

PANDEMIC PREPAREDNESS PLAN MODEL OF LSG MOORKKANAD

MESSAGE FROM PRESIDENT/CHAIR LSGI

MESSAGE FROM PRESIDENT/CHAIR LSGD

നമസ്കാരം.

മൂർക്കനാട് ഗ്രാമപഞ്ചായത്ത് തയ്യാറാക്കിയ പകർച്ചവ്യാധി പ്രതിരോധ നയരേഖ (Pandemic Preparedness Plan) അഭിമാനപൂർവ്വം പൊതുജനങ്ങൾക്കായി സമർപ്പിക്കുന്നു.

കഴിഞ്ഞ കാലങ്ങളിൽ നാം നേരിട്ട ആരോഗ്യപ്രതിസന്ധികൾ പകർന്നുതന്ന പാഠങ്ങൾ ഉൾക്കൊണ്ടാണ് ഈ കർമ്മപദ്ധതി രൂപീകരിച്ചിരിക്കുന്നത്. ഒരു മഹാമാരിയെ നേരിടാൻ കേവലം ചികിത്സാസൗകര്യങ്ങൾ മാത്രം പോരാ, മറിച്ച് കൃത്യമായ ആസൂത്രണവും ജനകീയ പങ്കാളിത്തവും അനിവാര്യമാണെന്ന് നാം തിരിച്ചറിഞ്ഞു കഴിഞ്ഞു.

പഞ്ചായത്തിന്റെ ആരോഗ്യസംവിധാനങ്ങളെ ശക്തിപ്പെടുത്തുക, വാർഡ് തലത്തിലുള്ള നിരീക്ഷണ സമിതികളെ സജ്ജമാക്കുക, അടിയന്തിര സാഹചര്യങ്ങളിൽ മരുന്നും, ഭക്ഷണവും ഉറപ്പുവരുത്തുക എന്നിവയാണ് ഈ പ്ലാനിന്റെ പ്രധാന ലക്ഷ്യങ്ങൾ. ഓരോ വീടും ഓരോ വ്യക്തിയും ഈ പ്രതിരോധ പ്രവർത്തനങ്ങളിൽ പങ്കാളികളാകേണ്ടതുണ്ട്.

നമ്മുടെ പ്രിയപ്പെട്ടവരുടെ സുരക്ഷയ്ക്കും, ആരോഗ്യപൂർണ്ണമായ ഒരു മൂർക്കനാടിനും വേണ്ടി ഈ മാർഗനിർദ്ദേശങ്ങൾ കൃത്യമായി പാലിക്കണമെന്ന് അഭ്യർത്ഥിക്കുന്നു. ഒത്തൊരുമയോടെ നമുക്ക് ഏത് പ്രതിസന്ധിയെയും മറികടക്കാം.

സ്നേഹാദരങ്ങളോടെ,

പ്രസിഡന്റ് മൂർക്കനാട് ഗ്രാമപഞ്ചായത്ത്


കെ.പി. ഹനൂ മാസ്റ്റർ
പ്രസിഡന്റ്
മൂർക്കനാട് ഗ്രാമപഞ്ചായത്ത്
മലപ്പുറം ജില്ല

MESSAGE FROM HEALTH STANDING COMMITTEE CHAIR

MESSAGE FROM HEALTH STANDING COMMITTEE CHAIRMAN

നമസ്കാരം.

മൂർക്കനാട് ഗ്രാമ പഞ്ചായത്ത് ആരോഗ്യ സ്റ്റാൻറിംഗ് കമ്മിറ്റിയുടെ നേതൃത്വത്തിൽ തയ്യാറാക്കിയ പകർച്ചവ്യാധി പ്രതിരോധ നയരേഖ നമ്മുടെ പഞ്ചായത്തിന്റെ ആരോഗ്യസുരക്ഷാ ഭൂപടത്തിലെ സുപ്രധാന ചുവടുവെപ്പാണ്.

പൊതുജനാരോഗ്യം സംരക്ഷിക്കുക എന്നത് കേവലം ചികിത്സാപരമായ ഒന്നല്ല മറിച്ച് കൃത്യമായ മുൻകരുതലിലൂടെയും ശാസ്ത്രീയമായ ആസൂത്രണത്തിലൂടെയും നേടിയെടുക്കേണ്ടതാണ് എന്ന് നാം തിരിച്ചറിയുന്നു. വരാനിടയുള്ള ആരോഗ്യവെല്ലുവിളികളെ ശാസ്ത്രീയമായി നേരിടാൻ നമ്മുടെ കുടുംബാരോഗ്യകേന്ദ്രങ്ങളെയും സന്നദ്ധ പ്രവർത്തകരെയും സജ്ജരാക്കുക എന്നതാണ് ഈ പ്ലാനിന്റെ ആത്യന്തിക ലക്ഷ്യം.

മാലിന്യ നിർമാർജ്ജനം ശുദ്ധജല ലഭ്യത വാർഡ് തലത്തിലുള്ള ജാഗ്രത സമിതികളുടെ പ്രവർത്തനം എന്നിവയിൽ നമുക്ക് കൂടുതൽ ശ്രദ്ധ കേന്ദ്രീകരിക്കേണ്ടതുണ്ട് ഈ നയരേഖയിൽ നിർദ്ദേശിച്ചിട്ടുള്ള പ്രതിരോധമാർഗ്ഗങ്ങൾ ഓരോ പൗരനും കൃത്യമായി പാലിക്കുന്നുണ്ട് എന്ന് ഉറപ്പുവരുത്താൻ നാം പ്രതിജ്ഞാബദ്ധരാണ്. മെച്ചപ്പെട്ട ആരോഗ്യസംസ്കാരം വളർത്തിയെടുക്കുന്നതിനും രോഗമുക്തമായ ഒരു മൂർക്കനാട് കെട്ടിപ്പടുക്കുന്നതിനും നിങ്ങളുടെ ഏവരുടെയും സഹകരണം പ്രതീക്ഷിക്കുന്നു.

സ്നേഹാദരങ്ങളോടെ

ചെയർമാൻ

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എം.ടി. ഹിരണ്യ മാസ്റ്റർ

ചെയർമാൻ
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MESSAGE BY MEDICAL OFFICER

MESSAGE BY MEDICAL OFFICER

നമസ്കാരം,

മൂർക്കനാട് കുടുംബാരോഗ്യകേന്ദ്രത്തിന്റെ ആഭിമുഖ്യത്തിൽ തയ്യാറാക്കിയ ഈ പകർച്ചവ്യാധി പ്രതിരോധ നയരേഖ (PANDEMIC PRTEPAREDNESS PLAN) ആരോഗ്യരംഗത്തെ നമ്മുടെ ജാഗ്രതയുടെ അടയാളമാണ്.

ഒരു ആരോഗ്യപ്രവർത്തകൻ എന്ന നിലയിൽ പകർച്ചവ്യാധികളെ തടയുന്നതിൽ *പ്രതിരോധമാണ് ചികിത്സയേക്കാൾ ഉത്തമം* എന്ന് ഞാൻ വിശ്വസിക്കുന്നു. ആഗോള തലത്തിൽ പടർന്നുപിടിക്കുന്ന രോഗങ്ങളെ പ്രാദേശികമായി പ്രതിരോധിക്കാൻ ശാസ്ത്രീയമായ കൃത്യതയും വേഗത്തിലുള്ള ഇടപെടലുകളും അനിവാര്യമാണ്. ഈ കർമ്മപദ്ധതിയിലൂടെ രോഗലക്ഷണങ്ങൾ നേരെത്തേ തിരിച്ചറിയുന്നതിനും സമ്പർക്ക വിലക്ക് ഉറപ്പാക്കുന്നതിനും കൃത്യമായ ചികിത്സ പ്രോട്ടോക്കോളുകൾ നടപ്പിലാക്കുന്നതിനും നാം ലക്ഷ്യമിടുന്നു..

നമ്മുടെ ആരോഗ്യ പ്രവർത്തകരും, ആശ പ്രവർത്തകരും സന്നദ്ധ സേവകരും ഈ പ്ലാനിന്റെ നട്ടെല്ലാണ്. ശുചിത്വ ശീലങ്ങൾ പാലിക്കുന്നതിനും, വാക്സിനേഷൻ പ്രക്രിയയിൽ സഹകരിക്കുന്നതിലും പൊതുജനങ്ങൾ പുലർത്തുന്ന വിട്ടുവീഴ്ചയില്ലാത്ത മനോഭാവമാണ് നമ്മുടെ കരുത്ത് .

ശാസ്ത്രീയമായ ഈ മാർഗ നിർദ്ദേശങ്ങൾ പിന്തുടർന്നു പകർച്ചവ്യാധി രഹിതമായ ഒരു മൂർക്കനാടിനെ നമുക്കു വീണ്ടെടുക്കാം. ആരോഗ്യവാനായ ഒരു പൗരനാണ് നാടിന്റെ ഏറ്റവും വലിയ സമ്പത്ത്.

ഏവരുടെയും സഹകരണത്തോടെ,

മെഡിക്കൽ ഓഫീസർ, കുടുംബാരോഗ്യകേന്ദ്രം മൂർക്കനാട്.



MEDICAL OFFICER
Primary Health Centre
Moorkkanad P.O., Kolathur
Malappuram Dt. 679 338

EXECUTIVE SUMMARY

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

MOORKKANAD 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 MOORKKANAD 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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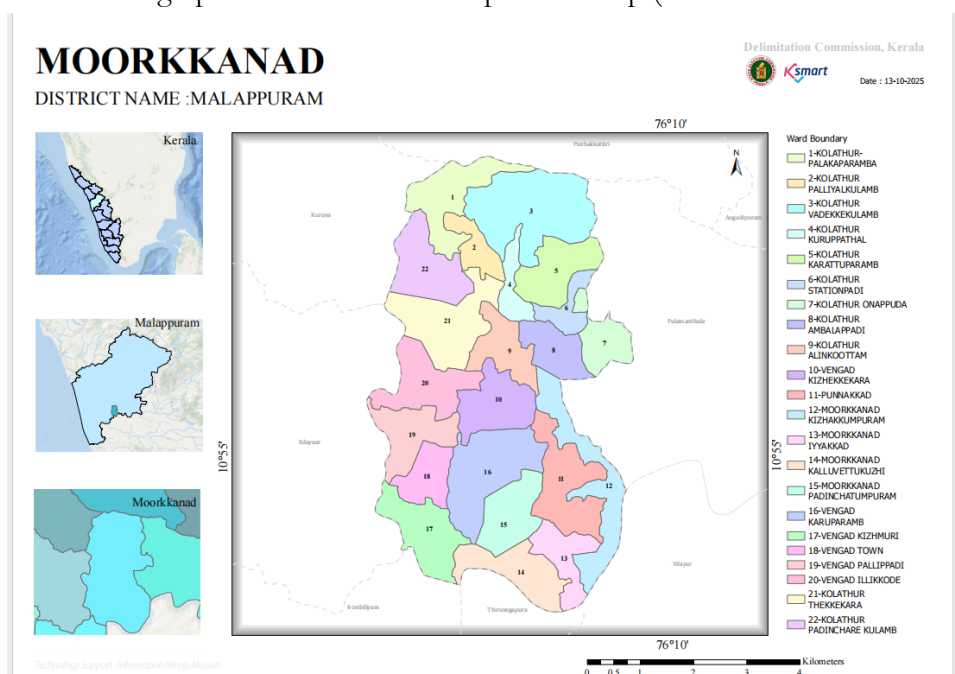
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INTRODUCTION

- 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 -

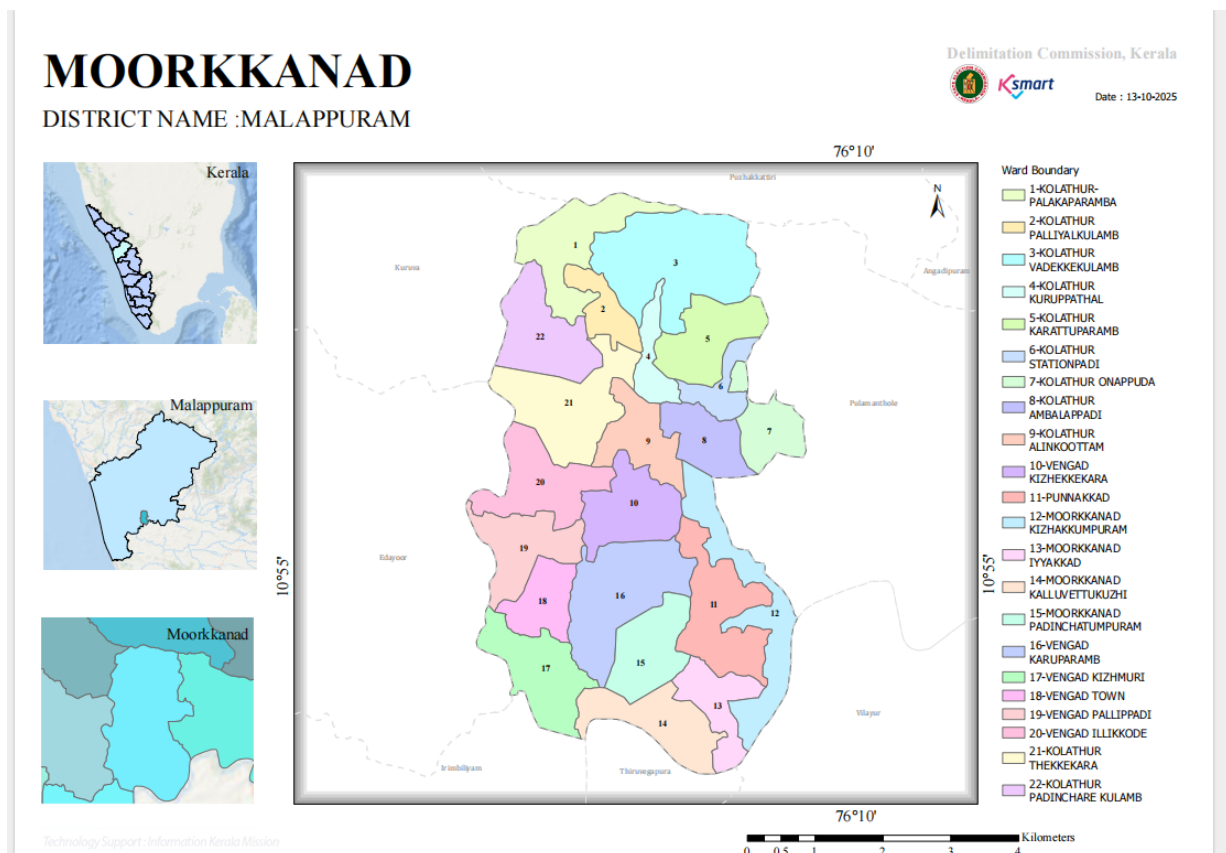
Ward	Houses	Populati on	Migrants	Wells	Hot spots	Ed. Instituti ons	Hosp pvt/govt.
22	1033	46766	512	5828	5	14	2

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

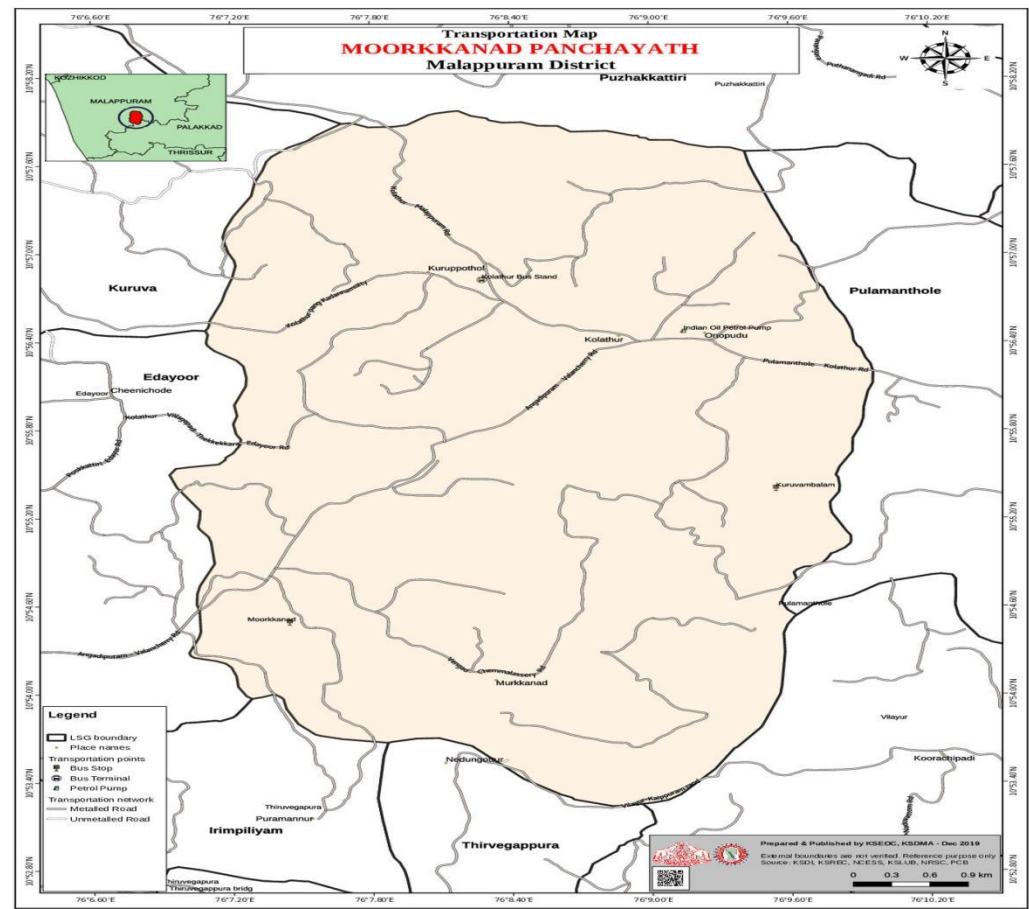
Maps - ward-based (Mention source also)

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

INTEGRATED HEALTH INFRASTRUCTURE MAP OF MOORKKANAD PANCHAYAT



roads and rivers map



GENERAL PROFILE OF THE LSGI'S

Background of the LSGI

MOORKKANAD 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 (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, MOORKKANAD 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	Moorkanad
Type (GP/Municipality / Corporation etc.)	Grama Panchayath
Block	Mankada
District	Malapuram
Number of wards	22
Total area (sq. km)	17.6
Population(Projected)	46776
Population density	persons/sq km
Terrain (coastal/low-lying/backwaters/foothills, etc.)	0
Number of rivers passing through LSGI	1
Number of water bodies in the LSGI	27
Number of educational institutions	14
Factories / small-scale industries	1
Flood-prone wards	12,14,17,13
Landslide-prone wards	0
Death Management and Disposal Facilities (mortuaries/crematorium, including electric)	0
Auditoriums/Marriage halls/convention centres/community halls	9

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		46776
Male		23341
Female		23435
Transgender		0
Children under 5		3951
Adolescent		6326
Elderly (>60)		4957
SOCIAL/LIVELIHOOD VULNERABILITY		
Previous EPEP family		76
BPL family		4632
Tribal communities		7
Migration	Immigrant	512
	Emigrant	0
Socio-economically deprived		0
Fisherfolk		0
SC Community		2951
ST Community		7

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, Op*/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	456
Lactating mothers	256
Bedbound patients	130
Patients under palliative care other than bedbound	308
Patients on Haemodialysis	31
Patients on CAPD	0
Cancer patients (currently on treatment)	61
Haemophilic patients	0
Mentally challenged	345
Differently abled	27
Diabetic patients	2780
Hypertensive patients	2910
TB patients	10

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

Sl. No.	Name of festival	Month detailing the periodicity
1	Chathoolikavu pooram,vampatta poram,pattukottil baghavathy temple pooram,shivamangalam ,shivarathiri maholsavam, narasimhamoorthy maholsavam	Feb,march,dec

INFRASTRUCTURE & RESOURCE INVENTORY

Health Facility Directory & Basic Capacity in the LSGD

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

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

Table 5. Health Facility Resource Summary								
Sl. no.	Health Facility	Type of Facility (MCH/GH/CHC/FHC/SC etc.)	Contact Number	Total beds	ICU Beds	Oxygen-Supported Beds	No. of Ventilator Support Beds	No. of ambulances
Government Healthcare Facilities								
	FHC MOORKKANAD	GOVT	FHC	9	0	0	0	0
	5-HWC	GOUT		0	0	0	0	0
Private Healthcare Facilities								
	TRUST MEDICITY	PRIVATE HOSPITAL	8075204798	3	0	0	0	0
	COSMIC MEDICARE	PRIVATE HOSPITAL	8943998822	8	0	0	0	0
AYUSH Healthcare Facilities								
	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)
	TRUST MEDICITY	y	general	nil		8075204798		
	COSMIC MEDICARE	y	general	nil		8943998822		

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	9	11	0	9
Oxygen-generating systems(Y/N)	0	0	0	0
Oxygen-supported beds(Numbers)	0	0	00	0
Ventilator-supported beds	0	0	0	0
ICU beds	0	0	0	0
Burns units	0	2	0	2
Blood centres	0	0	0	0
BLS ambulances	0	0	0	0
ALS ambulances	0	0	0	0

Item	Govt	Private	AYUSH	Total
Dialysis facilities	0	0	0	0
Dispensaries	0	0	0	0
Medical store	0	2	00	2
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 moorkanad	no	no	1	0	0	0	0
Fhc moorkanad	No	No	1	0	0	0	0

Diagnostics facility mapping at the LSGI level

The diagnostic capacity of MOORKKANAD 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	4	0	5
Microbiology labs	0	0	0	0
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.	24x7 Services (Yes/No)	NABL / Govt Approved (Yes/No)
1	Fhc moorkkanad	Government	kolathur	049333 202200	0	0
2	Chaithanya	Private	kolathur	9961789 785	0	0
3	Modern lab	private	Moorkkanad	9961789 785	0	0
4	Life care clinic Vengad	private	HUSSAIN, POOVAKURUSSY	944663070 7	0	0
5	Astrom lab vengad	private	Vengad	871409978 8	0	0

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	23	22 WARDS	610	
Schools	14	22	9090	
Colleges	3	22	366	
Healthcare Educational Institutions				
Medical colleges (Govt/Private)	0	0	0	
Nursing colleges (Govt/Private)	0	0	0	
Dental colleges (Govt/Private)	0	0	0	
Paramedical institutes (Govt/Private)	0	0	0	
Community Gathering Spaces				
Community halls	1	22	1500	
Auditoriums	5	22	3000	
Religious buildings	32	22	1000	
Vulnerable Group Support Facility				
Destitute homes	0	0	0	

Elderly homes	0	0	0	
LSGD owned other buildings	40	22	1000	
Mass Fatality Management (MFM) Infrastructure				
Mortuary	0	0	0	
Crematorium	1	KUMBLANKODE -8	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	2	2	4
Doctors – AYUSH	1	0	1
Doctors – Veterinary	1	0	1
Doctors – Dental	0	1	1
Nursing officers	2	2	4
Lab technicians	2	3	5
Optometrist	0	1	1
Pharmacists	3	3	6
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	0
LHS (Lady Health Supervisor)	0	0	0
LHI (Lady Health Inspectors)	1	0	0
JPHN (Jr Public Health Nurses)	5	0	0
JHI (Jr Health Inspectors)	2	0	0
MLSP (Mid-Level Service Providers)	5	0	0
Palliative Nurses	1	0	0
RBSK Nurses	1	0	0
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	23
AWW (Anganwadi Workers)	35
Emergency Medical Volunteers (Trained)	50
Kudumbashree	2986
MNREGS	430
Purusha Swayam Sahaya Sangham	0
Ex-Servicemen	32
Retired Police Officers	5
NCC/NSS Volunteers	32
Red Cross volunteers	6
One Health Community Volunteers	22
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	0
Religious based organizations	0
Foreign based organizations	0
Sports Club/youth clubs	31
Kudumbashree SHGs	19
Ayalkootams	205
Political organizations	3
Residential organizations	0

Administrative & Emergency Services

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

Category	Total Count	Contact details
Police Stations	1	04933 203244
Fire & Rescue Stations	0	0
Water Pumping Points	2	04933 203333
Public Distribution System (PDS)	1	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	10
Crane	0
Heavy Trucks	13
Tractor	1
Ambulances	4
Mobile mortuaries	0
Boats	0
Taxi service	137

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)	1529-232-35	1-122
	Pet Animals (Dogs/Cats)	116-74	1-22
	Stray Dog Population	128	0
	Pig Farms (Number of heads)	1	1
	Small Units (Sheep / Goats – clustered)	0-232	1-22
Bird Population	Poultry Units (Birds)	9	1,3,15,19
	Poultry- (FOWL)	0	0
	Wild/Migratory Birds (Observed)	0	0
	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	GOVT	2,KOLATHUR	0
Veterinary Hospital / Polyclinic	0	0	0	0
Private Veterinary Clinics	0	0	0	0
Mobile / Emergency Vet Service (incl. night services)	0	0	0	0
Pet Homes / Animal Shelters	0	0	0	0
Slaughterhouse-linked Veterinary Inspection Unit	0	0	0	0

Veterinary Doctors & Workforce

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	YES	GOVT	9605389194
Private Veterinary Doctors	0	0	0
Livestock Inspectors	YES	GOVT	9656598065
Para-veterinary Staff / Attenders	0	0	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 _____ 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	35	
Cattle Sheds near Water Bodies	0	
Fish & Meat Markets	12-5	
Community Slaughter Sites	0	
Migratory Bird Congregation Areas	0	
Rodent-Infested Grain Storage	0	

Category	Total Count	Key Locations (wards)
Poultry Farms	9	
Backyard / Clustered Poultry Units	9	0
Duck Rearing Units (open water access)	0	
Slaughterhouses/ Slaughter Points	5	ward-2,10,12,14,15
Meat/Fish Markets	5	
Live Bird Sale Points	5	
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	11,12,14	VADAKUMPURAM	HIGH
Water bodies/wetlands	0	0	0
Solid waste accumulation	0	0	0
Animal waste disposal issues	0	0	0
Rodent infestation zones	0	0	0
Industrial effluent discharge	0	0	0
Construction sites / abandoned buildings	0	0	0
Poor drainage/blocked canals	0	KULATHUR BUS STAND	LOW
Drinking water source contamination risk	0	0	0

Disease Seasonality Mapping

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

.

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

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

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

Disease	Peak Risk Season	Key Drivers	High-Risk Locations	Surveillance Focus
Avian Influenza	0	0	0	0
Leptospirosis	JUN-JULY	0	LOW RISK	0
Dengue/Chikungunya	SEPTEMBER	0	LOW RISK	0
Acute Diarrheal Diseases	0	0	0	0
Rabies	0	0	0	0
Anthrax (rare)	0	0	0	0

Vulnerability Mapping

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

Vulnerability Factor	High-Risk Wards	Key Groups / Locations	Risk Level
Flood-prone households	11,12,14	VADAKUMPURA M, pottikkuzhi, kalluvett kuzhi, kuzhippetta	HIGH RISK
Wetland-adjacent communities	0	0	0
Backyard poultry / duck rearing households	0	0	0
Livestock-rearing households	0	0	0
Slaughterhouse & meat market workers	0	0	0
Fisherfolk & fish market workers	0	0	0
Sanitation workers	0	0	0
Daily wage / migrant workers	0	0	0
Elderly & chronically ill populations	0	0	0
Pregnant Women	0	0	0
Children (schools, Anganwadi's)	0	0	0
Limited access to safe water & sanitation	0	0	0

EPIDEMIOLOGICAL TRENDS (2021–2025)

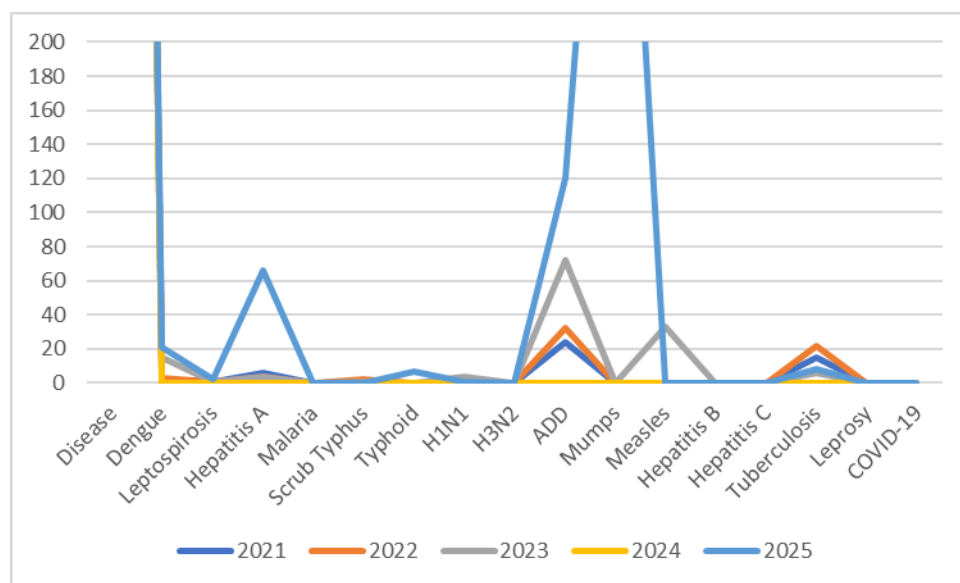
Disease surveillance is the systematic collection, analysis, and interpretation of health data for planning, implementation, and evaluation of public health practice. This section presents the disease surveillance profile of the LSGI based on routine reporting systems and outbreak investigations to identify 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	2	3	15	21	17	stable
Leptospirosis	1	1	1	2	1	stable
Hepatitis A	6	4	4	66	265	increasing
Malaria	0	0	0	0	0	stable
Scrub Typhus	0	2	1	0	0	decreasing
Typhoid	0	0	0	7	0	stable
H1N1	0	0	4	1	0	stable
H3N2	0	0	0	0	0	stable
ADD	24	32	72	120	25	decreasing
Mumps	0	0	0	497	0	decreasing
Measles	0	0	33	0	4	stable
Hepatitis B	0	0	0	0	0	stable
Hepatitis C	0	0	0	0	0	stable
Tuberculosis	15	22	6	8	13	stable
Leprosy	0	0	0	0	1	stable

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

LEPTOSPIROSIS

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

Peak: June - August

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

Ward	Leptospirosis – Ward-wise Yearly Distribution					
	2021	2022	2023	2024	2025	Total
1	0	0	0	0		0
2	0	0	0	0	1	1
3	0	0	0	0	0	0
4	0	0	0	0	0	0
5	0	0	0	0	0	0
6	1	0	0	1	0	2
7	0	0	0	0	0	0
8	0	0	0	1	0	1
9	0	0	0	0	0	0
10	0	0		0	0	0
11	0	0	1	0	0	1
12	0	0	0	0	0	0
13	0	0	0	0	0	0
14	0	0	0	0	0	0
15	0	1	0	0	0	1
16	0	0	0	0	0	0
17	0	0	0	0	0	00
18	0	0	0	0	0	0
19	0	0	0	0	0	0

VIRAL HEPATITIS - A

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

Peak: October - December

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

Ward	Hep A – Ward-wise Yearly Distribution					
	2021	2022	2023	2024	2025	Total
1	0	0	0	8	34	42
2	0	0	0	1	24	25
3	0	1	1	3	19	19
4	0	1	0	0	22	22
5	0	0	0	2	6	6
6	0	0	0	0	8	8
7	0	0	0	8	5	5
8	0	0	2	5	4	4
9	0	0	0	9	15	15
10	1	1	0	0	8	8
11	0	0	0	0	5	5
12	0	0	0	1	3	3
13		1		3	17	17
14	0	0	0	1	7	7
15	0	0	0	4	3	3
16	5	0	0	12	14	14
17	0	0	0	0	38	38
18	0	0	0	0	14	14
19	0	0	0	0	19	19

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	18	0
Water Borne Diseases	256	0
Air Borne Diseases	44	0
Blood Borne Diseases	0	0
Food Borne Diseases	0	0

Vector-Borne Disease

Disease	No. of Cases	No. of Deaths
Dengue	18	0
Malaria	0	0
Chikungunya	0	0

Water Borne Disease

Disease	No. of Cases	No. of Deaths
Cholera	0	0
Typhoid	0	0
Hep- A	256	0
Dysentery	0	0
Amoebiasis	0	0
E- Coli infections		zs

Air Borne Disease

Disease	No. of Cases	No. of Deaths
Influenza	0	0
H1N1	0	0
TB	56	0
Chickenpox	44	0
Measles	0	0
Covid-19	0	0
Pertussis	0	0
Mumps	0	0

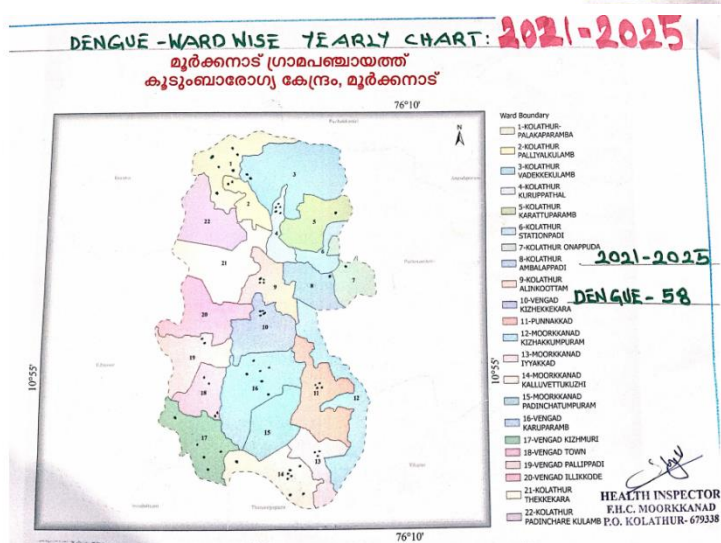
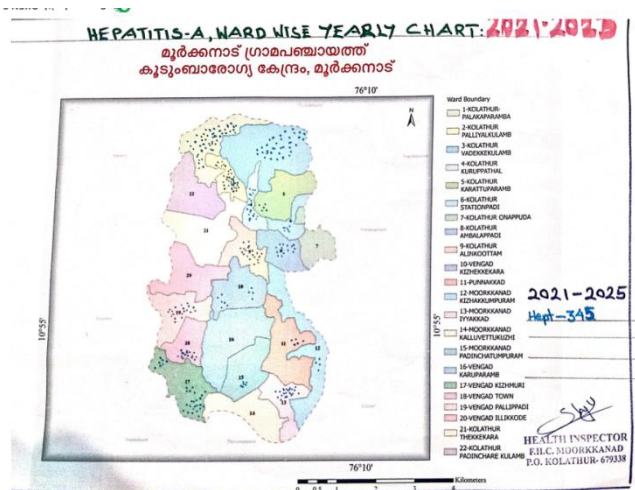
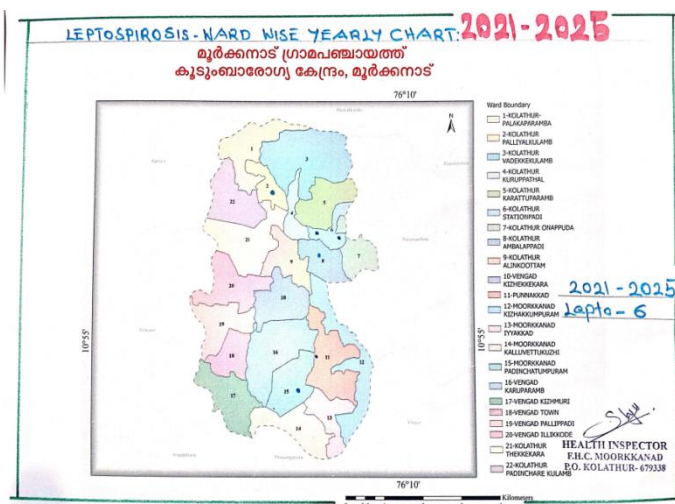
Blood-Borne Disease

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

Zoonotic Disease

Disease	No. of Cases	No. of Deaths
Rabies	0	0
Leptospirosis	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)
1	6	0	42	0	12
2	2	1	25	34	16
3	2	0	24	0	26
4	5	0	23	64	15
5	1	0	8	0	28
6	0	2	8	0	32
7	1	0	13	121	27
8	1	1	11	51	11
9	5	0	19	20	8
10	4	0	10	0	15
11	4	1	5	38	19
12	0	0	4	12	9
13		0	21	0	20
15	8	0	8	61	21
16	1	1	7	54	18

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	K P HAMSA MASTER	Panchayat President	LSGD	Chairperson	9496444258
2	Dr.ASHA KRISHNAN	Medical Officer (PHC/CHC)	Health Dept	Member Secretary	9495324258
3	Dr.REEM RASHEED	Veterinary Officer	Animal Husbandry	Member	9605389194
4	0	Epidemiologist	Health Dept	Member	0
5	SHAJU,K	Health Inspector/PHN	Health Dept	Surveillance	9745115618
6	SHYLAJA	ASHA Supervisor	Health Dept	Community link	848267215
7	SUJATHA	ICDS Supervisor	Social Welfare	Vulnerable groups	9562323424
8	0	Police Station Officer	Police Dept	Law & order	9497947221
9	0	Ward Councillor Representative	LSGD	Community coordination	
10	VIDYA	Kudumbashree CDS	Kudumbashree	Community mobilisation	9895338996

11	0	NGO/Volunteer rep	Civil Society	Support services	0
12	0	Line Department representations			0

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	0		
Intersectoral coordination and convergence	0		
Collaborative surveillance	0		

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 – 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

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: Moorkkanad Panchayath Office.

Backup Location: Community Hall in Moorkkanad 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				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	HI	9745115618
Social media	HI	9745115618
Local Cable TV/Radio	0	0

- 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)		
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	9895717773
PPE Kits/Masks/Gloves	Local Vendors	9745364765
Oxygen Cylinders/Concentrators	KMSCL	9895717773
Medicines/Antivirals	KMSCL	9895717773
Medicines/Antivirals	Neethi Shops	9745364765
Test Kits (RTPCR/Rapid)	KMSCL	9895717773

Collaboration with NGOs, PPP, and CSR

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

Key Points:

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

Organization	Type	Support Offered	Contact Person
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Youth Unions	Clubs/Student	CBO		
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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	9495309205
Veterinary	Veterinary Surgeon:	Animal surveillance	9605389194
ICDS	Supervisor: Sindhu	Nutrition support	9562323424
Education	Head Teacher:	School coordination	0
Police		Containment enforcement	_____
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
School TRK	SCHOOL	NA	18		HM
COMMUNITY HALL	HALL	NA	18		SECRETORY

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

CONCLUSION

Additional points

- tech support
- relief based commodities
- ham reading operators
- hazard vulnerability mapping
- Kseb & other power source
- HR specific responsibility

RECOMMENDATIONS

1. Strengthening Healthcare Infrastructure

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

2. Community Awareness & Education

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

3. Emergency Response & Coordination

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

4. Supply Chain & Food Security

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

5. Digital Preparedness

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

6. Training & Capacity Building

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

7. Long-Term Resilience

- Integrate pandemic preparedness into the Panchayat Development Plan.

- Allocate a dedicated budget for health emergencies.
- Encourage community participation in planning and monitoring preparedness measures.

MOCKDRILL SCENARIOS

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	KOLATHUR-PALAKAPARAMBA	1	YOUSAF	8086424080
2	KOLATHUR-PALLIYALKULAMB	2	ABDUL GAFOOR-V	9846761981
3	KOLATHUR-VADAKKEKULAMB	3	JOSPH GEORGE	9947523387
4	KOLATHUR -KURUPPATHAL	4	SAROJADEVI	9497872760
5	KOLATHUR-KARATTUPARAMB	5	K P HAMSA MASTER	9496444873
6	KOLATHUR-STATIONPADY	6	SAMEERA K T	8606080707
7	KOLATHUR-ONAPUDA	7	PRIYA P	9846768069
8	KOLATHUR-AMBALAPADI	8	MUNEERA SULTHANA	8111818486
9	KOLATHUR-ALINKOOTAM	9	NAFLA M T	7736977964
10	VENGAD-KIZHAKKEKARA	10	NAFEESA T	9946701752
11	PUNNAKAD	11	SAJIDA	9846823135
12	MOORKKANAD-KIZHAKKUMPURAM	12	M T HAMSA MASTER	9495140618
14	MOORKKANAD-IYYAKAD	13	SHAHIDA P K	8086894879
15	MOORKKANAD-KALLUVETTUKUZH	14	KISHOR RAJ M P	9846749845
16	MOORKKANAD-PADINJATTUMPURAM	15	NOUSHIDA	9846326262
17	VENGAD-KARUPARAMB	16	MOHAMMED SHAREEF	9846600017
18	VENGAD-KEEZHMURI	17	ABBAS V K	9846966106

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

Sl. No.	Name	Contact number
1.		
2.		
3.		
4.		
5.		
6.		
7.	Excise department	
8.	Forest department	

1.3. Important offices of grama panchayat/municipality/ corporation

Sl.No	Name of the office	Contact person	Contact number
1.	Village Office	Village Officer	8593000020
2.	Agriculture Office	Agriculture Officer	9383471719
3.	Animal Husbandry Office	Animal Husbandry Doctor	9605389194
4.	Police Station	Police Officer	0493 203244
5.	BSNL Office	Officer	9447024365
6.	Block Office	Officer	0
7.	KSEB Office	Officer	0493 3278238
8.	Fisheries Office	Officer	0
9.	Fire and Rescue	Officer	0483 2734800

1.4. Health Services

Sl. No	Name of the hospital/institution	Location	Phone number
1.	Government hospitals/PHC	KOLATHUR	0
2.	Private hospitals	2	0
3.	Clinical laboratories	4	0
4.	Chemist/pharmacy	0	0
5.	Blood donors	0	0
6.	Other language experts (Bihari, Hindi, Bengali, Asamees)	0	0

1.5. Veterinary Services

Sl. No	Name of the Clinic	Name of the Surgeon/Doctor	Place/location	Phone number
1	Govt.Veterinary Hospital	REEM RASHHED	KOLATHUR	9605389194

1.6. Helpline numbers

Helpline	Phone number
Police	4933203244
Fire and Rescue	0483 2734800
KSEB	4933278238

1.7. Public and Private Schools Contact details

S.No	Name of School	Institution type	Phone number
1	ALPS KOLATHUR	AIDED	9496434133
2	MAJILIS HSS	UNAIDED	8129266730
3	THAQWA SCHOOL	UNAIDED	9645052948
4	NATIONAL HIGHER S SCHOOL	UNAIDED	9447629842
5	VIVEKANATHA VIDYA NIKETHAN	UNAIDED	9495386738
6	TRK AUPS VENGAD	AIDED	9633760727
7	AEM UPS	AIDED	
8	AMLPS MOORKKANAD	AIDED	9495479044
9	IRSHADIYA ENGLISH SCHOOL kolathur	UNAIDED	8606971940
10	NATIONAL LPS	AIDED	9961119262

1.9. Anganwadi Contact Details (ALREADY ENTAIRED)

Ward No	Anganwadi No and Name of Teacher	Phone number
1	126-girija devi	9539428163
	127-sajitha	9645245430
2	128-vasanthakumari	9061151919
3	129-subadra	9495490103
	130-sarojini	8606674509
	131-shylaja k	9946510294
5	132-maimoona	9562534078
6	133-sumathi	9037916446
7	135-sunitha	9539295262
8	136-sudha	9745923563
9	137-pushpaja	9539697442
10	138-vasathakunari	9048764835
11	139-pathmini	9946512711
12	140-vasathakumari	9745978344
13	141-nafeeza	9745629965
14	142-geetha	9645753775
15	143-jayasree	9539165604
16	144-jayasrtee	9846950758
17	145-radhamani	9745926754
18	146-premaja	9745932632

19	147-mini k v	9946709185
20	148-omana v k	9497427901
21	149-manjusha	9656500462
22	144-jayasrtee	9846950758

1.12. Information regarding resources

Means of transportation	Name of Owner	Phone Number
Heavy Trucks		
Tractor		
Ambulances		
Boats		
Taxi service		

Annexure 1: LSG Baseline Data Collection Format

A. Baseline data

Sl. No.	Indicator / Field	Baseline Data	Source / Remarks
1	Name of LSG	MOORKKANAD	
2	District	MALAPPURAM	
3	Block / Taluk	MANKADA/PERINTH ALMANNA	
4	Type of LSG (Gram Panchayat / Municipality / Corporation)	GRAMA PANCHAYATH	
5	Area (sq. km)	17.6	
6	No. of wards	22	
7	GIS boundary file available	(Yes/No)	
8	Key contact person & phone		

B. Demography

Indicator / Field	Baseline Data	Source / Remarks
Total population	46776	
Males	23341	
Females	23435	
Transgender population	0	
Age distribution (<5, 5–14, 15–59, ≥60)	<5-3951, 15-59- >60-5293	
No. of households	9992	
Population density (persons/sq.km)	<u>46.76SE.KM</u>	
No. of migrant workers	512	
Major occupational groups		

C. Vulnerable Populations & Social Risks

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	No. of elderly (≥ 60)	4957	
2	No. of persons with disability	27	
3	No. of bedridden persons	130	
4	No. of chronic disease cases (DM/HTN/COPD/CKD etc.)	DM-2778, HTN-2189, CKD-17	
5	Pregnant women (current estimate)	456	
6	Children <5 years	3951	
7	Tribal population (if any)	7	
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	72/4347	
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)	FHCMOORKKANAD	
3	Subcentres / Health & Wellness Centres (number)	5	
4	Private clinics / hospitals (number)	4/3	
5	Labs available (public/private)	4	
6	Availability of ambulance services (Yes/No, number)	0	

7	Availability of isolation/quarantine facilities (Yes/No, details)	0	
8	Cold chain facilities (Yes/No, details)	YES	
9	Stockpile space available (Yes/No)	0	
10	PPE / mask / sanitizer availability plan (Yes/No)	YES	
11	Surveillance staff available (JHI/JPHN/ASHA count)	JHI-3,JRPHN-5, ASHA-23	
12	Existing emergency referral pathways (Yes/No)	0	

E. Points of Entry & Mobility

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Bus stands / depots (number)	1	
2	Railway stations (number)	0	
3	Boat jetties / fishing harbours (number)	0	
4	Ports / airports nearby (specify distance)	0	
5	Major highways/roads passing through	0	
6	Border crossings (state/district)	0	
7	Major markets / weekly markets	1	
8	Tourism hubs / major event venues	1	
9	Schools/colleges with hostels (number)	14+3	
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)	5828	
2	No. of public wells	25	
3	No. of households with piped water connection	168	
4	Water quality testing routine (Yes/No)	YES	
5	Common contamination risks (flooding, salinity, industrial waste)	0	
6	Open defecation free status (Yes/No)	YES	
7	Solid waste management system (Yes/No)	YES	
8	Bio-medical waste disposal mechanism (Yes/No)	YES	
9	No. of public toilets	0	
10	Handwashing stations in public places (Yes/No)	0	

G. Zoonotic Risks & One Health

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Livestock population (cattle/goats/pigs/poultry) – estimates	1529-232-32	
2	No. of dairy farms / poultry farms / pig farms	11-1	
3	Slaughterhouses / meat shops (number)	5-5	
4	Animal markets (Yes/No, details)	0	
5	Veterinary dispensaries (number)	2	
6	History of zoonotic outbreaks (rabies, leptospirosis, avian flu etc.)	0	
7	Stray dog population management measures (Yes/No)	yes- APPROXI-128	
8	Rodent infestation hotspots (Yes/No)	0	
9	Wetlands / waterlogged areas prone to leptospirosis	0	
10	Bat roosting areas / caves / fruit orchards (if any)	0	
11	Human-animal interface hotspots (farms near residences)	10	

H. Climate & Disaster Risks (Pandemic Amplifiers)

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Flood-prone wards (list)	11,12,14	
2	Landslide-prone wards (list)	0	
3	Cyclone/sea surge risk (Yes/No)	0	
4	Heatwave risk zones (Yes/No)	0	
5	Waterlogging areas (list)	18	DRAINAGE
6	Shelter homes / relief camps (number, capacity)	0	
7	Past disaster displacement history	WARD-11,12,14	
8	Disruption to water supply/transport common (Yes/No)	0	

I. Critical Infrastructure & Logistics

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Schools (number)	14	
2	Anganwadis (number)	35	
3	Colleges (number)	3	
4	Community halls (number)	1	
5	Places of worship with large gatherings (number)	3	TEMPLE FESTIVELS
6	Large markets / shopping areas (number)	0	
7	Warehouses / cold storages (number)	0	
8	Telecom/mobile network coverage gaps (Yes/No)	0	0
9	Power outage frequency (high/medium/low)	0	
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	0	
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)	NO	
2	Pandemic preparedness plan available (Yes/No)	YES	
3	Incident Command System identified (Yes/No)	NO	
4	Rapid procurement mechanism available (Yes/No)	NO	
5	Emergency fund available (Yes/No, amount)	NO	
6	Past outbreak response experience (Yes/No, details)	YES	
7	Intersectoral coordination mechanism (Health, Police, LSG, Veterinary, Education)	YES	
8	Mock drills conducted in last 12 months (Yes/No)	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)	NO	
5	Testing sample transport mechanism (Yes/No)	YES	
6	Reporting timeline adherence (good/average/poor)	GOOD	
7	Data sharing between departments (Yes/No)	YES	
8	Availability of dashboard for monitoring (Yes/No)	YES	

M. Additional Notes & Observations

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Key challenges perceived by LSG	WATER SCARCITY	
2	Top 5 high-risk wards (reason)	WARD-1,18,17-16	
3	Any unique local risks (industrial pollution, refugee camps, etc.)	0	
4	Recommendations for preparedness strengthening	VEHICLE	