PANDEMIC PREPAREDNESS PLAN

KALLARA (VAIKOM)GRAMAPANCHAYATH

FAMILY HEALTH CENTRE KALLARA

MESSAGE FROM PRESIDENT/CHAIR LSGI

പകർച്ചവ്യാധികൾ മനുഷ്യസമൂഹത്തിന് സൃഷ്ടിക്കുന്ന വെല്ലുവിളികൾ അതീവ ഗുരുതരമാണ് .അടുത്ത കാലഘട്ടത്തിൽ ലോകം നേരിട്ട മഹാമാരികൾ നമ്മെ പഠിപ്പിച്ചതാണ് - ആരോഗ്യരംഗത്തു മുൻകരുതലും ,ശാസ്ത്രീയമായപദ്ധതികളും ,സമൂഹത്തിന്റെ ഏകോപിത പങ്കാളിത്തവും അനിവാര്യമാണെന്ന്. ഈ ബോധ്യത്തിന്റെ അടിസ്ഥാനത്തിലാണ് കല്ലറ ഗ്രാമപഞ്ചായത് **pandemic preparedness plan** പുസ്തകരൂപത്തിൽ തയ്യാറാക്കുന്നത് ഈ മുന്നൊരുക്ക പദ്ധതി പഞ്ചായത്തിലെ ആരോഗ്യസംരക്ഷണ സംവിധാനങ്ങളെ ശക്തിപ്പെടുത്തുക , അടിയന്തര സാഹചര്യങ്ങളിൽ വേഗത്തിലുള്ള പ്രതിരോധനടപടികൾ ഉറപ്പാക്കുക ,പൊതുജനങ്ങളിൽ ബോധവത്കരണം വർധിപ്പിക്കുക , ദുർബല വിഭാഗങ്ങൾക്ക് പ്രത്യേക സംരക്ഷണം നൽകുക,എന്നിവ ലക്ഷ്യമിടുന്നതാണ് .ആരോഗ്യ വകുപ്പ് ആശാപ്രവർത്തകർ അങ്കണവാടിപ്രവർത്തകർ സന്നദ്ധസംഘടനകൾ ,വാർഡുതലസമിതികൾ എന്നിവരുടെ കൂട്ടായപ്രവർത്തനമാണ് ഈ പദ്ധതിയുടെ കരുത്ത്.

Smt . MINI AUGUSTINE
PRESIDENT
KALLARA GRAMA PANCHAYATH

MESSAGE BY MEDICAL OFFICER

നാലുവശവും വെള്ളത്താൽ ചുറ്റപ്പെട്ടതും നെൽവയലുകളുടെയും റബ്ബറിന്റെയും ജലാശയങ്ങളുടെയും നാടായ 2/3 ഭാഗം നെൽകൃഷിചെയ്യുന്ന പുഞ്ചപ്പാട ശേഖരങ്ങളും ഉൾപ്പെടുന്ന ഒരു ഗ്രാമാണ് കല്ലറ .വെള്ളപ്പൊക്കത്തിനും പകർച്ചവ്യാധികൾക്കും ഭൂമിശാസ്ത്രപരമായസാധ്യതയുള്ള പ്രദേശമാണ് .പകർച്ചവ്യാധികൾ മനുഷ്യ സമൂഹത്തിന് നേരിടേണ്ടി വരുന്ന പ്രധാന പൊതുജനാരോഗ്യ വെല്ലുവിളികളിലൊന്നാണ്. കഴിഞ്ഞ കാലഘട്ടങ്ങളിൽനമ്മൾ അനുഭവിച്ച മഹാമാരികൾ ആരോഗ്യരംഗത്തിന്റെ തയ്യാറെടുപ്പും,പഠിപ്പിച്ചു.ഈ പശ്ചാത്തലത്തിൽ കല്ലറ പഞ്ചായത്തിന്റെ നേതൃത്വത്തിൽ തയ്യാറാക്കുന്ന "pandemic preparedness plan" നമ്മുടെ പ്രദേശത്തിന്റെ ആരോഗ്യസുരക്ഷയെ കൂടുതൽ ശക്തിപ്പെടുത്തുന്ന ഒരു മാതൃകാപരമായ സംരംഭമാണെന്നു ഞാൻ വിശ്വസിക്കുന്നു. രോഗനിരീക്ഷണം, നേരത്തെയുള്ള തിരിച്ചറിവ് ,ചികിത്സാ സൗകര്യങ്ങളുടെ സജ്ജീകരണം, പ്രതിരോധപ്രവർത്തനങ്ങൾ ബോധവത്കരണം, വിവിധ വകുപ്പ് ഏകോപനം എന്നിവയെ ഉൾകൊള്ളുന്ന സമഗ്ര പ്രവർത്തനരേഖയാണ് ഈ പദ്ധതി. ഈ തയ്യാറെടുപ്പു രേഖ ജനങ്ങളിലേക്കെത്തിച്ച് അവരെ ബോധവത്കരിക്കുന്നതിനുള്ള പഞ്ചായത്തിന്റെ പരിശ്രമത്തെ അഭിനന്ദിക്കുന്നു. സമൂഹത്തിന്റെ സജീവ പങ്കാളിത്തത്തോടെയും ഉത്തരവാദിത്ത ബോധത്തോടെയും നാം ഒന്നിച്ചു പ്രവർത്തിച്ചാൽ ഭാവിയിലെ ആരോഗ്യഅടിയന്തിര സാഹചര്യങ്ങളെ ആത്മവിശ്വാസത്തോടെ നേരിടാൻ കഴിയും. എല്ലാവരുടെയും സഹകരണവും പിന്തുണയും പ്രതീക്ഷിക്കുന്നു.

DR. JWALA JASHA JACOB
MEDICAL OFFICER IN CHARGE
FAMILY HEALTH CENTRE KALLARA

EXECUTIVE SUMMARY

Family Health Centre (FHC) Kallara is a government primary healthcare facility located in the Thalayolaparambu area of Kottayam district, Kerala, India. It functions as part of the Kerala state public health system, under Kerala Health and Family Welfare, providing basic medical and outpatient services to the local rural population.

Family Health Centre (FHC), offering primary and some preventive health services typically includes outpatient care, basic diagnostics, maternal and child health services, immunization, and other essential community health interventions.

Key Features of this institution includes, General outpatient consultations for common illnesses and injuries, Diagnosis and basic medical treatment without needing admission, referral support to higher centers if needed. Short-term in-hospital care for patients requiring observation or treatment that can't be managed on an outpatient basis. Maternal & Child Health Services like Antenatal care with regular check-ups during pregnancy and related counselling, following the postnatal care for maternal support after delivery.

Child health monitoring, growth check-ups and immunisation support. Immunisation Programs are conducted and Vaccinations for children and adults are given, following the government immunisation schedule. Basic Diagnostics & Lab Services include 10 routine tests and basic laboratory investigations. Pharmacy Services like dispensing essential medicines as per doctor prescriptions, 36 essential drugs in pharmacy promoting safe, rational and cost-effective drug therapy for patients attending OPD.

Public Health & Preventive Care comprising of public health wing, Janakeeya Arogya Kendram (JAK) team providing health education on sanitation, nutrition and disease prevention.

The Public Health wing, Monitoring and supporting national health programs like National Vector Borne Disease Control Programme (NVBDCP), National TB Elimination Program (NTEP), National Leprosy Eradication Programme (NLEP), Integrated Disease Surveillance Programme (IDSP), National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS), National Mental Health Programme (NMHP), National Programme for Control of Blindness and Visual Impairment (NPCBVI), National Programme for Healthcare of Elderly (NPHCE), Extreme poverty Eradication Programme (EPEP) and Maternal, Child Health & Nutrition Initiatives like Janani Suraksha Yojana (JSY), Janani Shishu Suraksha Karyakaram (JSSK), Rashtriya
Bal Swasthya Karyakram (RBSK), Universal Immunisation Programme(UIP)

LIST OF ABBREVIATIONS

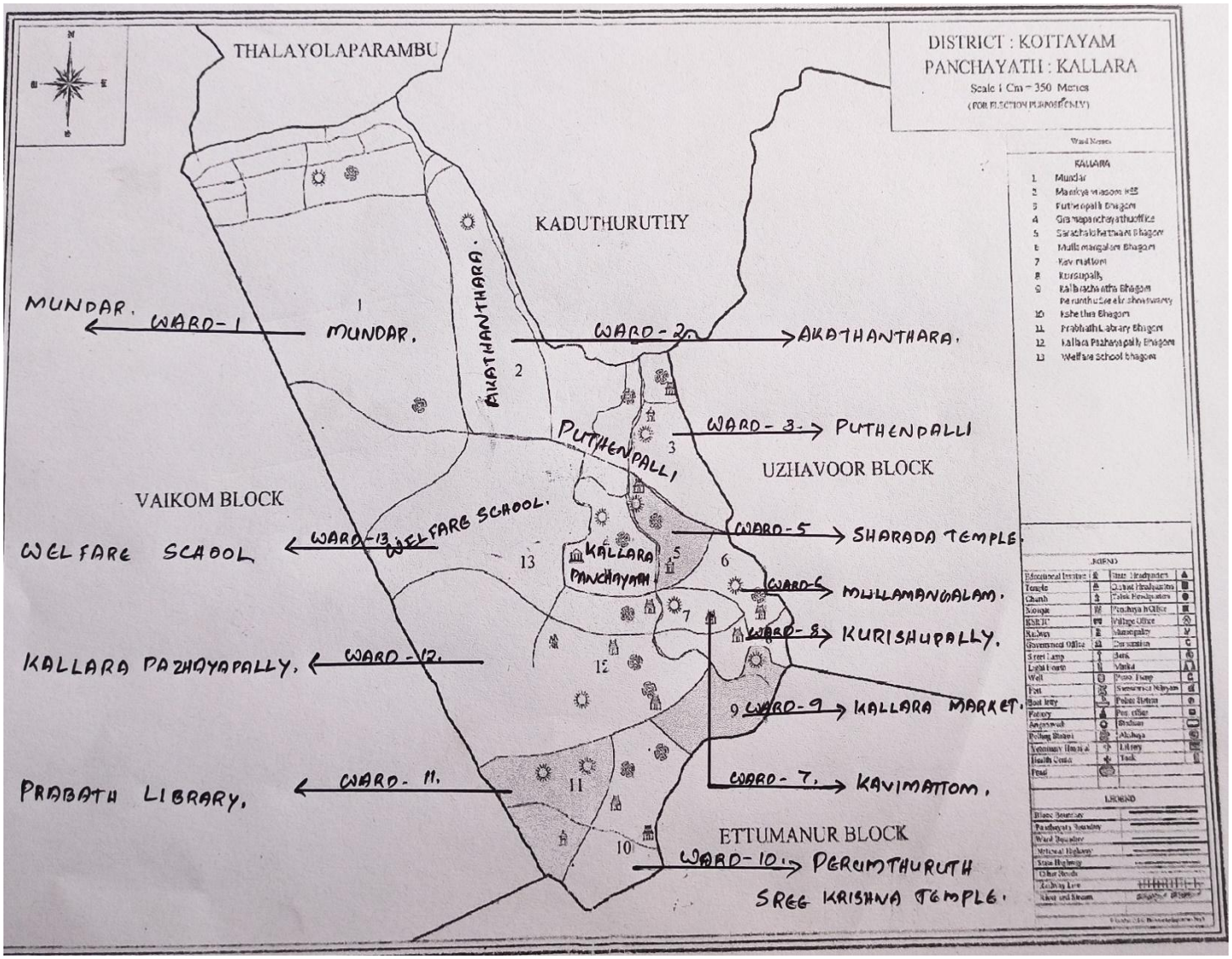
LSGD/LSGI	**LOCAL SELF GOVERNMENT DEPARTMENT/ LOCAL SELF GOVERNMENT INSTITUTION**
GP	**GRAMA PANCHAYAT**
BMO	**BLOCK MEDICAL OFFICER**
IDSP	**INTEGRATED DISEASE SURVEILLANCE PROGRAMME**
NDMA	**NATIONAL DISASTER MANAGEMENT AUTHORITY**
PPE	**PERSONAL PROTECTIVE EQUIPMENT**
ICMR	**INDIAN COUNCIL OF MEDICAL RESEARCH**
CD	**COMMUNICABLE DISEASES**
NCD	**NON-COMMUNICABLE DISEASES**
CAPD	**CONTINUOUS AMBULATOTY PERITONEAL DIALYSIS**
NSS	**NATIONAL SERVICE SCHEME**

TABLE OF CONTENTS

INTRODUCTION

- **Background of KALLARA (VAIKOM) Grama Panchayat**

LSGD AT A GLANCE



- Baseline data KALLARA (VAIKOM) Grama Panchayat

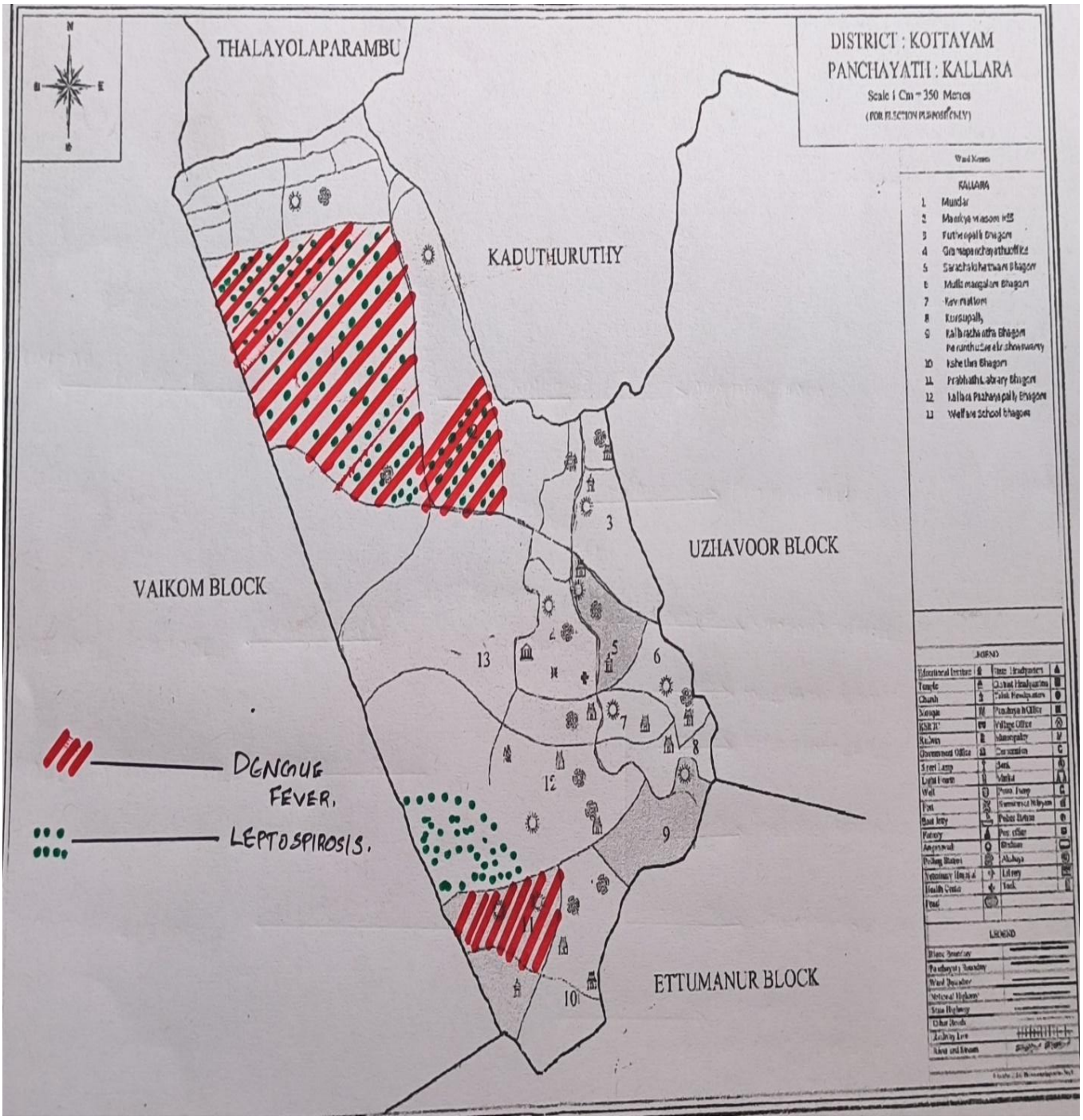
1	Revenue block	KADUTHURUTHY
2	Health Block	THALAYOLAPARAMBU
3	Name of Panchayath	KALLARA (VAIKOM)
4	Name of BFHC	BPHC THALAYOLAPARAMBU
5	Total Population	14089
6	Tribal Population	35
7	Migrant Population	136
8	Total Houses	3848
9	Total wards	14
10	Total Anganwadis	17
11	Total Schools	10
12	Number of sub centers	3
13	Number of private hospitals	2
14	Total 0-5 Yrs.Children	445
15	Total Adolescents	1198

- **Ward division**

Ward	Houses	Population	Migrants	Wells	Hot spots	Educational Institutions	Hospital pvt/govt.
14	3848	14089	136	2874	4	10	2/1

- Major Roads/rivers:.Kottayam- KALLARA -VAIKOM STATE HIGHWAY
- occupational groups, socio cultural groups, migration & mobility patterns: Major occupation is agriculture

SPOT MAP – DENGUE FEVER , LEPTOSPIROSIS



GENERAL PROFILE OF THE LSGI'S

കോട്ടയം ജില്ലയിലെ ഒരു ഗ്രാമീണ ഗ്രാമപഞ്ചായത്താണ് കല്ലറ. നാലു വശവും വെള്ളത്താൽ ചുറ്റപ്പെട്ടതും മുന്നിൽ രണ്ട് ഭാഗം നെൽ കൃഷി ചെയ്യുന്ന പുഞ്ചപ്പാടശേഖരങ്ങളും ഉൾപ്പെടുന്ന 27.48 ച.കി. മീറ്റർ വിസ്തീർണ്ണമുള്ള ഒരു കൊച്ചുഗ്രാമമാണ് കല്ലറ. ഈ പഞ്ചായത്ത് അപ്പർ കുട്ടനാട് പ്രദേശമാണ്. പഞ്ചായത്തിൻറെ വികസന പ്രവർത്തനങ്ങലെല്ലാം കാർഷികമേഖലയെ അടിസ്ഥാനമാക്കിയുള്ളതാണ്.തെക്ക് ഭാഗത്തായി വെച്ചൂർ, നീണ്ടൂർ പഞ്ചായത്തുകൾ.വടക്ക്–കടുത്തുരുത്തി,തലയോലപ്പറമ്പ് പഞ്ചായത്തുകൾ. കിഴക്ക് - മാഞ്ഞൂർ, കടുത്തുരുത്തി പഞ്ചായത്തുകൾ.പടിഞ്ഞാറ് - തലയാഴം, വെച്ചൂർ പഞ്ചായത്തുകൾ സ്ഥിതി ചെയ്യുന്നു.

Background of the LSGI

Table 1: Background of LSGD

Description	Details
Name of LSGI	KALLARA (VAIKOM)
Type (GP/Municipality / Corporation etc.)	GP
Block	KADUTHURUTHY
District	KOTTAYAM
Number of wards	14
Total area (sq. km)	27.48
Population (Projected)	14089
Population density	513
Terrain (coastal/low-lying/backwaters/foothills, etc.)	BACKWATER
Number of rivers passing through LSGI	NIL
Number of water bodies in the LSGI	4
Number of educational institutions	10
Factories / small-scale industries	NIL
Flood-prone wards	2
Landslide-prone wards	NIL
Death Management and Disposal Facilities (mortuaries/crematorium, including electric)	3
Auditoriums/Marriage halls/convention centres/community halls	4

Table 1: Background of LSGD	
Description	**Details**
Local self-government body located in VAIKOM taluk of Kottayam district, Kerala	KALLARA
Focuses on agriculture, Rural development and Back water tourism, improving health facilities	YES

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	14089
Male	6976
Female	7113
Transgender	0
Children under 5	445
Adolescent	1198
Elderly (>60)	2680
SOCIAL/LIVELIHOOD VULNERABILITY	
Previous EPEP family	6
BPL family	1221
Tribal communities	NIL

Description		Details (in numbers)
DEMOGRAPHIC PROFILE		
Migration	Immigrant	136
	Emigrant	145
Socio-economically deprived		0
Fisherfolk		69
SC Community		10
ST Community		0

Clinical Vulnerability

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

Description	**Details in numbers**
Pregnant women	46
Lactating mothers	36
Bedbound patients	30
Patients under palliative care other than bedbound	102
Patients on Hemodialysis	9
Patients on CAPD	13
Cancer patients (currently on treatment)	13

Description	Details in numbers
Hemophilic patients	0
Mentally challenged	7
Differently abled	120
Diabetic patients	1651
Hypertensive patients	1715
TB patients	4

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 THOMAS CHURCH KALLRA	APRIL
2	SREE SARADHA VILASINI TEMPLE KALLRA	JANUARY 10- 15
3	KALLARA PANDAVAR KULANGARA BHAGAVATHI TEMPLE	FEBRUARY- MARCH
4	ST MARYS CHURCH PUTHENPALLI	FEBRUARY

INFRASTRUCTURE & RESOURCE INVENTORY

Health Facility Directory & Basic Capacity in the LSGD

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

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

Table 5. Health Facility Resource Summary

Sl. no.	Health Facility	Type of Facility (MCH/GH/CHC/FHC/SC etc.)	Contact Number	Total beds	ICU Beds	Oxygen-Supported Beds	No. of Ventilator Support Beds	No. of ambulances
Government Healthcare Facilities								
1	FHC KALLRA	FHC	9447504315	0	0	0	0	0
2	PUTHENPALLI	SC	9656806260	0	0	0	0	0
3	MAIN CENTRE	SC	8547052532	0	0	0	0	0
4	PERUMTHURUTH	SC	9400702657	0	0	0	0	0
Private Healthcare Facilities								
1	BINDHU NURSING HOME	PVT HOSPITAL	9447259127	0	0	0	0	0
AYUSH Healthcare Facilities								
1	HOMEO DISPENSORY	GOVT	963367530	0	0	0	0	0
2	AYURVEDA HOSPITAL	GOVT	9447474095	0	0	0	0	0
Veterinary Hospital								
1	VETINARY HOSPITAL	GOVT	9048496940	0	0	0	0	0

Private Clinics

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

Table 6. Private Clinic Resource Summary

Sl No.	Name of Clinic	Registered (Y/N)	Clinic (General / Specialty)	Specialty (if any)	Address	Contact Number	Diagnostic Facility (Y/N)	Ambulance Linkage (Y/N)
1	NANMA POLY CLINIC	N	GENERAL	-	SOUTH KALLARA	8289878848	Y	Y

Healthcare Education & Training Institutions

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

Category of Institution	Govt	Private	AYUSH	Total
Medical Colleges	0	0	0	0
Nursing Colleges	0	0	0	0
Dental Colleges	0	0	0	0

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

Specialized Services & Emergency Inventory

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

Item	Govt	Private	AYUSH	Total
Hospital beds	0	0	0	0
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 centers	0	0	0	0
BLS ambulances	0	0	0	0
ALS ambulances	0	0	0	0
Dialysis facilities	0	0	0	0
Dispensaries	1	2	2	5
Medical store	0	5	1	6
Industrial establishments (**Medium-scale)**	0	0	0	0

Item	Govt	Private	AYUSH	Total
Industries/small-scale industries, establishments to whom we can depend in a worst-case scenario)	0	0	0	0

Oxygen & Diagnostic Capacity

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

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

Diagnostics facility mapping at the LSGI level

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

Item	Govt	Private	AYUSH	Total
General labs	1	5	0	6
Microbiology labs	0	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	VCARE LABORATORY	PRIVATE	PUTHENPALLI, KALLARA PO	7559882504	N	Y
2	JAYAMATHA CLINICAL LABORATORY	PRIVATE	SNDP BUILDING KALLARA	8943456846	N	Y
3	AMRITHA CLINICAL LABORATORY	PRIVATE	KALLARA SOUTH	9562742769	N	Y
4	ST MARYS LABORATORY	PRIVATE	KALLARA	9496946682	N	Y
5	SR LABOTATORIES	PRIVATE	KALLARA	9605358326	N	Y

Social and Community Infrastructure for surge plan

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

Category	Total Count	Ward	Est.Capacity (Persons)	Contact details
Educational Institutions				
Anganwadis	17	14	28	9544631452
Schools	10	14	1200	9400862105
Colleges	0	0	0	NA

Healthcare Educational Institutions				
Medical colleges (Govt/Private)	0	0	0	NA
Nursing colleges (Govt/Private)	0	0	0	NA
Dental colleges (Govt/Private)	0	0	0	NA
Paramedical institutes (Govt/Private)	0	0	0	NA
Community Gathering Spaces				
Community halls	1	4	100	9446242857
Auditoriums	1	12	300	9447600594
Religious buildings	3	3,14,2 &,6	500	9447869093 ,7902408623
Vulnerable Group Support Facility				
Destitute homes	1	4	45	9497869402
Elderly homes	1	2	50	8289812919
LSGD owned other buildings	NIL	NIL	NIL	NIL
Mass Fatality Management (MFM) Infrastructure				
Mortuary	0	0	0	0
Crematorium	2	3,7 & 12		

Human resources

This section focuses on the **human capital** available within the LSGI. In any emergency—be it a pandemic, flood, or industrial accident—infrastructure is only as effective as the people operating it.

Medical & Clinical Personnel

This table tracks the "Frontline" providers responsible for diagnosis, treatment, and clinical management. Narrative sentence: eg., "Total health workforce: 450 personnel, with 60% in government facilities serving as primary surge capacity." A detailed directory with the contact numbers of all workers is maintained (**Annexure in 1**).

Cadre	Govt (No.)	Private (No.)	Total
Doctors—Modern Medicine	2	3	5
Doctors – AYUSH	2	2	4
Doctors – Veterinary	1	0	1
Doctors – Dental	0	2	2
Nursing officers	2	9	11
Lab technicians	1	9	10
Optometrist	1	0	1
Pharmacists	2	7	9
Psychologists	0	0	0
Counsellors	0	0	0

Public Health & Field-Level Workforce

These individuals are the backbone of surveillance, maternal-child health, and decentralized care.

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

Community & Support Cadre

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

Cadre	Number
ASHA Workers	13
AWW (Anganwadi Workers)	17
Emergency Medical Volunteers (Trained)	26
Kudumbashree	114
MNREGS	1149
Purusha Swayam Sahaya Sangham	56
Ex-Servicemen	15
Retired Police Officers	7
NCC/NSS Volunteers	100
Red Cross volunteers	0
One Health Community Volunteers	637
One Health Community Mentors	91

Community Organizations

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

Category	Total Count
NGOs	2
Religious based organizations	4
Foreign based organizations	0
Sports Club/youth clubs	3
Kudumbashree SHGs	114
Ayalkootams	0
Political organizations	6
Residential organizations	0

Administrative & Emergency Services

This section outlines the availability of key non-health emergency support services and infrastructure within the LSGI, which are essential for effective pandemic preparedness and response. These facilities support law enforcement, disaster response, water supply, logistics, mobility, and community-level interventions during public health emergencies.

Category	Total Count	Contact details
Police Stations	1	4829 290947
Fire & Rescue Stations	0	0489 285151
Water Pumping Points	1	8113043056
Public Distribution System (PDS)	7	9495108545

Information regarding resources

The availability of essential transport and support resources plays a quiet but critical role in saving lives. Equipment such as ambulances, mobile mortuaries, amphibian ambulances, and motorized boats ensures that patients, samples, and healthcare teams can move swiftly—even in flooded, remote, or difficult terrains. Heavy vehicles like JCBs, cranes, tractors, and torus lorries support logistics, waste management, emergency infrastructure, and rapid conversion of spaces into care or isolation facilities. Taxis, four-wheel-drive vehicles, and trucks help maintain continuity of essential services, reach vulnerable populations, and support home-based care and supply delivery.

Means of transportation	Total Count
JCB	2
Crane	0
Heavy Trucks	15
Tractor	1
Ambulances	1 (108)
Mobile mortuaries	1
Boats	2
Taxi service	16

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 specialized tools like avian influenza seasonality mapping using GIS in previous outbreaks to enable predictive alerts and ward-specific sampling to support effective pandemic preparedness in high-risk areas.

Animal & Bird Population

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

Category	Item	Estimated Population	Ward
Animal Population	Livestock (Cattle/Goats/Buffalo)	1505	IN ALL WARDS
	Pet Animals (Dogs/Cats)	348	IN ALL WARDS
	Stray Dog Population	175	IN ALL WARDS
	Pig Farms (Number of heads)	NIL	NIL
	Small Units (Sheep / Goats – clustered)	NIL	NIL
Bird Population	Poultry Units (Birds)	1	12
	Poultry- (FOWL)	2200	12
	Wild/Migratory Birds (Observed)	NIL	NIL
	Crow Mortality Events (Reported)	NIL	NIL

The main risk of zoonotic diseases in KALLARA is concentrated in **LSGD areas like MUNDAR AND PERUMTHURUTH** which is explained by the high density of pig farms, cattle congregation areas, and poultry units. The stray dog population in **market areas, fish landing sites, bus stations** continues to be a substantial problem for rabies surveillance and bite prevention. There is a considerable risk of avian influenza introduction and amplification during **November - December** due to the seasonal presence of migratory and resident water birds near **ponds/ canal / river / backwater / paddy field**. Clusters of pig farms and animal shelters vulnerable to flooding further raise the risk of leptospirosis and other zoonoses mediated by the environment, especially during monsoon floods.

Veterinary Infrastructure

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

Facility Type	Name of Facility	Ownership Govt / Pvt	Location (Ward No)	Contact number
Veterinary Dispensary	GOVT VETERINY HOSPITAL	GOVT	14	9447474095
Veterinary polyclinic	0	0	0	0
Private Veterinary Clinics	0	0	0	0
Mobile / Emergency Vet Service (incl. night services)	Emergency vet service at block level	GOVT	NIL	NIL
Pet Homes / Animal Shelters	NIL	NIL	NIL	NIL
Slaughterhouse-linked Veterinary Inspection Unit	NIL	NIL	NIL	NIL

Veterinary Doctors & Workforce

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

Category	Number Available	Type (Govt/Pvt)	Contact number
Government Veterinary Doctors	1	GOVT	9048496940
Private Veterinary Doctors	NIL	NIL	NIL
Livestock Inspectors	2	GOVT	8547897950 7012531160
Para-veterinary Staff / Attenders	1	GOVT	NIL
Contract / On-call Veterinary Support (if any)	NIL	NIL	NIL

High-Risk Interface Points (Surveillance Sites)

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

Type of Habitat	Type of High-risk interface	Geographical vulnerability
Wetlands & Backwaters	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	1 (MUNDAR)	FLOOD PRONE AREA
Rodent-Infested Grain Storage	NIL	NIL

Category	**Total Count**	**Key Locations (wards)**
Poultry Farms	1	WARD 12
Backyard / Clustered Poultry Units	NIL	NIL
Duck Rearing Units (open water access)	3	WARD 1
Slaughterhouses/ Slaughter Points	NIL	NIL
Meat/Fish Markets	NIL	NIL
Live Bird Sale Points	1	9
Cattle Markets / Weekly Animal Fairs	NIL	NIL
Pet Shops / Breeders	NIL	NIL
Animal Shelters / Pet Homes	NIL	NIL
Waste Disposal Sites near Animal Units	NIL	NIL

Environmental Risk Mapping

Environmental risk mapping identifies monsoon/flood hotspots for vector-borne (dengue, chikungunya), water-borne (leptospirosis, diarrhea), 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	1,2,12,11	MUNDAR, PERUMTHURUTH	MED
Water bodies/wetlands	1,2,4,10,11,12	MUNDAR, PERUMTHURUTH	MED
Solid waste accumulation	NIL	NIL	NIL
Animal waste disposal issues	NIL	NIL	NIL
Rodent infestation zones	NIL	NIL	NIL
Industrial effluent discharge	NIL	NIL	NIL

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

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	WINTER	MIGRATORY BIRDS	MUNDAR	YES
Leptospirosis	MOSOON	PADDY FIELDS	MUNDAR	YES
Dengue/Chikungunya	MONSOON	NIL	PERUMTHURUTH	YES
Acute Diarrheal Diseases	MONSOON	NIL	KALLARA, MUNDAR ,PERUMTHURUTH	YES
Rabies	NIL	NIL	NIL	YES
Anthrax (rare)	NIL	NIL	NIL	NIL

Vulnerability Mapping

Vulnerability mapping pinpoints high-risk populations, occupations, and areas exposed via environment, livelihoods, socio-economics, and poor service access. Paired with environmental/seasonality mapping, it enables risk-based surveillance, targeted actions, and optimal resource use in One Health and pandemic planning.

Vulnerability Factor	High-Risk Wards	Key Groups / Locations	Risk Level
Flood-prone households	1,2,4,5,6,11&12	Mundar,kallara	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	1 ,2, 12	MUNDAR	MEDIUM
Sanitation workers	NIL		
Daily wage / migrant workers	2,4,6,7,9,11,12	PUTHENPALLI , PERUMTHURUTH	MEDIUM
Elderly & chronically ill populations	1,2,13	MUNDAR , KALLARA	MEDIUM
Pregnant Women	1	MUNDAR	MEDIUM
Children (schools, Anganwadi's)	NIL	NIL	NIL
Limited access to safe water & sanitation	1	MUNDAR	MEDIUM

EPIDEMIOLOGICAL TRENDS (2021–2025)

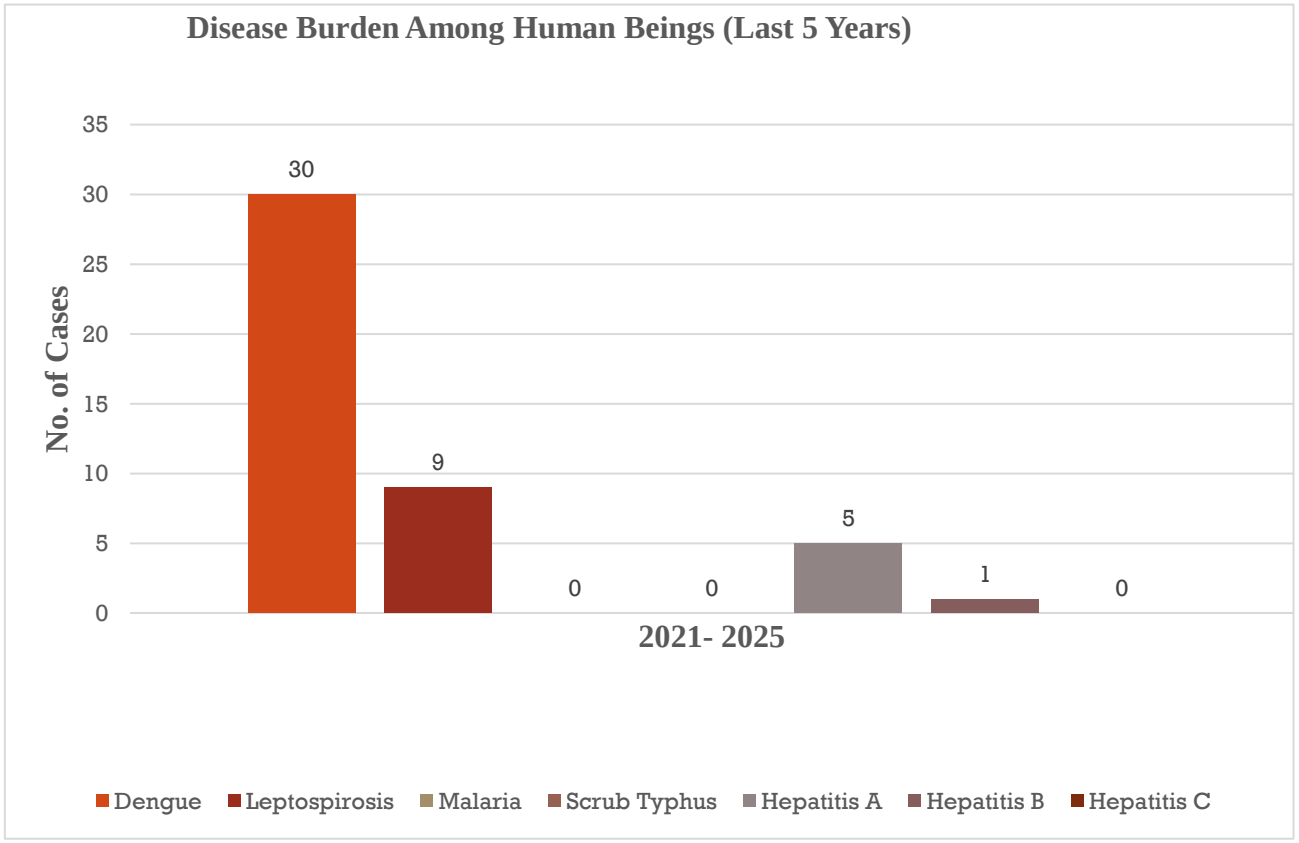
Disease surveillance is the systematic collection, analysis, and interpretation of health data for planning, implementation, and evaluation of public health practice. This section presents the disease surveillance profile of the LSGI based on routine reporting systems and outbreak investigations to identify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

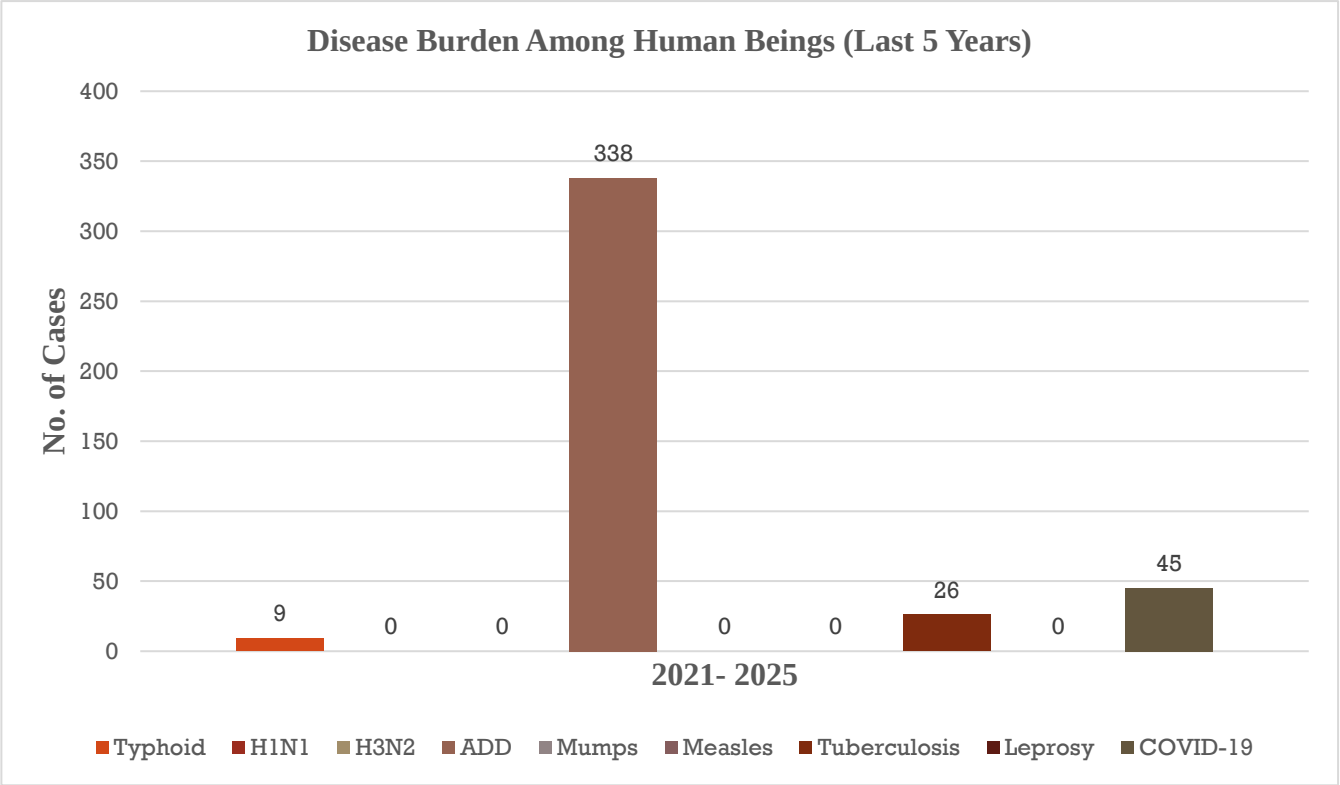
Disease Burden among human beings (Last 5 Years)

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

Disease	2021	2022	2023	2024	2025	Trend (Increasing/Stable/Decreasing)
Dengue	1	2	9	10	8	DECREASING
Leptospirosis	4	4	0	1	0	DECREASING
Hepatitis A	0	1	0	4	0	DECREASING
Malaria	0	0	0	0	0	STABLE
Scrub Typhus	0	0	0	0	0	STABLE
Typhoid	0	2	4	2	1	DECREASING
H1N1	0	0	0	0	0	STABLE
H3N2	0	0	0	0	0	STABLE

ADD	56	69	77	63	73	INCREASING
Mumps	0	0	0	0	0	STABLE
Measles	0	0	0	0	0	STABLE
Hepatitis B	0	0	0	0	1	INCREASING
Hepatitis C	0	0	0	0	0	STABLE
Tuberculosis	5	6	5	4	6	INCREASING
Leprosy	0	0	0	0	0	STABLE
COVID-19	45	0	0	0	0	STABLE





Seasonal Trend Analysis

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

DENGUE

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

Peak: July–November

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

Ward	Dengue – Ward-wise Yearly Distribution					
	2021	2022	2023	2024	2025	Total
1	0	0	0	0	2	2
2	0	0	0	1	1	2
3	0	0	0	2	1	3
4	0	1	1	2	0	4
5	0	0	1	1	1	3
6	0	0	1	0	0	1
7	0	0	1	0	1	2
8	0	0	1	0	0	1
9	0	0	1	1	0	2
10	0	0	1	0	0	1
11	0	0	1	0	1	2

12	0	1	0	2	0	3
13	1	0	1	1	1	4

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 Distribut0ion**					
	2021	**2022**	**2023**	**2024**	**2025**	**Total**
1	0	1	0	0	0	1
2	3	1	0	0	0	4
3	0	0	0	0	0	0
4	0	0	0	0	0	0
5	0	0	0	1	0	1
6	0	1	0	0	0	1

7	0	0	0	0	0	0
8	0	1	0	0	0	1
9	1	0	0	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

VIRAL HEPATITIS - A

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

Peak: October - December

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

Ward	Hep A – Ward-wise Yearly Distribution					
	2021	2022	2023	2024	2025	Total
1	0	0	0	0	0	0
2	0	0	0	1	0	1
3	0	0	0	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	1	0	0	0	1
8	0	0	0	1	0	1
9	0	0	0	0	0	0

10	0	0	0	1	0	1
11	0	0	0	0	0	0
12	0	0	0	0	0	0
13	0	0	0	0	0	0

Outcome-Based Trend Analysis- 2025

- DENGUE CASES: DECREASING
- LEPTOSPIROSIS: DECREASING
- TUBERCULOSIS: DECREASING

Transmission Trend- 2025

For effective management of public health issues, it is important to track the trend of disease transmission mode. It helps identify the population or place at high risk that can be used to predict outbreaks and implement targeted interventions as quickly as possible. Understanding these kinds of trends enables authorities to allocate resources efficiently and change the strategies adequately based on the trend that follows.

Mode of Transmission	No. of cases	No. of Deaths
Vector Borne Diseases	8	0
Water Borne Diseases	2	0
Air Borne Diseases	7	0
Blood Borne Diseases	1	1
Food Borne Diseases	NIL	0

Vector-Borne Disease

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

Water Borne Disease

Disease	No. of Cases	No. of Deaths
Cholera	0	0
Typhoid	1	0
Hep- A	0	0
Dysentery	0	0
Amoebiasis	0	0
E- Coli infections	23	0

Air Borne Disease

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

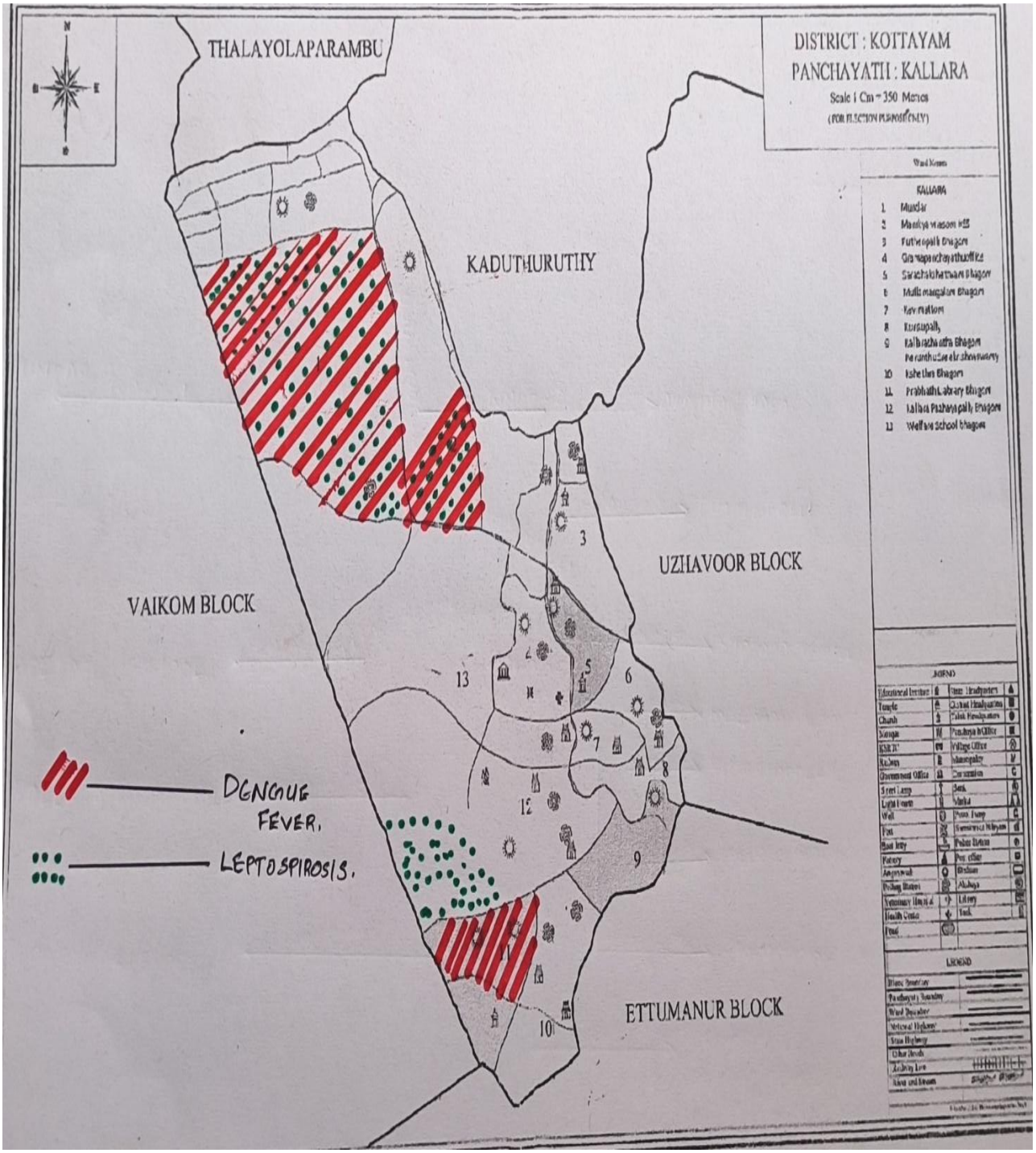
Blood-Borne Disease

Disease	No. of Cases	No. of Deaths
AIDS	0	0
Hepatitis B	1	1
Hepatitis C	0	0

Zoonotic Disease

Disease	No. of Cases	No. of Deaths
Rabies	2	0
Leptospirosis	0	0
Avian influenza	0	0
West nile	0	0
Anthrax	0	0
Nipah	0	0
Scrub Typhus	0	0

Integrated Disease Hotspot Map (2021–2025)



Ward No	Dengue Total (2021-25)	Leptospirosis Total (2021-25)	Hepatitis A Total (2021-25)	Mumps (2021-25)	ADD (2021-25)	Total Cases
1	2	1	0	0	24	27
2	2	4	1	0	27	34
3	3	0	1	0	25	29
4	4	0	0	0	22	26
5	3	1	0	0	21	26
6	1	1	0	0	28	30
7	2	0	1	0	30	33
8	1	1	1	0	25	28
9	2	1	0	0	31	34
10	1	0	1	0	22	24

11	2	0	0	0	24	26
12	3	0	0	0	28	31
13	4	0	0	0	31	35

By overlaying five years of data, we have identified 4 'Red Zone' Wards. These are wards where at least two different categories of diseases (e.g., Dengue and Leptospirosis) recurred in consecutive years.

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	Mini Augustine	Panchayat President	LSGD	Chairperson	9605493702
2	Dr.Jwala Jasha Jacob	Medical Officer(PHC/CHC)	Health Dept	Member Secretary	9447504315
3	Dr.Neethu	Veterinary Officer	Animal Husbandry	Member	9048496940
4	Anand P	Epidemiologist	LSGD	Member	8086199839
5	Shibumon B	Health Inspector/PHN	Health Dept	SURVEILLANCE	7560984978
6	Manoj	ASHA Supervisor/PRO	NHM	Member	9747211498
7	Sreejisha	ICDS Supervisor	SOCIAL WELFARE	Vulnerable group	9544631452
8	ASWIN PRASAD	Police Station Officer	HOME DEPT	Law &Order	9946922684
9	Aravind sankar	Ward Representative	LSGD	Member	9048048414

Key Responsibilities:

- Review disease surveillance data (human + animal)
- Conduct ward-wise risk assessment and vulnerability mapping
- Approve quarantine/isolation center 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 rumor 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: 200 persons

Team	Composition	Key Responsibilities	Team Leader
Surveillance and Contact Tracing	HI, JHI, JPHN, ASHAs and Volunteers	Case detection, contact listing, home visits, reporting	HI

Case Management	Doctors, Nurses, MLSP, Palliative Nurses	Patient care & referral	DOCTOR
Quarantine & Isolation	DISTRICT staff, Volunteers	Facility management	JHI
Psychosocial support	Doctors, Nurses, MLSP, Palliative Nurses	Patient care & referral	DOCTOR
Logistics & supply chain	DISTRICT staff, Storekeepers, Drivers 3	Supplies & transport [PPE, medicines, oxygen, transport, waste management]	Ward Member
Social Support	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	TRANSPORTATION SERVICES	STATION OFFICER
Media Surveillance	YOUTH CLUB	IEC	SATHEESH KUMAR
Intersectoral coordination and convergence	LSGD	COMMUNITY MEETINGS & COORDINATION	PRESIDENT GRAMA PANCHAYATH
Collaborative surveillance	LSGD	CORDINATION & COLLABRATION	PRESIDENT GRAMA PANCHAYATH
Laboratory Access	FHC KALLARA	LAB TECHNECIAN	MEDICAL OFFICER

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:**
   - Field investigation conducted by public health wing (HS,HI,JHI,LHS,LHI,JPHN,MLSP, ASHA)
   - Integrated health information platform(IHIP)
   - Integrated diseases surveillance programme (IDSP)
2. **Event-based triggers (to be monitored and reported):**
   - Out break events are reported in IHIP
3. **Zoonotic and animal health surveillance--** Mostly done by LSGD staff and Veterinary staff
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.
- Finalize 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 – NIL
  - Pulse oximeters – 8
  - Hand sanitizers – 2 L
  - Masks, gloves, disinfectants – 25 ,50 , 2L

  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.).
- Categorize cases as per the severity and allocate to appropriate facilities (for instance, severe cases to classrooms, mild cases to an assembly hall in case of a school).
- Facility readiness checklist needed (beds, toilets, ventilation) etc.
- Find an alternate site if the primary sites are not available or not in use.
- Identify facility managers and support staff
- Prepare basic SOPs for:
  - Admission and discharge
  - Food, water, sanitation
  - Infection prevention and waste disposal
- Ensure availability of basic amenities: water, sanitation, electricity, ventilation, and waste disposal. Prepare a rapid activation plan for these facilities if case numbers increase.

➢ Risk Communication and Community Preparedness

- Disseminate **e**arly warning messages on symptoms, preventive measures, and reporting mechanisms. Display IEC materials both in English and the local language in public places and ensure ward-level awareness.
- Sensitize elected representatives and community leaders on preparedness measures.
- Establish a rumor tracking and misinformation response mechanism to identify, verify, and promptly counter false or misleading information.
- Engage trusted local persons (ward members, ASHA workers, religious leaders, teachers, community volunteers) to communicate official public health messages and reinforce correct practices.
- Develop and deploy targeted IEC materials for:
  - Schools and educational institutions
  - Markets and commercial areas
  - Work sites and labour settings

- Conduct community sensitization meetings at the ward level to promote preventive behaviors, address concerns, and strengthen community participation in preparedness and response.

➢ Protection of Vulnerable Groups

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

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

➢ 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        2. VISUAL SYMPTOMS       3. TRAVEL HISTORY
   (Non-contact)              (Cough/Fever/Breathless)  (Last 14 days)

        ↓                          ↓                         ↓

4. QUICK RISK ASSESSMENT     5. ACTION TAKEN
   High Risk → Test/Quarantine   Normal → Allowed
   Suspect → PHC Referral        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 center for real-time coordination, data aggregation, decision support, and communication during outbreaks. It consolidates information from all LSGD teams, health facilities and community sources to enable rapid response decisions.

Control Room Infrastructure and Location

Primary Location: KALLARA PANCHAYATH

Backup Location: FHC KALLARA

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.

Panchayat Rapid Response Team (RRT)			
Sl No.	**Member**	**Designation**	**Contact Details**
1	Mini Augustine	Grama Panchayat President	9605493702
2	Yesodharan K P	Secretary	9496044617
3	Tintu K Joseph	Health Standing Committee Chairperson	8921084547
4	Dr: Jwala Jasha Jacob	Medical Officer in Charge	9447504315
5	Eby S Nath	Nusing Superintendent	9961167321
6	Smitha Sanu	Pharmacist	9633788058
7	Sheeba Joshy	Laboratory Technician	7012311966
8	Saji K K	Health Supervisor	9961100431
9	Shylaja Beevi	Public Health Nusing Supervisor	9895094447
10	Shibumon B	Health Inspector	7560984978
11	Manoj M G	Public Relations Officer	9747211498
12	Meenakumari	Nusing Assistant	9526628906
13		Ambulance Service	108

2. Data Management & Analytics Team

- Collects, validates, and manages key health system indicators (cases, tests, beds, HR, supplies).
- Analyzes data trends, generates projections, and supports evidence-based decision-making for local authorities.

3. Human Resource Deployment Team

- Allocates healthcare staff efficiently based on workload and need
- Ensures adequate and equitable workforce distribution across facilities

4. Laboratory Surveillance Team

- Oversees diagnostic testing coordination, sample transport, and timely reporting of results.
- Monitors lab indicators (testing volume, positivity rate, turnaround time) for early detection of outbreaks

5. Vaccination Cell (If required)

- Plans and executes vaccination campaigns, including micro-planning and session scheduling.
- Tracks coverage, identifies gaps, and coordinates corrective actions with field teams and outreach services.

6.Infrastructure & Patient Occupancy Team

- Monitors facility capacity, earmarked beds, oxygen and critical care resources across all linked facilities.
- Ensures optimal patient distribution and referral management using updated bed-status and resource data.
- BMWM

7. Communication team
8. Logistics and supply chain
9. Transportation (interfacility & emergency transport)
10. Media surveillance Call center
11. Managementofthedeceased
12. Inter sectoral 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	Smt . MINI AUGUSTINE	PRESIDENT	9605493702	SUPERVISION AND IMPLIMENTATION
Public Health Officer	Dr JWALA JASHA JACOB	MEDICAL OFFICER	9447504315	SURVEILENCE AND COORDINATION
Communication Officer	B SHIBUMON	HEALTH INSPECTOR	7560984978	INFORMATION GATHERING AND REPORTING TO CONCERNED AITHORITY

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.
Testing	Sudden drop in testing volume / delay in reporting / unusual testing trends	Review the sample collection process, address lab bottlenecks, deploy additional testing teams, and notify the District Lab.
Lab	Test Positivity rate increases	Increase testing sites in that ward.
Hospital	>80% Oxygen bed occupancy	Activate backup/CFLTC beds.

Travel	Cluster of cases from a single flight/train or high-risk arrival group.	Trace all passengers in adjacent seats; implement mandatory institutional quarantine.
Animal	Mass poultry/wildlife death or unusual sickness	Notify Animal Husbandry, sample the area, and dispatch RRT for environmental sampling and zoonotic check.
Mortality	Sudden spike in home deaths or brought-in-dead (BID) cases	Audit the deaths and Active Case Search drive
Additional investigations like Whole Genome Sequencing (WGS)	Detection of a **Variant of Concern (VOC) or Variant of Interest (VOI)**	Implement strict micro-containment; update clinical protocols to match variant severity.

4. Communication of Public Health Information

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

Channel	Responsible Person	Contact
Ward-level announcements	WARD MEMBER	9495108545
Social Media	WARD MEMBER	7034136914
Local Cable TV/Radio	LIJUMON	9961216100

Key communicators

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

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

5. Coordination with District/State Authorities & Other Organizations

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: BLOCK MEDICAL OFFICER**
- **Contact Number : 9446081030**

Reporting Schedule and Protocols:

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

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 centers, and field teams through daily stock registers and dispensing logs to prevent shortages.
- Coordinate with District authorities, Karunya/Neethi medical shops, and local purchase committees for funds allocation and emergency procurement.

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

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

Resource Inventory and Contacts

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

Collaboration with NGOs, PPP, and CSR

To augment government efforts during a pandemic, the LSG shall collaborate with NGOs, voluntary organizations, 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 organizations 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 utilized.

Organization	Type	Support Offered	Contact Person
Youth Clubs/Student Unions	CBO	VOLUNTARY SERVICE	CHELLAPPAN 9447126185

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 : EBY S NATH	Case management	9961167321
Veterinary	Veterinary Surgeon: Dr NEETHU	Animal surveillance	9048496940
ICDS	Supervisor: SREEJISHA	Nutrition support	9544631452
Education	Head Teacher: HONEY	School coordination	9400862105
Police	SUB INSPECTOR	Containment enforcement	04829 290947

Water Authority	ASSISTANT ENGINEER	Water supply	04829 283300
LSGD Engineering		Quarantine infrastructure	9497665750

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 mobilize 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
COMMUNITY HALL KALLARA	HALL	1	4	50	SECRETARY
PARISH HALL KALLARA	**HALL**	1	12	30	REVERENT VIKAR
PEE TEES AUDITORIUM	**AUDITORIUM**	1	7	40	MANAGER

- **Recovery and rehabilitation phase**

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

CONCLUSION

Additional points

- Tech support
- Relief based commodities
- Ham reading operators
- Hazard vulnerability mapping
- KSEB & Other power source
- HR specific responsibility

RECOMMENDATIONS

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

2. Community Awareness & Education

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

3. Emergency Response & Coordination

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

4. Supply Chain & Food Security

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

5. Digital Preparedness

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

6. Training & Capacity Building

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

7. Long-Term Resilience

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

MOCKDRILL SCENARIOS

MOCKDRILL CONDUCTED AT FHC KALLARA ON FIRE AND SAFTY

ANNEXURE

1. IMPORTANT PHONE NUMBERS

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

1.1 Details of grama panchayat/municipality/corporation ward

Sl. No	Name of the ward	Ward Number	Name of the ward Member	Contact Number
1	MUNDAR	1	PRAMEELA SHIBU	9946667734
2	MANIKKAVILASAM HSS AREA	2	TINTU JOSEPH	8921084547
3	PUTHENPALLY	3	BABU	9446931727
4	SHARADA TEMPLE AREA	4	ARAVINDH SANKAR	9048048414
5	MULLAMANGALAM	5	M C RAJU	9400667200

6	KAVIMATTOM	6	REMESH KAVIMATTOM	9496586214
7	KURISHUPALLY	7	AMBILY BINEESH	8075501214
8	MUDAKKALI AREA	8	REJI KURIAN	9495108545
9	KALLARA MARKET	9	MINI AGUSTINE	9605493702
10	PRABATH LIBRARY	10	MANIKUTTAN	7034136914
11	KODUTHURUTH AREA	11	VENUGOPAL	9495481492
12	KALLARA PAZHAYAPALLI	12	BINDHU	9496947711
13	WELFARE SCHOOL	13	AYISHA	9846323039
14	KALLARA PANCHAYATH AREA	14	BINI ABHILASH	6282667468

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

Sl. No.	Name	Contact number
1.	SECRETARY GRAMA PANCHAYATH	9446242857
2.	AGRICULTURE OFFICER	8281384728
3.	Animal Husbandry Doctor	9048496940
4.	Police Officer	4829290947

1.3 Important offices of grama panchayat/municipality/ corporation

Sl. No	Name of the office	Contact person	Contact number
1.	Village Office	Village Officer	8547612715
2.	Agriculture Office	Agriculture Officer	8281384728
3.	Animal Husbandry Office	Animal Husbandry Doctor	9048496940
4.	Police Station	Police Officer	4829290947
5.	BSNL Office	Officer	8281939032
6.	Block Office	Officer	04829 282393
7.	KSEB Office	Officer	9496008182
8.	Fisheries Office	Officer	9447232051
9.	Fire and Rescue	Officer	04829 285151

1.4 Health Services

Sl. No	Name of the hospital/institution	Location	Contact Number
1.	Government hospitals/PHC	KALLARA	04829 290277
2.	Private hospitals	KALLARA	04829 268133
3.	Clinical laboratories	KALLARA	7012311966
4.	Chemist/pharmacy	KALLARA	9633788058

1.5 Veterinary Services

Sl. No	Name of the Clinic	Name of the Surgeon/Doctor	Place/location	Phone number
1	Govt.Veterinary Hospital	Dr NEETHU	KALLARA	9048496940

1.6 Helpline numbers

Helpline	Phone number
Police	4829 290947
Fire and Rescue	04829 285151
KSEB	9496008182

1.7 Public and Private Schools Contact details

SI. No	Name of School	Institution type	Phone number
1	UPS SSV KALLARA	Aided	9747437101
2	ST THOMAS HS KALLARA	Aided	9847558771
3	SR SAVIO LPS KALLARA	Private	8547674148
4	GOVT LPS KALLARA	Govt	9400862105
5	ST SAVIO LPS PARAVANTHURUTHU	Aided	9447909744
6	SMV NSS HS KALLARA	Aided	9447775566
7	SMV NSS HSS KALLARA	Aided	9446070537
8	SKV GOVT UPS KALLARA	Govt	9446859402
9	SMV GOVT LPS KALLARA	Govt	9846662109
10	GOVT HW LPS KALLARA	Govt	9495569287

1.9. Anganwadi Contact Details

Ward No	Name of Anganwadi Teachers	Phone number
1	ANJU	7510310594
2	LEELAMANI	9207210318
1	SIJIMOL	9061832541
1	BIJI (HELPER)	7558849125
3	TINU	9496113875
4	MANOMI	6238833196
5	MINI	7306048166
6	LEENA	9496320807
7	PADMALATHA	9847374531
8	JINI MOHAN	7025554429
9	BEENA	9747134859
10	BEENA	8592981046
11	SARITHA	8590219563
11	YAMUNA	9656158489
12	BINDHU	9497140703
13	SINDHU	9400263545
14	SREEJAMOL	9496946658

1.12. Information regarding resources

Means of transportation	Name of Owner	Phone Number
Heavy Trucks	SUMESH	9447367000
Tractor	JOMON	7025225753
Ambulances	108 AMBULANCE SERVICE	108
Taxi service	JOSE GEORGE	9446202356

Annexure 1: LSG Baseline Data Collection Format

A. Baseline data

Sl. No.	Indicator / Field	Baseline Data	Source / Remarks
1	Name of LSG	KALLARA	
2	District	KOTTAYAM	
3	Block / Taluk	KADUTHURUTHY/VAIKOM	
4	Type of LSG (Gram Panchayat / Municipality / Corporation)	GRAMA PANCHAYATH	
5	Area (sq. km)	27.9	
6	No. of wards	14	
7	GIS boundary file available	(Yes/No)	
8	Key contact person & phone	PANCHAYATH SECRETARY PH: 9446242857	

B. Demography

Indicator / Field	Baseline Data	Source / Remarks
Total population	14089	
Males	6976	
Females	7113	
Transgender population	0	
Age distribution (<5, 5–14, 15–59,≥60)	445/	
No. of households	3848	
Population density (persons/sq.km)	512.7	
No. of migrant workers	136	
Major occupational groups	FARMERS	

C. Vulnerable Populations & Social Risks

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	No. of elderly (≥60)	2680	
2	No. of persons with disability	120	
3	No. of bedridden persons	30	
4	No. of chronic disease cases (DM/HTN/COPD/CKD etc.)	3401	
5	Pregnant women (current estimate)	46	
6	Children <5 years	445	
7	Tribal population (if any)	35	
8	Fisherfolk / coastal vulnerable groups (if any)	NIL	
9	Urban slums / unnotified settlements (if any)	NIL	
10	Homeless population	NIL	
11	Orphanages / old age homes (number & capacity)	2	
12	Hostels/prisons/shelters (number & capacity)	NIL	

13	Poverty / BPL estimate	12	
14	Food insecurity hotspots	NIL	
15	Any history of stigma/discrimination issues (Yes/No)	NO	

D. Health System & Service Readiness

Sl. No.	Indicator / Field	Baseline Data (Value/ Description)	Source / Remarks
1	No. of health facilities in LSG (PHC/CHC/TH/DH/Privat e)	1	
2	PHC/Family Health Centre details (name, location)	FHC KALLARA	
3	Subcenters / Health & Wellness Centers (number)	3	
4	Private clinics / hospitals (number)	3	
	Labs available (public/private)	5	

6	Availability of ambulance services (Yes/No, number)	YES	(108 AMBULANCE)
7	Availability of isolation/quarantine facilities (Yes/No, details)	YES	
8	Cold chain facilities (Yes/No, details)	YES , ILR AVAILABLE	
9	Stockpile space available (Yes/No)	YES	
10	PPE / mask / sanitizer availability plan (Yes/No)	YES	
11	Surveillance staff available (JHI/JPHN/ASHA count)	YES JHI : 2 ,JPHN :3 , ASHA : 13	
12	Existing emergency referral pathways (Yes/No)	YES	

E. Points of Entry & Mobility

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Bus stands / depots (number)	NIL	
2	Railway stations (number)	NIL	

3	Boat jetties / fishing harbors (number)	NIL	
4	Ports / airports nearby (specify distance)	NIL	
5	Major highways/roads passing through	STATE HIGHWAY 42	
6	Border crossings (state/district)	NIL	
7	Major markets / weekly markets	NIL	
8	Tourism hubs / major event venues	NIL	
9	Schools/colleges with hostels (number)	NIL	
10	Factories / large workplaces (number)	NIL	

F. Water, Sanitation & Hygiene (WASH)

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Major drinking water sources (piped / wells / borewells / springs)	PIPED	

2	No. of public wells	2874	
3	No. of households with piped water connection	3848	
4	Water quality testing routine (Yes/No)	YES	
5	Common contamination risks (flooding, salinity, industrial waste)	FLOODING	WARD 1,2
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	6	
10	Handwashing stations in public places (Yes/No)	YES	

G. Zoonotic Risks & One Health

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Livestock population (cattle/goats/pigs/poultry) estimates–	3705	

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

H. Climate & Disaster Risks (Pandemic Amplifiers)

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Flood-prone wards (list)	1,2,12	

2	Landslide-prone wards (list)	NIL	
3	Cyclone/sea surge risk (Yes/No)	NIL	
4	Heatwave risk zones (Yes/No)	NIL	
5	Waterlogging areas (list)	1	
6	Shelter homes / relief camps (number, capacity)	NIL	
7	Past disaster displacement history	NIL	
8	Disruption to water supply/transport common (Yes/No)	NO	

I. Critical Infrastructure & Logistics

Sl.No.	**Indicator / Field**	**Baseline Data (Value / Description)**	**Source / Remarks**
1	Schools (number)	10	
2	Anganwadis (number)	17	
3	Colleges (number)	NIL	
4	Community halls (number)	1	
5	Places of worship with large gatherings (number)	3	

6	Large markets / shopping areas (number)	NIL	
7	Warehouses / cold storages (number)	NIL	
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)	Source / Remarks
1	Ward-level rapid response teams (Yes/No)	YES	
2	Jagratha samithis / committees active (Yes/No)	YES	
3	Kudumbashree presence and strength (number of units)	135	
4	Volunteer network (number, coverage)	55	

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)	NO	
8	Languages spoken / literacy considerations	MALAYALAM	
9	Vulnerable groups communication strategy available (Yes/No)	YES	

K. Preparedness Planning & Governance

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	LSG emergency plan available (Yes/No)	YES	
2	Pandemic preparedness plan available (Yes/No)	YES	
3	Incident Command System identified (Yes/No)	YES	
4	Rapid procurement mechanism available (Yes/No)	YES	

5	Emergency fund available (Yes/No, amount)	YES	
6	Past outbreak response experience (Yes/No, details)	YES, COVID CARE MANAGEMENT	
7	Intersectoral coordination mechanism (Health, Police, LSG, Veterinary, Education)	AVAILABLE	
8	Mock drills conducted in last 12 months (Yes/No)	YES	
9	Training coverage for staff/volunteers (Yes/No)	YES	

L. Surveillance & Data Systems

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Digital reporting tools used (e.g., DHIS2, portals)	NIL	
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)	AVERAGE	
7	Data sharing between departments (Yes/No)	YES	
8	Availability of dashboard for monitoring (Yes/No)	NO	

M. Additional Notes & Observations

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Key challenges perceived by LSG	NIL	
2	Top 5 high-risk wards (reason)	1,2,12(FLOOD PRONE)	
3	Any unique local risks (industrial pollution, refugee camps, etc.)	NIL	
4	Recommendations for preparedness strengthening	MORE INTERSECTORAL COORDINATION& CAPACITY BUILDING	