PANDEMIC PREPAREDNESS PLAN

FHC KOOTTILANGADI

acer
[Email address]

MESSAGE FROM PRESIDENT KOOTTILANGADI

RASNA MUNEER

DEAR BROTHERS AND SISTERS,

ENSURING THE HEALTH AND SAFETY OF OUR COMMUNITY IS A SHARED RESPONSIBILITY OF ALL OF US. JUST AS THE WORLD HAS FACED SEVERAL PANDEMICS IN THE PAST, IT IS ESSENTIAL THAT WE REMAIN PREPARED FOR POSSIBLE FUTURE HEALTH CRISES.

IN THIS CONTEXT, OUR INSTITUTION/COMMUNITY HAS PREPARED A PANDEMIC PREPAREDNESS PLAN. THIS PLAN WILL HELP US RESPOND EFFECTIVELY TO HEALTH EMERGENCIES, CONTROL THE SPREAD OF DISEASES, AND ENSURE THE SAFETY OF THE PUBLIC. AT THE SAME TIME, IT IS IMPORTANT FOR EVERYONE TO FOLLOW THE GUIDELINES OF THE HEALTH DEPARTMENT AND STRENGTHEN PRACTICES RELATED TO HYGIENE, PERSONAL PROTECTION, AND AWARENESS.

FOR THE SAFETY OF OUR COMMUNITY, I REQUEST EACH ONE OF YOU TO ACT RESPONSIBLY AND STRICTLY FOLLOW THE INSTRUCTIONS OF THE CONCERNED AUTHORITIES. WITH UNITY AND COOPERATION, WE CAN SUCCESSFULLY OVERCOME ANY HEALTH CRISIS.

WISHING EVERYONE GOOD HEALTH AND SAFETY.

RASNA MUNEER

PRESIDENT

KOOTTILANGADI

MESSAGE FROM HEALTH STANDING COMMITTEE CHAIRMAN

Nazeera Naser

Dear Citizens of Koottilangadi

Health and safety of the community is one of the primary responsibilities of local self-government institutions. In a context where pandemics spreading globally can seriously affect community life and public health systems, it is essential to prepare a Pandemic Preparedness Plan to anticipate and effectively respond to such health emergencies.

This plan includes guidelines to control the spread of diseases, strengthen public awareness, and coordinate the functioning of health systems. Such health crises can be effectively managed only through the collective cooperation of the health department, local bodies, voluntary organizations, and the public.

Everyone is requested to maintain personal hygiene, follow health advisories, and cooperate with the guidelines issued by the health department. Through unity, vigilance, and cooperation, we can ensure the health and safety of our community.

WISHING EVERYONE GOOD HEALTH AND SAFETY.

Nazeera Naser
Chairperson, Health Standing Committee
Koottilangadi

MESSAGE BY MEDICAL OFFICER

Dr. Safa Salim

Dear Stakeholders and Citizens

The coordinated efforts of local self-government institutions, health workers, volunteers, and the general public are crucial in such pandemic situations.

The public is requested to maintain personal hygiene, seek medical attention immediately if symptoms appear, and strictly follow the guidelines issued by the health department. With everyone's cooperation, we hope to successfully overcome any pandemic crisis.

Wishing everyone good health and safety.

Dr. Safa Salim
Medical Officer
FHC Koottilangadi

EXECUTIVE SUMMARY

Frimary Health Centre (PHC) functions as the primary public healthcare institution serving the population of KOOTTILANGADI Grama Panchayath. The FHC 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 FHC 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.

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

Despite constraints related to infrastructure, manpower, and increasing service demand, the PHC continues to enhance service delivery through effective planning, data-driven decision-making, and community engagement. Strengthening facilities, upgrading digital health systems, and expanding preventive services remain key focus areas for future development.

Overall, KOOTTILANGADI Family Health Centre stands as a vital institution in safeguarding public health and improving the quality of life of the residents of KOOTTILANGADI 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**

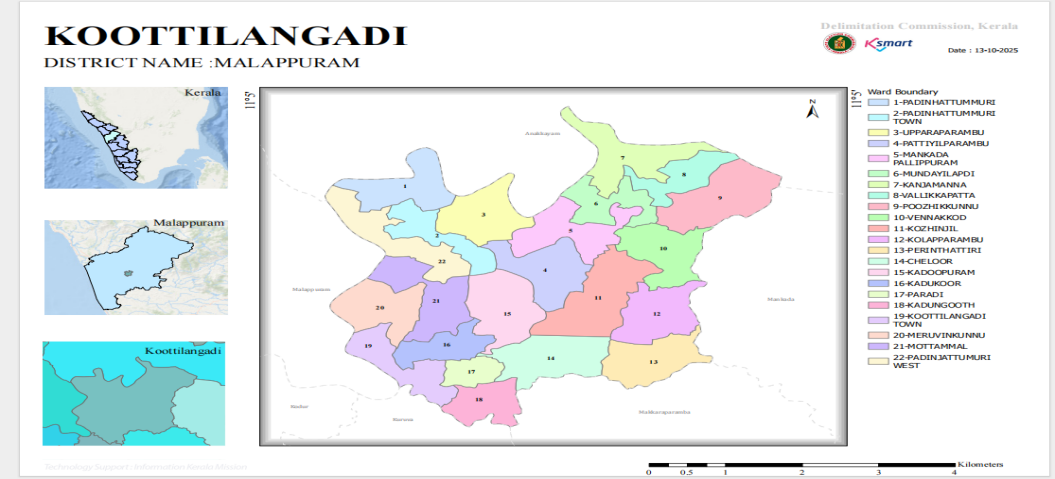
TABLE OF CONTENTS

INTRODUCTION

- **Background of the PPP**
- LSGD at a glance

LSGD AT A GLANCE

- Geographical boundaries with political map (based on latest delimitation)



- Baseline data
- Ward division -

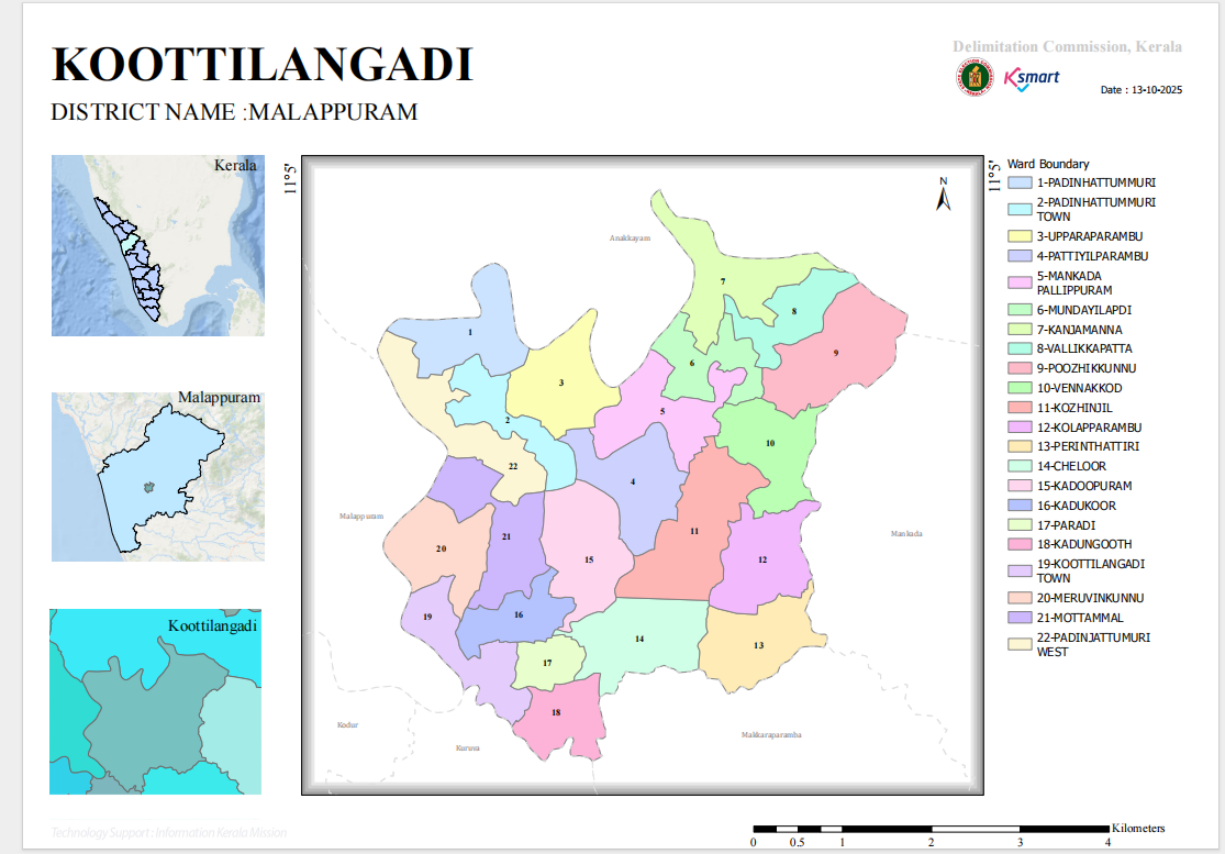
Ward	Houses	Population	Migrants	Wells	Hot spots	Ed. Institutions	Hosp pvt/govt.
22	9991	47208	322	4699	3	21	1

- Risk stratification among wards in the context of Communicable diseases and hazards
- Major Roads/rivers
- Major establishments with geospatial mapping
- occupational groups, socio cultural groups, migration & mobility patterns
- *Vulnerability mapping*
- Disaster prone areas (geographic vulnerability)

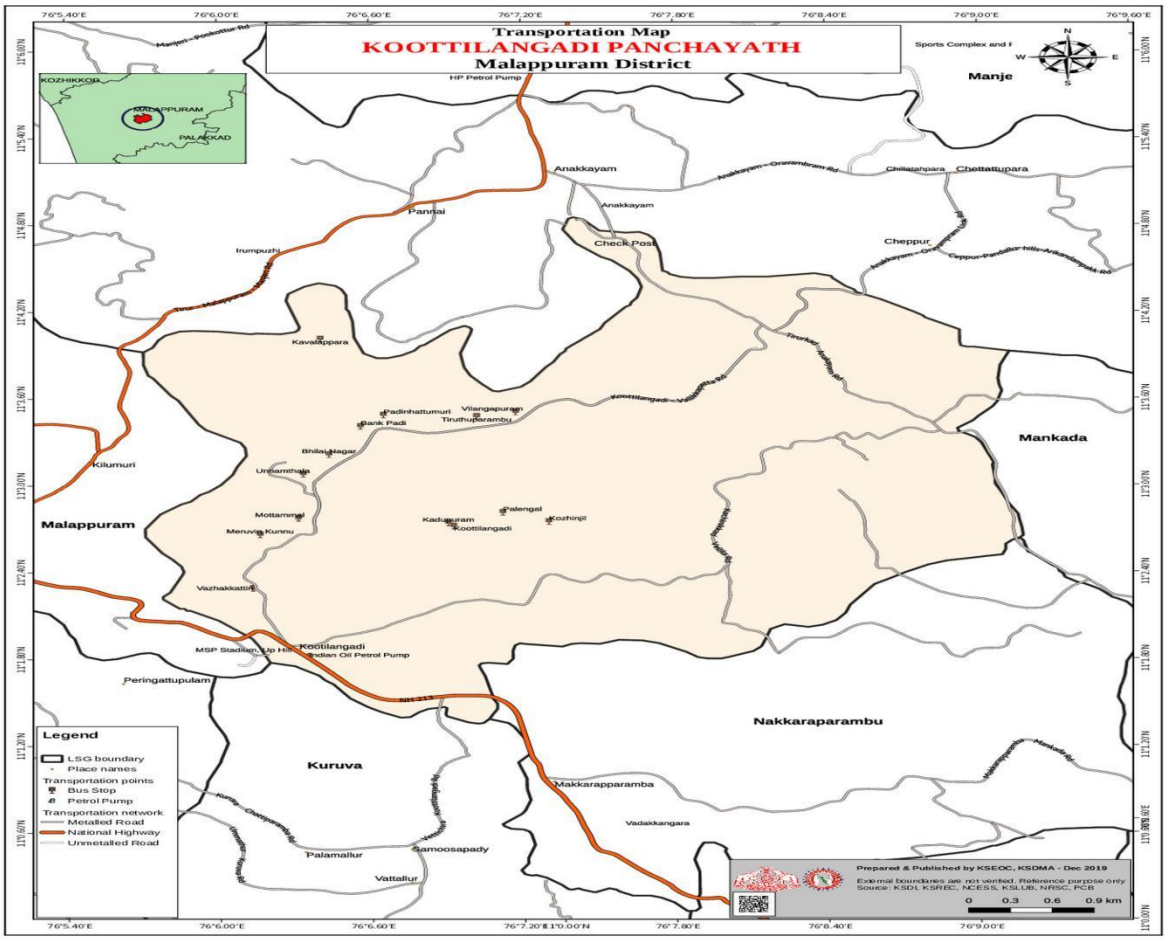
Maps - ward-based (Mention source also)

1. Geographical boundaries - ward boundaries map
2. Health infrastructure map
3. roads and rivers map
4. major establishments map
5. disaster-prone areas map
6. hotspot map - CD & disasters

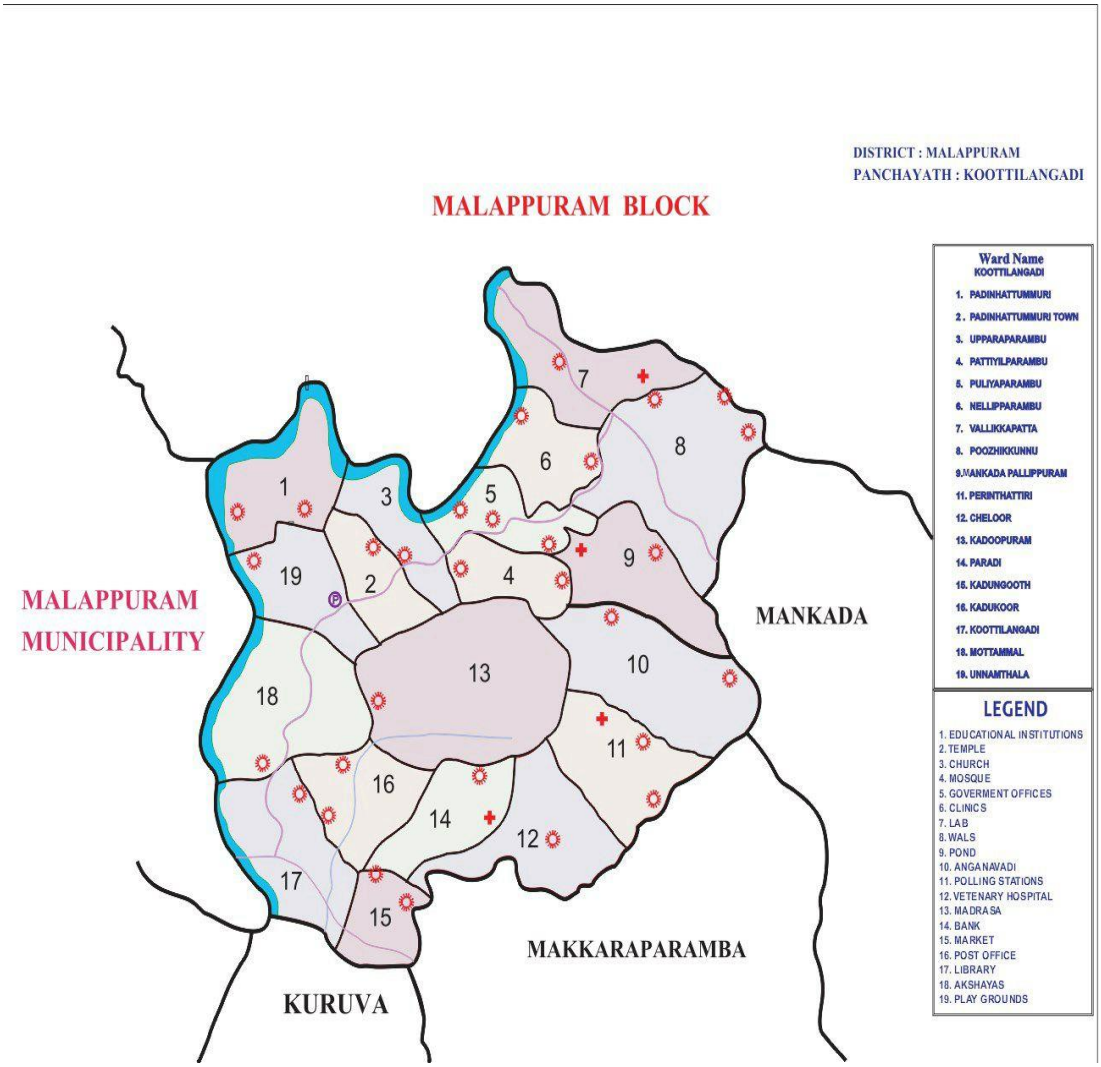
INTEGRATED HEALTH INFRASTRUCTURE MAP OF _____ PANCHAYAT



Roads and rivers map



Health Infrastructure Map



GENERAL PROFILE OF THE LSGI'S

Background of the LSGI

KOOTTILANGADI Grama Panchayat is situated in the PADINCHATUMURI of MALAPPURAM 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, KOOTTILANGADI 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	KOOTTILANGADI
Type (GP/Municipality / Corporation etc.)	Grama Panchayath
Block	MANKADA
District	MALAPPURAM
Number of wards	22
Total area (sq. km)	20.1
Population(Projected)	47208
Population density	persons/sq km-2348
Terrain (coastal/low-lying/backwaters/foothills, etc.)	NA
Number of rivers passing through LSGI	1
Number of water bodies in the LSGI	6
Number of educational institutions	19
Factories / small-scale industries	0
Flood-prone wards	4
Landslide-prone wards	1
Death Management and Disposal Facilities (mortuaries/crematorium, including electric)	0
Auditoriums/Marriage halls/convention centres/community halls	4

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		47208
Male		23626
Female		23582
Transgender		0
Children under 5		4153
Adolescent		9409
Elderly (>60)		4933
SOCIAL/LIVELIHOOD VULNERABILITY		
Previous EPEP family		58
BPL family		2798
Tribal communities		0
Migration	Immigrant	322
	Emigrant	0
Socio-economically deprived		0
Fisherfolk		0
SC Community		14
ST Community		0

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

Clinical Vulnerability

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

Description	Details in numbers
Pregnant women	616
Lactating mothers	537
Bedbound patients	94
Patients under palliative care other than bedbound	249
Patients on Haemodialysis	27
Patients on CAPD	1
Cancer patients (currently on treatment)	87
Haemophilic patients	1
Mentally challenged	44
Differently abled	0
Diabetic patients	1788
Hypertensive patients	1977
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	KARKIDAKA VAVUBALI	KARKIDAKA MASAM

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 KOOTILANGADI	FHC	8078892702	0	0	0	0	0
Private Healthcare Facilities								
1	FATHIMA CLININC KOOTTILANGADI	ETC	9947473920	0	0	0	0	0
AYUSH Healthcare Facilities								
	GOVT.AYURVEDA HOSPITAL	GH	9745927118	0	0	0	0	0
	GOVT.HOMEO HOSPITAL	GH	9495292103	0	0	0	0	0
				0	0	0	0	0

Private Clinics

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

Table 6. Private Clinic Resource Summary

Sl No.	Name of Clinic	Registered (Y/N)	Clinic (General / Speciality)	Speciality (if any)	Address	Contact Number	Diagnostic Facility (Y/N)	Ambulance Linkage (Y/N)
1	FATHIMA CLINIC , KOOTTIL ANGADI	Y	G	NO	KOOTTIL ANGADI	9947473920	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
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)	N	Y	N	N
Oxygen-supported beds(Numbers)	N	N	N	N
Ventilator-supported beds	N	N	N	N
ICU beds	N	N	N	N
Burns units	N	N	N	N
Blood centres	N	N	N	N
BLS ambulances	0	1	0	1
ALS ambulances	0	1	0	1
Dialysis facilities	0	1	0	1
Dispensaries	1	2	0	3
Medical store	1	13	2	16
Industrial establishments(**Medium-scale industries/small-scale industries establishments to whom we can depend in a worst-case scenario)**	0	1	0	1

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 KOOTTILANGADI	Y	N	Y	N	N	N	N

Diagnostics facility mapping at the LSGI level

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

Item	Govt	Private	AYUSH	Total
General labs	1	7	0	8
Microbiology labs	1	1	0	1
RT-PCR labs	0	1	0	1
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	**AMAR**	**PRIV**	**KOOTTILANGADI**	**9048917182**	**NO**	**yes**
2	**FATHIMA**	**PRIV**	**KOOTTILANGADI**	**8075359199**	**NO**	**yes**
3	**CENRAL CLINIC**	**PRIV**	**KOLAPARAMBA**	**9745959818**	**NO**	**yes**
4	**Twist Medicare and Diagnostic center i**	**PRIV**	**Padijattumur**	**9813789400**	**NO**	**yes**
5	**Central Poly Clinic**	**PRIV**	**Padijattumur**	**9995381986**	**NO**	**yes**
6	**.Illikkal Medical speciality clinic**	**PRIV**	**Padijattumur**	**9037250871**	**NO**	**yes**
7	**Nimmi medical center**	**PRIV**	**Vilangapuram**	**9048309080**	**NO**	**yes**
8	Pallippuram Care clinic	**PRIV**	Pallippuram	9745093095	**NO**	**yes**
9	Medi Trust	**PRIV**	Vallikapetta	888994420	**NO**	**yes**
10	Medi lab, Koottilangadi	**PRIV**	koottilangadi		**NO**	**yes**

Social and Community Infrastructure for surge plan

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

Category	**Total Count**	**Ward**	**Est. Capacity (Persons)**	**Contact details**
Educational Institutions				
Anganwadis	32	1-22.	80	9497118586
Schools	19	1-22.	3000	9633653612

Colleges	2	3,19	100	9446769191
			0	
Medical colleges (Govt/Private)	0			
Nursing colleges (Govt/Private)	0			
Dental colleges (Govt/Private)	0			
Paramedical institutes (Govt/Private)	0			
Community Gathering Spaces				
Community halls	1	2	15	9495563698
Auditoriums	6	7,15,3,1,19,10	600	9447225705
Religious buildings	44	1-22.	500	9847372753
Vulnerable Group Support Facility				
Destitute homes	0			
Elderly homes	0	0		
LSGD owned other buildings	0	0		
Mass Fatality Management (MFM) Infrastructure				
Mortuary	0			
Crematorium	0			

*refer annexure 1 for contact details

Human resources

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

Medical & Clinical Personnel

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

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

Public Health & Field-Level Workforce

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

Cadre	Health services	Municipal common services	Total
HS (Health Supervisors)	0	0	0
HI (Health Inspectors)	1	0	1
LHS (Lady Health Supervisor)	0	0	0
LHI (Lady Health Inspectors)	1	0	1
JPHN (Jr Public Health Nurses)	5	0	5
JHI (Jr Health Inspectors)	3	0	3
MLSP (Mid-Level Service Providers)	5	0	5
Palliative Nurses	1	0	1
RBSK Nurses	1	0	1
PRO	0	0	0
Epidemiologist	0	0	
Data Manager	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	24
AWW (Anganwadi Workers)	32
Emergency Medical Volunteers (Trained)	2
Kudumbashree	353
MNREGS	22
Purusha Swayam Sahaya Sangham	1
Ex-Servicemen	6
Retired Police Officers	11
NCC/NSS Volunteers	48
Red Cross volunteers	60
One Health Community Volunteers	2
One Health Community Mentors	1

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	7
Religious based organizations	3
Foreign based organizations	1
Sports Club/youth clubs	9
Kudumbashree SHGs	1
Ayalkootams	353
Political organizations	4
Residential organizations	1

Administrative & Emergency Services

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

Category	Total Count	Contact details
Police Stations	0	0
Fire & Rescue Stations	0	0
Water Pumping Points	1	8606159035
Public Distribution System (PDS)	5	8606159035, 9995357082

Information regarding resources

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

Means of transportation	Total Count
JCB	3
Crane	0
Heavy Trucks	2
Tractor	2
Ambulances	2
Mobile mortuaries	0
Boats	0
Taxi service	4

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

ONE HEALTH & ENVIRONMENTAL SURVEILLANCE

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

Animal & Bird Population

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

Category	Item	Estimated Population	Wards
Animal Population	Livestock (Cattle/Goats/Buffalo)	451 1200 180	1-22
	Pet Animals (Dogs/Cats)	89	1-22
	Stray Dog Population	114	1-22
	Pig Farms (Number of heads)	0	
	Small Units (Sheep / Goats – clustered)	0	
Bird Population	Poultry Units (Birds)	1	10
	Poultry- (FOWL)	10500	1-22
	Wild/Migratory Birds (Observed)	0	
	Crow Mortality Events (Reported)	0	

The main risk of zoonotic diseases in **KOOTTILANGADI** is concentrated in **Wards 13,15,17** 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	VETINARY HOSPITAL KOOTTILANGADI	GOVT	2	9946794881
Veterinary Hospital / Polyclinic	POLY CLINIC PALLIPURAM	GOVT	9	9946794881
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

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**	9946794881
Private Veterinary Doctors	0	0	0
Livestock Inspectors	2	**Govt**	8714435283 9747316468
Para-veterinary Staff / Attenders	0	0	0
Contract / On-call Veterinary Support (if any)	1	BLOCK LEVEL	1962

High-Risk Interface Points (Surveillance Sites)

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

Type of Habitat	Type of High risk interface	Geographical vulnerability
Wetlands & Backwaters	0	0
Backyard Poultry Farms	0	0
Cattle Sheds near Water Bodies	0	0
Fish & Meat Markets	3	NO
Community Slaughter Sites	0	0
Migratory Bird Congregation Areas	0	0
Rodent-Infested Grain Storage	0	0

Category	Total Count	Key Locations (wards)
Poultry Farms	2	10,11
Backyard / Clustered Poultry Units	0	0
Duck Rearing Units (open water access)	0	0
Slaughterhouses/ Slaughter Points	0	0
Meat/Fish Markets	2	17,15
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	15,16,17,1	kottilangadi , vallikapatta	MED
Water bodies/wetlands	15	koottilangadi	MED
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	0	0	

Disease Seasonality Mapping

1, **Flooding & waterlogging** → amplifies leptospirosis, malaria, diarrheal diseases.

2, Migratory bird influx (Nov–Feb) → avian influenza risk.

3, Mosquito breeding cycles → vector-borne disease peaks in monsoon.

4, Agricultural practices → close human–animal contact in paddy fields.

Disease	Peak Risk Season	Key Drivers	High-Risk Locations	Surveillance Focus
Avian Influenza	0	0	0	0
Leptospirosis	SEP		KEERANKUNDU	FARMERS , VETINARY
Dengue/Chikungunya	JUNE		PERINTHATTIRI	RUBBER PLATION , MIGRANT SITES
Acute Diarrheal Diseases	JUNE JULY		NIL	
Rabies	0	0	0	0
Anthrax (rare)	0	0	0	0

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 Leve l
Flood-prone households	14,15,16	vallikapataa , keeramkundu	M
Wetland-adjacent communities	7	kolaparamba ,cheloor , parady,valikapatta	M
Backyard poultry / duck rearing households	,10,11,4	kolaparamba ,keeramkundu	M
Livestock-rearing households	10,13,11,5	kolaparamba ,perithttiri,padinchtumuri	M
Slaughterhouse & meat market workers	15,10,17	koottilangadi,kolaparamba ,padinchatumuri	M
Fisherfolk & fish market workers	17,16,10,3 ,2	koottilangadi,kolaparamba ,padinchatumuri	M
Sanitation workers	all wards	koottilangadi,kolaparamba ,padinchatumuri	M
Daily wage / migrant workers	15,16,10,1 7,19,3	koottilangadi,kolaparamba ,padinchatumuri,cheloor	M
Elderly & chronically ill populations	1-22	koottilangadi,kolaparamba ,padinchatumuri,cheloor	M
Pregnant Women	1-22	koottilangadi,kolaparamba ,padinchatumuri,cheloor	M
Children (schools, Anganwadi's)	1-22	koottilangadi,kolaparamba ,padinchatumuri,cheloor	M
Limited access to safe water & sanitation	13,11,10,5	koottilangadi,kolaparamba ,padinchatumuri,cheloor	M

EPIDEMIOLOGICAL TRENDS (2021–2025)

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

Disease Burden among human beings(Last 5 Years)

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

Disease	2021	2022	2023	2024	2025	Trend(Increasing/St
Dengue	12	9	18	18	2	stable
Leptospirosis	2	2	6	7	1	stable
Hepatitis A	0	4	17	123	105	stable
Malaria	0	0	0	0	0	stable
Scrub Typhus	0	2	1	0	0	stable
Typhoid	0	1	3	0	1	stable
H1N1	0	0	2	0	0	stable
H3N2	0	0	0	0	0	stable
ADD	13	41	28	64	87	stable
Mumps	0	0	0	0	0	stable
Measles	0	0	0	0	0	stable
Hepatitis B	0	0	0	0	0	stable
Hepatitis C	0	0	0	0	0	
Tuberculosis	0	0	0	0	0	
Leprosy	0	0	0	0	0	
COVID-19	3248	112	4	3	0	
	3275	171	79	215	196	0

*(use the above table data to create the graph/diagram)

Seasonal Trend Analysis

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

DENGUE

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

Peak: July–November

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

Ward	Dengue – Ward-wise Yearly Distribution					
	2021	2022	2023	2024	2025	Total
1	0	0	0	0	0	0
2	0	0	0	0	0	0
3	0	0	0	0	0	0
4	2	1	2	3	0	8
5	0	1	1	2	0	4
6	0	0	0	0	0	0
7	1	1	1	2	0	5
8	0	1	1	1	0	3
9	0	0	1	1	0	2
10	3	1	4	2	1	11
11	4	3	6	4	1	18
12	0	0	0	0	0	0
13	0	0	0	0	0	0
14	0	0	0	0	0	0
15	1	0	1	2	0	4
16	1	1	1	1	0	4
17	0	0	0	0	0	0
18	0	0	0	0	0	0
19	0	0	0	0	0	0
TOTAL	12	9	18	18	2	59

LEPTOSPIROSIS

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

Peak: June – August

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

Ward	Leptospirosis – Ward-wise Yearly Distribution					
	2021	2022	2023	2024	2025	Total
1	0	0	0	0	0	0
2	0	1	2	1	0	4
3	0	1	1	2	1	5
4	0	0	0	0	0	0
5	1	0	1	1	0	3
6	0	0	0	0	0	0
7	1	0	1	1	0	3
8	0	0	0	0	0	0
9	0	0	0	0	0	0
10	0	0	0	0	0	0
11	0	0	0	0	0	0
12	0	0	0	0	0	0
13	0	0	0	1	0	1
14	0	0	1	1	0	2
15	0	0	0	0	0	0
16	0	0	0	0	0	0
17	0	0	0	0	0	0
18	0	0	0	0	0	0
19	0	0	0	0	0	0
TOTAL	2	2	6	7	1	18

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	3	2	5
2	0	0	2	7	4	13
3	0	0	1	9	5	15
4	0	0	3	5	3	11
5	0	0	0	4	5	9
6	0	1	0	2	4	7
7	0	0	0	7	9	16
8	0	0	0	5	5	10
9	0	0	0	11	9	20
10	0	0	0	11	8	19
11	0	0	0	9	6	15
12	0	1	3	7	5	16
13	0	2	0	11	13	26
14	0	0	2	4	6	12
15	0	0	2	15	21	38
16	0	0	2	4	2	8
17	0	0	0	2	2	4
18	0	0	1	3	4	8
19	0	0	1	4	4	9
TOTAL	0	4	17	123	117	261

Outcome-Based Trend Analysis- 2025

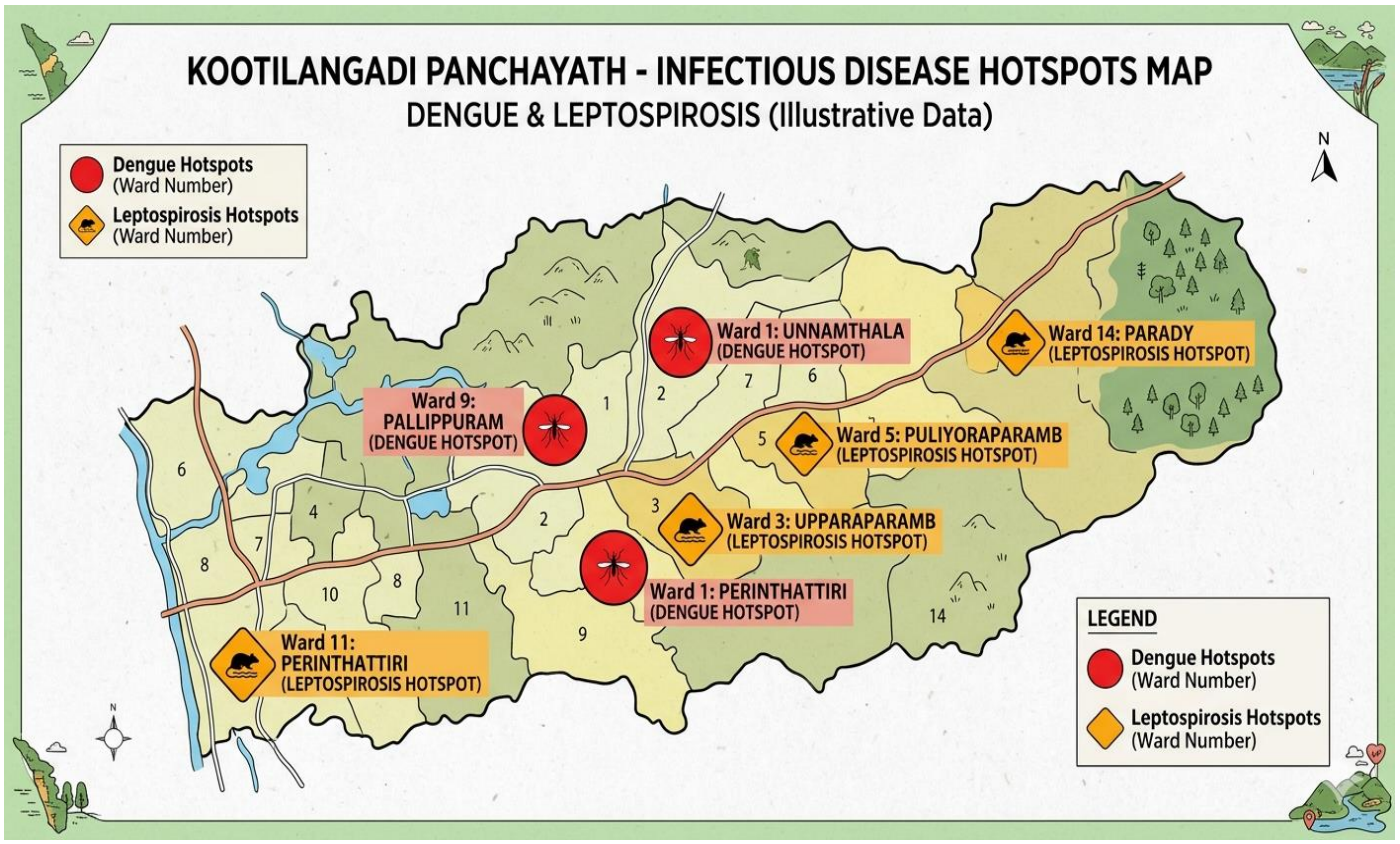
Transmission Trend- 2025

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

Mode of Transmission	No. of cases	No. of Deaths
Vector Borne Diseases	**2**	**0**
Water Borne Diseases	**117**	**0**
Air Borne Diseases	**4**	**0**
Blood Borne Diseases	**0**	**0**
Food Borne Diseases	**3**	**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	**2**	**0**
Hep- A	**117**	**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	
TB	6	0
Chickenpox	23	0
Measles	0	0
Covid-19	0	0
Pertussis	0	0
Mumps	0	0
Blood-Borne Disease		
Disease	No. of Cases	No. of Deaths
AIDS	0	0
Hep- B	0	0
Hep- C	0	0
Zoonotic Disease		
Disease	No. of Cases	No. of Deaths
Rabies	0	0
Leptospirosis	4	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	**0**	**0**	5	**0**	**21**	**26**
2	**0**	**4**	13	**0**	**19**	**36**
3	**0**	**5**	15	**0**	**15**	**35**
4	**8**	**0**	11	**0**	**9**	**28**
5	**4**	**3**	9	**0**	**9**	**25**
6	**0**	**0**	7	**0**	**11**	**18**
7	**5**	**3**	16	**0**	**14**	**38**
8	**3**	**0**	10	**0**	**12**	**25**
9	**2**	**0**	20	**0**	**11**	**33**
10	**11**	**0**	19	**0**	**5**	**35**
11	**18**	**0**	15	**0**	**6**	**39**
12	**0**	**0**	16	**0**	**9**	**25**
13	**0**	**1**	26	**0**	**8**	**35**
14	**0**	**2**	12	**0**	**11**	**25**
15	**4**	**0**	38	**0**	**9**	**51**
16	**4**	**0**	8	**0**	**10**	**22**
17	**0**	**0**	4	**0**	**11**	**15**
18	**0**	**0**	8	**0**	**19**	**27**
19	**0**	**0**	9	**0**	**24**	**33**
	59	**18**	**261**	**0**	**233**	**571**

By overlaying five years of data, we have identified 11,10,..'Red Zone' Wards. These are wards where at least two different categories of diseases (e.g., Dengue and Lepto) recurred in consecutive years. Ward **4** is categorized as the **Highest Priority Hotspot** due to its combination of flood vulnerability and high vector density. Future health infrastructure, such as the proposed **R.O plants at ……**should be prioritized.

Preparedness and Response Protocol at LSG Level

This section describes the operational framework for the LSGI once a pandemic is declared. It explains how the LSGI and health system will move from routine data collection to active response, using a One Health approach.

Constitution of One Health Committee

The LSGD shall constitute a One Health Committee comprising the LSGI President, Medical Officers (Modern Medicine, AYUSH, and Veterinary), the Health Inspector, and the Veterinary Surgeon.

Objective: The One Health Committee coordinates human, animal, and environmental health to prevent and control pandemics.

Sl No	Name	Designation	Department/Institution	Role in Committee	Contact Number
1	RASNA	Panchayat President	LSGD	Chairperson	9947020108
2	DR;SAFA SALEEM	Medical Officer (PHC/CHC)	Health Dept	Member Secretary	9388956057
3	DR;AJMAL	Veterinary Officer	Animal Husbandry	Member	9946794881
4	NO	Epidemiologist	Health Dept	Member	NIL
5	HARIS.P	Health Inspector/PHN	Health Dept	Surveillance	9061036297
6	SHAHINA	ASHA Supervisor	Health Dept	Community link	9656089145
7	RANI	ICDS Supervisor	Social Welfare	Vulnerable groups	9497118586
8	NO	Police Station Officer	Police Dept	Law & order	0
9	MANSOOR V	Ward Councillor Representative	LSGD	Community coordination	9947447666
10	SHABEEBA THORAPPSA	Kudumbashree CDO	Kudumbashree	Community mobilisation	9562732707
11	VK JALAL	NGO/Volunteer rep	Civil Society	Support services	9995235824
12		Line Department representations			

Key Responsibilities:

- Review disease surveillance data (human + animal)
- Conduct ward-wise risk assessment and vulnerability mapping

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

Meeting Schedule:

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

Pandemic Response Workforce

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

Total Response Workforce Available: 300 persons

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

Psychosocial support			
Logistics & supply chain Team	LSGD staff, Storekeepers, Drivers 3	Supplies & transport [PPE, medicines, oxygen, transport, waste management]	Ward Member
Communication Team	Ward members, Kudumbashree, Youth clubs, AWW workers and other self help groups	IEC, community meetings, countering misinformation	M.O in charge
Transportation	KSRTC, educational institutional buses	TRANSPORTATIO N	HEALTH STANDING COMITEE
Media Surveillance	AVAILABLE	PRIOR INFORMATION	HEALTH STANDING COMITEE
Intersectoral coordination and convergence	ALL DEPARTMENTS	IMPLIMENTATIO N OF ALL THINGS AND EMEGENCY ACTIVITIES	HEALTH STANDING COMITEE
Collaborative surveillance	AVAILABLE	SAFTEY OF PERSONS	HEALTH STANDING COMITEE

All teams shall be activated immediately upon outbreak alert or pandemic declaration and shall report daily to the LSG Incident Commander/Medical Officer, with consolidated reporting to the Block PHC. Duty rosters and alternate personnel shall be maintained to ensure uninterrupted services during staff shortages or prolonged response periods. Team composition and numbers may be revised based on the magnitude of the outbreak and availability of human resources.

Activities and Measures before and during Pandemic

PHASE 1 - Alert / Preparation

Surveillance and Reporting-Enhanced syndromic surveillance:

1. **Data sources for surveillance:**
2. **Event-based triggers (to be monitored and reported):**
3. **Zoonotic and animal health surveillance**
4. Logistics and Stock Preparedness

- Identify and empanel local vendors and define emergency procurement mechanisms in accordance with existing LSGD and Health Department norms.
- Prepare and maintain an essential logistics checklist covering medical supplies, consumables, and support equipment.
- Pre-identify secure storage locations for emergency stocks and ensure maintenance of stock registers with regular updating.
- Finalise emergency transport arrangements, including availability of vehicles and identified drivers for rapid deployment during alerts.
- Designate a Nodal Officer for Logistics to enable prompt decision-making, coordination, and communication during emergencies.
- Conduct rapid stock verification and ensure availability of minimum buffer stock, including:

    - PPE kits – adequate quantity
      Pulse oximeters – adequate quantity
    - Hand sanitizers – adequate quantity
    - Masks, gloves, disinfectants – adequate quantity

Identify critical gaps in logistics and immediately communicate requirements to the Block and District authorities for timely replenishment and support. Monitor expiry dates and stock rotation.

➢ Identification of Quarantine and Isolation Facilities

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

➢ Risk Communication and Community Preparedness

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

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

➢ Protection of Vulnerable Groups

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

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

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

➢ Clinical Dependency Mapping

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

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

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

PHASE 2 - Active Response

1. Case Identification and Contact Tracing

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

Field Staff Involved

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

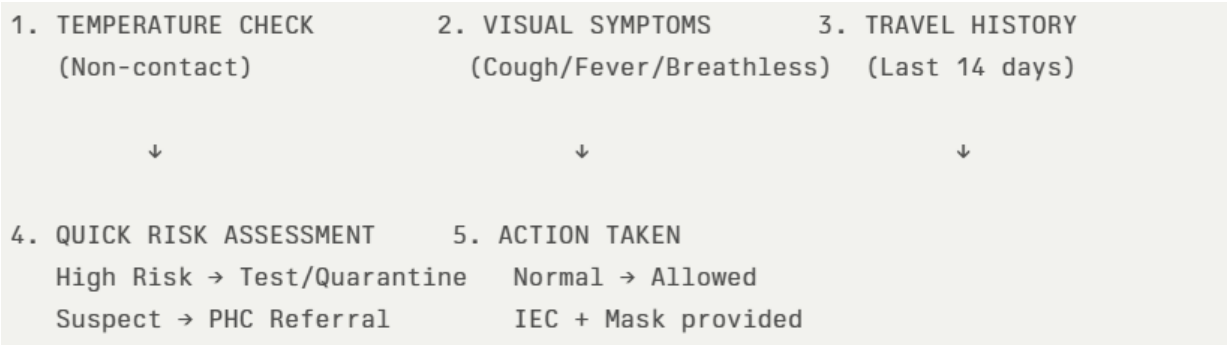
2. Screening Checkpoints

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

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

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

Standard Screening Protocol



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

3. Pandemic Control Room

The Pandemic Control Room (PCR) serves as the central nerve center for real-time coordination, data aggregation, decision support, and communication during outbreaks. It consolidates information from all LSGD teams, health facilities and community sources to enable rapid response decisions.

Control Room Infrastructure and Location

Primary Location: _____ Panchayath Office.

Backup Location: Community Hall in _____ G.P.

Health System Control Room Framework

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

1. ***Rapid Response Team (RRT)***
    - Provides immediate intervention during emergencies, clusters, and field alerts.
    - Coordinates urgent actions such as case investigation, contact tracing, isolation, and inter-facility referrals.
2. ***Data Management & Analytics Team***
    - Collects, validates, and manages key health system indicators (cases, tests, beds, HR, supplies).
    - Analyzes data trends, generates projections, and supports evidence-based decision-making for local authorities.
3. ***Human Resource Deployment Team***
    - Allocates healthcare staff efficiently based on workload and need
    - Ensures adequate and equitable workforce distribution across facilities
4. ***Laboratory Surveillance Team***
    - Oversees diagnostic testing coordination, sample transport, and timely reporting of results.
    - Monitors lab indicators (testing volume, positivity rate, turnaround time) for early detection of outbreaks
5. ***Vaccination Cell (If Required)***
    - Plans and executes vaccination campaigns, including micro-planning and session scheduling.
    - Tracks coverage, identifies gaps, and coordinates corrective actions with field teams and outreach services.

6. ***Infrastructure & Patient Occupancy Team***
    - Monitors facility capacity, earmarked beds, oxygen and critical care resources across all linked facilities.
    - Ensures optimal patient distribution and referral management using updated bed-status and resource data.
    - BMWM
7. ***Communication team***
8. ***Logistics and supply chain***
9. ***Transportation (interfacility & emergency transport)***
10. ***Media surveillance Call centre***
11. ***Management of the deceased***
12. ***Intersectoral coordination and convergence***

Key Control Room Team

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

Role	Name	Designation	Contact Number	Responsibility
In-charge/Nodal Officer	DR SAFA SALEEM	MEDICAL OFFICER	9388956.57	Overall coordination, decision-making, and reporting to the District level.
Data Entry Operator	RIYAS PA	CLERK	8606737646	Managing the line list, updating dashboards, and tracking testing results.
Communication Officer	MANSOOR V	VICEPRESIDENT	9947447666	Handling the public helpline, coordinating ambulance dispatch, and contact tracing calls.
Logistics Coordinator	NASEERA NASER		9633653612	
Technical Support *(IT/Data)*	SHANITH V		7736629300	

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

Key Points:

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

Daily Monitoring Indicators

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

1. **Epidemiological Indicators:**

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

2. **Surveillance Indicators:**

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

3. **Logistics and Infrastructure Indicators:**

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

4. **Alert Findings**

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

Category	Trigger Pophint (Red Flag)	Immediate Action
Clusters	**Geographical or facility-based:** 5+ cases linked to one location (office, school, street).	Declare a micro-containment zone; perimeter control and active case finding.
Testing	Sudden drop in testing volume / delay in reporting / unusual testing trends	Review the sample collection process, address lab bottlenecks, deploy additional testing teams, and notify the District Lab.
Lab	Test Positivity rate increases	Increase testing sites in that ward.
Hospital	>80% Oxygen bed occupancy	Activate backup/CFLTC beds.
Travel	Cluster of cases from a single flight/train or high-risk arrival group.	Trace all passengers in adjacent seats; implement mandatory institutional quarantine.
Animal	Mass poultry/wildlife death or unusual sickness	Notify Animal Husbandry, sample the area, and dispatch RRT for environmental sampling and zoonotic check.
Mortality	Sudden spike in home deaths or brought-in-dead (BID) cases	Audit the deaths and Active Case Search drive
Additional investigations like Whole Genome Sequencing (WGS)	Detection of a **Variant of Concern (VOC) or Variant of Interest (VOI)**	Implement strict micro-containment; update clinical protocols to match variant severity.

4. Communication of Public Health Information

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

Key communicators

Channel	Responsible Person	Contact
Ward-level announcements	EC NOORUDHEEN	9447225705
Social media	JALAL VK	9995235824
Local Cable TV/Radio	RAOOF KOOTTILANGADI	9895425162

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

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

5. Coordination with District/State Authorities & Other Organisations

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

Key Details:

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

Reporting Schedule and Protocols:

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

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	9895717773
PPE Kits/Masks/Gloves	Local Vendors	9526166098
Oxygen Cylinders/Concentrators	KMSCL	9895717773
Medicines/Antivirals	KMSCL	9895717773
Medicines/Antivirals	Neethi Shops	9526166098
Test Kits (RTPCR/Rapid)	KMSCL	9895717773

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	yes	9995364644

Interdepartmental Coordination

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

Department	Representative	Key Role	Contact
Health (PHC)	Staff Nurse :	Case management	9961788394
Veterinary	Veterinary Surgeon:	Animal surveillance	9946794881
ICDS	Supervisor: Rani	Nutrition support	9497118586
Education	Head Teacher:	School coordination	9946292868
Police	SI	Containment enforcement	9497980664
Water Authority	AE	Water supply	4832734860
LSGD Engineering	AE	Quarantine infrastructure	7012949380

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
AFRAD AUDITORIOUM	AUDITORIOUM	2	10	3500 SQF	9847372753
RAINBOW AUDITORIOUM	AUDITORIOUM	2	15	3500 SQF	9995356928
FATHIMA AUDITORIOUM	AUDITORIOUM	1	19	3000 SQF	9447960678
NAKSHATRA AUDITORIOUM	AUDITORIOUM	1	3	2500 SQF	9037618389
CROWN AUDITORIOUM	AUDITORIOUM	2	7	4500 SQF	9895471037
RIVERA AUDITORIOUM	AUDITORIOUM	2	1	4501 SQF	8891038386
MANLADA PALLIPURAM BANK	**HALL**	1	2	1000 SQF	9495563698

- **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 MALAPPUARAM 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

1. Suspected Case Detection Scenario

Situation:

A person with fever, cough, and recent travel history arrives at a health center.

Objectives:

- Early identification of suspected cases
- Proper triage and isolation
- Use of PPE by health workers

Actions:

- Screen patient at entry point
- Shift to isolation area
- Inform higher authorities
- Collect samples safely

◇ 2. Community Transmission Scenario

Situation:

Multiple cases reported in a ward/locality within a short period.

Objectives:

- Rapid response and containment
- Contact tracing and quarantine
- Public communication

Actions:

- Field surveillance team deployment
- Identify and isolate contacts
- Sanitation and disinfection drives
- Awareness announcements

ANNEXURE

1. IMPORTANT PHONE NUMBERS

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

1.1. Details of grama panchayat/municipality/corporation wards

WARD NO.	NAME	NAME OF MEMBER	MOBILE
1	PADINHATTUMMURI	SALMATH	7034306195
2	PADINHATTUMMURI TOWN	ASMA JALAL	9567539723
3	UPPARAPARAMBU	C.H. SALEEM	9633758363
4	PATTIYILPARAMBU	SHAFEEQ	8943700011
5	MANKADA PALLIPPURAM	MANSOOR - VICE PRESIDENT	9747447666
6	MUNDAYILPADI	YUSUF	9447266315
7	KANHAMANNA	NASEEMA	9946841940
8	VALLIKKAPATTA	RASHIDA	9809944190
9	POOZHIKKUNNU	SALIM	9946379818
10	VENNAKKODE	MUNEERA	9745837018
11	KOZHINHIL	SAHLATH	9745938474
12	KOLAPPARAMBU	RASNA. M - PRESIDENT	9947020108

13	PERINTHATTIRI	ABDUL MAJID. A	9847372753
14	CHELOOR	BABY SHANA	8606065972
15	KADOOPURAM	SHARAFIYA	6282197281
16	KADUKOOR	NASAR	9745019717
17	PARADI	SASIDHARAN	9605864796
18	KADUNGOOTH	JAFAR	9447427007
19	KOOTTILANGADI TOWN	VAHID	7306665414
20	MERUVINKUNNU	NASEERA	9633653612
21	MOTTAMMAL	NOORUDHEEN	9447225705
22	PADINHATTUMMURI WEST	SUFIYANATH	9037585300

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

Sl. No.	Name	Contact number
1	JALAL VK HOUSE PADINHATTUMURI	9995235824
2	ABDUNASER CK CHELOOR KOOTTILANGADI	9567275671
3	SUDHA KUNDILTHODI PADINNHATTUMURI	9605356966
4	MUHAMMED MANU	6282710407
5	MUSTHAFA PANDATHA	9895549281
6	HAMEED THORAPPA KEERAMKUNDU	9400871707
7	BARGAVY KP PARADY KOOTTILANGADIKP	9633796426
8	ABDUSALAM P PADINCHATTUMURI	8590015400

1.3. Important offices of grama panchayat/municipality/ corporation

Sl.No	Name of the office	Contact person	Contact number
1	AgricultureOffice	AGRICULTURE OFFICER	9995480487
2	AnimalHusbandryOffice	VETTINARY SURGEION	9946794881
3	PoliceStation	POLICE STATION MALAPPURAM	4832734966
4	BSNLOffice	OFFICE MALAPPURAM	4832731910
5	BlockOffice	BLOCK PRESIDENT	8086778088
6	KSEBOffice	KSEB MALAPPURAM EAST SECTION	48327333500
7	FisheriesOffice	NIL	NIL
8	FireandRescue	MALAPPURAM FIRE STATION	4832734800
1	AgricultureOffice	AGRICULTURE OFFICER	9995480487

1.4. Health Services

Sl. No	Name of the hospital/institution	Location	Phone number
1	Government hospitals/PHC	BILAYIPADI	8078892702
2	Private hospitals	KOOTTILANGADI	9947473920
3	Clinical laboratories	KOOTTILANGADI	8078892702
4	Chemist/pharmacy	KOOTTILANGADI	8078892702
5	Blood donors	PADINCHATUMURI	9947274587
6	Other language experts (Bihari, Hindi, Bengali, Asamees ……)	KOOTTILANGADI	9995235824

1.5. Veterinary Services

Sl. No	Name of the Clinic	Name of the Surgeon/Doctor	Place/location	Phone number
1	Govt.Veterinary Hospital	DR AJMAL	PADINCJATUMURI	9946794881

1.6. Helpline numbers

Helpline	Phone number
Police	4832734966
Fire and Rescue	4832734800
KSEB	48327333500

1.7. Public and Private Schools Contact details

S.No	Name of School	Institution type	Phone number
1	**AMLPS PADINCHATTUMURI WEST**	**AIDED**	9995077015
2	**AMLPS MUNCJAKULAM**	**AIDED**	9745455478
3	**AMLPS PADINCHATTUMURI EAST**	**AIDED**	6238318405
4	**ALPS PARAMPATTUPARAMBA**	**AIDED**	9037027828
5	**PTMLPS CHELOOR**	**AIDED**	9656566918
6	**OUPS PADINCHATTUMURI**	**AIDED**	9846317425
7	**KMAMALPS VALLIKAPATTA**	**AIDED**	9946292868
8	**AMLPS VALLIKAPATTA**	**AIDED**	9745455478
9	**MMS HS KOZHNJIL**	**AIDED**	9847402379
10	**MMS UPS KOZHNJIL**	**AIDED**	9048055261
11	**GUPS KOOTTILANGADI**	**GOVT**	8907804151
12	**GVHSS MANKADA PALLIPURAM**	**GOVT**	9846095266
13	**KERLA SCHOOL FOR BLIND**	**GOVT**	9497150764
14	**GLPS PADINCHATTUMURI**	**GOVT**	9447831387
15	**GUPS MANKADA PALLIPURAM**	**GOVT**	9400107138
16	**GLPS VALLIKAPATTA**	**GOVT**	9400402186
17	**GHSS MANKADA PALLIPURAM**	**GOVT**	9446313937
18	**FASFARI ENGLISH SCHOOL**	**UN AIDED**	9746854480
19	**FOHSS PADINCHATTUMURI**	**UN AIDED**	974747804

1.9. Anganwadi Contact Details

SL NO	WD/CNO	NAME OF AW	NAME OF Teacher	MOBILE NO
1	30	POOZHIKUNNU	RAMANI S	8921702446
2	31	PUTHUKKOLLI	SALEENA K	9526434213
3	32	CHECKPOST	MYMOOONA VP	7994794552
4	33	KANJAMANNA	PRASANNA C	8086532651
5	34	VALLIKKAPATTA	ZEENATH	8075675403
6	35	MANKADA PALLIPPURAM	BINDHU KK	9497466106
7	36	CHEERAKKUZHI	SREEJA C	9446440586
8	37	MUNDAYIPPADI	RASEENA A	9946506773
9	38	VILANGAPPURAM	SHEEJA	9496241208
10	39	PATTIYILPARAMB	RAIHANATH CH	9746642923
11	40	PADINJATTUMURI	PREMAKUMARI K	9048314177
12	41	BANKUMPADI	VASANTHA KUMARI KT	9446409863
13	42	KAVALAPARA	SOBHANA V	8086606506
14	43	PADINJAREKUNDU	RADHAMANI K	9946561761
15	44	MUNHAKULAM	LELITHA BABY K	9744405862
16	45	PARAMMAL	SULAIKHA P	7025940656
17	46	KEERAMKUNDU	JAMEELA N	9539358344
18	47	UNNAMTHALA	SARITHA CK	9645269961
19	48	KAKKAD	HEMALATHA	9895574039
20	49	KADUKUR	PRIYA P	9633608378
21	50	KADUPURAM	SOUMINI M	9846411816
22	51	KOZHINHIL	BABY VALSALA C	8281406053
23	52	KULAPARAMBA	SULAIKHA P	8086115793
24	53	PERINTHATTIRI	AMINI K	9645012640
25	54	VENNAKKODE	SAEEDA N	9995764375
26	55	CHELUR	SAROJINI N	9633907957
27	56	PARADI	FATHIMA SUHRA T	7356577246
28	57	MELEPALLIPURAM	GEETHA K	9605352728
29	58	KADUNGOTHU	BEENA N	9605352728
30	59	PADINJATTUMURI WEST	SHAREEFA P	9645853135
31	60	VELUTHEDATH PARA	SABIRA P	9946550722
32	61	VALIYAPARAMBA	BINDHU A	9744749243
33	62	PADINJAREMANNA	HATHIKKA K	9539530314
34	63	ATTAKORA	SAHRA BANU K	9544355481

1.12. Information regarding resources

Means of transportation	Name of Owner	Phone Number
Heavy Trucks	ABDUL MAJID	9847372753
Tractor	ABDUL MAJID	9847372753
Ambulances	EMS CHARITABLE TRUST	9562227637
Boats	SMART AMBULANCE SERVICE	9746117766
Taxi service	MUHAMMRD K	9947101560

Annexure 1: LSG Baseline Data Collection Format

A. Baseline data

Sl. No.	Indicator / Field	Baseline Data	Source / Remarks
1	Name of LSG	KOOTTILANGADI	HEAD COUNT SURVEY
2	District	MALAPPURAM	HEAD COUNT SURVEY
3	Block / Taluk	MANKADA	HEAD COUNT SURVEY
4	Type of LSG (Gram Panchayat / Municipality / Corporation)	Gram Panchayat	HEAD COUNT SURVEY
5	Area (sq. km)	20.1	HEAD COUNT SURVEY
6	No. of wards	22	HEAD COUNT SURVEY
7	GIS boundary file available	YES	HEAD COUNT SURVEY
8	Key contact person & phone	MANSOOR V-9947447666	VICE PRESIDENT

B. Demography

Indicator / Field	Baseline Data	Source / Remarks
Total population	47208	HEAD COUNT SURVEY
Males	23582	HEAD COUNT SURVEY
Females	23626	HEAD COUNT SURVEY
Transgender population	0	HEAD COUNT SURVEY
Age distribution (<5, 5–14, 15–59, ≥60)	4153-7594-30828-4933	HEAD COUNT SURVEY
No. of households	9991	HEAD COUNT SURVEY
Population density (persons/sq.km)	2348	HEAD COUNT SURVEY
No. of migrant workers	322	HEAD COUNT SURVEY
Major occupational groups	LABOURS , COOLY WORKERS , BUILDING WORKERS	HEAD COUNT SURVEY

C. Vulnerable Populations & Social Risks

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	**No. of elderly (≥60)**	**4933**	**HEAD COUNT SURVEY**
2	**No. of persons with disability**	**218**	**HEAD COUNT SURVEY**
3	**No. of bedridden persons**	**89**	**HEAD COUNT SURVEY**
4	**No. of chronic disease cases (DM/HTN/COPD/CKD etc.)**	**7704**	**HEAD COUNT SURVEY**
5	**Pregnant women (current estimate)**	**616**	**HEAD COUNT SURVEY**
6	**Children <5 years**	**4153**	**HEAD COUNT SURVEY**
7	**Tribal population (if any)**	**0**	**HEAD COUNT SURVEY**
8	**Fisherfolk / coastal vulnerable groups (if any)**	**0**	**HEAD COUNT SURVEY**
9	**Urban slums / unnotified settlements (if any)**	**0**	**HEAD COUNT SURVEY**
10	**Homeless population**	**23**	**HEAD COUNT SURVEY**
11	**Orphanages / old age homes (number & capacity)**	**1-123**	**HEAD COUNT SURVEY**
12	**Hostels / prisons / shelters (number & capacity)**	**1-80**	**HEAD COUNT SURVEY**
13	**Poverty / BPL estimate**	**2798**	**HEAD COUNT SURVEY**
14	**Food insecurity hotspots**	**NIL**	**HEAD COUNT SURVEY**
15	**Any history of stigma/discrimination issues (Yes/No)**	**NO**	**HEAD COUNT SURVEY**

D. Health System & Service Readiness

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	**No. of health facilities in LSG (PHC/CHC/TH/DH/Private)**	**1**	**PANJYATH ASSETS**
2	**PHC/Family Health Centre details (name, location)**	**FHC KOOTTILANGADI PADINCHATUMURI**	**PANJYATH ASSETS**
3	**Subcentres / Health & Wellness Centres (number)**	**5**	**PANJYATH ASSETS**
4	**Private clinics / hospitals (number)**	**1**	**PANJYATH ASSETS**
5	**Labs available (public/private)**	**10**	**PANJYATH ASSETS**
6	**Availability of ambulance services (Yes/No, number)**	**Y-9746117766**	**PANJYATH ASSETS**
7	**Availability of isolation/quarantine facilities (Yes/No, details)**	**YES- BLIND SCHOOL**	**PANJYATH ASSETS**
8	**Cold chain facilities (Yes/No, details)**	**YES - FHC**	**PANJYATH ASSETS**
9	**Stockpile space available (Yes/No)**	**YES-PANJYATH**	**PANJYATH ASSETS**
10	**PPE / mask / sanitizer availability plan (Yes/No)**	**YES - GP PROJECT**	**PANJYATH ASSETS**
11	**Surveillance staff available (JHI/JPHN/ASHA count)**	**YES-32**	**PANJYATH ASSETS**
12	**Existing emergency referral pathways (Yes/No)**	**YES-RRT**	**PANJYATH ASSETS**

E. Points of Entry & Mobility

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	**Bus stands / depots (number)**	**NIL**	
2	**Railway stations (number)**	**NIL**	
3	**Boat jetties / fishing harbours (number)**	**NIL**	
4	**Ports / airports nearby (specify distance)**	**NIL**	
5	**Major highways/roads passing through**	**NH-1**	
6	**Border crossings (state/district)**	**NO**	
7	**Major markets / weekly markets**	**NO**	
8	**Tourism hubs / major event venues**	**NO**	
9	**Schools/colleges with hostels (number)**	**21**	
10	**Factories / large workplaces (number)**	**NO**	

F. Water, Sanitation & Hygiene (WASH)

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	**Major drinking water sources (piped / wells / borewells / springs)**	**WELL-4539 , PIPE**	**PANJYATH REGISTER**
2	**No. of public wells**	**32**	**PANJYATH REGISTER**
3	**No. of households with piped water connection**	**4356**	**PANJYATH REGISTER**
4	**Water quality testing routine (Yes/No)**	**YES**	**PANJYATH REGISTER**

5	**Common contamination risks (flooding, salinity, industrial waste)**	**ECOLI , COLIFORM**	**PANJYATH REGISTER**
6	**Open defecation free status (Yes/No)**	**NO**	**PANJYATH REGISTER**
7	**Solid waste management system (Yes/No)**	**YES**	**PANJYATH REGISTER**
8	**Bio-medical waste disposal mechanism (Yes/No)**	**YES**	**PANJYATH REGISTER**
9	**No. of public toilets**	**2**	**PANJYATH REGISTER**
10	**Handwashing stations in public places (Yes/No)**	**NO**	**PANJYATH REGISTER**

G. Zoonotic Risks & One Health

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Livestock population (cattle/goats/pigs/poultry) – estimates	12331	Veterinary
2	No. of dairy farms / poultry farms / pig farms	4	Veterinary
3	Slaughterhouses / meat shops (number)	5	Veterinary
4	Animal markets (Yes/No, details)	0	Veterinary
5	Veterinary dispensaries (number)	1	Veterinary
6	History of zoonotic outbreaks (rabies, leptospirosis, avian flu etc.)	0	Veterinary
7	Stray dog population management measures (Yes/No)	Yes	Veterinary
8	Rodent infestation hotspots (Yes/No)	No	Veterinary
9	Wetlands / waterlogged areas prone to leptospirosis	No	Veterinary
10	Bat roosting areas / caves / fruit orchards (if any)	Koottilangadi ward 17	Veterinary
11	Human-animal interface hotspots (farms near residences)	No	Veterinary

H. Climate & Disaster Risks (Pandemic Amplifiers)

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	**Flood-prone wards (list)**	1,15,17	
2	**Landslide-prone wards (list)**	**NO**	

3	Cyclone/sea surge risk (Yes/No)	NO	
4	Heatwave risk zones (Yes/No)	NO	
5	Waterlogging areas (list)	NO	
6	Shelter homes / relief camps (number, capacity)	2-110	
7	Past disaster displacement history	FLOOD - WARD 1-15-17	73 HOUSES
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)	19	PANCHAYATH REGISTER
2	Anganwadis (number)	32	PANCHAYATH REGISTER
3	Colleges (number)	2	PANCHAYATH REGISTER
4	Community halls (number)	1	PANCHAYATH REGISTER
5	Places of worship with large gatherings (number)	17	PANCHAYATH REGISTER
6	Large markets / shopping areas (number)	0	PANCHAYATH REGISTER
7	Warehouses / cold storages (number)	0	PANCHAYATH REGISTER
8	Telecom/mobile network coverage gaps (Yes/No)	YES	PANCHAYATH REGISTER
9	Power outage frequency (high/medium/low)	MEDIUM	PANCHAYATH REGISTER
10	Availability of generators in key facilities	YES	PANCHAYATH REGISTER

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)**	**353**	
4	**Volunteer network (number, coverage)**	9895549281	
5	**Community-based surveillance mechanisms (Yes/No)**	**YES**	
6	**IEC dissemination channels (WhatsApp groups, community radio, PA systems)**	**INSTAGRAM, FACEBOOK , WATSUP GROUP , MIKE PUBLICITY AND HEALTH EDUCATION**	
7	**Rumour tracking mechanisms (Yes/No)**	**YES**	
8	**Languages spoken / literacy considerations**	**YES**	
9	**Vulnerable groups communication strategy available (Yes/No)**	**YES**	

K. Preparedness Planning & Governance

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

6	**Past outbreak response experience (Yes/No, details)**	**YES**	
7	**Intersectoral coordination mechanism (Health, Police, LSG, Veterinary, Education)**	**YES**	
8	**Mock drills conducted in last 12 months (Yes/No)**	**YES**	
9	**Training coverage for staff/volunteers (Yes/No)**	**YES**	

L. Surveillance & Data Systems

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

M. Additional Notes & Observations

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	**Key challenges perceived by LSG**	**WASTEMANAGMENT , BASIC INFRASTRUCTRE,TRSNSPORTATION,SLOW DEVELOPENT**	
2	**Top 5 high-risk wards (reason)**	**1,14,15,16,17**	**RIVER SIDE AND CHANCES OF FLOOD**
3	**Any unique local risks (industrial pollution, refugee camps, etc.)**	**NO**	
4	**Recommendations for preparedness strengthening**	**A proactive, well-coordinated, and community-driven approach is essential for effective pandemic preparedness and response.**	