

PANDEMIC PREPAREDNESS PLAN MODEL OF LSG

[Document subtitle]

ABDUL SALAM PALATHINGAL
PRESIDENT
Kuruna Grama Panchayath
Pedapperamb, Vettalaor P.O., Pinc676 507, Malappuram Dt.
Mob: 9947 509 922, Ph: 04933-262215

MESSAGE FROM HEALTH STANDING COMMITTEE CHAIR

കെ.കെ. അബ്ദുൽ അസീസ്

ചെയർമാൻ,
ആരോഗ്യ-വിദ്യാഭ്യാസ സ്റ്റാൻഡിംഗ് കമ്മിറ്റി
കുറ്റുവ ഗ്രാമപഞ്ചായത്ത്



(Office) ☎ 04933-242215

☎ 7012 243 033

ശിഹാബ് നാജർ സ്മാരക
കുറ്റുവ ഗ്രാമപഞ്ചായത്ത് കാര്യാലയം
പടന്നം, വട്ടാറ്റുപിടം, പിൻ: 676 507, മലപ്പുറം ജില്ല, കേരളം

Ref

Date...18/03/2026

കുറ്റുവ ഗ്രാമപഞ്ചായത്ത് - 2026

പ്രിയപ്പെട്ടവരേ,

നമ്മുടെ ഗ്രാമത്തിൽ ആരോഗ്യം നമ്മുടെ കൈകളിലാണ് വഹിക്കപ്പെട്ടിരിക്കുന്നത്. മൃതാലയങ്ങളിലും പകർച്ചവ്യാധി ഭീഷണിയുള്ളതും കരുതലോടെ നേരിടാൻ കുറ്റുവ ഗ്രാമപഞ്ചായത്ത് സജ്ജമാകുകയാണ്. ഇതിന്റെ ഭാഗമായി ഓരോ വീട്ടിലും വിവരങ്ങൾ ലഭ്യമാക്കാനും പ്രതിരോധ പ്രവർത്തനങ്ങൾ വിപ്ലവകരമായും നമ്മുടെ ആരോഗ്യ പ്രവർത്തകർ നിരന്തരം അരികിലിരിക്കുന്നു.

നമ്മുടെ ഓരോരുത്തരുടെയും ചെറിയ ആശങ്കകൾ, നാടിന്റെ വലിയ സുരക്ഷയാണ്. ആരോഗ്യ വകുപ്പിന്റെ - ഇന ഉദ്യമത്തിൽ നിങ്ങൾ ഓരോരുത്തരുടെയും പങ്കാളിത്തം ഞങ്ങൾ പ്രതീക്ഷിക്കുന്നു.

KK. ABUL AZEEZ
CHAIRMAN, HEALTH & EDUCATION AFFAIRS
Kuttuv Gram Panchayath
Padapparamba, Vettulloor P.O., P.O. 676 507, Malappuram Dt.
Mob: 7012 243 033, Pk: 04933-242215

സ്മരണാർപ്പണത്തോടെ

ചെയർമാൻ

ആരോഗ്യ സ്റ്റാൻഡിംഗ് കമ്മിറ്റി, കുറ്റുവ.

MESSAGE BY MEDICAL OFFICER



കുടുംബാരോഗ്യകേന്ദ്രം പാങ്ങ്

പാങ്ങ്, ചേണ്ടി പി ഒ, മലപ്പുറം ജില്ല - പിൻ 679338
ഫോൺ നമ്പർ - 04933 244380 ഇമെയിൽ - mophcpang@gmail.com

18/03/2026

സന്ദേശം...

പൊതുജനാരോഗ്യ സുരക്ഷ ഉറപ്പാക്കുന്നതിനുള്ള നമ്മുടെ പ്രതിബദ്ധതയുടെ ഭാഗമായി, പകർച്ചവ്യാധി പ്രതിരോധ തയ്യാറെടുപ്പും പ്രതികരണ സംവിധാനങ്ങളും ശക്തിപ്പെടുത്തുകയാണ്. ആഗോള ആരോഗ്യ സാഹചര്യങ്ങൾ കണക്കിലെടുത്ത്, സാധ്യതയുള്ള രോഗപ്രസരണങ്ങളെ നേരിടാൻ ജാഗ്രതയോടെയും മുൻകരുതലോടെയും പ്രവർത്തിക്കേണ്ടത് അത്യാവശ്യമാണ്. നിലവിലുള്ള പൊതുജനാരോഗ്യ മാർഗ്ഗനിർദ്ദേശനങ്ങൾ അനുസരിച്ച് നമ്മുടെ പ്രവർത്തന പദ്ധതികൾ തയ്യാറേക്കേണ്ടതുണ്ട്. ഇതിനായി ജനപ്രതിനിധികളും ആരോഗ്യ പ്രവർത്തകരും പൊതുജനങ്ങളും ഒറ്റ കെട്ടായി പ്രവർത്തിക്കേണ്ടതുണ്ട്.

പൊതുജനാരോഗ്യ സംരക്ഷണത്തിനായി നിങ്ങളുടെ സഹകരണവും സമർപ്പണവും നിർണ്ണായകമാണ്. സാധ്യതയുള്ള പകർച്ചവ്യാധി ഭീഷണികളെ നേരിടാൻ നമുക്ക് ഒരുമിച്ച് തയ്യാറാകാം.

ആദരവോടെ

ഡോ : ഷംസുദ്ദീൻ പുലാക്കൽ
മെഡിക്കൽ ഓഫീസർ
കുടുംബാരോഗ്യ കേന്ദ്രം, പാങ്ങ്

MEDICAL OFFICER
FAMILY HEALTH CENTRE PANG
CHENDI P.O.
MALAPPURAM, PIN: 679 338



EXECUTIVE SUMMARY

Primary Health Centre (PHC) functions as the primary public healthcare institution serving the population of 60,888 Kuruva GramaPanchayath. The PHC plays a pivotal role in delivering comprehensive, accessible, and affordable healthcare services, with a strong focus on preventive, promotive, curative, and rehabilitative care in accordance with national and state health programmes.

The PHC caters to a predominantly rural population, addressing key public health priorities such as maternal and child health, communicable and non-communicable disease control, immunization, family welfare, adolescent health, and geriatric care. Regular outpatient services, home-based care through field health staff, and outreach activities ensure healthcare coverage even in geographically challenging areas. The institution actively implements national health missions, including the National Health Mission (NHM), National Tuberculosis Elimination Programme, National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS), and other disease surveillance initiatives. Pang PHC works in close coordination with the Kuruva 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, PANG Primary Health Centre stands as a vital institution in safeguarding public health and improving the quality of life of the residents of Kuruva Grama Panchayath.

LIST OF ABBREVIATIONS

LSGD/LSGI	Local Self Government Department / Local Self Government Institution
BMO	Block Medical Officer
IDSP	Integrated Disease Surveillance Programme
NDMA	NATIONAL DISASTER MANAGEMENT AUTHORITY
PPE	PERSONAL PROTECTIVE EQUIPMENT
ICMR	INDIAN COUNCIL OF MEDICAL RESEARCH
CD	COMMUNICABLE DISEASES
NCD	NON-COMMUNICABLE DISEASES

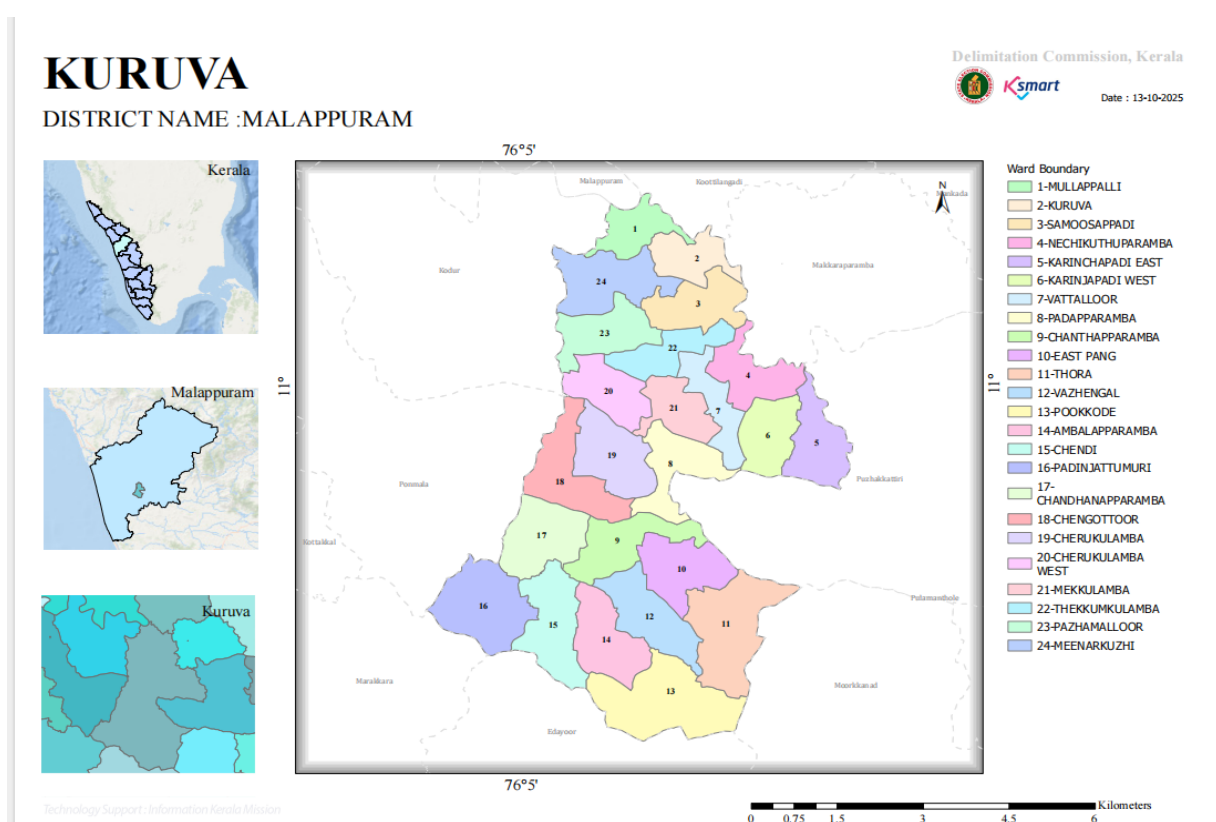
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INTRODUCTION

- Background of the PPP
- LSGD at a glance



LSGD AT A GLANCE

- Geographical boundaries with political map (based on latest delimitation)
- Baseline data
- Ward division -

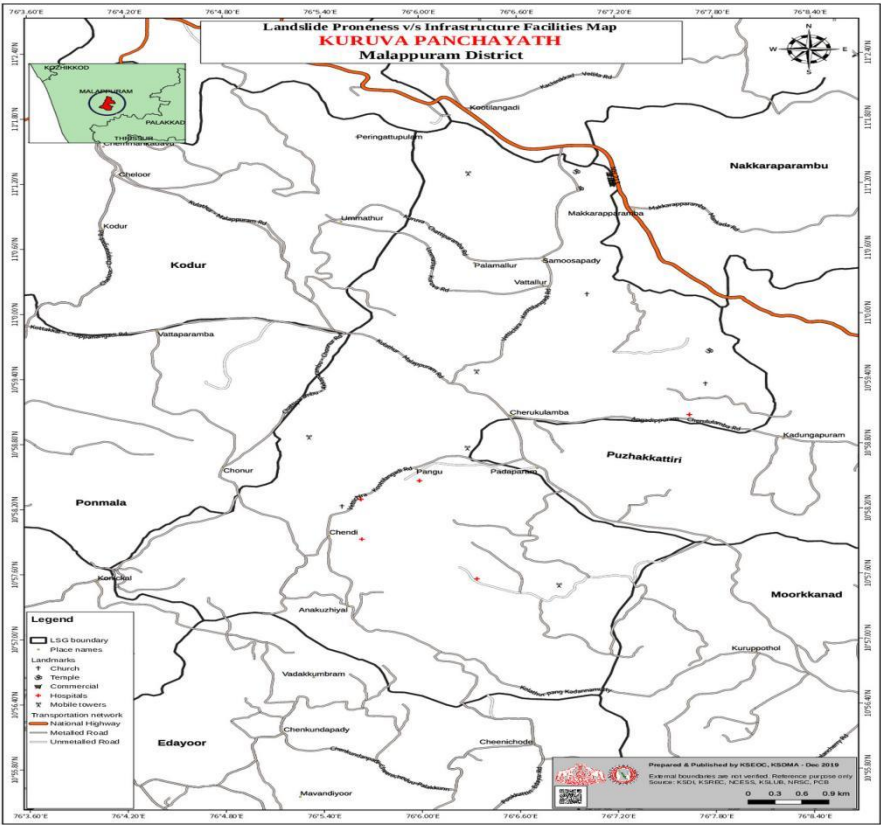
Ward	Houses	Populati on	Migrants	Wells	Hot spots	Ed. Instituti ons	Hosp pvt/govt.
24	12298	60888	866	6084	26	19	9

- 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)

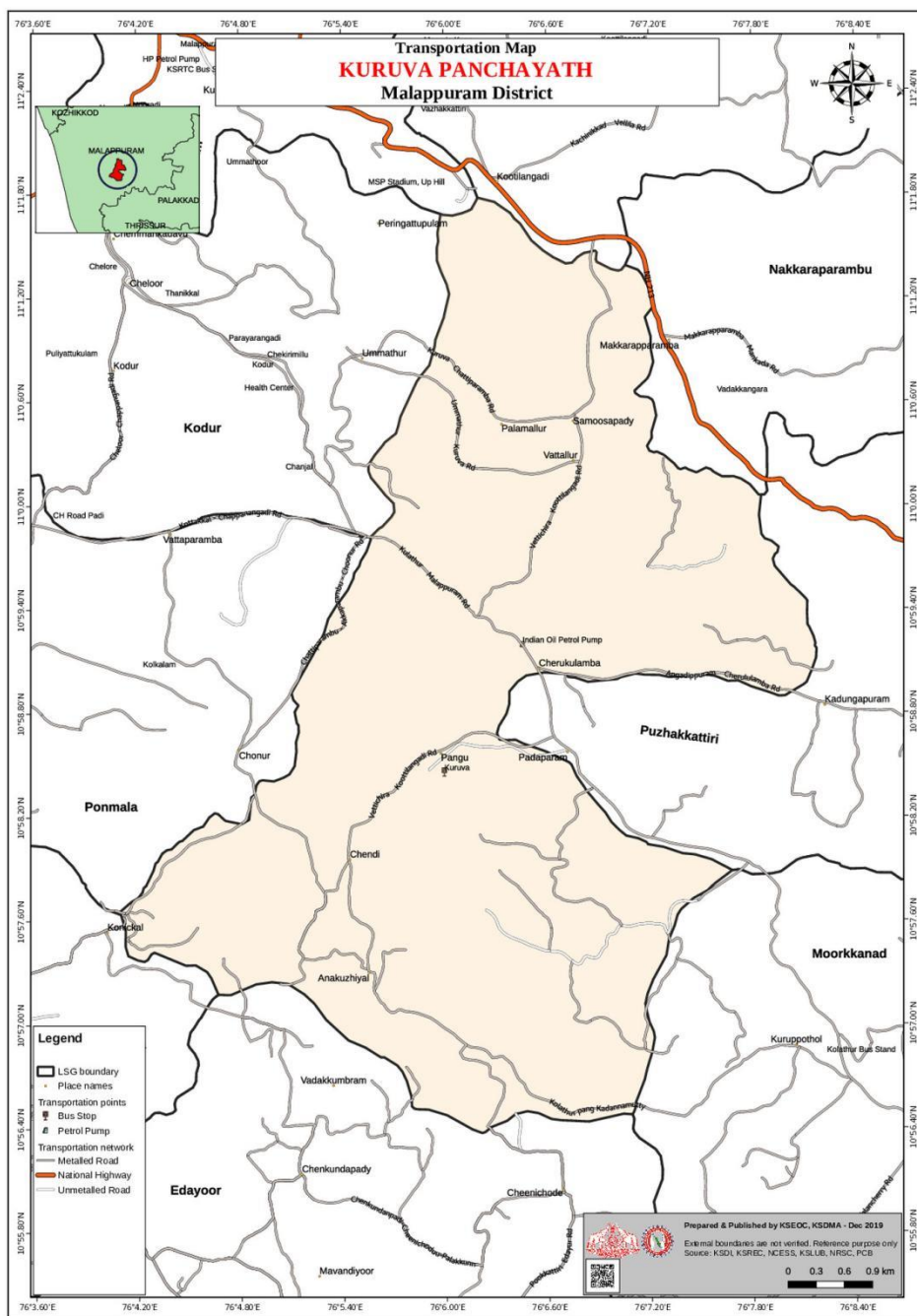
Maps - ward-based (Mention source also)

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 KURUVA GRAMA PANCHAYAT



Transport Map



GENERAL PROFILE OF THE LSGI'S

Background of the LSGI

Kuruva Grama Panchayat is situated in the south-east 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, Kuruva 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	Kuruva
Type (GP/Municipality / Corporation etc.)	Grama Panchayath
Block	Mankada
District	Malappuram
Number of wards	24
Total area (sq. km)	35.77km ²
Population(Projected)	60888
Population density	1702. 20855 persons/sq km
Terrain (coastal/low-lying/backwaters/foothills, etc.)	terrain
Number of rivers passing through LSGI	0
Number of water bodies in the LSGI	12
Number of educational institutions	19
Factories / small-scale industries	26
Flood-prone wards	1,2
Landslide-prone wards	0
Death Management and Disposal Facilities (mortuaries/crematorium, including electric)	2/1
Auditoriums/Marriage halls/convention centres/community halls	7/2/1

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		60888
Male		30392
Female		30496
Transgender		0
Children under 5		5666
Adolescent		5811
Elderly (>60)		6999
SOCIAL/LIVELIHOOD VULNERABILITY		
Previous EPEP family		51
BPL family		4590
Tribal communities		0
Migration	Immigrant	822
	Emigrant	0
Socio-economically deprived		0
Fisherfolk		0
SC Community		2357
ST Community		5

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 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	839
Lactating mothers	1712
Bedbound patients	153
Patients under palliative care other than bedbound	68
Patients on Haemodialysis	30
Patients on CAPD	0
Cancer patients (currently on treatment)	127
Haemophilic patients	0
Mentally challenged	103
Differently abled	211
Diabetic patients	4487
Hypertensive patients	3754
TB patients	7

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

Sl. No.	Name of festival	Month detailing the periodicity
1	Chittadikkav thalappoli, Kukkurunikkav, ambalapparamb pooram	March - April

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-Support ed Beds	No. of Ventilator Support Beds	No. of ambulances
Government Healthcare Facilities								
1	FHC PANG	Govt		0	0	0	0	0
Private Healthcare Facilities								
AYUSH Healthcare Facilities								
1	HOMEOPATHY HEALTH CENTRE	Govt	0	0	0	0	0	0
2	AYURVEDA DISPENSORY	Govt	-	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	STAR MED MEDICAL CENTRE		CLINIC		PANG-CHENDI	7510131411	Y	N
2	Dr. Raheem's Health Care	Y	CLINIC		CHATTI PARAMB A	7736568600	Y	N

Healthcare Education & Training Institutions

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

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

Specialized Services & Emergency Inventory

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

Item	Govt	Private	AYUSH	Total
Hospital beds	0	0	0	0
Oxygen-generating systems(Y/N)	N	N	N	N
Oxygen-supported beds(Numbers)	0	0	0	0
Ventilator-supported beds	0	0	0	0
ICU beds	0	0	0	0
Burns units	0	0	0	0
Blood centres	0	0	0	0

Item	Govt	Private	AYUSH	Total
BLS ambulances	0	0	0	0
ALS ambulances	0	0	0	0
Dialysis facilities	0	0	0	0
Dispensaries	0	0	6	6
Medical store	0	49	0	49
Industrial establishments(Medium-scale 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 PANG	N	N	N	N	N	N	N

Diagnostics facility mapping at the LSGI level

The diagnostic capacity of 24 **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	0	4	0	4
Microbiology labs	0	12	0	12
RT-PCR labs	0	0	0	0
USG units	0	2	0	2
CT/MRI units	0	6	0	6
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	Nanma Lab	Private	Capital Mall, Chat tiparamba	9961884040	N	
2	Janatha Clinic	Private	Padappar amb	0984955944	Y	
3	Star Med Medical Centre	Private	Pang-Chendi	7510131411	N	
4	Dr.Ashraf Clinic	Private	Padappar amba	8129931610	Y	
5						

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	44	1-24		
Schools	19	2,9,12,15,14,19,24		
Colleges	1	20		
Healthcare Educational Institutions				
Medical colleges (Govt/Private)	0	0	0	0
Nursing colleges (Govt/Private)	0	0	0	0
Dental colleges (Govt/Private)	0	0	0	0
Paramedical institutes (Govt/Private)	0	0	0	0
Community Gathering Spaces				
Community halls	2			
Auditoriums	7	12,16,9,17		
Religious buildings	68	1-24		
Vulnerable Group Support Facility				
Destitute homes	0	0	0	0
Elderly homes	0	0	0	0
LSGD owned other buildings				

Mass Fatality Management (MFM) Infrastructure				
Mortuary	0	0	0	0
Crematorium	2	21-vattalloor,5-karichapadi	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	4	4	8
Doctors – AYUSH	2	3	5
Doctors – Veterinary	1	0	1
Doctors – Dental	0	4	4
Nursing officers	5	8	13
Lab technicians	2	30	32
Optometrist	0	12	12
Pharmacists	2	50	52
Psychologists	0	2	2
Counsellors	0	0	0

Public Health & Field-Level Workforce

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

Cadre	Health services	Municipal common services	Total
HS (Health Supervisors)	0	0	0
HI (Health Inspectors)	0	0	0
LHS (Lady Health Supervisor)	0	0	0
LHI (Lady Health Inspectors)	1	0	1
JPHN (Jr Public Health Nurses)	6	0	6
JHI (Jr Health Inspectors)	3	0	3
MLSP (Mid-Level Service Providers)	6	0	6
Palliative Nurses	2	0	2
RBSK Nurses	1	0	1
PRO	0	0	0
Epidemiologist	0	0	0
Data Manager	0	0	0

Community & Support Cadre

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

Cadre	Number
ASHA Workers	24
AWW (Anganwadi Workers)	44
Emergency Medical Volunteers (Trained)	30
Kudumbashree	828
MNREGS	998
Purusha Swayam Sahaya Sangham	0
Ex-Servicemen	0
Retired Police Officers	0
NCC/NSS Volunteers	53
Red Cross volunteers	6
One Health Community Volunteers	0
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	0
Religious based organizations	0
Foreign based organizations	0
Sports Club/youth clubs	5
Kudumbashree SHGs	22
Ayalkootams	176
Political organizations	4
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	0	-
Fire & Rescue Stations	0	-
Water Pumping Points	2	-
Public Distribution System (PDS)	24	-

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	6
Crane	0
Heavy Trucks	25
Tractor	7
Ambulances	2
Mobile mortuaries	0
Boats	0
Taxi service	215

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 Keeramkund-mullappaly-kk angadi.

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)	25	Wd4
	Pet Animals (Dogs/Cats)	11	1-24
	Stray Dog Population	102	1-24
	Pig Farms (Number of heads)	0	0
	Small Units (Sheep / Goats – clustered)	0	0
Bird Population	Poultry Units (Birds)	3	Wd24,wd9,wd7
	Poultry- (FOWL)	0	0
	Wild/Migratory Birds (Observed)	15	Wd 15
	Crow Mortality Events (Reported)	0	0

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	Veterinary Dispensary	Govt	8,24	wd24-9947677258
Veterinary Hospital / Polyclinic	Hospital	gvt	Padapparamba	-
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	2	Govt	99476777258
Private Veterinary Doctors	0	0	0
Livestock Inspectors	1	0	0
Para-veterinary Staff / Attenders	2	Govt	0
Contract / On-call Veterinary Support (if any)	0	0	0

High-Risk Interface Points (Surveillance Sites)

High-risk interface points for zoonotic disease surveillance in Kuruva 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	0	0
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	3	24,7,9
Backyard / Clustered Poultry Units	0	0
Duck Rearing Units (open water access)	0	0
Slaughterhouses/ Slaughter Points	0	0
Meat/Fish Markets	1	20
Live Bird Sale Points	1	20
Cattle Markets / Weekly Animal Fairs	1	20
Pet Shops / Breeders	0	0
Animal Shelters / Pet Homes	0	0
Waste Disposal Sites near Animal Units	0	0

Environmental Risk Mapping

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

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

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

Risk Factor	High-Risk Wards	Key Locations	Risk Level (High/Med/Low)
Flood-prone areas	1,2	BS. Kuruva	Low
Water bodies/wetlands	1	BS. Kuruva	low
Solid waste accumulation	0	0	Low
Animal waste disposal issues	0	0	Low
Rodent infestation zones	0	0	Low
Industrial effluent discharge	0	0	Low
Construction sites / abandoned buildings	0	0	Low
Poor drainage/blocked canals	0	0	Low
Drinking water source contamination risk	0	0	Low

Disease Seasonality Mapping

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

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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	December-January	Migratory birds	-	-
Leptospirosis	June-July	Paddy fields	Chengottur	Doxycycline prophylaxis
Dengue/Chikungunya	March- May	containers	Arangot, Kuttinirapp, Pookkod	Source reduction and container elimination
Acute Diarrheal Diseases	-	Contaminated water	-	Well chlorination, IEC
Rabies	-	-	-	-
Anthrax (rare)	-	-	-	-

Vulnerability Mapping

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

Vulnerability Factor	High-Risk Wards	Key Groups / Locations	Risk Level
Flood-prone households	1,2	Keeramkund	High
Wetland-adjacent communities	0	0	0
Backyard poultry / duck rearing households	-	-	-
Livestock-rearing households	1-24	1-24	Low
Slaughterhouse & meat market workers	21	1-24	Low
Fisherfolk & fish market workers	18	1-24	Low
Sanitation workers	1-24	1-24	Medium
Daily wage / migrant workers	1-24	1-24	High
Elderly & chronically ill populations	8722	1-24	High
Pregnant Women	839	1-24	High
Children (schools, Anganwadi's)	15576	1-24	
Limited access to safe water & sanitation	3,6,9,20,24		High

EPIDEMIOLOGICAL TRENDS (2021–2025)

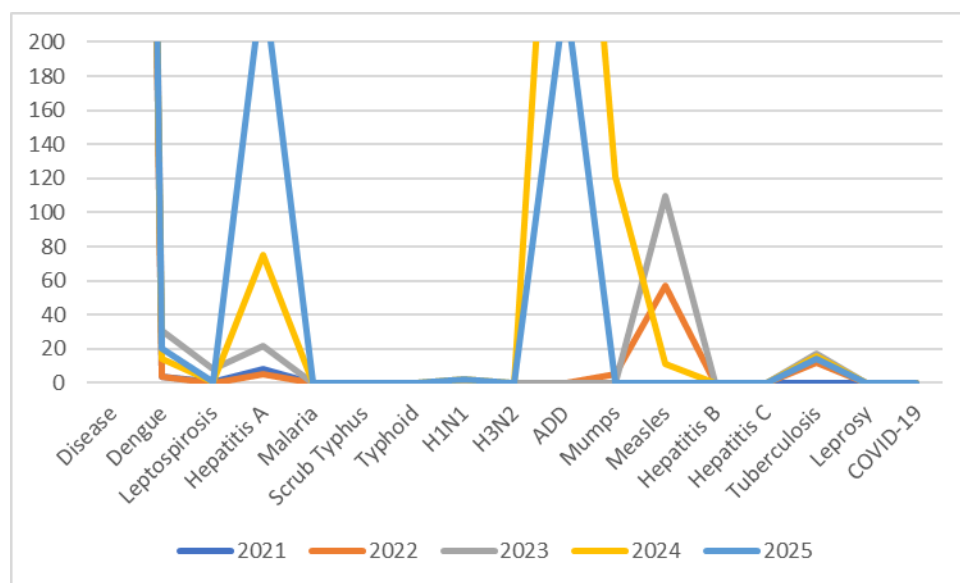
Disease surveillance is the systematic collection, analysis, and interpretation of health data for planning, implementation, and evaluation of public health practice. This section presents the disease surveillance profile of the LSGI based on routine reporting systems and outbreak investigations to identify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

Disease Burden among human beings (Last 5 Years)

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

Disease	2021	2022	2023	2024	2025	Trend(Increasing/Stable/Decreasing)
Dengue	4	4	31	14	20	decreasing
Leptospirosis	1	0	8	1	1	decreasing
Hepatitis A	8	5	22	75	237	INCREASING
Malaria	0	0	0	0	0	0
Scrub Typhus	0	0	0	0	0	0
Typhoid	0	0	0	0	0	0
H1N1	0	0	0	2	2	stable
H3N2	0	0	0	0	0	0
ADD	NA	NA	NA	469	228	decreasing
Mumps	0	5	0	121	0	0
Measles	0	57	110	11	0	decreasing
Hepatitis B	0	0	0	0	0	0
Hepatitis C	0	0	0	0	0	0
Tuberculosis	NA	12	17	16	14	DECREASING
Leprosy	0	0	0	0	0	0
COVID-19	NA	NA	NA	NA	NA	NA

*(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	1	0	2	1	1	5
4	0	0	0	0	0	0
5	0	0	1	0	0	1
6	0	0	0	0	0	0
7	0	0	0	0	0	0
8	0	1	2	1	0	4
9	1	0	5	0	1	7
10	0	0	3	1	0	4
11	0	1	2	7	2	12
12	0	0	1	0	0	1
13	0	0	2	0	0	2
14	1	0	1	0	0	2
15	1	2	7	2	3	15
16	0	0	3	1	1	5
17	0	0	0	0	0	0
18	0	0	0	0	0	0
19	0	0	2	1	0	3
20	0	0	0	0	0	0
21	0	0	0	0	0	0
22	0	0	0	0	0	0

LEPTOSPIROSIS

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

Peak: June - August

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

Ward	Leptospirosis – Ward-wise Yearly Distribution					
	2021	2022	2023	2024	2025	Total
1	0	0	0	0	0	0
2	00	0	0	0	0	0
3	0	0	0	0	0	0
4	0	0	0	0	0	0
5	0	0	0	0	0	0
6	00	0	0	0	0	0
7	0	0	0	0	0	0
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	00	0	0	0	0	0
14	0	00	0	0	0	0
15	0	0	0	0	0	0
16	0	0	0	0	0	0
17	0	0	8	0	1	9
18	0	0	0	0	0	0
19	0	0	0	0	0	0
20	0	0	0	0	0	0

21	0	0	0	1	0	1
22	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	1	0	10	11
2	1	0	2	0	10	13
3	0	0	0	4	0	4
4	0	0	0	0	3	3
5	1	0	2	0	15	18
6	1	0	3	0	14	18
7	1	1	0	0	18	20
8	0	1	3	15	42	61
9	1	0	0	6	10	17
10	1	3	1	12	5	22
11	0	0	0	8	2	10
12	0	0	1	10	0	11
13	0	0	2	3	4	9
14	0	0	2	10	2	14
15	0	0	2	9	10	21
16	0	0	0	8	4	12

17	0	0	0	0	8	8
18	0	0	0	0	3	3
19	0	0	0	0	3	3
20	1	0	0	0	3	4
21	0	0	0	0	63	63
22	1	0	3	0	8	12

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	20	0
Water Borne Diseases	466	1
Air Borne Diseases	16	0
Blood Borne Diseases	0	0
Food Borne Diseases	2	0

Vector-Borne Disease

Disease	No. of Cases	No. of Deaths
Dengue	20	0
Malaria	0	00
Chikungunya	0	0

Water Borne Disease

Disease	No. of Cases	No. of Deaths
Cholera	0	0
Typhoid	2	0
Hep- A	237	1
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	2	0
TB	14	0
Chickenpox	14	0
Measles	0	0
Covid-19	0	0
Pertussis	0	0
Mumps	1	0

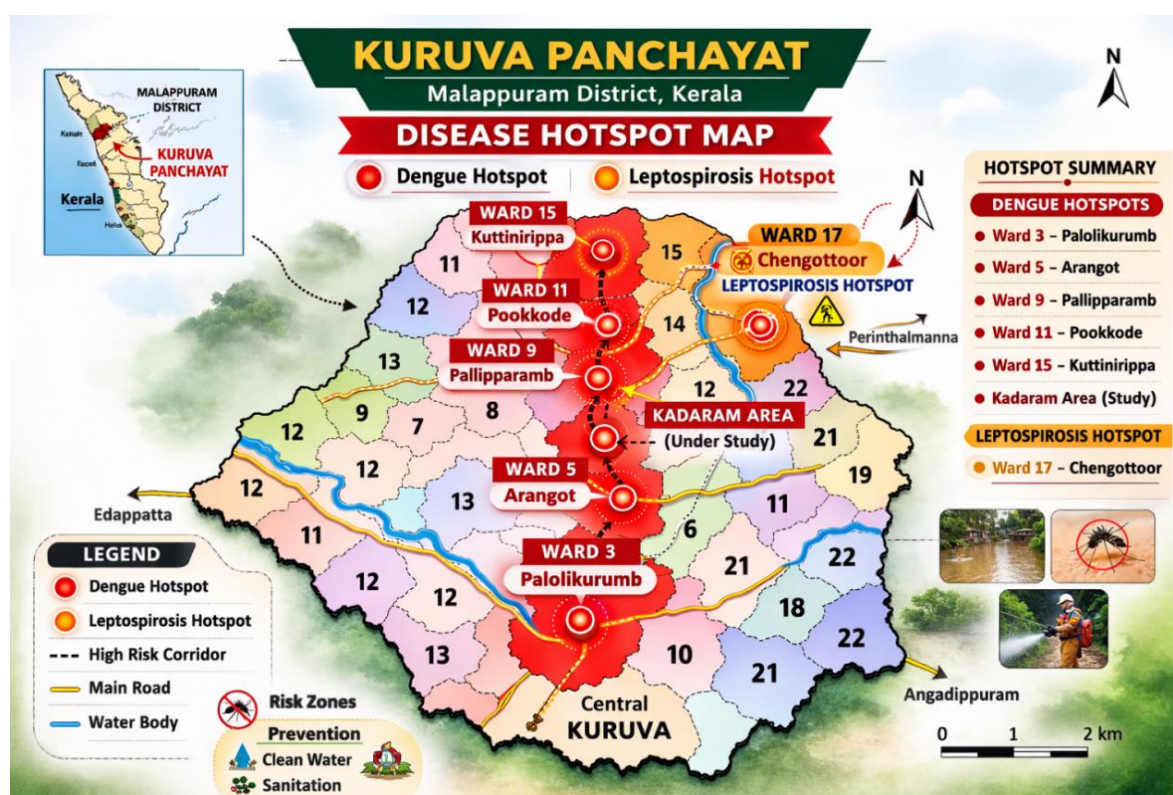
Blood-Borne Disease

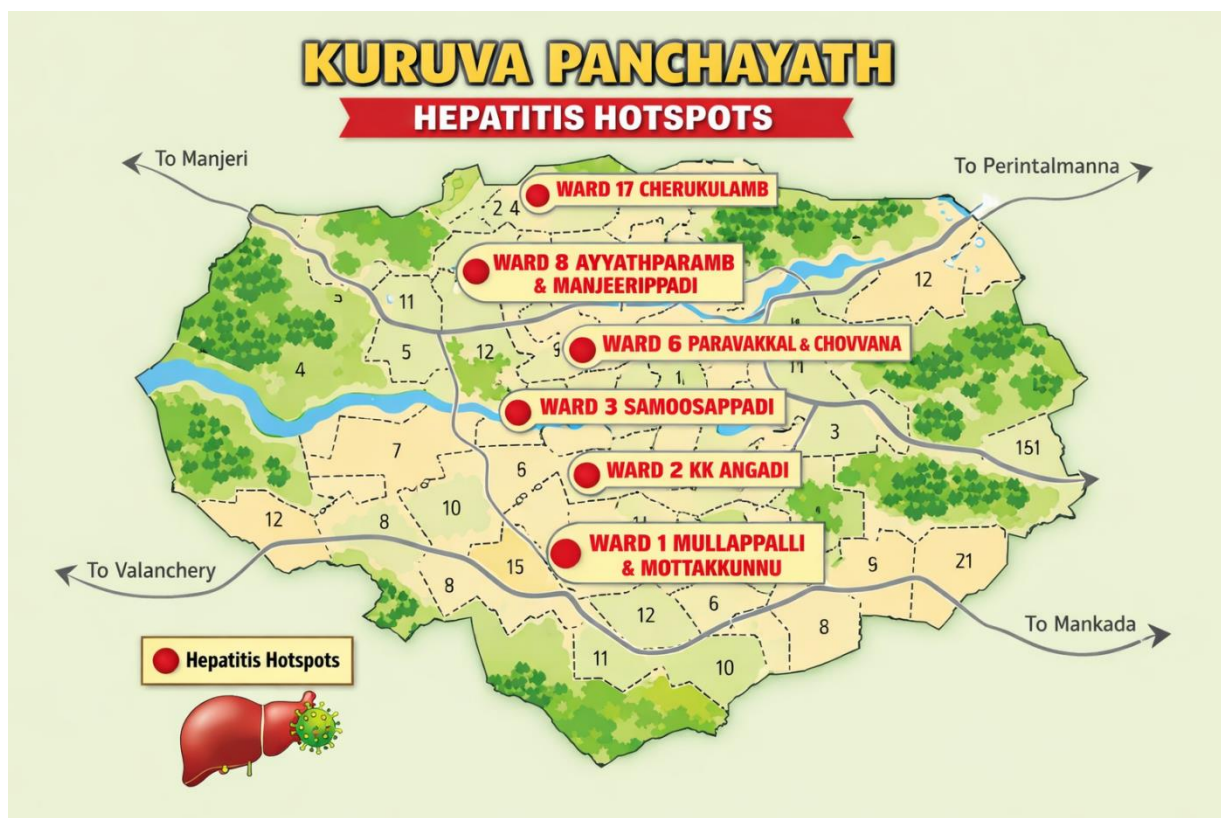
Disease	No. of Cases	No. of Deaths
AIDS	0	0
Hep- B	0	0
Hep- C	0	0

Zoonotic Disease

Disease	No. of Cases	No. of Deaths
Rabies	0	0
Leptospirosis	1	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	11	0	31	42
2	0	0	13	0	26	39
3	5	0	4	0	28	32
4	0	0	3	0	32	35
5	1	0	18	18	29	66
6	0	0	18	86	29	133
7	0	0	20	0	33	53
8	4	0	61	0	52	117
9	7	0	17	2	32	58
10	4	0	22	0	31	57
11	12	0	10	0	24	46
12	1	0	11	0	41	53
13	2	0	9	10	56	77
14	2	0	14	0	22	36
15	15	0	21	0	20	56
16	5	0	12	0	30	47
17	0	9	8	2	42	61
18	0	0	3	8	20	31
19	3	0	3	0	20	26
20	0	0	4	0	22	26
21	0	1	63	0	41	105
22	0	0	12	0	36	48

By overlaying five years of data, we have identified 8,15,11.'Red Zone' Wards. These are wards where at least two different categories of diseases (e.g., Dengue and hepatitisA) recurred in consecutive years. Ward **1,2** is categorized as the **Highest Priority Hotspot** due to its combination of flood

vulnerability and high water borne disease ,new ward 17(kuttinerappu) &wd3 (at paalolikulamb) is the hots spot fr dengue. Future health infrastructure, such as the proposed **R.O plants at ward 1&2** 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/I nstitution	Role in Committee	Contact Number
1	Abdu Salam Palathingal	Panchayat President	LSGD	Chairperson	9947509922
2	Dr. Shamsudheen Pulakkal	Medical Officer (PHC/CHC)	Health Dept	Member Secretary	9495022761
3	Subran	Veterinary Officer	Animal Husbandry	Member	9947677258
4	Akhila	Epidemiologist	Health Dept	Member	7356468823
5	Sunil	Health Inspector/PHN	Health Dept	Surveillance	9846577385
6		ASHA Supervisor	Health Dept	Community link	6282210486
7	Haseena	ICDS Supervisor	Social Welfare	Vulnerable groups	9349601290
8	Kolathur Police Station	Police Station Officer	Police Dept	Law & order	0493-3203244

9		Ward Councillor Representative	LSGD	Community coordination	7558070851
10		Kudumbashree CDO	Kudumbashree	Community mobilisation	9539071501
11		NGO/Volunteer rep	Civil Society	Support services	
12		Line Department representations			

Key Responsibilities:

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

Meeting Schedule:

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

Pandemic Response Workforce

To ensure a coordinated and timely response during a pandemic, a dedicated Pandemic Response Workforce shall be constituted at the LSG level. The workforce will function under the overall supervision of the One Health Committee and in close coordination with the health authorities. Team-based deployment will enable efficient surveillance, case management, quarantine and isolation management, logistics support, and risk communication. Each team shall have a clearly

designated team leader, defined roles, and an identified pool of personnel to allow rapid activation, rotation of duties, and continuity of services during prolonged emergencies.

Total Response Workforce Available: 300 persons

Team Name	Composition	Key Responsibilities	Team Leader
Surveillance and Contact Tracing Team	HI, JHI, JPHN, ASHAs and Volunteers	Case detection, contact listing, home visits, reporting	HI
Case Management Team	Doctors, Nurses, MLSP, Palliative Nurses	Patient care & referral	DOCTOR
Quarantine & Isolation Team	LSGD staff, Volunteers	Facility management	JHI
Psychosocial support			
Logistics & supply chain Team	LSGD staff, Storekeepers, Drivers 3	Supplies & transport [PPE, medicines, oxygen, transport, waste management]	Ward Member
Communication Team	Ward members, Kudumbashree, Youth clubs, AWW workers and other self help groups	IEC, community meetings, countering misinformation	M.O in charge
Transportation	KSRTC, educational institutional buses		
Media Surveillance			
Intersectoral coordination and convergence			
Collaborative surveillance			

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

Activities and Measures before and during Pandemic

PHASE 1 - Alert / Preparation

Surveillance and Reporting-Enhanced syndromic surveillance:

1. **Data sources for surveillance:**
2. **Event-based triggers (to be monitored and reported):**
3. **Zoonotic and animal health surveillance**
4. Logistics and Stock Preparedness
 - Identify and empanel local vendors and define emergency procurement mechanisms in accordance with existing LSGD and Health Department norms.
 - Prepare and maintain an essential logistics checklist covering medical supplies, consumables, and support equipment.
 - Pre-identify secure storage locations for emergency stocks and ensure maintenance of stock registers with regular updating.
 - Finalise emergency transport arrangements, including availability of vehicles and identified drivers for rapid deployment during alerts.
 - Designate a Nodal Officer for Logistics to enable prompt decision-making, coordination, and communication during emergencies.
 - Conduct rapid stock verification and ensure availability of minimum buffer stock, including:
 - PPE kits 0 numbers
 - Pulse oximeters – 7 numbers
 - Hand sanitizers – 10 litres

- Masks, gloves, disinfectants – adequate quantity

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

➤ Identification of Quarantine and Isolation Facilities

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

➤ Risk Communication and Community Preparedness

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

- Schools and educational institutions
- Markets and commercial areas
- Work sites and labour settings

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

➤ **Protection of Vulnerable Groups**

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

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

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

➤ **Clinical Dependency Mapping**

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

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

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

PHASE 2 - Active Response

1. Case Identification and Contact Tracing

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

Field Staff Involved

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

2. Screening Checkpoints

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

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

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

Standard Screening Protocol

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

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

3. Pandemic Control Room

The Pandemic Control Room (PCR) serves as the central nerve 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: Kuruva Grama Panchayath Office, Padapparamb

Backup Location: Community Hall in Kuruva 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.
- BMW

7. Communication team

8. Logistics and supply chain

9. Transportation (interfacility & emergency transport)

10. Media surveillance Call centre

11. Management of the deceased

12. Intersectoral coordination and convergence

Key Control Room Team

The Control Room Team coordinates all pandemic response activities within the 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. shamsudheen Pulakkal	Medical Officer	9495022761	Overall coordination, decision-making, and reporting to the District level.
Data Entry Operator	-	-	-	Managing the line list, updating dashboards, and tracking testing results.
Communication Officer	-	-	-	Handling the public helpline, coordinating ambulance dispatch, and contact tracing calls.
Logistics Coordinator	-	-	-	-
Technical Support (IT/Data)	-	-	-	-

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

Key Points:

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

Daily Monitoring Indicators

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

1. Epidemiological Indicators:

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

2. Surveillance Indicators:

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

3. Logistics and Infrastructure Indicators:

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

4. Alert Findings

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

Category	Trigger 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	Panchayath President/ Secretary	9947509922
Social media	Panchayath President/ Secretary	9947509922
Local Cable TV/Radio	Ward Health Committee	

- 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)	-	BLOCK MO
District IDSP Unit	Outbreaks/Clusters/Unusual Events (>5 cases same ward)	-	DMO
Veterinary Officer	Animal health events/Zoonotic alerts	-	VETENARY OFFICER
State Cell	Zoonotic cross-sector events	-	STATE NODEL OFFICER AT ONE HEALTH

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	04832760744
PPE Kits/Masks/Gloves	Local Vendors	04842203507
Oxygen Cylinders/Concentrators	KMSCL	04832760744
Medicines/Antivirals	KMSCL	04832760744
Medicines/Antivirals	Neethi Shops	04842203507
Test Kits (RTPCR/Rapid)	KMSCL	04832760744

Collaboration with NGOs, PPP, and CSR

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

Key Points:

- Engage NGOs and community-based organisations for community outreach, awareness, and support to vulnerable populations.

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

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

Interdepartmental Coordination

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

Department	Representative	Key Role	Contact
Health (PHC)	Staff Nurse :	Case management	
Veterinary	Veterinary Surgeon:	Animal surveillance	9947677258
ICDS	Supervisor: Sindhu	Nutrition support	9349601290
Education	Head Teacher:	School coordination	
Police		Containment enforcement	0493-3203244
Water Authority	_____	Water supply	_____
LSGD Engineering	_____	Quarantine infrastructure	_____

PHASE 3 - Surge Capacity

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

Conversion of Community Facilities

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

Name of facility	Facility Type	No. of Buildings	Ward	Surge Capacity (Beds)	Nodal Person
AUP KURUVA	SCHOOL	4	2	45	HEAD MASTER- MEHAB00B 9961669609
AMBALAPARA MB HSS	SCHOOL	3	14	33	HEAD MISTRESS
IKTHSS	SCHOOL	3	20	28	HM
IKTHS	SCHOOL	3	20	26	HM
GALAXY MINI AUDITORIUM	AUDITORIUM	1	20	15	KUNJIMUH AMMED- 9747373900
KSKM UP	SCHOOL	3	20	21	HM
MRLP	SCHOOL	2	20	12	HM

ZAITHOON	SCHOOL	4	13	71	HM
AYYATHAPAR AMB	AUDITORIUM	1	8	12	9446986307- KOYA
EVENT	AUDITORIUM	1	12	62	-
SAMOOSAPAD I	CONVENTIO N CENTER	1	3	10	-
SSMALP PAZHAMALL OOR CITY	SCHOOL	4	3	20	9744115792- SABANA

- **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 MBH MALAPPURAM for emergency referral and transport.
2. Community Awareness & Education
 - Conduct regular awareness campaigns on hygiene, vaccination, and preventive measures.
 - Use local communication channels (community radio, WhatsApp groups, notice boards) to spread verified information.
 - Train volunteers to act as health ambassadors in each ward.
3. Emergency Response & Coordination
 - Form a Pandemic Preparedness Committee at Panchayat level including health workers, ward members, and NGOs.
 - Develop a clear action plan for lockdowns, quarantine, and distribution of essentials.
 - Maintain a database of vulnerable groups (elderly, differently-abled, chronically ill) for targeted support.
4. Supply Chain & Food Security
 - Identify and support local suppliers and farmers to ensure uninterrupted food supply.
 - Create community kitchens during emergencies to serve vulnerable populations.
 - Stockpile essential commodities in Panchayat-run outlets for crisis periods.
5. Digital Preparedness
 - Promote digital platforms for telemedicine consultations.
 - Use Panchayat's website/social media for real-time updates on health advisories.

- Encourage online grievance redressal to reduce crowding in offices.

6. Training & Capacity Building

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

7. Long-Term Resilience

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

MOCKDRILL SCENARIOS

ANNEXURE

1. IMPORTANT PHONE NUMBERS

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

1.1. Details of grama panchayat/municipality/corporation wards

Sl.No	Name of the ward	Ward number	Name of the ward member	Contact number
1	Mullapally	1	Ramlath	9544933561
2	Kuruva	2	Fousiya	7593975594
3	Samoosappadi	3	Najma	8606226584
4	Nechikkuthparamb	4	Shakir	9037214485
5	Karinchapadi East	5	Haridasan KP	9846206123
6	Karinchapadi West	6	Muhsina T K	9843300426
7	Vattaloor	7	Vasudevan Moothedath	924992497
8	Padapparamb	8	Mumthaz	8075616622
9	Chandapparamba	9	Sulaikha M	7558070851
10	East Pang	10	Aboobacker P	6282139028
11	Thora	11	Rinsha Pathiyil	6238972227
12	Vazhengal	12	Thyranil Rahmathunnisa	9745017684
13	Pookkod	13	Abdul Nisar K T	9048576700
14	Ambalapparamb	14	Sharafunnisa VK	8547618845
15	Chendi	15	Haridas Vellanchery	9846143530
16	Padinjattumuri	16	K K Abdul Asees	7012243033
17	Chandanaparamba	17	Ummu Habeeba EK	9846143530
18	Chengottur	18	Mubashir K	7034845147
19	Cherukulamb	19	T P Jayachandran	9946202643
20	Cherukulamb West	20	Sayyid Noufal Sadiq	9037863257
21	Mekulamb	21	Safvana V P	8921742119
22	Thekkumkulamb	22	Sulaika K K	9747892102
23	Pazhamallur	23	Abdul Salam Palathingal	9947509922
24	Meenarkuzhi	24	Kunjimammed M P	8137931348

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

Sl. No.	Name	Contact number
1.	HI Kuruva Grama Panchayath	6282465981
2.	Clerk Kuruva Grama Panchayath	8891173413
3.	K P A Majeed MLA	9447109014
4.	Excise department	0483 2734910
5.	Forest department	0483 2734803
6.	Village office	04933 283594
7.	Mankada Block Office	9447013834
8.	KWA	04933 227221

1.3. Important offices of grama panchayat/municipality/ corporation

Sl.No	Name of the office	Contact person	Contact number
1.	Village Office	Village Officer	04933 283594
2.	Agriculture Office	Agriculture Officer	9383471714
3.	Animal Husbandry Office	Animal Husbandry Doctor	9947677258
4.	Police Station	Police Officer	0493 3203244
5.	BSNL Office	Officer	04933 282100
6.	Block Office	Officer	04933 282034
7.	KSEB Office	Officer	9539012906
8.	Fisheries Office	Officer	0494 2666428
9.	Fire and Rescue	Officer	04933227800

1.4. Health Services

Sl. No	Name of the hospital/institution	Location	Phone number
1.	Government hospitals/PHC	Pang	0493 3244380
2.	Private hospitals	M B Hospital Malappuram	04832883333
3.	Clinical laboratories	Carewell Padaparamb	04933244266
4.	Chemist/pharmacy	Jan Aushadhi medical store Pang Chendi	8086781834
5.	Blood donors	MUSTHAFA MEENARKUZHI(RR T MEMBER WD24)	9605248587
6.	Other language experts (Bihari, Hindi, Bengali, Asamees)	DR.HARIGOVIND,F HC PANG	7204501519

1.5. Veterinary Services

Sl. No	Name of the Clinic	Name of the Surgeon/Doctor	Place/location	Phone number
1	Govt.Veterinary Hospital	Dr.Subramanyan	Chandaparamb	9947677258

1.6. Helpline numbers

Helpline	Phone number
Police	04933203244
Fire and Rescue	04933227800
KSEB	9539012906

1.7. Public and Private Schools Contact details

S.No	Name of School	Institution type	Phone number
1	MRLPS Cherukulamb	Aided	9497658566
2	KSKMUPS Cherukulamb	Aided	04933 242040
3	Al Irshad English Medium School	Private	
4	GHSS Pang	Govt	9446410461
5	GLPS Pang	Govt	9946400636
6	GLPS Kuruva	Govt	9846234756

7	SSMALPS Pazhamalloor City	Aided	9495291630
8	GLPS Meenarkuzhi	Govt	9745201298
9	GUPS Pang	Govt	9400442112
10	AUPS Kuruva	Aided	9961669609
11	AMUPS South Pang	Aided	
12	AMLPS Vattalur	Aided	9895092946

1.9. Anganwadi Contact Details

Ward No	Name of Anganwadi Teachers	Phone number
1	Rukmini (Mullapally AW)	9895802977
	Sheeja (Thattarmanna AW)	9745349691
2	Deepthi (KK Angadi AW)	7034102451
	Sindhu (Illathupadi AW)	8113044496
3	Sarojini (Samoosapadi AW)	9895163407
	Chandramathi (Pazhamalloor City AW)	9846323617
	Kunjeerumma (Chendakkode AW)	8086183285
4	Hajarumma (Vattaloor AW)	9207016742
	Ramani (Nechikuth paramba AW)	9539526398
5	Shijila Ratheesh(ChovvanaAW)	7025581580
	Saraswathy (Paravakkal AW)	9947245888
6	Subaida (Karinchapadi AW)	9048162380
	Sunitha (PorunnummalAW)	9400489060
7	Anitha (Thottakara AW)	9037451239

8	Kadeeja (Padapparamba AW)	9961688118
9	Seenath (Palliparamba AW)	9048493856
	Umaina (Chanthaparamba AW)	8606879094
	Padmavathy (Charka class AW)	9645295989
10	Fasila (East PangAW)	9539360782
11	Vijayalakshmi (Thora AW)	9048612238
	Devayani (Chettypadi AW)	9645498570
12	Rugmini	9656402242
	Indira	6282961520
13	Bindu (Pookode AW)	9497672781
14	Sindu (Ambalaparamba AW)	9539602685
	Usha (Thekkekkara AW)	9746883319
15	Supriya (Padinjattumuri AW)	9946427518
	Seetha Lakshmi (Chendi AW)	9605962135
16	Kaikeyi (Thyranpadi AW)	9048585988
17	Bindu (Kadannamutti AW)	9745187253
18	Bindu (Chengottur AW)	9074514089
	Mumtaz (Chandanapparamb AW)	994621228
19	Seenath (Choorakkav AW)	9747338699
	Nashitha (Cherukulamb Town AW)	9526045177
	Vijaya (Bhranthankav AW)	9562557676
20	Shyamala (Cherukulamb West AW)	9847548387
21	Smitha (Kadaram AW)	9645125732

	Ramlath (Mekulambu AW)	6238251963
22	Valsala (Thekkumkulamb AW)	9744907382
	Smitha (Thottakkara)	9349595001
23	Shameema (Kattupara AW)	9961255744
24	Fathima Zuhra (Meenarkuzhi AW)	7012502179
	Zoujath (Raayiparamab)	9539618201

1.12. Information regarding resources

Means of transportation	Name of Owner	Phone Number
Heavy Trucks		
Tractor	Ali Poolakkundan	9656046261`
Ambulances	Usman	8129063035
Boats	-	-
Taxi service	Sharafu	7034326115

Annexure 1: LSG Baseline Data Collection Format

A. Baseline data

Sl. No.	Indicator / Field	Baseline Data	Source / Remarks
1	Name of LSG	KURUVA GRAMA PANCHAYATH	-
2	District	MALAPPURAM	-
3	Block / Taluk	MANKADA	-
4	Type of LSG (Gram Panchayat / Municipality / Corporation)	GRAMA PANCHAYATH	-
5	Area (sq. km)	35.77 km ²	-
6	No. of wards	24	-
7	GIS boundary file available	(Yes/No)	-
8	Key contact person & phone	President	-

B. Demography

Indicator / Field	Baseline Data	Source / Remarks
Total population	60888	-
Males	30392	-
Females	30496	-
Transgender population	0	-
Age distribution (<5, 5–14, 15–59, ≥60)	5666,48223,6999	-
No. of households	12298	-
Population density (persons/sq.km)	1702.20855 persons/sq.km	-
No. of migrant workers	822	-
Major occupational groups	Cooli	-

C. Vulnerable Populations & Social Risks

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	No. of elderly (≥60)	6999	-
2	No. of persons with disability	211	-
3	No. of bedridden persons	153	-
4	No. of chronic disease cases (DM/HTN/COPD/CKD etc.)	8398	-

5	Pregnant women (current estimate)	839	-
6	Children <5 years	5666	-
7	Tribal population (if any)	0	-
8	Fisherfolk / coastal vulnerable groups (if any)	0	-
9	Urban slums / unnotified settlements (if any)	0	-
10	Homeless population	0	-
11	Orphanages / old age homes (number & capacity)	0	-
12	Hostels / prisons / shelters (number & capacity)	0	-
13	Poverty / BPL estimate	4590	-
14	Food insecurity hotspots	0	-
15	Any history of stigma/discrimination issues (Yes/No)	N	-

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	-
2	PHC/Family Health Centre details (name, location)	FHC Pang, Chendi	-
3	Subcentres / Health & Wellness Centres (number)	7	-
4	Private clinics / hospitals (number)	36	-
5	Labs available (public/private)	42	-
6	Availability of ambulance services (Yes/No, number)	Yes, 2	-
7	Availability of isolation/quarantine facilities (Yes/No, details)	Yes, 19	-

8	Cold chain facilities (Yes/No, details)	Yes	-
9	Stockpile space available (Yes/No)	Yes	-
10	PPE / mask / sanitizer availability plan (Yes/No)	Yes	-
11	Surveillance staff available (JHI/JPHN/ASHA count)	Yes(3/6/24)	-
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)	0	0
2	Railway stations (number)	0	0
3	Boat jetties / fishing harbours (number)	0	0
4	Ports / airports nearby (specify distance)	0	0
5	Major highways/roads passing through	0	0
6	Border crossings (state/district)	0	0
7	Major markets / weekly markets	1	0
8	Tourism hubs / major event venues	0	0
9	Schools/colleges with hostels (number)	1	0
10	Factories / large workplaces (number)	0	0

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/ Borewell	
2	No. of public wells	32	
3	No. of households with piped water connection		

4	Water quality testing routine (Yes/No)	Yes	
5	Common contamination risks (flooding, salinity, industrial waste)	Flooding	
6	Open defecation free status (Yes/No)	y	
7	Solid waste management system (Yes/No)	Y	
8	Bio-medical waste disposal mechanism (Yes/No)	Y	
9	No. of public toilets	2	
10	Handwashing stations in public places (Yes/No)	Y	

G. Zoonotic Risks & One Health

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

H. Climate & Disaster Risks (Pandemic Amplifiers)

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Flood-prone wards (list)		
2	Landslide-prone wards (list)		
3	Cyclone/sea surge risk (Yes/No)		
4	Heatwave risk zones (Yes/No)		
5	Waterlogging areas (list)		

6	Shelter homes / relief camps (number, capacity)		
7	Past disaster displacement history		
8	Disruption to water supply/transport common (Yes/No)		

I. Critical Infrastructure & Logistics

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Schools (number)	19	
2	Anganwadis (number)	44	
3	Colleges (number)	1	
4	Community halls (number)	5	
5	Places of worship with large gatherings (number)		
6	Large markets / shopping areas (number)	1	
7	Warehouses / cold storages (number)	0	
8	Telecom/mobile network coverage gaps (Yes/No)	Y	
9	Power outage frequency (high/medium/low)		
10	Availability of generators in key facilities		

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)	20	
4	Volunteer network (number, coverage)	Y	
5	Community-based surveillance mechanisms (Yes/No)		
6	IEC dissemination channels (WhatsApp groups, community radio, PA systems)	Y	

7	Rumour tracking mechanisms (Yes/No)	N	
8	Languages spoken / literacy considerations		
9	Vulnerable groups communication strategy available (Yes/No)	Y	

K. Preparedness Planning & Governance

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	LSG emergency plan available (Yes/No)	Y	
2	Pandemic preparedness plan available (Yes/No)	Y	
3	Incident Command System identified (Yes/No)		
4	Rapid procurement mechanism available (Yes/No)		
5	Emergency fund available (Yes/No, amount)		
6	Past outbreak response experience (Yes/No, details)	Y	
7	Intersectoral coordination mechanism (Health, Police, LSG, Veterinary, Education)	Y	
8	Mock drills conducted in last 12 months (Yes/No)	N	
9	Training coverage for staff/volunteers (Yes/No)	Y	

L. Surveillance & Data Systems

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

M. Additional Notes & Observations

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Key challenges perceived by LSG		
2	Top 5 high-risk wards (reason)	RIVER BANK WARD1,2	
3	Any unique local risks (industrial pollution, refugee camps, etc.)	N	
4	Recommendations for preparedness strengthening	Y	