

MESSAGE FROM PRESIDENT/CHAIR LSGI



☎ 04933 254 232

പുഴക്കാട്ടിരി ഗ്രാമപഞ്ചായത്ത് ഓഫീസ്

പുഴക്കാട്ടിരി (പി.ഒ.) അങ്ങാടിപ്പാലം (വഴി)

മലപ്പുറം ജില്ല - 679 321

E-mail: mpnpuzhakkattirigp@gmail.com

മുഹമ്മദ് അബൂബക്കർ

പ്രസിഡന്റ്

7-ാം വാർഡ് മെമ്പർ

മാമ്പ്രകക്കാട്ടിൽ ഹൗസ്

പാതിരക്കുന്ന്

പി.ഒ. പുഴക്കാട്ടിരി

മലപ്പുറം ജില്ല - 679 321

☎ 9946169908

തീയതി 13/03/2026

പുഴക്കാട്ടിരി ഗ്രാമപഞ്ചായത്ത്-2026

പുഴക്കാട്ടിരി ഗ്രാമപഞ്ചായത്ത് 22Sqkm വിസ്തൃതിയിൽ 41206 ജനസംഖ്യയുള്ള തീർത്തും ഗ്രാമ പ്രദേശമായ പഞ്ചായത്തിൽ ജനങ്ങൾ ജീവിക്കാൻ കൃഷിയെ ആശ്രയിച്ച് ജീവനോപാധി കണ്ടെത്തുന്നവരാണ്. പഞ്ചായത്തിന്റെ വടക്ക് പടിഞ്ഞാറ് മുകൾ മക്കരപ്പറമ്പ് ഗ്രാമപഞ്ചായത്തുകൾ അതിർത്തി പങ്കിടുന്നു. കിഴക്ക് അങ്ങാടിപ്പാലം ഗ്രാമപഞ്ചായത്തും, കിഴക്ക് തെക്ക് പൂലാമത്തോൾ പഞ്ചായത്തും, തെക്ക് മുർക്കനാട് പഞ്ചായത്തും, തെക്ക് പെരിഞ്ഞാറ് കുറുവപഞ്ചായത്തും അതിർത്തിപങ്കിടുന്നു. പഞ്ചായത്തിൽ പ്രധാനമായും ആളുകൾ ചികിത്സക്കായി ആശ്രയിക്കുന്നത് പുഴക്കാട്ടിരിയിൽ സ്ഥിതി ചെയ്യുന്ന കുടുംബാരോഗ്യ കേന്ദ്രത്താണ് കൂടാതെ സ്ഥിതിചെയ്യുന്ന പനങ്ങാങ്ങര സ്ഥിതി ചെയ്യുന്ന ആയുർവേദ ക്ലിനിക്കും രാമപുരം ഭാഗത്ത് ഹോമിയോ ക്ലിനിക്കുമാണ് പ്രധാനമായി ആളുകൾ ചികിത്സക്കായി ആശ്രയിക്കുന്നത് കുടുംബാരോഗ്യ കേന്ദ്രത്തിനു കിഴക്ക് അഞ്ച് ജനകീയ ആരോഗ്യ കേന്ദ്രങ്ങൾ ജനങ്ങളുടെ ജീവിതശൈലി രോഗ നിയന്ത്രണം പകർച്ചവ്യാധി പ്രതിരോധം പ്രവർത്തനം, നിയന്ത്രണം, പ്രതിരോധ കുത്തിവെപ്പ് കൗമാര കുട്ടികളുടെ ആരോഗ്യം ആരോഗ്യ ബോധവൽക്കരണം തുടങ്ങിയ പ്രതിരോധ പ്രവർത്തനങ്ങളിൽ വളരെ ക്രിയാത്മകമായ പ്രവർത്തനത്തിൽ എർപ്പെട്ട് പോരുന്നു പഞ്ചായത്തിൽ നിലവിൽ 3643 അമ്മു വയസിന് താഴെ കുട്ടികളാണുള്ളത് 87% പ്രതിരോധ കുത്തിവെപ്പുകൾ എടുത്തിട്ടുണ്ട് . പഞ്ചായത്തിൽ 28 ആശാ വർക്കർ മാതൃം 25 അംഗൻ വാടി വർക്കർ മാതൃം കൂടാതെ ഹരിത കർമ്മസേന അംഗങ്ങൾ 17 പേരും പഴയ 17 വാർഡുകളിലും ഹരിത കർമ്മസേന അംഗങ്ങൾ അഭിവേദന മാലിന്യം ശാസ്ത്രീയമായ രീതിയിൽ നിർമാർജ്ജനം ചെയ്യുന്നു, കൂടാതെ പഞ്ചായത്തിൽ സിവിൽ മെമ്പർ 19 എണ്ണവും, 300 NREGS തൊഴിലാളികൾ ജോലി ചെയ്തു പോരുന്നു .

പഞ്ചായത്തിൽ പ്രധാനമായും ജലജന്യ രോഗമായ വൈറൽ ഹെപ്പറ്റൈറ്റിസ് എ വൈറസ് 2023 മുതൽ രോഗികളുടെ എണ്ണം വർദ്ധിച്ച് വരുന്നതായും പഞ്ചായത്തിലെ എല്ലാവർഡുകളിലും ചെറിയ രീതിയിൽ ഏറ്റ കുറച്ചിലോടെ കാണപ്പെടുന്നു. എന്നാൽ ഹെപ്പറ്റൈറ്റിസ് എ കൂടുതൽ റിപ്പോർട്ട് ചെയ്ത സാഹചര്യത്തിൽ ക്ലോറിനേഷൻ ഉൾക്കൊള്ളിച്ചുള്ളിനീർ എന്ന പേരിൽ പഞ്ചായത്ത് പദ്ധതിയിൽ ഉൾപ്പെടുത്തി പൊതു കിണറിലേവെള്ളം ഗുണനിലവാരം ഉറപ്പുരുത്തുന്നതിന് സാമ്പിൾ എടുത്ത് മലപ്പുറം പാട്ടർ അതോറിറ്റിയിൽ ടെസ്റ്റ് നടത്തി ഗുണനിലവാരം ഉറപ്പാക്കുന്നു. കൊതുകു ജന്യ രോഗമായ ഡെങ്കിപ്പനി ഏപ്രിൽ മെയ് ജൂൺ മാസങ്ങളിൽ പ്രധാനമായും മലയോര മേഖലകളിലാണ് കാണപ്പെടുന്നത് പ്രധാനമായും പഞ്ചായത്തിൽ ഈ രണ്ടു പകർച്ചവ്യാധികളാണ് കാണപ്പെടുന്നത് ഹെപ്പറ്റൈറ്റിസ് പ്രധാന ഹോട്ട് സ്പോട്ടായി പൊട്ടിപ്പറ രാമപുരം സൗത്ത് പനങ്ങാങ്ങര കടുങ്ങപുരം കട്ടിലശേരി ഭാഗങ്ങളും ഡെങ്കി പ്രധാന ഹോട്ട് സ്പോട്ടായി മണ്ണുംകുളം കോട്ടുവാട് അകായിൽ പടി രാമപുരം ബ്ലോക്ക് കടുങ്ങപുരം മുത്തങ്ങാ പറമ്പ് മുതലായ പ്രാദേശങ്ങളിൽ കാണപ്പെടുന്നത്. പഞ്ചായത്തിൽ ഉൾക്കൊള്ളിച്ച രീതിയിൽ പ്രതിരോധ പ്രവർത്തനങ്ങൾ ആസൂത്രണം ചെയ്ത് നടപ്പിലാക്കുന്നു . പഞ്ചായത്തിൽ 2025 ൽ എലിപ്പനി കേസ് റിപ്പോർട്ട് ചെയ്തിരുന്നു . തൊഴിലുറപ്പ് തൊഴിലാളികൾ കൃഷിക്കാർ ക്ഷീര കർഷകർ എന്നിവർക്ക് doxy cycline സമയ ബന്ധിതമായി വിതരണം ചെയ്യുന്നുണ്ട് . പഞ്ചായത്തിലെ 19 വാർഡുകളിലും സാന്നിറ്റേഷൻ കമ്മിറ്റി രണ്ടു മാസത്തിലൊരിക്കൽ കൂടുകയും വാർഡിലെ പകർച്ചവ്യാധി ഉൾപ്പെടെ പകർച്ചേതര അസുഖങ്ങൾ വിലയിരുത്തുകയും വേണ്ട മുൻകരുതൽ നടപടി ആസൂത്രണം ചെയ്യുകയും ചെയ്തുപോരുന്നു . പഞ്ചായത്തിൽ പകർച്ചവ്യാധി പ്രതിരോധ പ്രവർത്തനമായി ബന്ധപ്പെട്ട ജനുവരി മാർ ചാമാസങ്ങളിലായി രണ്ടു തവണ ഇൻറർസെക്ടറൽ മീറ്റിംഗ് കൂടുകയും പ്രതിരോധ പ്രവർത്തനങ്ങൾ വിലയിരുത്തുകയും ആസൂത്രണം ചെയ്യുകയും ചെയ്തു.



MOHAMMED ABOOBACKER
President
Member (Ward 7)
Puzhakkattiri Grama Panchayath
Mobile: 9946169908

MESSAGE FROM HEALTH STANDING COMMITTEE CHAIRMAN

☎ 04933 254 232



പുഴക്കാട്ടിരി ഗ്രാമപഞ്ചായത്ത് ഓഫീസ്
 പുഴക്കാട്ടിരി (പി.ഒ.), അങ്ങാടിപ്പാടം (റാജി)
 വെങ്ങൂർ ജില്ല - 679 321
 E-mail: mpnpuzhakkattirigp@gmail.com

മുഹമ്മദലി. എം
 ആരോഗ്യ വിഭാഗാസ സ്റ്റാന്റിംഗ് കമ്മിറ്റി ചെയർമാൻ
 4-ാം വാർഡ് മെമ്പർ

മുഖ്യമന്ത്രി ഓഫീസ്
 പനങ്ങാടം
 പി.ഒ. രാമപുരം
 വെങ്ങൂർ ജില്ല. - 679 321
 ☎ 9745435533

തീയതി: 18/03/2026

പുഴക്കാട്ടിരി ഗ്രാമപഞ്ചായത്ത്-2026

പുഴക്കാട്ടിരി ഗ്രാമപഞ്ചായത്ത് 225sqkm വിസ്തൃതിയിൽ 41206 ജനസംഖ്യയുള്ള തീർത്തും ഗ്രാമ പ്രദേശമായ പഞ്ചായത്തിൽ ജനങ്ങൾ ജീവിക്കുന്നതിനും കൃഷിയെ ആശ്രയിച്ച് ജീവനോപാധി കണ്ടെത്തുന്നവരാണ്. പഞ്ചായത്തിന്റെ വടക്ക് പടിഞ്ഞാറ് തെക്ക് മക്കരപ്പുറത്ത് ഗ്രാമപഞ്ചായത്തുകൾ അതിർത്തി പങ്കിടുന്നു. കിഴക്ക് അങ്ങാടിപ്പാടം ഗ്രാമപഞ്ചായത്തും, കിഴക്ക് തെക്ക് പൂലാമനോൾ പഞ്ചായത്തും, തെക്ക് മുർക്കത്താട് പഞ്ചായത്തും, തെക്ക് പെടിഞ്ഞാറ് കുറുവപഞ്ചായത്തും അതിർത്തിപങ്കിടുന്നു. പഞ്ചായത്തിൽ പ്രധാനമായും ആളുകൾ ചികിത്സക്കായി ആശ്രയിക്കുന്നത് പുഴക്കാട്ടിരിയിൽ സ്ഥിതി ചെയ്യുന്ന കുടുംബാരോഗ്യ കേന്ദ്രത്താണ്. കൂടാതെ സ്ഥിതിചെയ്യുന്ന പനങ്ങാടം സ്ഥിതി ചെയ്യുന്ന ആയുർവേദ ക്ലിനിക്കും രാമപുരം താലൂക്ക് ഹോസ്പിറ്റലിലും ക്ലിനിക്കുമാണ് പ്രധാനമായി ആളുകൾ ചികിത്സക്കായി ആശ്രയിക്കുന്നത്. കുടുംബാരോഗ്യകേന്ദ്രത്തിനു കീഴിൽ അഞ്ച് ജനകീയ ആരോഗ്യകേന്ദ്രങ്ങൾ ജനങ്ങളുടെ ജീവിതശൈലി രോഗ നിയന്ത്രണം പകർച്ചവ്യാധി പ്രതിരോധം പ്രവർത്തനം, നിയന്ത്രണം, പ്രതിരോധ കൂത്തിവെപ്പ് കൗമാര കുട്ടികളുടെ ആരോഗ്യം ആരോഗ്യ ബോധവൽക്കരണം തുടങ്ങിയ പ്രതിരോധ പ്രവർത്തനങ്ങളിൽ വളരെ ക്രിയാത്മകമായ പ്രവർത്തനത്തിൽ ഏർപ്പെട്ട് പോരുന്നു. പഞ്ചായത്തിൽ നിലവിൽ 3543 അഞ്ചു വയസിന് താഴെ കുട്ടികളാണുള്ളത്. 87% പ്രതിരോധ കൂത്തിവെപ്പുകൾ എടുത്തിട്ടുണ്ട്. പഞ്ചായത്തിൽ 28 ആശാ വർക്കർ മാതൃം 25 അംഗൻ വാടി വർക്കർ മാതൃം കൂടാതെ ഹരിത കർമ്മസേന അംഗങ്ങൾ അഭിവേദന മാലിന്യം ശാന്ത്ത്രിയ മാതൃ രീതിയിൽ ഹരിത കർമ്മസേന അംഗങ്ങൾ അഭിവേദന മാലിന്യം ശാന്ത്ത്രിയ മാതൃ രീതിയിൽ നിർമ്മാണങ്ങൾ ചെയ്യുന്നു. കൂടാതെ പഞ്ചായത്തിൽ സിവിൽ മെമ്പർ 19 എണ്ണവും, 300 NREGS തൊഴിലാളികൾ ജോലി ചെയ്തു പോരുന്നു.

പഞ്ചായത്തിൽ പ്രധാനമായും ജലജന്യ രോഗമായ വൈറൽ ഹെപ്പറ്റൈറ്റിസ് എ വൈറസ് 2023 മുതൽ രോഗികളുടെ എണ്ണം വർദ്ധിച്ച് വരുന്നതായും പഞ്ചായത്തിലെ എല്ലാവർക്കുമുള്ളും ചെറിയ തീരിയിൽ എറ്റ കുറച്ചിലോടെ എന്നാൽ കാണപ്പെടുന്നു. ഹെപ്പറ്റൈറ്റിസ് എ കൂടുതൽ റിപ്പോർട്ട് ചെയ്ത സാഹചര്യത്തിൽ ക്ലോറിനേ-അൽക്കൽ റെഗുലേഷനുകളും തെളിയിക്കുന്ന പഞ്ചായത്ത് പദ്ധതിയിൽ ഉൾപ്പെടുത്തി പോതു കിണറിലേവെള്ളം ഗുണനിലവാരം ഉറപ്പുവരുത്തുന്നതിന് സാമ്പിൾ എടുത്ത് മെച്ചപ്പെടുത്താനും വാട്ടർ അതോറിറ്റിയിൽ ട്രൈനഗുണനിലവാരം ഉറപ്പാക്കുന്നു. കോട്ടയം ജന്യ രോഗമായ ഡെങ്കിപ്പനി എപിയിൽ മെയ് ജൂൺ മാസങ്ങളിൽ പ്രധാനമായും പഞ്ചായത്തിൽ മലയോര മേഖലകളിലാണ് കാണപ്പെടുന്നത്. പ്രധാനമായും പഞ്ചായത്തിൽ ഈ രണ്ടു പകർച്ചവ്യാധികളാണ് കാണപ്പെടുന്നത്. ഹെപ്പറ്റൈറ്റിസ് പ്രധാന ഹോട്ട് സ്പോട്ടായി പൊട്ടിപ്പുറം രാമപുരം സ്വത്തു പനങ്ങാടം കടുങ്ങപ്പുരം കട്ടിലശേരി താലൂക്കും ഡെങ്കി പ്രധാന ഹോട്ട് സ്പോട്ടായി മണ്ണുംകുളം കോട്ടുവാട് അകായിൽ പടി രാമപുരം ബ്ലോക്ക് കടുങ്ങപ്പുരം മുത്തങ്ങാ പറമ്പ് മുതലായ പ്രദേശങ്ങളിൽ കാണപ്പെടുന്നത്. പഞ്ചായത്തിൽ ഉൾക്കിടമായ തീരിയിൽ പ്രതിരോധ പ്രവർത്തനങ്ങൾ ആസൂത്രണം ചെയ്ത് നടപ്പിലാക്കുന്നു. പഞ്ചായത്തിൽ 2025 ൽ എലിപ്പനി കേസ് റിപ്പോർട്ട് ചെയ്തിരുന്നു. തൊഴിലുറപ്പ് തൊഴിലാളികൾ കൃഷിക്കാർ ക്ഷീര കർഷകർ എന്നിവർക്ക് doxy cycline സമയ ബന്ധിതമായി വിതരണം ചെയ്യുന്നുണ്ട്. പഞ്ചായത്തിലെ 19 വാർഡുകളിലും സാന്നിദ്ധ്യം കമ്മിറ്റി രണ്ടു മാസത്തിലൊരിക്കൽ കൂടുകയും വാർഡിലെ പകർച്ചവ്യാധി ഉൾപ്പെടെ പകർച്ചരോഗ അസുഖങ്ങൾ വിലയിരുത്തുകയും വേണ്ട മുൻകരുതൽ നടപടി ആസൂത്രണം ചെയ്യുകയും ചെയ്തു പോരുന്നു. പഞ്ചായത്തിൽ പകർച്ചവ്യാധി പ്രതിരോധ പ്രവർത്തനമായി ബന്ധപ്പെട്ട് ജനുവരി മാർച്ച് മാസങ്ങളിലായി രണ്ടു വർഷം റെഗുലർ കൂടുകയും പ്രതിരോധ പ്രവർത്തനങ്ങൾ വിലയിരുത്തുകയും ആസൂത്രണം ചെയ്യുകയും ചെയ്തു.


MUHAMMADALI. M
 Chairman
 Health & Education Standing Committee
 Member (Ward 4)
 Puzhakkattiri Grama Panchayath
 Mobile: 9745435533



MESSAGE BY MEDICAL OFFICER



Puzhakkattiri Grama Panchayat – 2026, Puzhakkattiri Grama Panchayat is a completely rural panchayat with an area of 22 sq. km and a population of 41,206. Most of the residents depend on agriculture for their livelihood.

The panchayat shares its boundaries with Mankada and Makkaraparamba Grama Panchayats in the north-west, Angadipuram Grama Panchayat in the east, Pulamanthole Panchayat in the south-east, Moorkkanad Panchayat in the south, and Kuruva Panchayat in the south-west.

The main healthcare facility used by the people is the Family Health Centre located in Puzhakkattiri. In addition, people also depend on Ayurveda clinic at Ramapuram and the Homoeo clinic at Panangangara for treatment. Under Family Health Centre, five Health and Wellness Centres (HWC) are functioning actively. They carry out preventive activities such as: Control of lifestyle diseases, Prevention and control of communicable diseases, Immunization programs, Adolescent health services, Health awareness activities. In the panchayat, there are currently 3,643 children below five years of age and 87% of them are Vaccinated.

The panchayat has: 28 ASHA workers, 25 Anganwadi workers, 17 Haritha Karma Sena members. Haritha Karma Sena members manage non-biodegradable waste scientifically in the 19 wards. Additionally, there are 19 CDS members, and around 300 NREGS workers are engaged in work within the panchayat. The water-borne disease Viral Hepatitis A has been increasing since 2023, and cases are seen in all wards with slight variations. The mosquito-borne disease Dengue fever mainly occurs in the hilly areas during April, May, and June.

These two communicable diseases are the most common in the panchayat. Hepatitis hotspot areas: Pottippara, Ramapuram, South Pananganga, Kadungapuram, Kattilassery. Dengue hotspot areas: Mannumkulam, Kottuvadu, Akayilpad, Ramapuram, Block Kadungapuram, Muthangaparambu. The panchayat plans and implements intensive preventive activities to control these diseases. In 2025, a case of Leptospirosis was reported. Doxycycline is being distributed in a timely manner to NREGS workers, farmers, and dairy farmers as a preventive measure.

In all 19 wards, Sanitation Committees meet once every two months to review communicable and non-communicable diseases in the ward and to plan necessary preventive measures. As part of communicable disease prevention activities, two inter-sectoral meetings were held between January and March to review and plan preventive measures.

EXECUTIVE SUMMARY

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

PUZHAKKATTIRI PHC 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, Primary Health Centre stands as a vital institution in safeguarding public health and improving the quality of life of the residents of PUZHAKKATTIRI 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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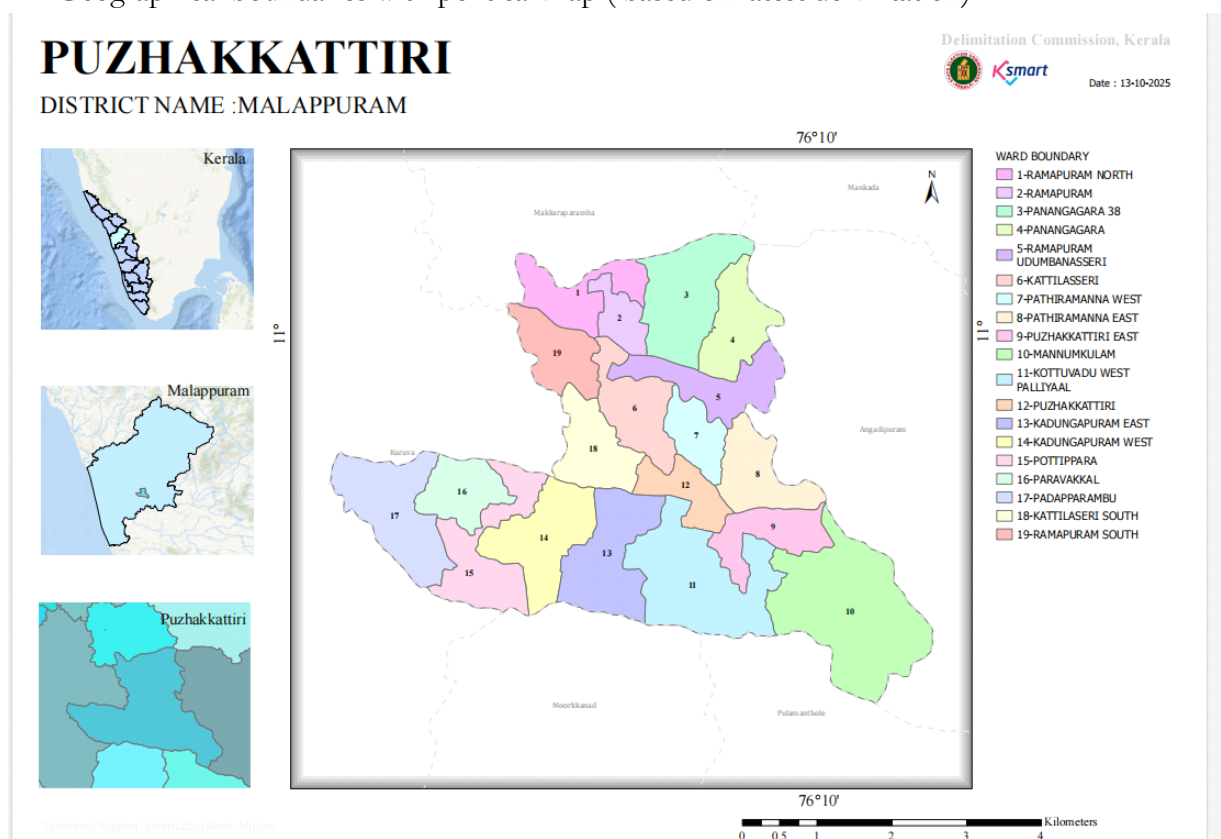
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INTRODUCTION

- **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 -

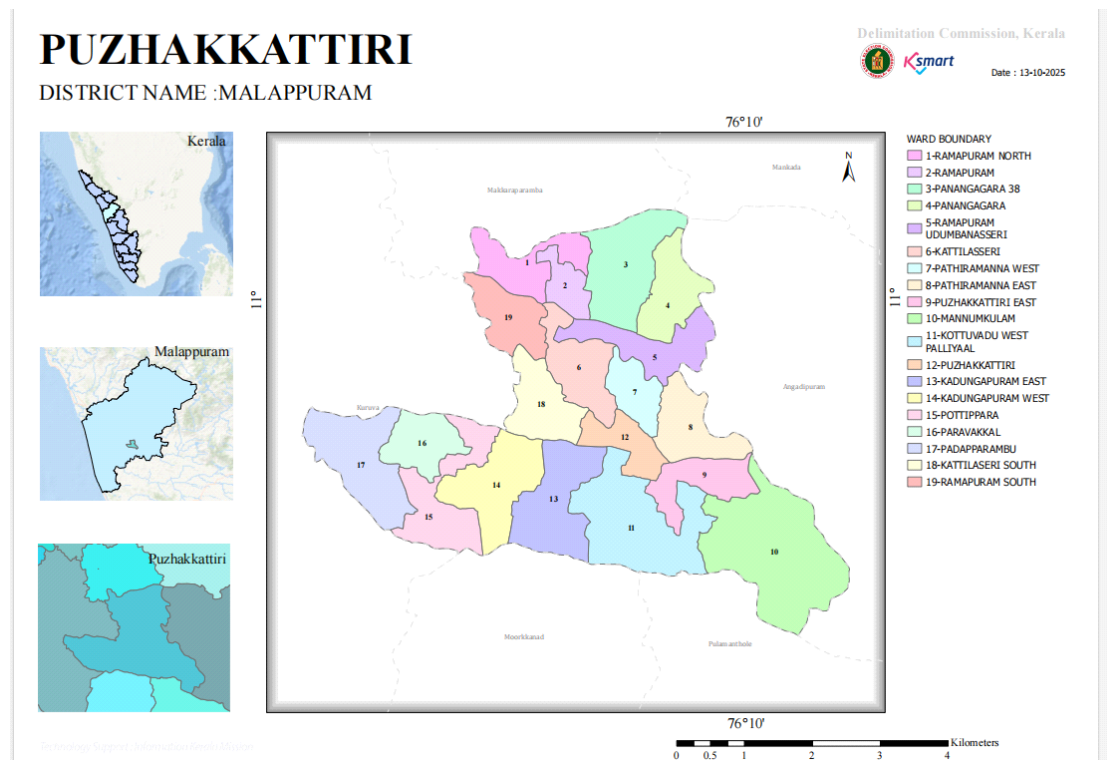
Ward	Houses	Populati on	Migrants	Wells	Hot spots	Ed. Instituti ons	Hosp pvt/govt.
19	8612	41206	400	4647	3	16	3

- 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)

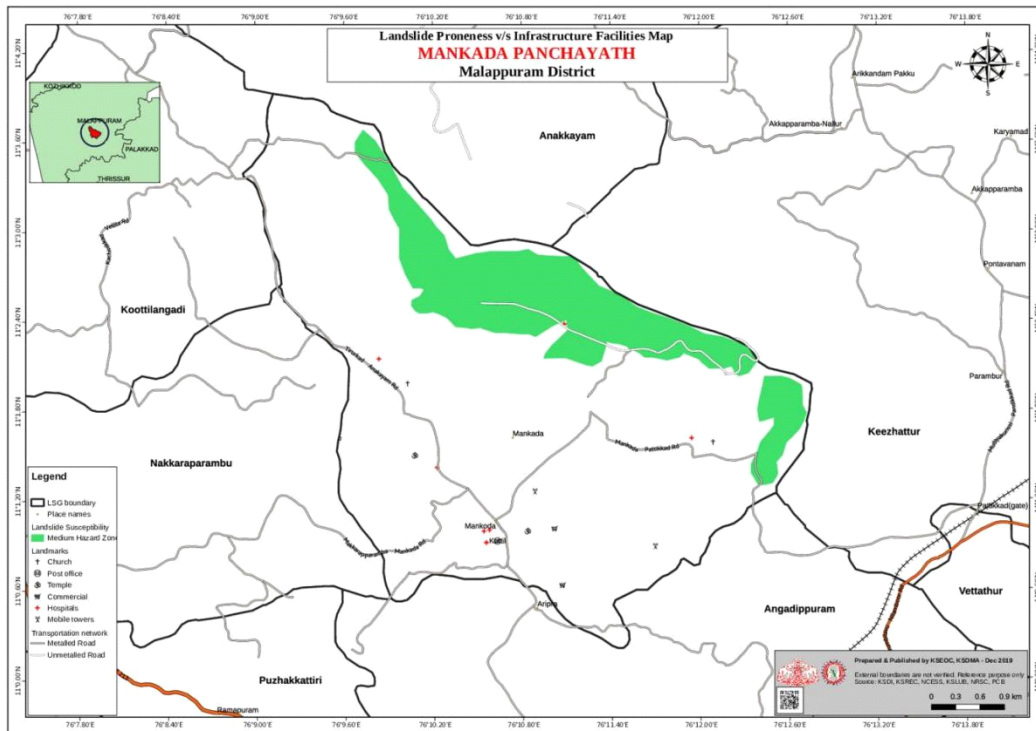
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- Geographical boundaries - ward boundaries map
- Health infrastructure map
- roads and rivers map
- major establishments map
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Geographical boundaries - ward boundaries map



Health infrastructure map



GENERAL PROFILE OF THE LSGI'S

Background of the LSGI

Puzhakkattiri Grama Panchayat is situated in the east of malappuram district, Kerala. The geographical landscape of the Panchayat is predominantly low-lying, characterized by extensive paddy fields 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, puzhakkattiri 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	PUZHAKKATTIRI
Type (GP/Municipality / Corporation etc.)	Grama Panchayath
Block	MANKADA
District	MALAPPURAM
Number of wards	19
Total area (sq. km)	22 Sqkm
Population(Projected)	41206
Population density	persons/sq km
Terrain (coastal/low-lying/backwaters/foothills, etc.)	1
Number of rivers passing through LSGI	cherupuzha
Number of water bodies in the LSGI	Moorkkanad water project
Number of educational institutions	SCHOOL-14,+ ITI, COLLEGE
Factories / small-scale industries	Palloorkotta industreal estate
Flood-prone wards	19 , 6 , 7 , 12
Landslide-prone wards	13,12
Death Management and Disposal Facilities (mortuaries/crematorium, including electric)	1
Auditoriums/Marriage halls/convention centres/community halls	6

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		41206
Male		20540
Female		20666
Transgender		NIL
Children under 5		3643
Adolescent		20540
Elderly (>60)		20666
SOCIAL/LIVELIHOOD VULNERABILITY		
Previous EPEP family		84
BPL family		3138
Tribal communities		NIL
Migration	Immigrant	400
	Emigrant	8240
Socio-economically deprived		
Fisherfolk		NIL
SC Community		2186
ST Community		NIL

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	288
Lactating mothers	1064
Bedbound patients	102
Patients under palliative care other than bedbound	80
Patients on Haemodialysis	16
Patients on CAPD	0
Cancer patients (currently on treatment)	19
Haemophilic patients	0
Mentally challenged	29
Differently abled	22
Diabetic patients	2890
Hypertensive patients	2804
TB patients	6

Major Festivals & Events specific to the LSGI

(with the possibility of a public gathering)

Sl. No.	Name of festival	Month detailing the periodicity
1	kadungapuram nercha, pallipadi nercha, therpooja	FEB,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								
	FHC PUZHAKKATTIRI	1	9447160853	1	0	0	0	1
	HOMEIO CLINIC	1	9895049301	0	0	0	0	0
	AYURVEDA CLINIC	1	9446155191	0	0	0	0	0
Private Healthcare Facilities								
	CARE WELL CLINIC PADAPARAMBA	1	9497550300	13	0	9	NIL	NIL
	CARE WELL CLINIC PUZHAKKATTIRI	1	9656500786	8	0	4	NIL	NIL
AYUSH Healthcare Facilities								

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)
	CARE WELL CLINIC	Y	General	NA	CARE WELL CLINIC,	9497550300	Y	NIL
	PADAPARA MBA	Y			PADAPAR AMB&	9656500786	Y	NIL
	,PUZHAKKATTIRI				PUZHAK KATTIRI			

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	NIL	2	NIL	2
Oxygen-generating systems(Y/N)	YES	2	NIL	2
Oxygen-supported beds(Numbers)	NIL	13	NIL	13
Ventilator-supported beds	NIL	NIL	NIL	NIL
ICU beds	NIL	NIL	NIL	NIL
Burns units	NIL	NIL	NIL	NIL
Blood centres	NIL	NIL	NIL	NIL
BLS ambulances	YES	NIL	NIL	YES
ALS ambulances	NIL	NIL	NIL	NIL
Dialysis facilities	NIL	NIL	NIL	NIL
Dispensaries	1	2	2	5
Medical store	1	12	3	14
Industrial establishments(Medium-scale industries/small-scale industries establishments to whom we can depend in a worst-case scenario)	0	15	NIL	15

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							
CARE WLLCLINIC PADAPARAMB	Y	N	Y	Y	Y	N	N
CARE WELL CLINIC PUZHAKKATTIRI	Y	N	Y	N	N	N	N
MM CLINIC	N	N	Y	N	N	N	N

Diagnostics facility mapping at the LSGI level

The diagnostic capacity of PUZHAKKATTIRI **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	8	2	11
Microbiology labs	0	2	0	2
RT-PCR labs	0	0	0	0
USG units	0	1	0	1
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	FHC PUZHAKKATTI RI LAB	GOVT	PO PUZHAK KATTIRI 679321	8589965820	NA	GOVT Aproved
2	FATHIMA MEDICAL CENTRE	PVT	RAMAPURAM	9745059411	NA	
3	MALABAR MEDI CENTRE RAMA PURAM	PVT	RAMAPURAM	9746460707	NA	
4	EVA LAB KADUNGAPURAM	” ”	KADUNGAPURAM	9633984654	NA	
5	MM CLINIC	”	PUZHAKKA TTIRI		NA	

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	25	19	300	
Schools	14	2,6,4,9,10,14,15,16	4000	
Colleges	1	6	200	
Healthcare Educational Institutions				

Medical colleges (Govt/Private)	0		NIL	
Nursing colleges (Govt/Private)	0		NIL	
Dental colleges (Govt/Private)	0		NIL	
Paramedical institutes (Govt/Private)	0		NIL	
Community Gathering Spaces				
Community halls	0		NIL	
Auditoriums	6		6000	
Religious buildings	3		2000	
Vulnerable Group Support Facility				
Destitute homes	0		NIL	
Elderly homes	0		NIL	
LSGD owned other buildings	0		NIL	
Mass Fatality Management (MFM) Infrastructure				
Mortuary	0			
Crematorium	1		1	

*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	2	3	5
Doctors – AYUSH	2	0	2
Doctors – Veterinary	1	0	1
Doctors – Dental	0	0	0
Nursing officers	2	0	2
Lab technicians	1	8	9

Optometrist	0	0	0
Pharmacists	2	8	10
Psychologists	0	0	0
Counsellors	0	0	0

Public Health & Field-Level Workforce

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

Cadre	Health services	Municipal common services	Total
HS (Health Supervisors)	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	3	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	28
AWW (Anganwadi Workers)	25
Emergency Medical Volunteers (Trained)	5
Kudumbashree	19
MNREGS	300
Purusha Swayam Sahaya Sangham	0
Ex-Servicemen	5
Retired Police Officers	2
NCC/NSS Volunteers	25
Red Cross volunteers	11
One Health Community Volunteers	7
One Health Community Mentors	0

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	5
Religious based organizations	5
Foreign based organizations	2
Sports Club/youth clubs	8
Kudumbashree SHGs	17
Ayalkootams	31
Political organizations	6
Residential organizations	0

Administrative & Emergency Services

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

Category	Total Count	Contact details
Police Stations	0	
Fire & Rescue Stations	0	
Water Pumping Points	8	
Public Distribution System (PDS)	0	

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	4
Crane	0
Heavy Trucks	0
Tractor	0
Ambulances	1
Mobile mortuaries	0
Boats	0
Taxi service	12

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.

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)	1646	
	Pet Animals (Dogs/Cats)	246	
	Stray Dog Population	108	
	Pig Farms (Number of heads)	NIL	
	Small Units (Sheep / Goats – clustered)	Goat-5	
Bird Population	Poultry Units (Birds)	25	
	Poultry- (FOWL)	116141	
	Wild/Migratory Birds (Observed)	NIL	
	Crow Mortality Events (Reported)	NIL	

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	1	Gov	8	9562762845
Veterinary Hospital / Polyclinic	NIL	0		
Private Veterinary	0	0		

Clinics				
Mobile / Emergency Vet Service (incl. night services)	0	0		
Pet Homes / Animal Shelters	0	0		
Slaughterhouse-linked Veterinary Inspection Unit	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	1	9562762845
Private Veterinary Doctors	0		0
Livestock Inspectors	2	2	8606253473, 6238703273
Para-veterinary Staff / Attenders	0	1	9745248135
Contract / On-call Veterinary Support (if any)	0	NIL	

High-Risk Interface Points (Surveillance Sites)

High-risk interface points for zoonotic disease surveillance in Puzhakkattiri 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	
Backyard Poultry Farms	0	
Cattle Sheds near Water Bodies	0	
Fish & Meat Markets	0	
Community Slaughter Sites	0	
Migratory Bird Congregation Areas	0	
Rodent-Infested Grain Storage	0	

Category	Total Count	Key Locations (wards)
Poultry Farms	3	16 Kadungapuram
Backyard / Clustered Poultry Units	0	
Duck Rearing Units (open water access)	0	
Slaughterhouses/ Slaughter Points	0	
Meat/Fish Markets	0	
Live Bird Sale Points	0	
Cattle Markets / Weekly Animal Fairs	0	
Pet Shops / Breeders	0	
Animal Shelters / Pet Homes	0	
Waste Disposal Sites near Animal Units	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	0	NIL	
Water bodies/wetlands	0	NIL	
Solid waste accumulation	0	NIL	
Animal waste disposal issues	0	NIL	
Rodent infestation zones	0	NIL	
Industrial effluent discharge	0	NIL	
Construction sites / abandoned buildings	0	NIL	
Poor drainage/blocked canals	0	NIL	
Drinking water source contamination risk	0	NIL	

Disease Seasonality Mapping

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

.

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

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

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

Disease	Peak Risk Season	Key Drivers	High-Risk Locations	Surveillance Focus
Avian Influenza	0			
Leptospirosis	0	0	0	
Dengue/Chikungunya	MAY-JUNE	MANNUMKULAM,	0	
Acute Diarrheal Diseases	0	0	0	
Rabies	0	0	0	
Anthrax (rare)	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 Level
Flood-prone households	0	0	
Wetland-adjacent communities	0	0	
Backyard poultry / duck rearing households	0	0	
Livestock-rearing households	0	0	
Slaughterhouse & meat market workers	0	0	
Fisherfolk & fish market workers	0	0	
Sanitation workers	0	0	

Daily wage / migrant workers	0	0	
Elderly & chronically ill populations	0	0	
Pregnant Women	0	0	
Children (schools, Anganwadi's)	0	0	
Limited access to safe water & sanitation	0	0	

EPIDEMIOLOGICAL TRENDS (2021–2025)

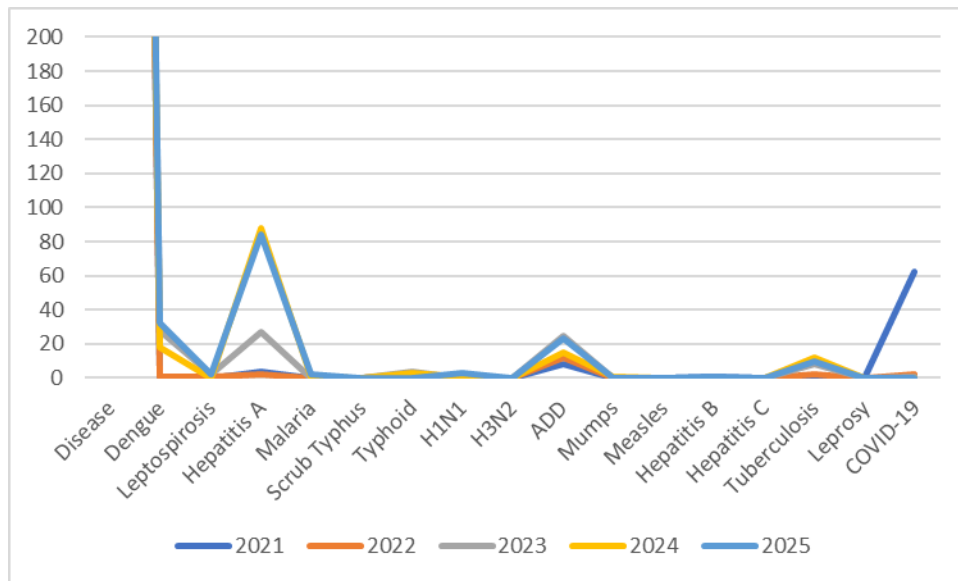
Disease surveillance is the systematic collection, analysis, and interpretation of health data for planning, implementation, and evaluation of public health practice. This section presents the disease surveillance profile of the LSGI based on routine reporting systems and outbreak investigations to identify 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	1	1	28	18	32	1
Leptospirosis	0	1	2	0	2	0
Hepatitis A	4	2	27	88	84	4
Malaria	0	0	0	1	2	0
Scrub Typhus	0	0	0	0	0	0
Typhoid	0	2	4	3	0	0
H1N1	0	0	0	1	3	0
H3N2	0	0	0	0	0	0
ADD	8	12	25	15	23	8
Mumps	0	0	0	1	0	0
Measles	0	0	0	0	0	0
Hepatitis B	1	0	0	0	1	1
Hepatitis C	0	0	0	0	0	0
Tuberculosis	0	2	8	12	10	0
Leprosy	0	0	0	0	0	0
COVID-19	62	2	1	0	0	62

*(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					Total
	2021	2022	2023	2024	2025	
1	0	0		0	1	1
2	0	0		0	2	2
3	0	0	2	3	2	8
4	0	0		2	3	5
5	0	0	3	3	3	8

6	0	0	3	2	6	11
7	0	1	3	1	5	9
8	1	0	5	2	4	11
9	0	0	5	1	3	9
10	0	0	6	1	3	10
12	0	1	1	1	1	4
13	0	0	1	0	2	3
14	0	0	1	2	2	5
15	0	0	1	2	4	7
16	0	0	2	1	1	4
17	0	0	2	2	0	4

LEPTOSPIROSIS

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

Peak: June - August

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

Ward	Leptospirosis – Ward-wise Yearly Distribution					
	2021	2022	2023	2024	2025	Total
1	0	0	0	0	0	0
2	0	0	0	0	0	0
3	0	0	0	0	0	0
4	0	0	0	0	0	0
5	0	0	0	0	0	0
6	0	0	0	0	0	0
7	0	0	1	0	0	1
8	0	0	0	0	0	0
9	0	0	0	0	0	0
10	0	1	0	0	1	2
11	0	0	1	0	0	1
12	0	0	0	0	1	1
13	0	0	0	0	0	0
14	0	0	1	0	0	1
15	0	0	0	0	0	0
16	0	0	1	0	0	1
17	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	2	5	5	13
2	0	0	2	5	6	15
3	0	0	3	4	5	12
4	1	0	2	6	6	15
5	0	0	2	2	6	10
6	1	0	2	6	7	16
7	0	1	3	8	10	22
8	1	0	1	10	8	20
9	0	1	2	6	10	19
10	1	0	2	8	8	19
11	1	0	2	11	6	20
12	0	0	2	8	5	15
13	0	0	2	10	3	15
14	0	0	3	6	5	14
15	0	0	2	6	6	14
16	0	0	3	7	8	18
17	0	0	0	2	2	4

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	34	0
Water Borne Diseases	84	0
Air Borne Diseases	10	0
Blood Borne Diseases	0	0
Food Borne Diseases	0	0

Vector-Borne Disease

Disease	No. of Cases	No. of Deaths
Dengue	32	0
Malaria	2	0
Chikungunya	0	0

Water Borne Disease

Disease	No. of Cases	No. of Deaths
Cholera	0	0
Typhoid	0	0
Hep- A	84	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	3	0
TB	10	0
Chickenpox	12	0
Measles	0	0
Covid-19	0	0
Pertussis	0	0
Mumps	0	0

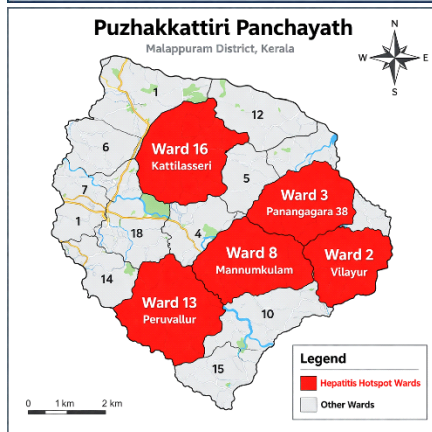
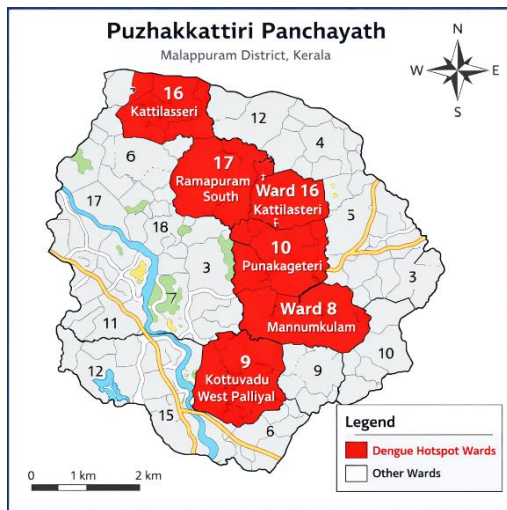
Blood-Borne Disease

Disease	No. of Cases	No. of Deaths
AIDS	0	0
Hep- B	1	0
Hep- C	0	0

Zoonotic Disease

Disease	No. of Cases	No. of Deaths
Rabies	0	0
Leptospirosis	2	1
Avian influenza	0	0
West nile	0	0
Anthrax	0	0
Nipah	0	0
Scrub Typhus	0	0

Integrated Disease Hotspot Map (2021–2025)



Ward No	Dengue Total (2021-25)	Leptospirosis Total (2021-25)	Hepatitis A Total (2021-25)	Mumps (2021-25)	ADD (2021-25)	Total Cases
1	1	0	13	7	62	
2	2	0	15	6	74	
3	8	0	12	7	56	
4	5	0	15	6	69	
5	8	0	10	5	59	
6	11	0	16	4	67	
7	9	1	22	7	68	
8	11	0	20	6	76	
9	9	0	19	5	81	
10	10	2	19	4	58	
11	4	1	20	6	61	
12	3	1	15	3	77	
13	5	0	15	5	81	
14	7	1	14	4	68	
15	4	0	14	2	59	
16	4	1	18	7	73	
17	10	0	4	2	79	

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	ABOUBAKER MASTER	Panchayat President	LSGD	Chairperson	9946169908
2	Dr SHIBIL	Medical Officer (PHC/CHC)	Health Dept	Member Secretary	9447160853
3	Dr Saifudheen	Veterinary Officer	Animal Husbandry	Member	9562762545
4		Epidemiologist	Health Dept	Member	
5	SUNILKUMAR AMBILI	Health Inspector/PHN	Health Dept	Surveillance	9846577385 HI PHN-9947523386
6	sivaprasad	ASHA Supervisor	Health Dept	Community link	9946009253
7	GOPIKA	ICDS Supervisor	Social Welfare	Vulnerable groups	9446734069
8	JAYESH WRITER	Police Station Officer	Police Dept	Law & order	9539625060
9	Kunchimohammed	Ward Councillor Representative	LSGD	Community coordination	9526454389
10	Sheeja chunkappalli	Kudumbashree CDO	Kudumbashree	Community mobilisation	9048775357
11	Kunchimohammed	NGO/Volunteer rep	Civil Society	Support services	952645438
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,	Ward Member

		waste management]	
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:

- **Data sources for surveillance:**
- **Event-based triggers (to be monitored and reported):**
- **Zoonotic and animal health surveillance**
- 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 – numbers
- Pulse oximeters – _____ numbers
- Hand sanitizers – _____ 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

- **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)

- **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.

- **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: Puzhakkattiri Panchayath Office.

Backup Location: Community Hall in Puzhakkattiri G.P.

Health System Control Room Framework

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

- ***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.

- ***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.

- ***Human Resource Deployment Team***

- Allocates healthcare staff efficiently based on workload and need

- Ensures adequate and equitable workforce distribution across facilities
- ***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
- ***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.
- ***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
- ***Communication team***
- ***Logistics and supply chain***
- ***Transportation (interfacility & emergency transport)***
- ***Media surveillance Call centre***
- ***Management of the deceased***
- ***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 shibil	MO	9447160853	Overall coordination, decision-making, and reporting to the District level.
Data Entry Operator	SHAMEENA	DATA ENTRY	9895073498	Managing the line list, updating dashboards, and tracking testing results.
Communication	SUNILKUMA	HI	9846577385	Handling the public

Officer	R			helpline, coordinating ambulance dispatch, and contact tracing calls.
Logistics Coordinator	RASHEED	JHI	8113806336	
Technical Support (IT/Data)	BINDU	STAFF NURSE	9495815857	

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:

- **Epidemiological Indicators:**

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

- **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)

- **Logistics and Infrastructure Indicators:**

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

- **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 notifythe 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	Audit the deaths and Active

	brought-in-dead (BID) cases	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.

- ## 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	GAFOOR, ABID	9656384004,7306858770
Social media	ASHIKALI	9072153549
Local Cable TV/Radio	MOIDU PUZHAKKATTIRI CABLE VISION	949+5233139

- 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.

- ## 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)		
District IDSP Unit	Outbreaks/Clusters/Unusual Events (>5 cases same ward)		
Veterinary Officer	Animal health events/Zoonotic alerts		
State Cell	Zoonotic cross-sector events		

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	04832760744
Oxygen Cylinders/Concentrators	KMSCL	04832760744
Medicines/Antivirals	KMSCL	04832760744
Medicines/Antivirals	Neethi Shops	
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	HAELTH CAMP,FIELED WORK,DRUG AWARENESS& OTHERS	SHAMZU, SUNDARAN MASH, VAPPU

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	9495815857
ICDS	Supervisor: GOPIKA	Nutrition support	9446734069
Education	Head Teacher: ANUPAMA	School coordination	9400401593
Police	WRITER JAYESH	Containment enforcement	_9539625506 0 04933203244
Water Authority	WATER AUTHORITY ENG: SAJEESH JALEELMASH	Water Authority MJRI Water supply	9447468430 9544182062
LSGD Engineering	ANIL	Quarantine infrastructure	9446630175

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
CFLTC	SCHOOLS, COLLE	GE	14,17,5	150	9745435533
CARE WELL CLINIC	HOSPITAL		17,9	25	8606623813
DCC	AUDITORIUM	AUDITORIUM	18,17,7	50	9745205932

- **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

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

2. Community Awareness & Education

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

3. Emergency Response & Coordination

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

4. Supply Chain & Food Security

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

5. Digital Preparedness

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

6. Training & Capacity Building

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

7. Long-Term Resilience

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

MOCKDRILL SCENARIOS

ANNEXURE

• 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	Ramapuram north	1	Suresh babu	9846066179
2	ramapuram	2	Muneer	9544487545
3	Panangagara 38	3	Raseena meledath	8547137371
4	Panangagara	4	Manlamkuzhi muhammadali	9745435533
5	Ramapuram udambasseri	5	Subhida poolakkal	9961657284
6	kattilasseri	6	Fayida ck	7902250743

7	Pathiramanna west	7	Mohammed aboobacker	9946169908
8	Pathiramanna east	8	Suhara p	6235925518
9	PUZHAKATTIRI EAST	9	SAFIYA	9562651182
10	MANNAKULAM	10	ABDUL HAMEED	9562374078
11	KOTTUWAD WEST-	11	AMBILY	9947563709
12	PUZHAKATTIRI	12	RAJAN	9544160720
13	KADUNGAPURAM EAST	13	PRASANNA	9562371684
14	KADUNGAPURAM WEST	14	FAZAL	9495516521
15	POTTIPRA	15	RAMLA	9544262300
16	PARAVAKKAL	16	REENA	9605775249
17	PADAPARAMBA	17	AALY	9656201489
18	KATTILASERY SOUTH	18	THASLEEMA	8714140382
19	RAMAPURAM SOUTH	19	NOUSHAD CM	7594888844

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

Sl. No.	Name	Contact number
1.	VILLAGE OFFICE	8547615725
2.	VETINARY	9562762845
3.	Excise department	7907455039
4.	Forest department	
5.	FIRE&SAFTY	0493322780 0
6.		
7.		
8.		

1.3. Important offices of grama panchayat/municipality/ corporation

Sl.No	Name of the office	Contact person	Contact number
1.	Village Office	Village Officer	8547615725
2.	Agriculture Office	Agriculture Officer	9961615203
3.	Animal Husbandry Office	Animal Husbandry Doctor	9562762845
4.	Police Station	Police Officer	9539625060

5.	BSNL Office	Officer	NIL
6.	Block Office	Officer	9744030283
7.	KSEB Office	Officer	04933254450
8.	Fisheries Office	Officer	
9.	Fire and Rescue	Officer	04933227800

1.4. Health Services

Sl. No	Name of the hospital/institution	Location	Phone number
1.	Government hospitals/PHC	PUZHAKKATTIRI	8590807227
2.	Private hospitals	PADAPARAMBA, PUZHAKKATTIRI	9037483078, 9048824266
3.	Clinical laboratories	PUZHAKATTIRI, PADAPARAMBA	9048824266 9037483078
4.	Chemist/pharmacy	PUZHAKATTIRI, PADAPARAMBA	9048824266 9037483078
5.	Blood donors	CLUBS- POTTIPPARA	9048091048
6.	Other language experts (Bihari, Hindi, Bengali, Asamees)	DrIBRAHIM SHIBIL	9447160853

1.5. Veterinary Services

Sl. No	Name of the Clinic	Name of the Surgeon/Doctor	Place/location	Phone number
1	Govt.Veterinary Hospital	Dr Saifudheen	puzhakkatti ri	9562762845

1.6. Helpline numbers

Helpline	Phone number
Police	9539625060
Fire and Rescue	04933227800
KSEB	04933254450

1.7. Public and Private Schools Contact details

S.No	Name of School	Institution type	Phone number
1	GHSS Kadungapuram	govt	9400401593
2	GUPS Panangangara	govt	9447264686
3	GLPS Chovvana	govt	9495123933
4	GLPS Palakaparama	govt	9747201826
5	AMLPS Panangangara	aided	9496117126
6	AHLPS Ramapuram8	aided	99447697807

7	AMLPS Ramapuram	aided	9446768721
8	ALPS Pathiramanna	aided	9946965664
9	ALPS Puzhakkattiri	aided	9656855886
10	PKHMLPS Padapparamba	pvt	9567298216
	PES Puzhakkattiri	private	9072150150
	Al Farook Padapparamba	private	8943134342
	Al Hilal padapparamba	private	9497470403

1.9. Anganwadi Contact Details

Ward No	Name of Anganwadi Teachers	Phone number
1	YESODHA-175-BLOCK	9946974826
1	176-SREEJAA-RAMAPURAM	8592894006
3	177-RAMLATH-38	9249380642
4	I178-RAMLATH K.P	8547186269
5	SAROJINI-THEKEPURAM-174	9947952757
6	173--VIJAYAKUMARI-PANANGAGARA	9645139427
7	172-RASIYA-PATHIRAMANNA	9745085669
8	THULASI -171	9249969073
9	NOORJAHAN	9447537294
10	LASIKA-MANNAMKULAM-161	9446650510
13	DHANYA	8848906847

12	UMMUKULSU	7034569502
14	BABY VINODINI	8606017546
14	RAJI(SHAMZA)	8078486029
14	PARVATHYKUTTY	9048931020
15	PREETHA	9048544371
17	MALINI -167	9947533935
17	RAMANI-	9605537792
18	SAKKKEENA-168	9847730275
13	SAFIYA-169	9745085669
18	PATHUNNI-KAT*TILASERY	9605738151
4	INDIRA-MANJALAM KUZHI	9633053990
9	180-PREEHA-P-PADINCHRA PALLIYALI	9605152870
8	183-RAMLATH-C. PANCHAYATH VALAPPIL	97445023885

1.12. Information regarding resources

Means of transportation	Name of Owner	Phone Number
Heavy Trucks	NIL	NIL
Tractor	MOHAMMED	9744797990
Ambulances	ABDUKL KAREEM	9946488293
Boats	NIL	
Taxi service	VISWANADAN	9846376595

Annexure 1: LSG Baseline Data Collection Format

A. Baseline data

Sl. No.	Indicator / Field	Baseline Data	Source / Remarks
1	Name of LSG	PUZHAKATTIRI	
2	District	MALAPPURAM	
3	Block / Taluk	MANKADA/PERI NTHALMANNA	
4	Type of LSG (Gram Panchayat / Municipality / Corporation)	GRAMAPANCHAYATH	
5	Area (sq. km)	22sq. km	
6	No. of wards	19	
7	GIS boundary file available	(Yes/No)	
8	Key contact person & phone	9495212522	

B. Demography

Indicator / Field	Baseline Data	Source / Remarks
Total population	41206	FIELD SURVEY
Males	20540	FIELD SURVEY
Females	20666	FIELD SURVEY
Transgender population	0	FIELD SURVEY
Age distribution	3704,6387,24990,	FIELD SURVEY

(<5, 5–14, 15–59, ≥60)	5320	
No. of households	8612	
Population density (persons/sq.km)	1112	
No. of migrant workers	639	
Major occupational groups	MASON,COOLY	

C. Vulnerable Populations & Social Risks

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	No. of elderly (≥60)	5077	AKHILA7907131707MLSP
2	No. of persons with disability	320	
3	No. of bedridden persons	113	9747394668 PALLIATIVE NURSE
4	No. of chronic disease cases (DM/HTN/COPD/CKD etc.)	7617	AKHILA7907131707MLSP
5	Pregnant women (current estimate)	497	
6	Children <5 years	3704	PHNAMMBILII 9447523386
7	Tribal population (if any)	0	0
8	Fisherfolk / coastal vulnerable groups (if any)	0	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	3398	
14	Food insecurity hotspots	0	
15	Any history of stigma/discrimination issues (Yes/No)	0	

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)	FHC	
2	PHC/Family Health Centre details (name, location)	FHC - PUZHZKATIRI	
3	Subcentres / Health & Wellness Centres (number)	5	

4	Private clinics / hospitals (number)	2	
5	Labs available (public/private)	8	
6	Availability of ambulance services (Yes/No, number)	1	
7	Availability of isolation/quarantine facilities (Yes/No, details)	0	
8	Cold chain facilities (Yes/No, details)	NO	
9	Stockpile space available (Yes/No)	NO	
10	PPE / mask / sanitizer availability plan (Yes/No)	YES	
11	Surveillance staff available (JHI/JPHN/ASHA count)	YES	
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	
2	Railway stations (number)	0	
3	Boat jetties / fishing harbours (number)	0	
4	Ports / airports nearby (specify distance)	0	CALICUT AIRPORT 42KM
5	Major highways/roads passing through	1	
6	Border crossings (state/district)	0	
7	Major markets / weekly markets	0	
8	Tourism hubs / major event venues	0	
9	Schools/colleges with hostels (number)	1	
10	Factories / large workplaces (number)	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	
2	No. of public wells	31	
3	No. of households with piped water connection	6769	
4	Water quality testing routine (Yes/No)	YES	
5	Common contamination risks (flooding, salinity, industrial waste)	FLOOD	
6	Open defecation free status (Yes/No)	NO	
7	Solid waste management system (Yes/No)	YES	
8	Bio-medical waste disposal mechanism (Yes/No)	YES	
9	No. of public toilets	2	
10	Handwashing stations in public places (Yes/No)	YES	

G. Zoonotic Risks & One Health

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

H. Climate & Disaster Risks (Pandemic Amplifiers)

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Flood-prone wards (list)	3 WARDS	
2	Landslide-prone wards (list)	2 WARD	
3	Cyclone/sea surge risk (Yes/No)	0	
4	Heatwave risk zones (Yes/No)	0	
5	Waterlogging areas (list)	3	
6	Shelter homes / relief camps (number, capacity)	0	
7	Past disaster displacement history	YES	
8	Disruption to water supply/transport common (Yes/No)	YES	

I. Critical Infrastructure & Logistics

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Schools (number)	15	
2	Anganwadis (number)	25	
3	Colleges (number)	1	
4	Community halls (number)	0	

5	Places of worship with large gatherings (number)	1	
6	Large markets / shopping areas (number)	0	
7	Warehouses / cold storages (number)	0	
8	Telecom/mobile network coverage gaps (Yes/No)	NO	
9	Power outage frequency (high/medium/low)	MEDIUM	
10	Availability of generators in key facilities	YES	

J. Risk Communication & Community Networks

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Ward-level rapid response teams (Yes/No)	YES	
2	Jagratha samithis / committees active (Yes/No)	YES	
3	Kudumbashree presence and strength (number of units)	YES	
4	Volunteer network (number, coverage)	YES	

5	Community-based surveillance mechanisms (Yes/No)	YES	
6	IEC dissemination channels (WhatsApp groups, community radio, PA systems)	YES	
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)	NO	

6	Past outbreak response experience (Yes/No, details)	NO	
7	Intersectoral coordination mechanism (Health, Police, LSG, Veterinary, Education)	YES	
8	Mock drills conducted in last 12 months (Yes/No)	NO	
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)	IHIP	
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)	YES	

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		
2	Top 5 high-risk wards (reason)	NIL	
3	Any unique local risks (industrial pollution, refugee camps, etc.)	NIL	
4	Recommendations for preparedness strengthening	YES	