BLOCK FHC VENGOOR

VENGOOR GRAMA PANCHAYATH

PANDEMIC PREPAREDNESS PLAN 2026

VENGOOR GRAMAPANCHAYAT

MESSAGE BY PRESIDENT

മുഖവര

പ്രകൃതിരമണീയതയാൽ നിറഞ്ഞുഒഴുകുന്ന പെരിയാറിന്റെ സാന്നിധ്യവുമ കാർഷികവൃത്തിയിൽ ഏർപ്പെട്ട ജനങ്ങളാലും അനുഗ്രഹീതമായ നമ്മുടെ വേങ്ങൂർ ഗ്രാമപഞ്ചായത്തിൽ മികച്ച ആരോഗ്യ സംവിധാനങ്ങൾ കെട്ടിഉയർത്തി കൊണ്ടുപോകേണ്ടതിന്റെ പ്രാധാന്യം ഏവർക്കും അറിവുള്ളതാണല്ലോ!

2018 - യിലെ പ്രളയവും 2020- ലെ COVID 2024 - ലെ ഹെപ്പറ്റൈറ്റിസ് ഔട് ബ്രേക്കുമെല്ലാം നമ്മുടെ നാടിനെ പിടിച്ചുലച്ച പ്രശ്നങ്ങളായിരുന്നു, എന്നാൽ പൊതുജനപങ്കാളിത്തത്തോടുകൂടി ജനപ്രതിനിധികളുടെയും പൊതുജനാരോഗ്യവിഭാഗം ഉദ്യോഗസ്ഥരുടെയും ഒറ്റക്കെട്ടായ പ്രവർത്തനം കൊണ്ട് ജീവിതപ്രശ്നങ്ങളെ പൂർണമായും പരിഹരിക്കുവാൻ നമുക്ക് കഴിഞ്ഞിട്ടുണ്ട്.

ഭാവിയിൽ ആരോഗ്യമേഖലയെ പ്രതികൂലമായി ബാധിക്കുന്ന ഇത്തരം ദുരന്തങ്ങളെ അഭിമുഖീകരിക്കുവാനും പരിഹരിക്കുവാനും കൂട്ടായ പ്രവർത്തനം ഇനിയും ഉണ്ടാകേണ്ടതുണ്ട്.

"പൊതുജനാരോഗ്യ സംരക്ഷണത്തിനുവേണ്ട പ്രവർത്തനങ്ങൾക്കായ് ഇനിയും നമുക്ക് ഒരുമിക്കാം."

P.C. PRASAD

PANCHAYAT PRESIDENT

VENGOOR PANCHAYAT

MESSAGE BY BLOCK MEDICAL OFFICER

THE PANDEMIC PREPARATION PLAN IS FOR SAFEGUARDING OF THE LIVES AND LIVELIHOODS OF OUR CITIZENS, OF OUR BLOCK. AS WE ALL KNOW, WE HAD OVERCOME THE 2018 (FLOOD) AND 2020 (COVID), BY COORDINATING ACTIVITIES OF DIFFERENT SECTORS, IN WHICH OUR HEALTH STAFFS INITIATED AND PLAYED IMPORTANT ROLE. IF WE HAVE PANDEMIC PREPAREDNESS DATA'S, WE CAN STRENGTHEN AND FASTEN THE ACTIVITIES, BUILD A RESILIENT AND HEALTHY COMMUNITY AND READY TO FACE ANY CHALLENGES.

DR. SINDHU T. P.

MEDICAL OFFICER I/C

BFHC VENGOOR

MESSAGE BY HEALTH AND EDUCATION STANDING COMMITEE CHAIRMAN

മുഖവര

കാര്ഷികവൃത്തികളിലും വ്യവസായങ്ങളിലും ഏർപ്പിട്ടിട്ടുള്ള ജനങ്ങൾ അധിവസിക്കുന്ന വേങ്ങൂർ ഗ്രാമപഞ്ചായത്തിൽ 2018 - ൽ പ്രളയവും 2020- ലെ COVID - ഉം 2024 - ൽ ഹെപ്പറ്റൈറ്റിസ് വ്യാപനവും ഉണ്ടായിട്ടുള്ളതാണ്. ദുരന്തസമാനമായ മേൽപ്രശ്നങ്ങളെയെല്ലാം ജനപ്രതിനിധികളുടെയും പൊതുജനാരോഗ്യവിഭാഗം ഉദ്യോഗസ്ഥരുടെയും സമയബന്ധിതമായ കൂട്ടായ പ്രവർത്തനം കൊണ്ട് ഒരു പരിധിവരെ പൂർണമായും പരിഹരിക്കുവാൻ നമുക്ക് കഴിഞ്ഞിട്ടുണ്ട്.

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പി. എം. ദേവസ്സി,

ആരോഗ്യ വിദ്യാഭ്യാസ

സ്റ്റാന്റിംഗ് കമ്മിറ്റി ചെയർമാൻ

EXECUTIVE SUMMARY

Primary Health Centre (PHC) functions as the primary public healthcare institution serving the population of Vengoor Grama Panchayath is 23114. 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.

Vengoor BFHC 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, Vengoor Block Family Health Centre stands as a vital institution in safeguarding public health and improving the quality of life of the residents of Vengoor Grama Panchayath

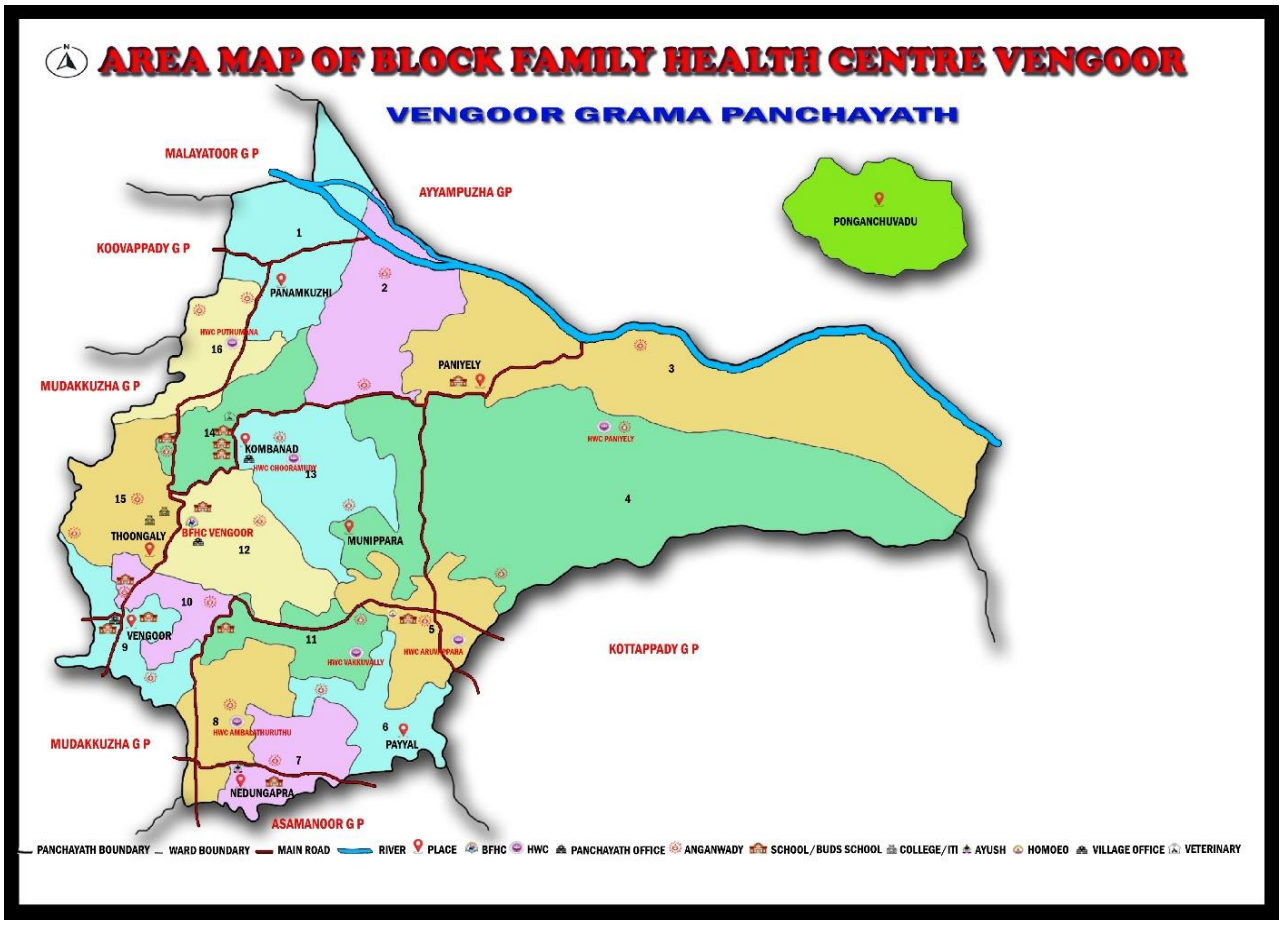
LIST OF ABBREVIATIONS

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**

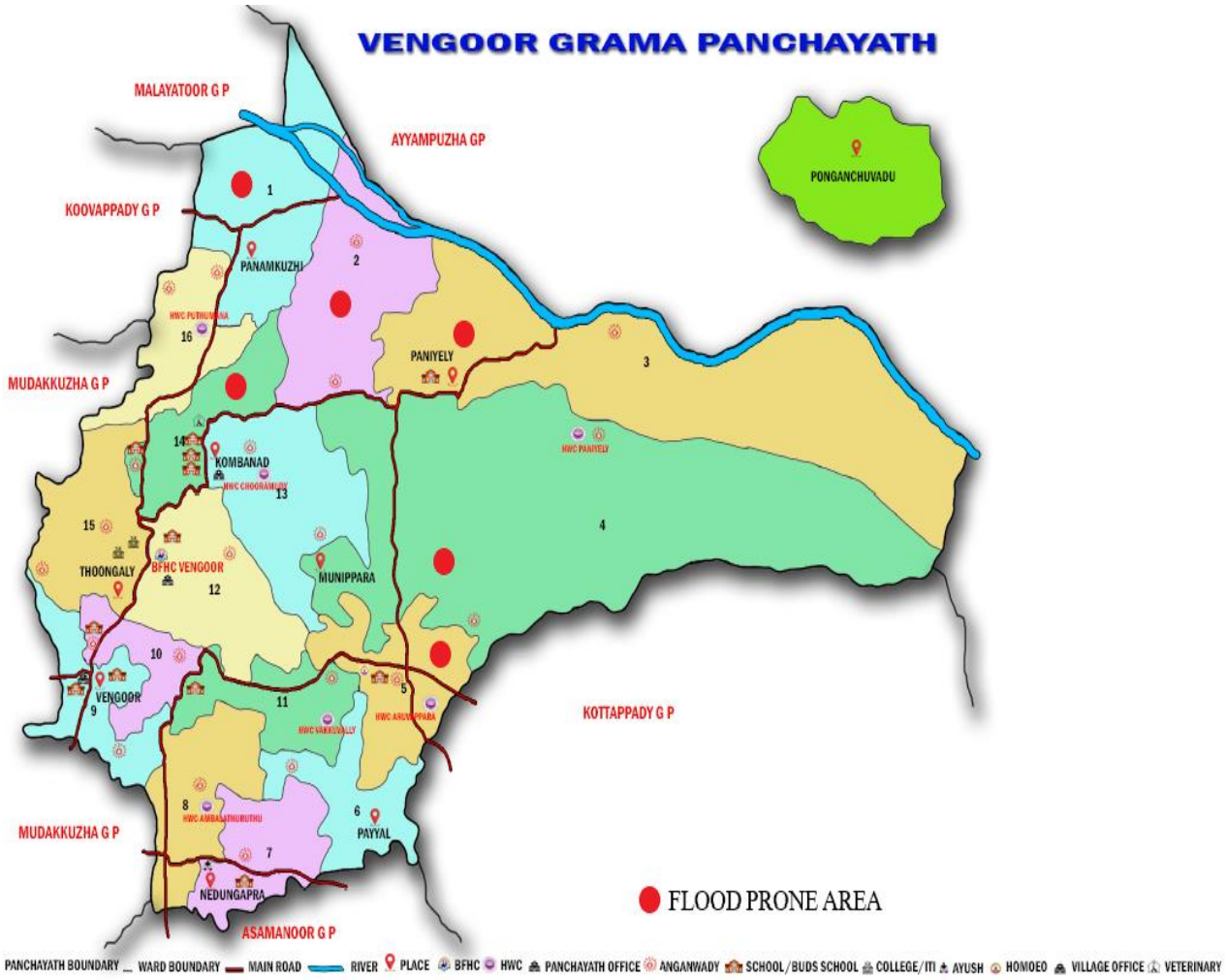
LSGD AT A GLANCE

Ward	Houses	Population	Migrants	Wells	Hot spots	Ed. Institutions	Hosp pvt/govt.
16	6528	23114	203	4173	21	14	5

INTEGRATED HEALTH INFRASTRUCTURE MAP OF VENGOOR GRAMA PANCHAYATH



FLOOD PRONE AREA MAPPING



GENERAL PROFILE OF THE LSGI'S

Background of the LSGI

Vengoor Grama Panchayat is situated in the Koovapady block of Ernakulam 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, and backwaters. 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, Vengoor LSGI has historically been vulnerable to seasonal flooding, waterborne diseases, and vector-borne illnesses such as Dengue and Leptospirosis. The severe floods experienced during recent years, including the 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	VENGOOR
Type (GP/Municipality / Corporation etc.)	GRAMA PANCHAYATH
Block	KOOVAPADY
District	ERNAKULAM
Number of wards	16
Total area (sq. km)	248.01 SQ.KM
Population (Projected)	23114
Population density	93.19 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	3
Number of educational institutions	14
Factories / small-scale industries	14
Flood-prone wards	6
Landslide-prone wards	0
Death Management and Disposal Facilities (mortuaries/crematorium, including electric)	0
Auditoriums/Marriage halls/convention centres/community halls	13

Demographic and Vulnerable Population

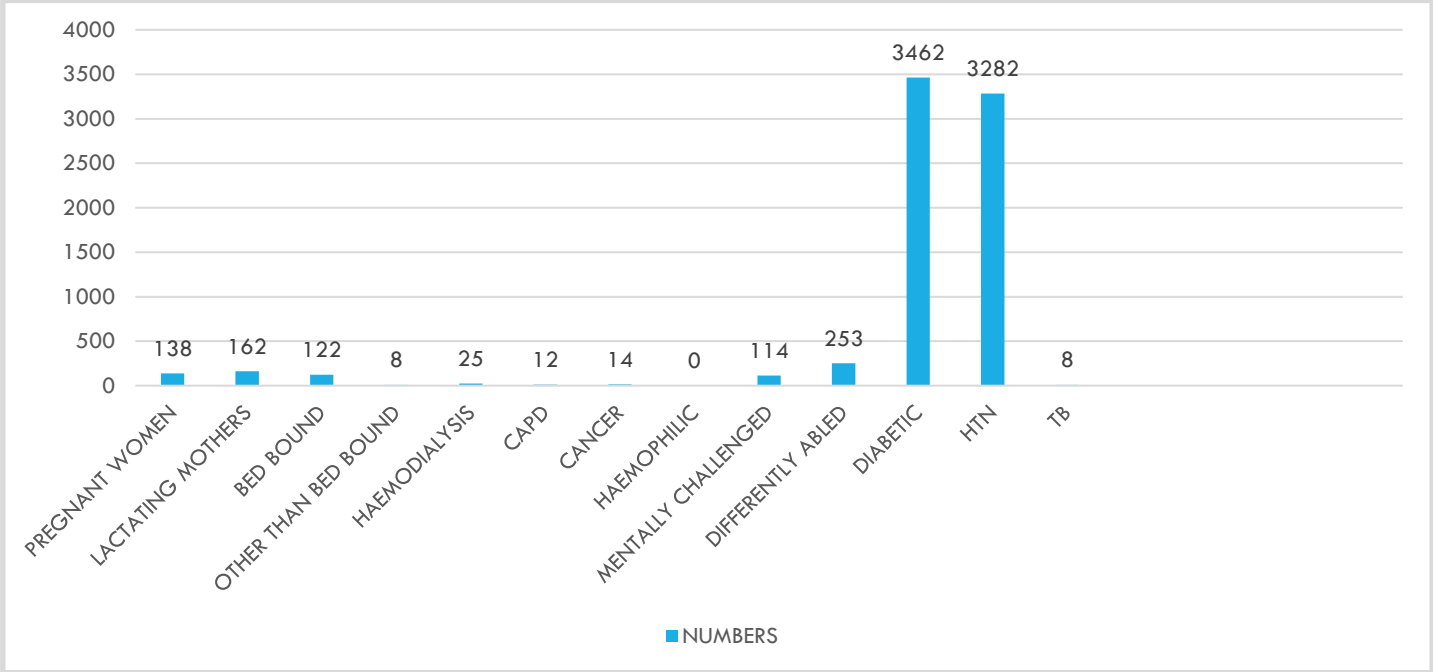
Description	Details (in numbers)
DEMOGRAPHIC PROFILE	
Total population	23114
Male	11442
Female	11672
Transgender	0
Children under 5	1028
Adolescent	2972
Elderly (>60)	4250

Description		Details (in numbers)
DEMOGRAPHIC PROFILE		
SOCIAL/LIVELIHOOD VULNERABILITY		
Previous EPEP family		41
BPL family		2647
Tribal communities		1
Migration	Immigrant	203
	Emigrant	1342
Socio-economically deprived		0
Fisherfolk		0
SC Community		1931
ST Community		595

Clinical Vulnerability

Description	**Details in numbers**
Pregnant women	138
Lactating mothers	162
Bedbound patients	122
Patients under palliative care other than bedbound	8
Patients on Haemodialysis	25
Patients on CAPD	12
Cancer patients (currently on treatment)	14
Haemophilic patients	0
Mentally challenged	114

Description	Details in numbers
Differently abled	253
Diabetic patients	3462
Hypertensive patients	3282
TB patients	8



Major Festivals & Events specific to the LSGI

Sl. No.	Name of festival	Month detailing the periodicity
1	MARKOWMA CHURCH VENGOOR	NOVEMBER
2	ST. MARYS CHURCH KRARIELI	OCTOBER

INFRASTRUCTURE & RESOURCE INVENTORY

Health Facility Directory & Basic Capacity in the LSGD

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	BFHC VENGOOR	CHC	04842645150	4	0	0	0	0
2	GOVT. HOMEO DISPENSARY, MEKKAPALA	Clinic	9895130148	0	0	0	0	0
Private Healthcare Facilities								
1	JAI HIND HOSPITAL, PAYYAL	Hospital	8156963924	9	0	0	0	0
2	DR. JOHN VARGHESE HOSPITAL, CHOORATHODU	Clinic	9447008147	0	0	0	0	0
AYUSH Healthcare Facilities								
1	GOVT, AYURVEDHA HOSPITAL, NEDUNAPRA	Hospital	9496559220	0	0	0	0	0

Private Clinics

Table 6. Private Clinic Resource Summary								
Sl No.	**Name of Clinic**	**Registered (Y/N)**	**Clinic (General / Speciality)**	**Speciality (if any)**	**Address**	**Contact Number**	**Diagnostic Facility (Y/N)**	**Ambulance Linkage (Y/N)**
1	ANNAMMA MEMMORIAL CLINIC	Y	CLINIC	NIL	KOMBA NADU	9895810813	Y	N
2	SAHAKARANA NEETHI MEDICAL LAB	N	CLINIC	NIL	KOMBA NADU	9526299710	Y	N

Healthcare Education & Training Institutions

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

Specialized Services & Emergency Inventory

Item	Govt	Private	AYUSH	Total
Hospital beds	0	9	0	9
Oxygen-generating systems(Y/N)	N	N	N	N
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	1	0	1
ALS ambulances	0	0	0	0
Dialysis facilities	0	0	0	0
Dispensaries	2	2	1	5
Medical store	0	4	0	4
Industrial establishments (**Medium-scale industries/small-scale industries establishments to whom we can depend in a worst-case scenario)**	0	14	0	14

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							
BFHC VENGOOR	N	Y	Y	N	N	N	N
GOVT. HOMEO DISPENSARY, MEKKAPALA	N	N	N	N	N	N	N
Private Health Care Facilities							
JAI HIND HOSPITAL, PAYYAL	N	Y	Y	N	N	N	N
DR. JOHN VARGHESE HOSPITAL, CHOORATHODU	N	Y	Y	N	N	N	N

Diagnostics facility mapping at the LSGI level

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

Laboratory Identification & Basic Details

Sl. No.	Name of Laboratory	Ownership (Govt / Private / Academic)	Address	Contact No.	24×7 Services (Yes/No)	NABL / Govt Approved (Yes/No)
1	Nandhana Lab	Private	VENGOOR	9744138742	NO	NO
2	Aster Lab	Private	VENGOOR	9072999066	NO	NO
3	St. George Lab	Private	VENGOOR	9747506880	NO	NO
4	Health Care Lab	Private	PAYYAL	9188279516	NO	NO
5	HRD Lab	Private	THOONGALI	9601385800	NO	NO
6	Life Care Lab	Private	KOMBANAD	8301930762	NO	NO

Social and Community Infrastructure for surge plan

Category	Total Count	Ward	Est. Capacity (Persons)	Contact details
Educational Institutions				
Anganwadis	23	-	254	9400179216 (CDPO)
Schools	11	-	1612	
Colleges	1	1	391	9048056118
Healthcare Educational Institutions				
Medical colleges (Govt/Private)	0	0	0	0
Nursing colleges (Govt/Private)	0	0	0	0
Dental colleges (Govt/Private)	0	0	0	0
Paramedical institutes (Govt/Private)	0	0	0	0
Community Gathering Spaces				
Community halls	3	-	NA	
Auditoriums	3	-	NA	
Religious buildings	7	-	NA	

Vulnerable Group Support Facility				
Destitute homes	0	0	0	0
Elderly homes	1	1	4	9961544885
LSGD owned other buildings	0	0	0	0
Mass Fatality Management (MFM) Infrastructure				
Mortuary	0	0	0	0
Crematorium	0	0	0	0

*Refer annexure for contact details

HUMAN RESOURCES

Medical & Clinical Personnel

Cadre	Govt (No.)	Private (No.)	Total
Doctors—Modern Medicine	5	2	7
Doctors – AYUSH	1	0	1
Doctors – Veterinary	1	0	1
Doctors – Dental	0	2	2
Nursing officers	6	16	22
Lab technicians	3	5	8
Optometrist	1	2	3
Pharmacists	3	2	5
Psychologists	0	0	0
Counsellors	0	1	1

Public Health & Field-Level Workforce

Cadre	Health services	Municipal common services	Total
HS (Health Supervisors)	1	0	1
HI (Health Inspectors)	1	0	1
LHS (Lady Health Supervisor)	1	0	1
LHI (Lady Health Inspectors)	1	0	1
JPHN (Jr Public Health Nurses)	7	0	7
JHI (Jr Health Inspectors)	5	0	5
MLSP (Mid-Level Service Providers)	7	0	7
Palliative Nurses	3	0	3

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

Community & Support Cadre

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

Cadre	Number
ASHA Workers	16
AWW (Anganwadi Workers)	23
Emergency Medical Volunteers (Trained)	0
Kudumbashree	2224
MNREGS	7390
Purusha Swayam Sahaya Sangham	0
Ex-Servicemen	345
Retired Police Officers	411
NCC/NSS Volunteers	157
Red Cross volunteers	57
One Health Community Volunteers	0
One Health Community Mentors	0

Community Organizations

Category	Total Count
NGOs	22
Religious based organizations	4
Foreign based organizations	0
Sports Club/youth clubs	8
Kudumbashree SHGs	93
Ayalkootams	184
Political organizations	8
Residential organizations	3

Administrative & Emergency Services

Category	Total Count	Contact details
Police Stations	0	0
Fire & Rescue Stations	0	0
Water Pumping Points	12	9142170900
Public Distribution System (PDS)	13	9447310038

Information regarding resources

Means of transportation	Total Count
JCB	4
Hitachi	2
Heavy Trucks	30
Tractor	1

Ambulances	4
Mobile mortuaries	2
Boats	0
Taxi service	1

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)	1404	16
	Pet Animals (Dogs/Cats)	1123	16
	Stray Dog Population	32	5
	Pig Farms (Number of heads)	277	7
	Small Units (Sheep / Goats – clustered)	0	0
Bird Population	Poultry Units (Birds)	43	16
	Poultry- (FOWL)	5	5
	Wild/Migratory Birds (Observed)	12	2
	Crow Mortality Events (Reported)	0	0

Veterinary Infrastructure

Facility Type	Name of Facility	Ownership Govt / Pvt	Location (Ward No)	Contact number
Veterinary Dispensary	KOMBANADU	GOVT.	14	9633477835
Veterinary Hospital / Polyclinic	0	0	0	0
Private Veterinary Clinics	0	0	0	0
Mobile / Emergency Vet Service (incl. night services)	0	0	0	0
Pet Homes / Animal Shelters	0	0	0	0
Slaughterhouse-linked Veterinary Inspection Unit	0	0	0	0

Veterinary Doctors & Workforce

Category	Number Available	Type (Govt/Pvt)	Contact number
Government Veterinary Doctors	1	GOVT.	9633477835
Private Veterinary Doctors	0	0	0
Livestock Inspectors	2	GOVT.	9633477835
Para-veterinary Staff / Attenders	1	GOVT.	9633477835
Contract / On-call Veterinary Support (if any)	0	0	0

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	83	16
Backyard / Clustered Poultry Units	0	0
Duck Rearing Units (open water access)	0	0
Slaughterhouses/ Slaughter Points	0	0
Meat/Fish Markets	9	1,13,10,6,9
Live Bird Sale Points	0	0
Cattle Markets / Weekly Animal Fairs	0	0
Pet Shops / Breeders	0	0
Animal Shelters / Pet Homes	0	0
Waste Disposal Sites near Animal Units	0	0

Environmental Risk Mapping

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

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

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

Risk Factor	High-Risk Wards	Key Locations	Risk Level (High/Med/Low)
FLOOD-PRONE AREAS	1,2,3,4,5,14	PANIYELI	MEDIUM
WATER BODIES/WETLANDS	14 1, 2	KODAMBILLY CHERA, PERIYAR	LOW MEDIUM
SOLID WASTE ACCUMULATION	0	0	-
ANIMAL WASTE DISPOSAL ISSUES	0	0	-
RODENT INFESTATION ZONES	0	0	-
INDUSTRIAL EFFLUENT DISCHARGE	0	0	-
CONSTRUCTION SITES / ABANDONED BUILDINGS	0	0	-
POOR DRAINAGE/BLOCKED CANALS	0	0	-
DRINKING WATER SOURCE CONTAMINATION RISK	1, 10	DRINKING WATER PROJECT	MEDIUM

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	NIL	NIL	NIL	NIL
Leptospirosis	MONSOON	STANGNANT WATER	NIL	STAGNANT WATER
Dengue/Chikungunya	MONSOON	PLANTATION	KANNAMPA RAMB	PLANTATION
Acute Diarrheal Diseases	MONSOON	WATER	NIL	FOOD AND DRINKING WATER
Rabies	NIL	NIL	NIL	NIL
Anthrax (rare)	NIL	NIL	NIL	NIL

Vulnerability Mapping

Vulnerability Factor	High-Risk Wards	Key Groups / Locations	Risk Level
Flood-prone households	1,2,3,4,5,6,14	PANIYELI	MEDIUM
Wetland-adjacent communities	NIL	NIL	NIL
Backyard poultry / duck rearing households	NIL	NIL	NIL
Livestock-rearing households	NIL	NIL	NIL
Slaughterhouse & meat market workers	NIL	NIL	NIL
Fisherfolk & fish market workers	5	VENGOOR	LOW
Sanitation workers	NIL	NIL	NIL
Daily wage / migrant workers	1	COMPANY WORKERS	LOW
Elderly & chronically ill populations	NIL	NIL	NIL
Pregnant Women	6	PONGINCHOD TRIBAL POPULATION	LOW
Children (schools, Anganwadi's)	6	AW PONGINCHOD TRIBAL POPULATION	LOW
Limited access to safe water & sanitation	NIL	NIL	LOW

EPIDEMIOLOGICAL TRENDS (2021–2025)

Disease Burden among human beings (Last 5 Years)

Disease	2021	2022	2023	2024	2025	Trend (Increasing/Stable/Decreasing)
Dengue	17	15	106	29	14	DECREASING
Leptospirosis	11	7	4	5	10	INCREASING
Hepatitis A	0	0	0	254	3	DECREASING
Malaria	0	0	0	0	6	INCREASING
Scrub Typhus	0	0	0	1	0	DECREASING
Typhoid	0	1	0	0	0	DECREASING
H1N1	0	0	0	0	0	STABLE
H3N2	0	0	0	0	0	STABLE
ADD	232	196	235	350	301	DECREASING
Mumps	0	0	1	0	34	INCREASING
Measles	0	0	0	0	0	STABLE
Hepatitis B	3	0	3	10	22	INCREASING
Hepatitis C	0	0	0	0	0	STABLE
Tuberculosis	13	14	11	11	8	DECREASING
Leprosy	0	0	0	0	0	STABLE
COVID-19	NOT AVAILABLE	NOT AVAILABLE	0	0	0	DECREASING

Seasonal Trend Analysis

DENGUE

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

Peak: July–November

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

Ward	Dengue – Ward-wise Yearly Distribution					
	2021	2022	2023	2024	2025	Total
1	0	1	1	0	0	2
2	1	1	7	0	0	9
3	2	1	3	0	1	7
4	1	0	3	0	0	4
5	1	1	12	1	0	15
6	3	3	25	5	2	38
7	3	1	11	0	1	16
8	2	0	9	2	2	15
9	1	0	6	4	0	11
10	1	3	9	3	4	20
11	1	1	1	1	1	5
12	0	0	8	2	0	10
13	0	0	9	9	2	20
14	1	3	1	0	1	6
15	0	0	1	2	0	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	1	0	0	1	0	2
2	0	2	0	0	2	4
3	1	0	3	1	1	6
4	1	0	0	1	2	4
5	0	0	0	0	0	0
6	1	0	0	0	0	1
7	1	1	0	0	0	2
8	1	0	0	1	1	3
9	0	0	0	0	1	1
10	0	0	0	1	0	1
11	2	0	0	0	1	3
12	0	2	0	0	1	3
13	0	1	0	0	0	1
14	2	1	0	0	1	4
15	1	0	1	0	0	2

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	4	0	4
2	1	0	0	1	0	2
3	0	0	0	1	0	1
4	0	0	0	0	0	0
5	0	0	0	0	0	0
6	0	0	0	0	0	0
7	0	0	0	1	0	1
8	1	0	0	18	0	19
9	1	0	0	25	0	26
10	1	0	0	81	0	82
11	1	0	0	48	1	50
12	1	0	0	64	1	66
13	1	0	0	11	1	13

OUTCOME-BASED TREND ANALYSIS- 2025

Transmission Trend- 2025

Mode of Transmission	No. of cases	No. of Deaths
Vector Borne Diseases	20	0
Water Borne Diseases	3	0
Air Borne Diseases	76	0
Blood Borne Diseases	22	0
Food Borne Diseases	122(ADD)	0

Vector-Borne Disease

Disease	No. of Cases	No. of Deaths
Dengue	14	0
Malaria	6	0
Chikungunya	0	0

Water Borne Disease

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

Air Borne Disease

Disease	No. of Cases	No. of Deaths
Influenza	0	0
H1N1	0	0
TB	11	0
Chickenpox	31	0
Measles	0	0
Covid-19	0	0
Pertussis	0	0
Mumps	34	0

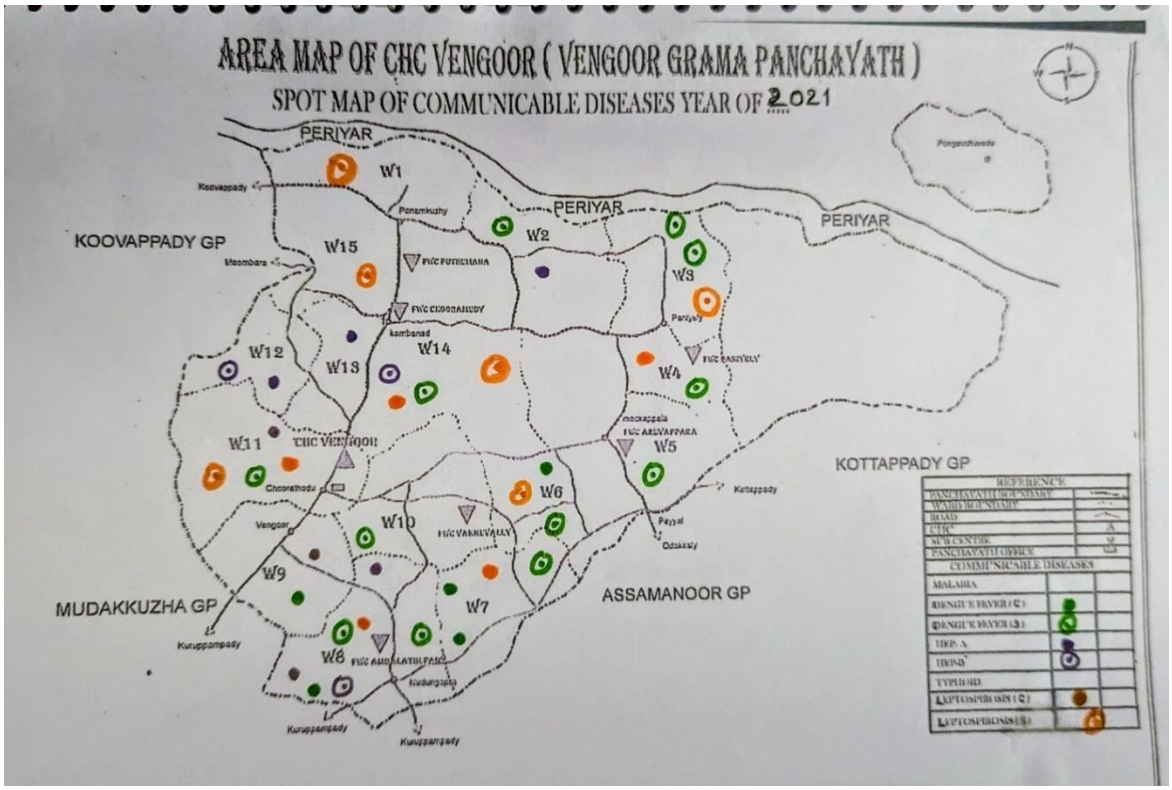
Blood-Borne Disease

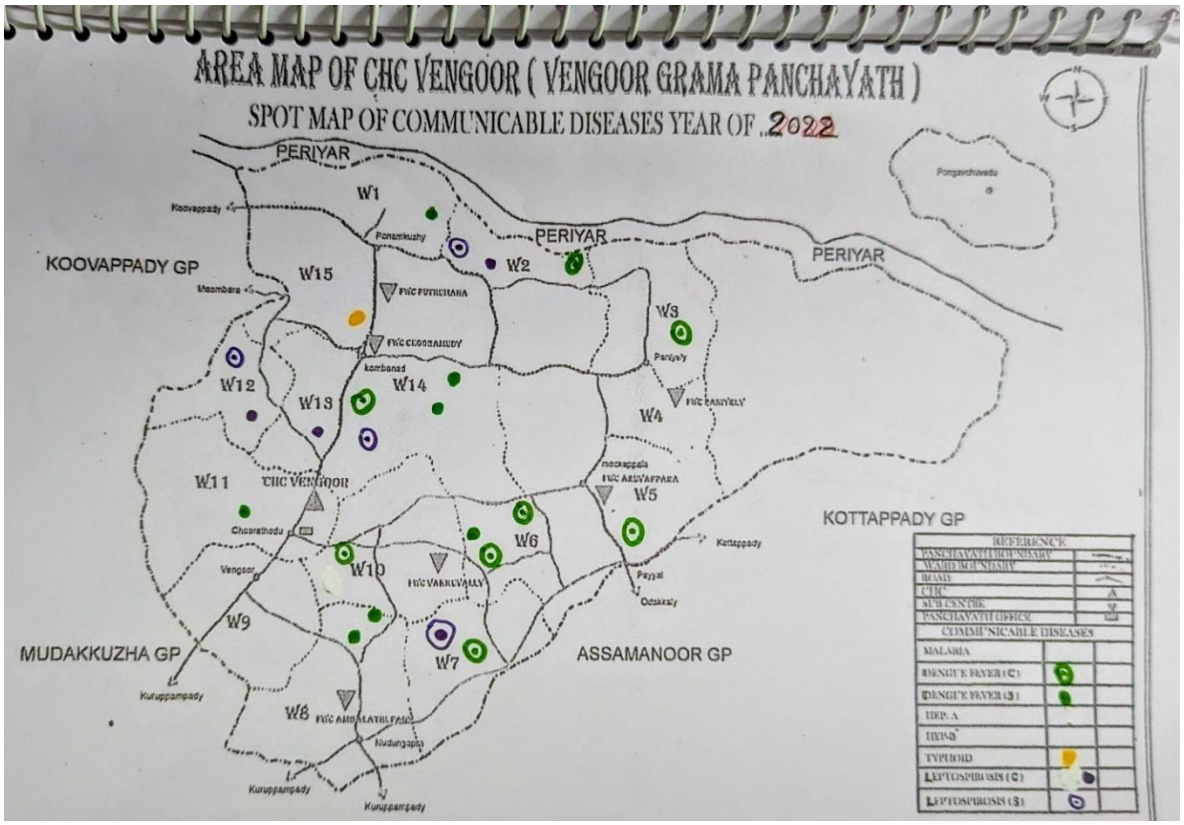
Disease	No. of Cases	No. of Deaths
AIDS	0	0
Hep- B	22	0
Hep- C	0	0

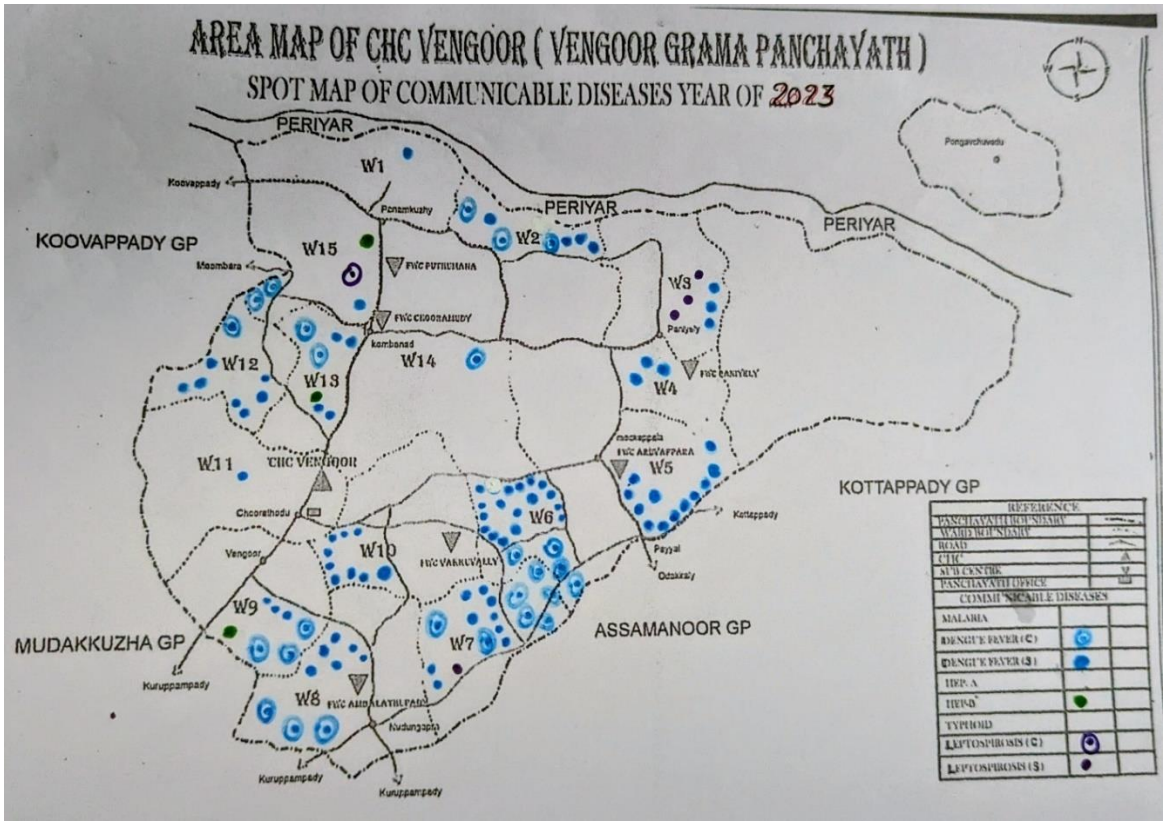
Zoonotic Disease

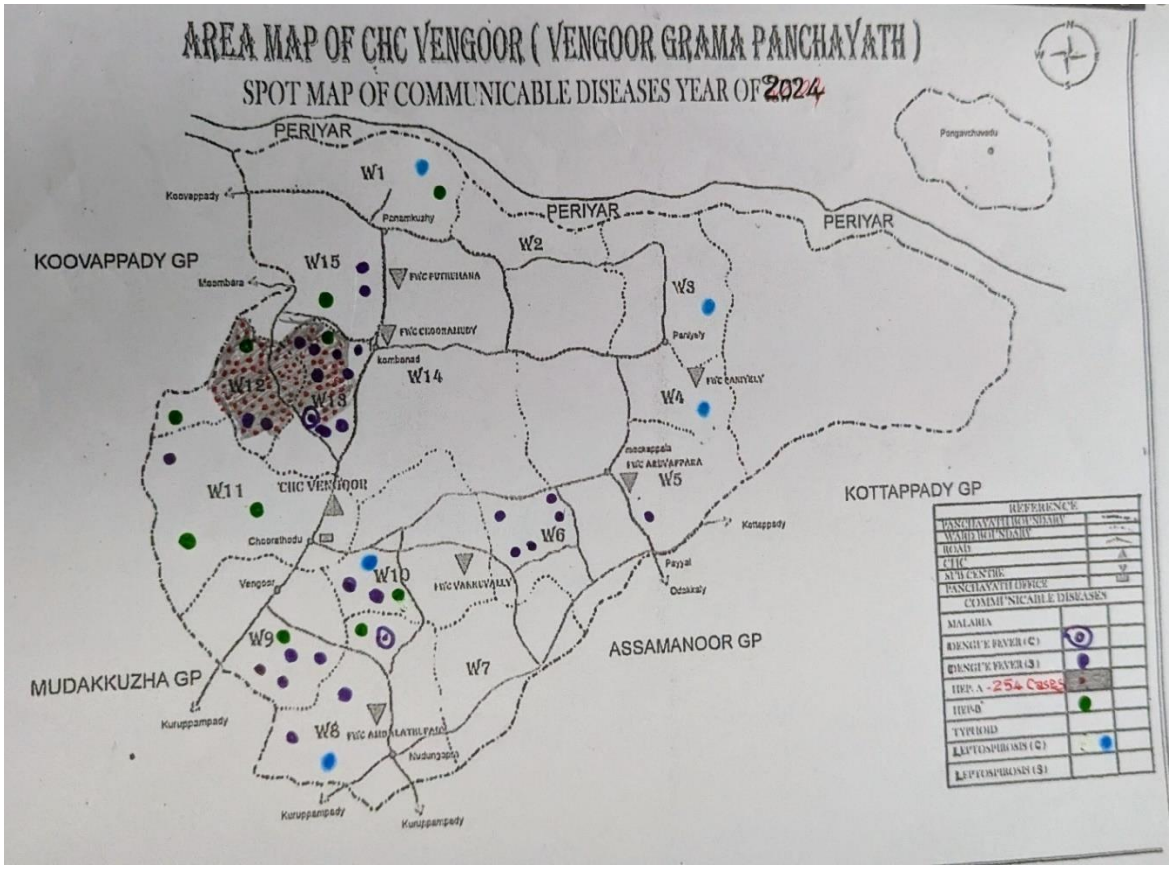
Disease	No. of Cases	No. of Deaths
Rabies	0	0
Leptospirosis	10	0
Avian influenza	0	0
West Nile	0	0
Anthrax	0	0
Nipah	0	0
Scrub Typhus	0	0

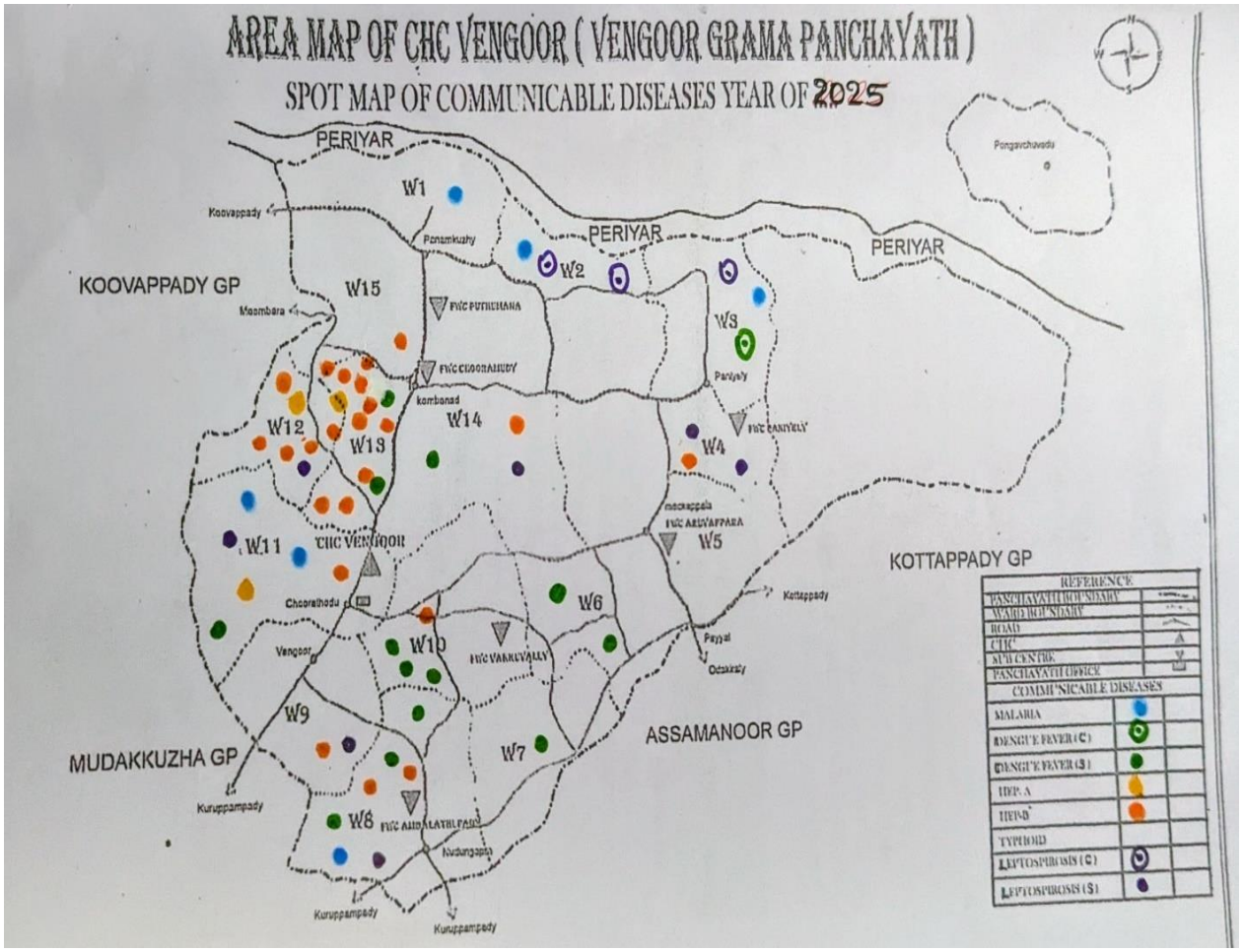
Integrated Disease Hotspot Map (2021–2025)






AREA MAP OF CHC VENGOOR (VENGOOR GRAMA PANCHAYATH)
SPOT MAP OF COMMUNICABLE DISEASES YEAR OF 2023
PERIYAR
KOOVAPPADY GP
MUDAKKUZHA GP
ASSAMANOOR GP
KOTTAPPADY GP
W1
W2
W3
W4
W5
W6
W7
W8
W9
W10
W11
W12
W13
W14
W15
CHC VENGOOR
REFERENCE
MALARIA
DENGUE FEVER (C)
DENGUE FEVER (S)
TYPHOID
LEPTOSPIROSIS (C)
LEPTOSPIROSIS (S)

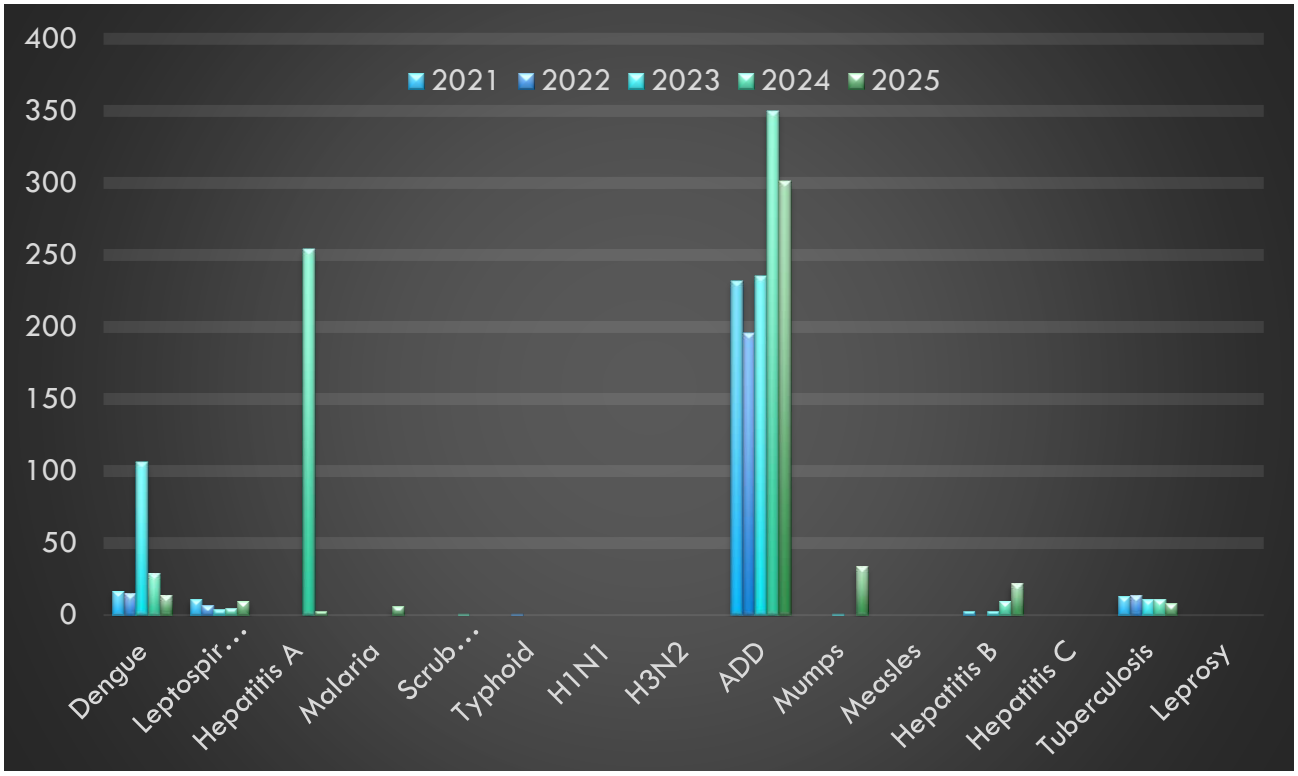

AREA MAP OF CHC VENGOOR (VENGOOR GRAMA PANCHAYATH)
SPOT MAP OF COMMUNICABLE DISEASES YEAR OF 2024
PERIYAR
KOOVAPPADY GP
MUDAKKUZHA GP
ASSAMANOOR GP
KOTTAPPADY GP
W1
W2
W3
W4
W5
W6
W7
W8
W9
W10
W11
W12
W13
W14
W15
CHC VENGOOR
REFERENCE
MALARIA
DENGUE FEVER (C)
DENGUE FEVER (S)
DEP. A -254 Cases
TYPHOID
LEPTOSPIROSIS (C)
LEPTOSPIROSIS (S)


AREA MAP OF CHC VENGOOR (VENGOOR GRAMA PANCHAYATH)
SPOT MAP OF COMMUNICABLE DISEASES YEAR OF 2025
PERIYAR
PERIYAR
PERIYAR
KOOVAPPADY GP
MUDAKKUZHA GP
ASSAMANOOR GP
KOTTAPPADY GP
W1
W2
W3
W4
W5
W6
W7
W8
W9
W10
W11
W12
W13
W14
W15
CHC VENGOOR
REFERENCE
PANCHAYATH BOUNDARY
WARD BOUNDARY
ROAD
CHC
SUB CENTRE
PANCHAYATH OFFICE
COMMUNICABLE DISEASES
MALARIA
DENGUE FEVER (C)
DENGUE FEVER (S)
HEPATITIS A
HEPATITIS D
TYPHOID
LEPTOSPIROSIS (C)
LEPTOSPIROSIS (S)

Integrated Disease Hotspot Wards (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	2	2	4	8	40	56
2	9	4	2	6	37	58
3	7	6	1	11	32	57
4	4	4	0	10	45	63
5	15	0	0	10	35	60
6	38	1	0	8	39	86
7	16	2	1	13	38	70
8	15	3	19	11	33	81
9	11	1	26	8	40	86
10	20	1	82	8	40	151
11	5	3	50	2	36	96
12	10	3	66	9	43	131
13	20	1	13	4	49	87
14	6	4	0	7	43	60
15	3	2	0	4	41	50

DISEASE TREND GRAPH OF 2021-2025



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	P C PRASAD	Panchayat President	LSGD	Chairperson	9447194077
2	DR SINDHU T P	Medical Officer (PHC/CHC)	Health Dept	Member Secretary	9447134638
3	DR EDISON	Veterinary Officer	Animal Husbandry	Member	9633477835
4	FAYISA THASNEEM	Entomologist	Health Dept	Member	7909129818
5	SIJURAM	Health Inspector/PHN	Health Dept	Surveillance	9446688551
6	SOBIN	ASHA Supervisor	Health Dept	Community link	9747211523
7	SHANTI	ICDS Supervisor	Social Welfare	Vulnerable groups	9497035667
8	STEPTO	Police Station Officer	Police Dept	Law & order	9400146579
9	DEVASSY	Ward Councillor Representative	LSGD	Community coordination	9744050081

10	PRAMEELA SANTHOSH	Kudumbashree CDS	Kudumbashree	Community mobilisation	9544615806
11	KURIEN	NGO/Volunteer rep	Civil Society	Support services	9961791072
12	VIJAYAKUMAR.M. N	Line Department representations	ASSISTANT ENGINEER	WATER AUTHORITY	8547638162

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: 292 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	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	NIL		
Intersectoral coordination and convergence	WARD MEMBERS, MO I/C, HS, LHS, LHI, HI, JHI, JPHN, MLSP, ASHA WORKERS		
Collaborative surveillance	MO I/C, HS, LHS, LHI, HI, JHI, JPHN, MLSP, ASHA WORKERS		

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: IDSP, FIELD, IHIP**
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
    - Pulse oximeters - 3 numbers
    - Hand sanitizers – 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 (Refer Annexures 3)
- 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 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** 1 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)

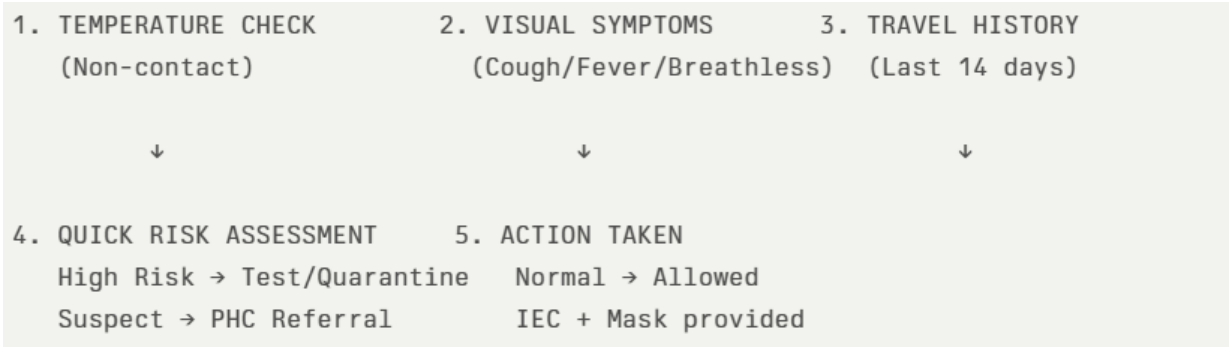
2. Screening Checkpoints

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 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: Vengoor Grama Panchayath Office.

Backup Location: Community Hall in Vengoor 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.
   - BMWM
7. ***Communication team***
8. ***Logistics and supply chain***
9. ***Transportation (interfacility & emergency transport)***
10. ***Media surveillance Call centre***
11. ***Management of the deceased***
12. ***Intersectoral coordination and convergence***

Key Control Room Team

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

Role	Name	Designation	Contact Number	Responsibility
In-charge/Nodal Officer	DR. SINDHU. T. P	MEDICAL OFFICER IN CHARGE	9447134638	Overall coordination, decision-making, and reporting to the district level.
Data Entry Operator				
Communication Officer	SOBIN PAUL	PRO	9747211523	Handling the public helpline, coordinating ambulance dispatch, and contact tracing calls.
Logistics Coordinator	ANIL KUMAR.N	JHI GR.1	9847618178	
Technical Support *(IT/Data)*				

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 Point (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	Trace all passengers in adjacent seats; implement

	group.	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 behaviours, address rumours 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	ANIL KUMAR. N JHI GR.1	9847618178
Social media	ANIL KUMAR. N JHI GR.1	9847618178
Local Cable TV/Radio	ANEESH CABLE TV	8921056585

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:** DR. SINDHU T. P.
- **Contact Number:** 9447134638

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	DISRTICT SURVEILLANCE OFFICER
Veterinary Officer	Animal health events/Zoonotic alerts	DAILY	VETERINARY DOCTOR
State Cell	Zoonotic cross-sector events	DAILY	STATE OFFICER

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	04842555009
PPE Kits/Masks/Gloves	Local Vendors	9446718573
Oxygen Cylinders/Concentrators	KMSCL	04842555009
Medicines/Antivirals	KMSCL	04842555009
Medicines/Antivirals	Neethi Shops	04842203507
Test Kits (RTPCR/Rapid)	KMSCL	04842555009

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		9961791072

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: SINI JAMES	Case management	7510280332
Veterinary	Veterinary Surgeon: DR. EDISON	Animal surveillance	9633477835
ICDS	Supervisor: SHANTI	Nutrition support	9497035667
Education	Head Teacher: JIMNA JOY	School coordination	9446139117
Police	STEPTO, SHO	Containment	9400146579

		enforcement	
Water Authority	VIJAYAKUMAR. M. N, AE	Water supply	8547638162
LSGD Engineering	UBAIS	Quarantine infrastructure	9947009952

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
RAJAGIRI COLLEGE	COLLEGE	5	15	50-100	HI
MARKAUMA CHURCH AUDITORIUM	**AUDITORIUM**	1	9	50	HI
PANCHAYATH COMMUNITY HALL	**COMMUNITY HALL**	1	11	20	HI
KARIYELI CHURCH AUDITORIUM	**AUDITORIUM**	1	3	50	HI
CATHOLICS AUDITORIUM PANIYELI	**CHURCH HALL**	1	2	25	HI

ARUVAPPARA HALL	CHURCH HALL	1	5	30	HI
SNDP AUDITORIUM	**HALL**	1	-	15	HI
MARKAUMA HIGHER SECONDARY SCHOOL	**AIDED SCHOOL**	2-3	9	100	HI
MARKUAMA ENGLISH MEDIUM, VENGOOR	**PVT SCHOOL**	1-2	9	50	HI
MT LP SCHOOL	**AIDED SCHOOL**	1	11	20	HI
GOVT LP SCHOOL	**SCHOOL**	1	10	50	HI
ST. ANTONYS UP SCHOOL, NEDUNGAPRA	**SCHOOL**	1	7	30	HI
MT LPS KRARIYELI	**AIDED SCHOOL**	1	14	50	HI
ST MARYS HSS, KOMBANADU	**SCHOOL**	1	14	30	HI
GOVT UPS KOMBANAD	**SCHOOL**	1	14	30	HI
SANTHOM ENG MEDIUM SCHOOL	**SCHOOL**	1	12	50	HI
GLP SCHOOL PANIYELI	**SCHOOL**	1	2	30	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
    - Community engagement & confidence building
    - Documentation & after-action review
    - Lessons learned & best practices
    - Health system strengthening
    - Policy revision & preparedness enhancement
    - Research

CONCLUSION

This Pandemic Preparedness Plan outlines a comprehensive, decentralized, and action-oriented framework for preparedness and response at the VENGOOR LSGD level. VENGOOR Grama Panchayath can leverage its strong healthcare infrastructure and transport access to become a model of rural pandemic preparedness.

By addressing water safety, environmental health, and specialist care gaps while tapping into government schemes and research partnerships, the Panchayath can transform vulnerabilities into resilience against future pandemics.

By adopting a One Health approach and strengthening coordination between the health system, local self-government institutions, veterinary services, and community networks, the LSGD aims to ensure early detection, rapid response, and effective containment of pandemics and public health emergencies.

The plan emphasizes equity, community participation, and evidence-based decision-making to protect vulnerable populations and ensure uninterrupted access to essential services during crises. Regular updating, mock drills, and interdepartmental coordination will be critical to maintaining readiness and resilience.

This document shall serve as a living operational guide, to be activated during alerts and continuously improved based on evolving risks, lessons learnt, and guidance from higher authorities.

“Prepared Today, Protected Tomorrow.”

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 THQ PERUMBAVOOR 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	PANAMKUZHI	1	VINU SAGAR	9961637199
2	KRARIYELI	2	SABI BIJU	8281041120
3	PANIYELI	3	SIBI OUSEPH	7034160202
4	MUNIPARA	4	P.M. DEVASSI	9744050081
5	MEKKAPALA	5	SHIJU. K. B	9447874109
6	KANNAMPARAMBU	6	JEEJA SANTI	8078369717
7	NEDUNGAPRA	7	RAVI.V.C	9947893933
8	EDATHURUTH	8	SAJU.P.M	6282364859
9	VENGOOR	9	JENNY SAJU	9447167729
10	CHOORATHODU	10	ROSHNI MATHEW	8547144512
11	VAKKUVALLY	11	LITTY ABRAHAM	9496014869
12	KOZHIKKOTTUKULANGARA	12	PREETHA JAYAPRAKASH	8921280441
13	KOMBANADU	13	RENJITH.V. T	8086791643
14	KODAMPALLI	14	PRASAD. P.C	9496045740
15	KAIPPILLY	15	DILEEP JOHN	7907650086
16	PUTHUMANA	16	JINCY ELDHO	9562457935

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

Sl. No.	Name	Contact number
1.	SIBI, GP SECRETARY	9446424297
2.	PRASAD, GP PRESIDENT	9447194077
3.	BABYMOL, VEO	9539518049
4.	PRAMEELA, CDS	9544615806
5.	SUHARA, CDPO	9400179216
6.	UBAIS, OVERSER	9947009952
7.	Excise department	04842441280
8.	Forest department	04842649052

1.3. Important offices of grama panchayat/municipality/ corporation

Sl. No	Name of the office	Contact person	Contact number
1.	Village Office	Village Officer	8547613604
2.	Agriculture Office	Agriculture Officer	04842416044
3.	Animal Husbandry Office	Animal Husbandry Doctor	9633477835
4.	Police Station	Police Officer	9400146579
5.	BSNL Office	Officer	9446429532
6.	Block Office	Officer	04842452270
7.	KSEB Office	Officer	04842645039
8.	Fisheries Office	Officer	04802890183
9.	Fire and rescue	Officer	04842523123

1.4. Health Services

Sl. No	Name of the hospital/institution	Location	Phone number
1.	Government hospitals/PHC	VENGOOR	9447184638
2.	Private hospitals	VENGOOR AND PAYYAL	9447008147 & 8156963924
3.	Clinical laboratories	VENGOOR	9526299710 & 9744138742
4.	Chemist/pharmacy	VENGOOR	9446718573
5.	Blood donors	NIL	
6.	Other language experts (Bihari, Hindi, Bengali, Assamese ……)	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. EDISON	KOMBAN ADU	9633477835

1.6. Helpline numbers

Helpline	Phone number
Police	94400146579
Fire and rescue	04842523123
KSEB	04842645039

1.7. Public and Private Schools Contact details

S. No	Name of School	Institution type	Phone number
1	MARKAUMA HSS, VENGOOR	Aided	9446139117
2	MARKAUMA ENGLISH MEDIUM, VENGOOR	Aided	9495766589
3	MT LP SCHOOL, VENGOOR	Aided	9656133401
4	GOVT LP SCHOOL MEKKAPALA	Govt	9747584190
5	ST. ANTONY'S UP SCHOOL NEDUNGAPRA	Aided	9074151507
6	MT LPS KRARIYELI	Aided	9497277603
7	ST. MARYS HSS, KOMBANADU	Aided	9496120410
8	GOVT.UPS KOMBANAD	Aided	9961091952
9	SANTHOM ENGLISH MEDIUM SCHOOL	Private	9446187145
10	GLP SCHOOL, VENGOOR	Govt.	9745718354
11	GLP SCHOOL, PANIYELI	Govt.	9497681621

1.8. Anganwadi Contact Details

Ward No	Name of Anganwadi Teachers	Phone number
2	JITHA.K THAMPAN	9562080035
	SIDHU	9961901170
3	SINDHU	9961100519
4	BINU	8606308545
	SANI	9605301405
5	OMANA MANIKUTTAN	9048842448
6	JAYA	9744777514
	ANEESHA	6282236670
7	BINDHU	8943885701
8	BINDHU	7034232820
9	AKSHAYA	7025221578
10	SALI.V. J	7025898231
	MARY	9744170097
11	JIJI	9947530513
12	HONEY	6282690528
13	JIJIMOL	9847470095
	SUNITHA	9947698671
14	REEJA	9846919215
15	SINI	9656745406
	JALAJA	7560974318

16	MOLLY	8086262217
	LISSY	9656255696
	JISHA	9072404711

1.9. Information regarding resources

Means of transportation	Name of Owner	Phone Number
Trucks	RAJU	9947651055
Ambulance	PRIVATE	9656742525
Ambulance	JOY (MAR THOMA CHURCH)	9497805555
Hitachi	RAJU	9947651055

Annexure 2: LSG Baseline Data Collection Format

A. Baseline data

Sl. No.	Indicator / Field	Baseline Data
1	Name of LSG	GP VENGOOR
2	District	ERNAKULAM
3	Block / Taluk	KOOVAPADY
4	Type of LSG (Gram Panchayat / Municipality / Corporation)	GRAMA PANCHAYATH
5	Area (sq. km)	248.015 SQ.KM.
6	No. of wards	16
7	GIS boundary file available	NO
8	Key contact person & phone	PRASAD, GP PRESIDENT (9447194077)

B. Demography

Indicator / Field	Baseline Data
Total population	23114
Males	11442
Females	11672
Transgender population	0
Age distribution (<5, 5–14, 15–59, ≥60)	NA
No. of households	6528
Population density (persons/sq.km)	93.2
No. of migrant workers	203
Major occupational groups	COOLIE, AGRICULTURE

C. Vulnerable Populations & Social Risks

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	No. of elderly (≥60)	4250
2	No. of persons with disability	253
3	No. of bedridden persons	122
4	No. of chronic disease cases (DM/HTN/COPD/CKD etc.)	6831
5	Pregnant women (current estimate)	138
6	Children <5 years	1028
7	Tribal population (if any)	426

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
12	Hostels / prisons / shelters (number & capacity)	0
13	Poverty / BPL estimate	2647
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)	BLOCK FHC VENGOOR
3	Subcentres / Health & Wellness Centres (number)	7
4	Private clinics / hospitals (number)	2
5	Labs available (public/private)	6
6	Availability of ambulance services (Yes/No, number)	YES, 2
7	Availability of isolation/quarantine facilities (Yes/No, details)	NO
8	Cold chain facilities (Yes/No, details)	YES
9	Stockpile space available (Yes/No)	NO
10	PPE / mask / sanitizer availability plan (Yes/No)	YES
11	Surveillance staff available (JHI/JPHN/ASHA count)	28
12	Existing emergency referral pathways (Yes/No)	NO

E. Points of Entry & Mobility

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	Bus stands / depots (number)	0
2	Railway stations (number)	0
3	Boat jetties / fishing harbours (number)	0
4	Ports / airports nearby (specify distance)	COCHIN AIRPORT, 24 KM
5	Major highways/roads passing through	MUNNAR-ERNAKULAM ROAD, 7 KM
6	Border crossings (state/district)	NIL
7	Major markets / weekly markets	NIL
8	Tourism hubs / major event venues	PANIYELI PORU TOURIST SPOT
9	Schools/colleges with hostels (number)	12
10	Factories / large workplaces (number)	3

F. Water, Sanitation & Hygiene (WASH)

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	Major drinking water sources (piped / wells / borewells / springs)	PIPED AND WELL WATER
2	No. of public wells	27
3	No. of households with piped water connection	
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	NO
10	Handwashing stations in public places (Yes/No)	NO

G. Zoonotic Risks & One Health

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	Livestock population (cattle/goats/pigs/poultry) – estimates	1404
2	No. of dairy farms / poultry farms / pig farms	83
3	Slaughterhouses / meat shops (number)	9
4	Animal markets (Yes/No, details)	YES
5	Veterinary dispensaries (number)	1
6	History of zoonotic outbreaks (rabies, leptospirosis, avian flu etc.)	LEPTOSPIROSIS
7	Stray dog population management measures (Yes/No)	NO
8	Rodent infestation hotspots (Yes/No)	NO
9	Wetlands / waterlogged areas prone to leptospirosis	1
10	Bat roosting areas / caves / fruit orchards (if any)	NIL
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)	1,2,3,4,5,14
2	Landslide-prone wards (list)	NIL
3	Cyclone/sea surge risk (Yes/No)	NO
4	Heatwave risk zones (Yes/No)	NO
5	Waterlogging areas (list)	NO
6	Shelter homes / relief camps (number, capacity)	NIL
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)	11
2	Anganwadi's (number)	23
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)	0
8	Telecom/mobile network coverage gaps (Yes/No)	YES
9	Power outage frequency (high/medium/low)	MEDIUM
10	Availability of generators in key facilities	YES

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	Kadambas're presence and strength (number of units)	184 /2224
4	Volunteer network (number, coverage)	16
5	Community-based surveillance mechanisms (yes/no)	YES
6	IEC dissemination channels (WhatsApp groups, community radio, pa systems)	YES
7	Rumour tracking mechanisms (yes/no)	YES
8	Languages spoken / literacy considerations	MALAYALAM
9	Vulnerable groups communication strategy available (yes/no)	YES

K. Preparedness Planning & Governance

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	LSG emergency plan available (Yes/No)	YES
2	Pandemic preparedness plan available (Yes/No)	NO
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)	YES
7	Intersectoral coordination mechanism (Health, Police, LSG, Veterinary, Education)	YES
8	Mock drills conducted in last 12 months (Yes/No)	YES
9	Training coverage for staff/volunteers (Yes/No)	NO

L. Surveillance & Data Systems

Sl. No.	Indicator / Field	Baseline Data (Value / Description)
1	Digital reporting tools used (e.g., DHIS2, portals)	DRIVE
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)	1,2,3,4,5,14 (FLOOD),6 (TRIBAL POPULATION)
3	Any unique local risks (industrial pollution, refugee camps, etc.)	PONGINCHUVAD TRIBAL POPULATION
4	Recommendations for preparedness strengthening	INTERSECTORAL MEETINGS AT REGULAR INTERVALS

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 Kudumbashree units.

Surveillance & Screening:

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

Isolation Centers:

- Establish local COVID Care Centers (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.