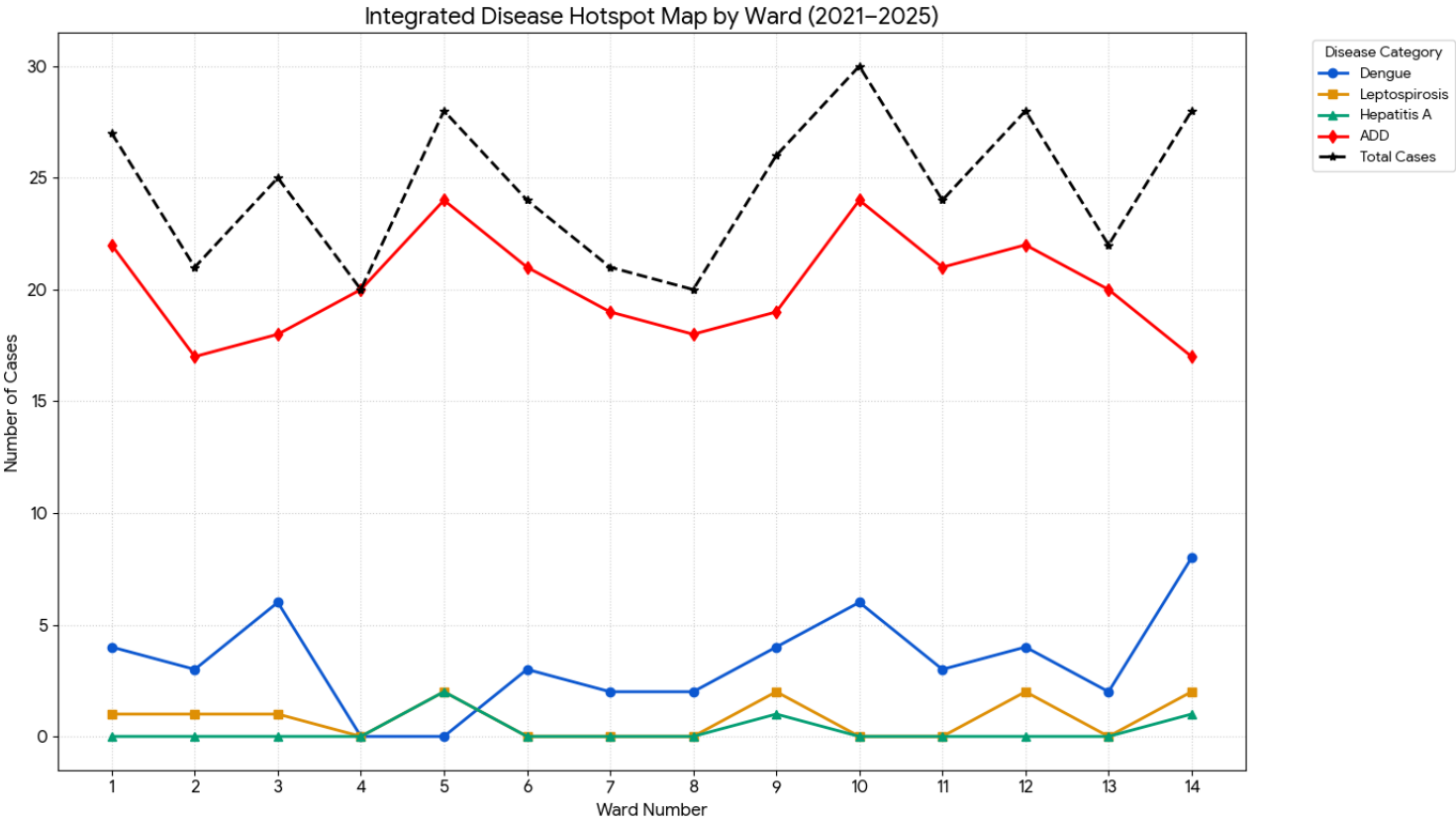
Disease	No. of Cases	No. of Deaths
Rabies	0	0
Leptospirosis	6	1
Avian influenza	0	0
West Nile	0	0
Anthrax	0	0
Nipah	0	0
Scrub Typhus	0	0

Integrated Disease Hotspot Map (2021–2025)

Ward No	Dengue Total (2021-25)	Leptospirosis Total (2021-25)	Hepatitis A Total (2021-25)	Mumps (2021-25)	ADD (2021-25)	Total Cases
1	4	1	0	0	22	27
2	3	1	0	0	17	21
3	6	1	0	0	18	25
4	0	0	0	0	20	20
5	0	2	2	0	24	28
6	3	0	0	0	21	24
7	2	0	0	0	19	21
8	2	0	0	0	18	20
9	4	2	1	0	19	26
10	6	0	0	0	24	30
11	3	0	0	0	21	24
12	4	2	0	0	22	28

Pandemic Preparedness Plan

13	2	0	0	0	20	22
14	8	2	1	0	17	28



Preparedness and Response Protocol at LSGD Level

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	Designation	Department/ Institution	Role in Committee	Contact Number
1	Panchayat President	LSGD	Chairperson	9562375438
2	Medical Officer (PHC/CHC)	Health Dept	Member Secretary	9497362244
3	Veterinary Officer	Animal Husbandry	Member	9447129763
4	Epidemiologist	Health Dept	Member	7907769941
5	Health Inspector/PHN	Health Dept	Surveillance	9946335285
6	ASHA Supervisor	Health Dept	Community link	
7	ICDS Supervisor	Social Welfare	Vulnerable groups	9526316282
8	Police Station Officer	Police Dept	Law & order	
9	Ward Councillor Representative	LSGD	Community coordination	-
10	Kudumbashree CDO	Kudumbashree	Community mobilisation	9656262538
11	NGO/Volunteer rep	Civil Society	Support services	-
12	Line Department representations	-	--	-

Key Responsibilities:

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

Meeting Schedule:

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

Pandemic Response Workforce

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

Total Response Workforce Available: 300 persons

Team Name	Composition	Key Responsibilities	Team Leader
Surveillance and Contact Tracing Team	HI, JHI, JPHN, ASHAs and Volunteers	Case detection, contact listing, home visits, reporting	HI
Case Management Team	Doctors, Nurses, MLSP, Palliative Nurses	Patient care & referral	DOCTOR

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Quarantine & Isolation Team	LSGD staff, Volunteers	Facility management	JHI
Psychosocial support	NIL	NIL	NIL
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	ALL WARD MEMBERS, IMPLEMENT OFFICERS, ASHAS, JHI, JPHN, MLSP	CD & NATIONAL PROGRAMME	JHI
Collaborative surveillance	JHI, JPHN, MLSP, ASHAS	CD, NCD, NATIONAL PROGRAMME	MO I/C

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 – 0 numbers
 - Pulse oximeters – 3 numbers
 - Hand sanitizers – 1.2 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 early 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 behaviours, address concerns, and strengthen community participation in preparedness and response.

➤ **Protection of Vulnerable Groups**

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

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

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

➤ **Clinical Dependency Mapping**

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

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

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

PHASE 2 - Active Response

1. Case Identification and Contact Tracing

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

Field Staff Involved

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

2. Screening Checkpoints

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

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

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

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

Standard Screening Protocol

1. TEMPERATURE CHECK (Non-contact)	2. VISUAL SYMPTOMS (Cough/Fever/Breathless)	3. TRAVEL HISTORY (Last 14 days)
↓	↓	↓
4. QUICK RISK ASSESSMENT High Risk → Test/Quarantine Suspect → PHC Referral	5. ACTION TAKEN Normal → Allowed IEC + Mask provided	

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

3. Pandemic Control Room

The Pandemic Control Room (PCR) serves as the central nerve centre 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: Poothrikka Panchayath Office.

Backup Location: Community Hall in Poothrikka G.P.

Health System Control Room Framework

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

1. *Rapid Response Team (RRT)*

- Provides immediate intervention during emergencies, clusters, and field alerts.
- Coordinates urgent actions such as case investigation, contact tracing, isolation, and inter-facility referrals.

2. *Data Management & Analytics Team*

- Collects, validates, and manages key health system indicators (cases, tests, beds, HR, supplies).
- Analyses 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.
- BMW

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 LS GD and serves as the single command and communication hub during activation. It integrates information, field actions, logistics, and policy execution across all participating departments and health facilities.

Role	Name	Designation	Contact Number	Responsibility
In-charge/Nodal Officer	DR. Bhavya	MO I/C	9497362244	Overall coordination, decision-making, and reporting to the district level.
Data Entry Operator	NIL	NIL	NIL	Managing the line list, updating dashboards, and tracking testing results.
Communication Officer	Vikas	HI	9446335285	Handling the public helpline, coordinating ambulance dispatch, and contact tracing calls.
Logistics Coordinator	NIL	NIL	NIL	-
Technical Support (IT/Data)	Nikhitha	Data Manager	9497156994	Handling the online site

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 Pop hint (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.

Pandemic Preparedness Plan

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

Channel	Responsible Person	Contact
Ward-level announcements	Sreekanth P.V, JHI	6282404141
Social media	Anumol, JHI	8592037482
Local Cable TV/Radio		

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

Rumour 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:** Vikas K.R, HI
- **Contact Number:** 9946335285

Reporting Schedule and Protocols:

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

Supply Chain Coordination

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

Key Points:

- Maintain updated contact details of District and Block nodal officers for health logistics, oxygen supply, ambulances, and essential medicines.
- Submit timely indent requests for PPE, testing kits, medicines, oxygen, and other critical supplies through prescribed channels.
- Monitor stock levels at LSGD facilities, quarantine/isolation centres, and field teams through daily stock registers and dispensing logs to prevent shortages.
- Coordinate with District authorities, Karunya/Neethi medical shops, and local purchase committees for funds allocation and emergency procurement.
- Ensure regular monitoring of dispensing registers at all facilities to track usage, expiry, and pilferage—shortages being a perennial issue requiring proactive weekly audits.
- Activate surge procurement protocols during high caseloads, leveraging local purchase powers under LSGD funds alongside state supplies.

Resource Inventory and Contacts

Resource Category	Source (District/State/Private)	Contact
PPE Kits/Masks/Gloves	KMSCL	7306993299
PPE Kits/Masks/Gloves	Local Vendors	9847123206
Oxygen Cylinders/Concentrators	KMSCL	7306993299
Medicines/Antivirals	KMSCL	7306993299
Medicines/Antivirals	Neethi Shops	9946901846
Test Kits (RTPCR/Rapid)	KMSCL	7306993299

Collaboration with NGOs, PPP, and CSR

To augment government efforts during a pandemic, the LSGD 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	Library Poothrikka	8281791193

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	9747125003
Veterinary	Veterinary Surgeon:	Animal surveillance	9447129763
ICDS	Supervisor: Sindhu	Nutrition support	9526316282
Education	Head Teacher:	School coordination	04842763240

Police		Containment enforcement	
Water Authority		Water supply	9847318046
LSGD Engineering		Quarantine infrastructure	04842760242

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
Govt.HSS Poothrikka	SCHOOL	3	XI		HM
St.Peters HSS Poothrikka	SCHOOL	4	VIII		HM
ARC Convention Center	Convention Center	1	XI		HI
Petros Convention Center Pathamil	Convention Center	2	IV		HI

- 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

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- Community engagement & confidence building
- Documentation & after-action review
- Lessons learned & best practices
- Health system strengthening
- Policy revision & preparedness enhancement

CONCLUSION

The Pandemic Preparedness Plan 2026 for Poothrikka Grama Panchayath represents a proactive and community-centered approach to safeguarding public health and resilience against future health emergencies. By strengthening local healthcare infrastructure, enhancing disease surveillance, promoting timely communication, and ensuring coordination among government departments, healthcare providers, and community stakeholders, the Panchayath is better equipped to respond effectively to potential outbreaks.

The plan emphasizes the importance of awareness, early detection, rapid response, and inclusive support systems, especially for vulnerable populations. Capacity building, resource allocation, and continuous monitoring will play a crucial role in sustaining preparedness efforts. Community participation and responsible behavior remain the backbone of successful implementation.

In conclusion, this preparedness strategy not only aims to minimize the impact of pandemics but also fosters a culture of readiness, cooperation, and resilience within Poothrikka Grama Panchayath. With committed execution and periodic review, the Panchayath can ensure the health, safety, and well-being of its residents in the face of future public health challenges.

“Stronger together, safer forever—Poothrikka is ready for every health challenge ahead.”

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 GH Muvattupuzha and THQH Thripunithura 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

1. IMPORTANT PHONE NUMBERS

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	MALECRUZ	1	N.M KURIAKOSE	9847194763
2	VADAYAMPADY	2	JOHN JOSEPH	9446169500
3	PATHAMMILE	3	SURESH T.K	9946905395
4	PUTHUPPANAM	4	ASWINI VIJAYAN	7994566525
5	KOLENCHERY	5	BABU VARGHESE	9656760009
6	KARUKKAPILLY	6	SHAIJA REJI	9605954739
7	THAMMANIMATTOM	7	SHINCHUMOL	9526999023
8	KOLENCHERY EAST	8	POOJA JOMAON	9542375432
9	KINGINIMATTAM	9	ELISA MATHEW	9526779950
10	PALACKAMATTOM	10	CHINCHU K.S	9961922274
11	POOTHRIKKA EAST	11	MANJU GEORE	9605822576
12	KAKKATTUPARA	12	JOHNY M.V	9446211396
13	POOTHRIKKA WEST	13	SHANTY SHIBU	9605949272
14	MEEMPARA	14	ALICE	9496634239
15	KURINJI	15	ANU KRISHNANA	7902640934
16	CHOONDY	16	VEENA MATHEW	73566099524

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

Sl. No.	Name	Contact number
1.	AYURVEDA M.O, POOTHRIIKA	9539548548
2.	HOMEIO MO, POOTHRIIKA	8075971781
3.	EXCISE DEPARTMENT	0484 2786848
4.	FOREST DEPARTMENT	0484 2822317

1.3. Important offices of grama panchayat/municipality/ corporation

Sl. No	Name of the office	Contact person	Contact number
1.	Village Office	Village Officer	0484 2766003
2.	Agriculture Office	Agriculture Officer	0484 2422224
3.	Animal Husbandry Office	Animal Husbandry Doctor	9447129763
4.	Police Station	Police Officer	9656329536
5.	BSNL Office	Officer	0484 2761492
6.	Block Office	Officer	0484 2760249
7.	KSEB Office	Officer	0484 2730556
8.	Fisheries Office	Officer	0484 2394476
9.	Fire and rescue	Officer	484 7115

1.4. Health Services

Sl. No	Name of the hospital/institution	Location	Phone number
1.	Government hospitals/PHC	POOTHRIKKA	0484 2766118
2.	Private hospitals	KOLENCHERY	0484 2766000
3.	Clinical laboratories	CHOONDY	9333493334
4.	Chemist/pharmacy	CHOONDY	0484 2764955
5.	Blood donors	ST. PETER'S COLLEGE, KOLENCHERY	0484 2760238
6.	Other language experts (Bihari, Hindi, Bengali, Asamees)	NIL	NIL

1.5. Veterinary Services

Sl. No	Name of the Clinic	Name of the Surgeon/Doctor	Place/location	Phone number
1	Govt. Veterinary Hospital	DR. BOBY PAUL	POOTHRIKKA	9447129763

1.6. Helpline numbers

Helpline	Phone number
Police	9566329536
Fire and rescue	04842687115
KSEB	04842730556

1.7. Public and Private Schools Contact details

Sl. No	Name of School	Institution type	Phone number
1	ST. PETER'S HSS KOLENCHERY	AIDED	9961250711
2	GOVT. HSS POOTHRIKKA	GOVT	9447067385
3	ST. PAULS HS KOLENCHERY	PRIVATE	9846591747
4	GLPS KOLENCHERY	GOVT	9847948334
5	LPS THAMMANIMATTOM	AIDED	9947094058
6	GLPS KAKKATTUPARA	GOVT	8592026257
7	UPS KURINJI	GOVT	9446838743
8	GUPS KARUKAPILLY	GOVT	9961706629
9	MMLPS KINGINIMATTOM	GOVT	9447213551
10	GLPS VADAYAMPADY	GOVT	9400718184

1.8. Anganwadi Contact Details

Ward No	Name of Anganwadi Teachers	Phone number
1	MINI	9946916873
2	SAVITHA	9744112731
3	AMBILY	9961720864
4	VINEETHA	8281412184
5	ELSY	8921347523
6	CHINNAMMA	9544406634
7	JANCY	9074046283
8	ASWINI	9947868365
9	SELEENA	960503463
10	PRIYA	456401117
11	MALLIKA	99645284100
12	RAJAMMA	9544513884
13	VALSALA	9961451243
14	SUNNITHA	47842363
15	ALI	752845028
16	APARNA	633612821
9	BOBY	74565151
9	ANEESHA	8592811481
9	BIJI	7025823054
9	GIRIJA	9778093255
9	JAYASREE	9847224299

4	AJITHA	9562314235
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1.12. Information regarding resources

Means of transportation	Name of Owner	Phone Number
Heavy Trucks	NIL	NIL
Tractor	NIL	NIL
Ambulances	NIL	NIL
Boats	NIL	NIL
Taxi service	SAJI	9946917480

Annexure 2: LSG Baseline Data Collection Format

A. Baseline data

Sl. No.	Indicator / Field	Baseline Data
1	Name of LSGD	POOTHRIKKA
2	District	ERNAKULAM
3	Block / Taluk	VADAVUKODE
4	Type of LSG (Gram Panchayat / Municipality / Corporation)	GRAMAPANCHAY ATH
5	Area (sq. km)	
6	No. of wards	16
7	GIS boundary file available	YES
8	Key contact person & phone	PANCHAYATH SECRETARY

B. Demography

Indicator / Field	Baseline Data
Total population	23311
Males	11639
Females	11672
Transgender population	0
Age distribution (<5, 5–14, 15–59, ≥60)	<5: 843 5–14: 2517 15–59: 15493 ≥60: 4438
No. of House holds	6225
Population density ((Persons/sq.km)	855
No. of migrant workers	560
Major occupational groups	14

C. Vulnerable Populations & Social Risks

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	No. of elderly (≥60)	4438
2	No. of persons with disability	127
3	No. of bedridden persons	

Pandemic Preparedness Plan

4	No. of chronic disease cases (DM/HTN/COPD/CKD etc.)	7344
5	Pregnant women (current estimate)	95
6	Children <5 years	863
7	Tribal population (if any)	155
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)	1, Capacity: 10
12	Hostels / prisons / shelters (number & capacity)	Hostel: 1
13	Poverty / BPL estimate	1981
14	Food insecurity hotspots	0
15	Any history of stigma/discrimination issues (Yes/No)	NO

D. Health System & Service Readiness

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	No. of health facilities in LSG (PHC/CHC/TH/DH/Private)	3
2	PHC/Family Health Centre details (name, location)	FHC POOTHRIKKA
3	Subcentres / Health & Wellness Centres (number)	4
4	Private clinics / hospitals (number)	2
5	Labs available (public/private)	6
6	Availability of ambulance services (Yes/No, number)	YES
7	Availability of isolation/quarantine facilities (Yes/No, details)	YES
8	Cold chain facilities (Yes/No, details)	YES
9	Stockpile space available (Yes/No)	YES
10	PPE / mask / sanitizer availability plan (Yes/No)	YES

11	Surveillance staff available (JHI/JPHN/ASHA count)	20
12	Existing emergency referral pathways (Yes/No)	YES

E. Points of Entry & Mobility

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	Bus stands / depots (number)	1
2	Railway stations (number)	0
3	Boat jetties / fishing harbours (number)	0
4	Ports / airports nearby (specify distance)	0
5	Major highways/roads passing through	5
6	Border crossings (state/district)	0
7	Major markets / weekly markets	1
8	Tourism hubs / major event venues	0
9	Schools/colleges with hostels (number)	Schools: 10 Colleges: 1 Hostel: 1
	Factories / large workplaces (number)	2

F. Water, Sanitation & Hygiene (WASH)

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	Major drinking water sources (piped / wells / borewells / springs)	5331
2	No. of public wells	42
3	No. of households with piped water connection	5331
4	Water quality testing routine (Yes/No)	YES
5	Common contamination risks (flooding, salinity, industrial waste)	FLOODIN
6	Open defecation free status (Yes/No)	NO
7	Solid waste management system (Yes/No)	YES
8	Bio-medical waste disposal mechanism (Yes/No)	YES
9	No. of public toilets	5
10	Handwashing stations in public places (Yes/No)	YES

G. Zoonotic Risks & One Health

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	Livestock population (cattle/goats/pigs/poultry) – estimates	22063
2	No. of dairy farms / poultry farms / pig farms	16
3	Slaughterhouses / meat shops (number)	4
4	Animal markets (Yes/No, details)	NO
5	Veterinary dispensaries (number)	1
6	History of zoonotic outbreaks (rabies, leptospirosis, avian flu etc.)	NO
7	Stray dog population management measures (Yes/No)	YES
8	Rodent infestation hotspots (Yes/No)	NO
9	Wetlands / waterlogged areas prone to leptospirosis	NO
10	Bat roosting areas / caves / fruit orchards (if any)	NO
11	Human-animal interface hotspots (farms near residences)	NO

H. Climate & Disaster Risks (Pandemic Amplifiers)

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	Flood-prone wards (list)	6,7,10
2	Landslide-prone wards (list)	NO
3	Cyclone/sea surge risk (Yes/No)	NO
4	Heatwave risk zones (Yes/No)	NO
5	Waterlogging areas (list)	Ward 9, 5 1, 12
6	Shelter homes / relief camps (number, capacity)	3
7	Past disaster displacement history	NA
8	Disruption to water supply/transport common (Yes/No)	YES

I. Critical Infrastructure & Logistics

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	Schools (number)	10
2	Anganwadi's (number)	22
3	Colleges (number)	1
4	Community halls (number)	4
5	Places of worship with large gatherings (number)	2
6	Large markets / shopping areas (number)	0
7	Warehouses / cold storages (number)	NO
8	Telecom/mobile network coverage gaps (Yes/No)	YES
9	Power outage frequency (high/medium/low)	LOW
10	Availability of generators in key facilities	—

J. Risk Communication & Community Networks

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	Ward-level rapid response teams (Yes/No)	YES
2	Jagratha Samithi's / committees active (Yes/No)	YES
3	Kudumbashree presence and strength (number of units)	YES
4	Volunteer network (number, coverage)	YES
5	Community-based surveillance mechanisms (Yes/No)	YES
6	IEC dissemination channels (WhatsApp groups, community radio, PA systems)	WHATSAPP GROUP
7	Rumour tracking mechanisms (Yes/No)	YES
8	Languages spoken / literacy considerations	YES
9	Vulnerable groups communication strategy available (Yes/No)	YES

K. Preparedness Planning & Governance

Pandemic Preparedness Plan

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
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)	NO
6	Past outbreak response experience (Yes/No, details)	FLOOD
7	Intersectoral coordination mechanism	YES
8	Mock drills conducted in last 12 months (Yes/No)	YES
9	Training coverage for staff/volunteers (Yes/No)	YES

L. Surveillance & Data Systems

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	Digital reporting tools used (e.g., DHIS2, portals)	YES
2	Availability of line-listing format (Yes/No)	YES
3	Contact tracing team identified (Yes/No)	YES
4	Mapping of high-risk households available (Yes/No)	YES
5	Testing sample transport mechanism (Yes/No)	YES
6	Reporting timeline adherence (good/average/poor)	GOOD
7	Data sharing between departments (Yes/No)	YES
8	Availability of dashboard for monitoring (Yes/No)	YES

M. Additional Notes & Observations

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	Key challenges perceived by LSG	NIL
2	Top 5 high-risk wards (reason)	6, 7, 10 (FLOOD)
3	Any unique local risks (industrial pollution, refugee camps, etc.)	NIL
4	Recommendations for preparedness strengthening	-

Annexure 3: SOP'S

Admission SOP (At Community Level/Primary Health Center)

Screening and Referral:

- ASHA/RRT conducts house-to-house surveillance to detect symptomatic individuals.
- Cases with mild symptoms are advised home isolation, while moderate-to-severe cases are referred to higher-level COVID Care Centre's (CCC) or hospitals.

Triage and Isolation:

- Symptomatic cases (ARI/ILI) should be immediately separated from non-ARI patients at the PHC.
- Establish dedicated, separate entry/exit points for suspect cases.

Documentation:

- Maintain a detailed register (line-listing) for all suspected/confirmed cases, including contact details and address.
- Create a patient folder with a unique ID for tracking.

Safety Measures:

- Ensure the ambulance/transport vehicle is disinfected after every trip.
- Mandatory use of masks by both patients and staff

Discharge SOP (At Community Level/Primary Health Center)

Discharge Criteria:

- Patients are discharged based on medical protocols (e.g., no fever for 3 days, 10 days since symptom onset, or negative test results).

Discharge Summary:

- Provide a written summary detailing:
- Diagnosis and treatment given.
- Medication instructions.
- Mandatory further home isolation period (if required).
- Safe Transportation: Ensure safe, dedicated transport for patients leaving the isolation facility to their homes.

Post-Discharge Follow-up:

- The RRT/ASHA should monitor the patient for any recurrence of symptoms.
- Final Disinfection: Deep cleaning and fumigation of the vacated room/unit.

Water Safety & supply SOP (At Community Level/Primary Health Center)

Source Protection:

- Immediately inspect and protect all public water sources (wells, borewells, taps). Ensure hand pumps are at least 20 feet away from any toilet or soak pit.

Chlorination & Testing:

- Maintain a residual chlorine level of 0.5 mg/L during the outbreak (increased from the normal 0.2 mg/L).
- The Village Water and Sanitation Committee (VWSC) must conduct daily testing using Field Test Kits (FTKs) and report results to the PHC.

Safe Handling:

- Distribute Information, Education, and Communication (IEC) materials advising households to boil water for 20 minutes and store it in narrow-necked, covered containers.

Alternative Supply:

- If a source is contaminated, the GP must provide tanker water or seal the source and provide disinfection tablets (e.g., halogen tablets)

Food Hygiene & security SOP (At Community Level/Primary Health Center)

Surveillance:

- The GP, in coordination with the Food Safety Officer (FSO), must inspect local eateries and markets.

Vendor Guidelines:

- Enforce the FSSAI "Five Keys to Safer Food": keep clean, separate raw and cooked, cook thoroughly, keep food at safe temperatures, and use safe water.
- Prohibit the sale of cut fruits or exposed food in local markets during the outbreak.

Distribution:

- For households in isolation, the GP should facilitate door-to-door delivery of dry rations or cooked meals to minimize movement.

Institutional Food:

- Ensure mid-day meal kitchens and Anganwadi's follow strict disinfection protocols.

Sanitation & Waste Management SOP (At Community Level/Primary Health Center)

Public Area Disinfection:

- Regularly disinfect public places (markets, GP office, religious sites) using 1% Sodium Hypochlorite solution.

Community Toilets:

- Clean Community Sanitary Complexes (CSCs) at least twice daily with disinfectants.
- Provide soap and running water at all public toilet

entries. Waste Management:

- Separate "hazardous/medical waste" (masks, gloves) from household waste. This should be collected in yellow bags and handed over to the PHC or designated facility.
- Prohibit open defecation strictly, especially near water

bodies. Worker Safety:

- All sanitation workers must be provided with Personal Protective Equipment (PPE), including gloves, masks, and boots.

Infection Prevention Measures (Community & Household)

Establish Task Forces:

- Form local COVID-19/Outbreak Response Task Forces at the Panchayat level, involving ASHA workers, Anganwadi workers, and Kadambas're units.

Surveillance & Screening:

- Set up fever clinics and conduct community-level screening (e.g., ILI/SARI surveillance) to isolate symptomatic individuals immediately.

Isolation Centre's:

- Establish local COVID Care Centre's (CCCs) with proper ventilation and 24/7 water supply for home-isolation-ineligible cases.

Hygiene Promotion:

- Install hand hygiene stations within 5 meters of public toilets and promote handwashing with soap and water.

Disinfection:

- Regular disinfection and fumigation of public spaces, markets, and public offices.

- Protective Gear for Workers: Provide sanitation workers and frontline volunteers with face masks, gloves, eye protection, and gumboots.

Segregation at Source:

- Separate biomedical waste (used masks, gloves, wipes) from general municipal waste.
- Color-Coded Bins: Use specialized color-coded, foot-operated, and lidded bins for different types of waste.

Home Isolation Waste:

- Households with quarantined or infected persons must collect waste in double-layered, clearly marked bags (labeled "COVID-19 waste").

Safe Disposal:

Infectious Waste:

- Must be disposed of via Common Bio-medical Waste Treatment Facilities (CBMWTF).

Non-Infectious Waste:

- Collected separately and treated according to Solid Waste Management rules.

Temporary Storage:

- Ensure a designated temporary storage area exists for infectious waste before disposal.

Surface Disinfection:

- Sanitize waste collection trolleys, bins, and vehicles daily with a 1% hypochlorite solution