PANDEMIC PREPAREDNESS PLAN

A R NAGAR LSG

FHC A R Nagar, phcarnagar@gmail.com

MESSAGE FROM PRESIDENT/CHAIR LSGI

I am pleased to present the Pandemic Preparedness Plan of our Panchayat, developed to ensure timely prevention, early detection, and effective response to any public health emergency. This plan reflects our commitment to protecting the health and safety of all residents through coordinated action, strong surveillance, community participation, and uninterrupted essential services. I sincerely appreciate the efforts of the Health Department, frontline workers, and all stakeholders who contributed to this initiative, and I assure the continued support of the Panchayat in building a safer and more resilient community.

Abdul Rasheed Kondanath
A R Nagar Grama Panchayath

MESSAGE FROM HEALTH STANDING COMMITTEE CHAIR

The Health Standing Committee is pleased to be part of the development of this Pandemic Preparedness Plan, which provides a comprehensive framework to strengthen our Panchayat's capacity to prevent, detect, and respond effectively to public health emergencies. This plan emphasizes coordinated action, strong surveillance systems, community awareness, protection of vulnerable populations, and continuity of essential services. The Committee assures its full support for the effective implementation of the strategies outlined in this document to ensure the health, safety, and resilience of our community.

Shylaja Punathil
A R Nagar Grama Panchayath

MESSAGE BY MEDICAL OFFICER

As the Medical Officer, I am pleased to contribute to the development of this Pandemic Preparedness Plan, which serves as a practical framework for strengthening our readiness to manage public health emergencies effectively. The plan outlines clear strategies for surveillance, early detection, case management, infection prevention and control, risk communication, and coordination among stakeholders. With the dedicated efforts of our healthcare team and the support of the Panchayat, we are committed to ensuring timely response, continuity of essential health services, and protection of the community during any future pandemic situation.

Dr.Fousiya

FHC A R Nagar

EXECUTIVE SUMMARY

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

Ar nagar 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, AR NAGAR Primary Health Centre stands as a vital institution in safeguarding public health and improving the quality of life of the residents of Ar nagar Grama Panchayath

LIST OF ABBREVIATIONS

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

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INTRODUCTION

The Pandemic Preparedness Plan for A.R. Nagar Grama Panchayath in Malappuram district is developed to strengthen the local capacity to prevent, detect, and effectively respond to public health emergencies. In the context of increasing risks from emerging and re-emerging infectious diseases, preparedness at the grassroots level is essential to minimize the impact on health, livelihoods, and essential services.

A.R. Nagar Grama Panchayath, with its diverse population and varying geographic and socio-economic conditions, requires a well-coordinated and systematic approach to pandemic management. This plan outlines strategies for disease surveillance, early warning systems, case management, risk communication, and intersectoral coordination involving the health department, local self-government institutions, and community stakeholders.

Special emphasis is given to identifying vulnerable populations, strengthening healthcare infrastructure, ensuring continuity of essential services, and promoting community awareness and participation. The plan also incorporates provisions for capacity building, resource mobilization, and regular mock drills to enhance readiness.

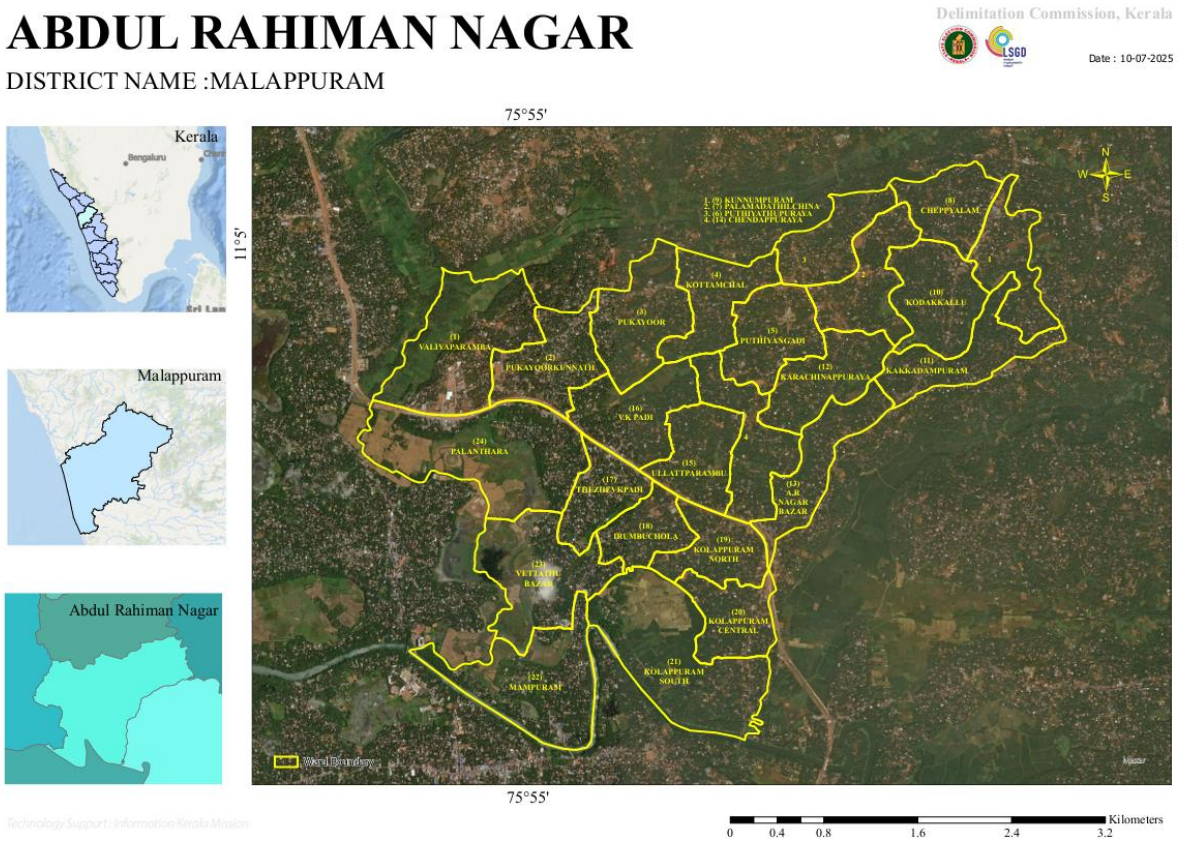
Overall, this preparedness plan serves as a guiding framework to ensure a timely, organized, and effective response to pandemics, thereby safeguarding the health and well-being of the people of A.R. Nagar Grama Panchayat

LSGD AT A GLANCE

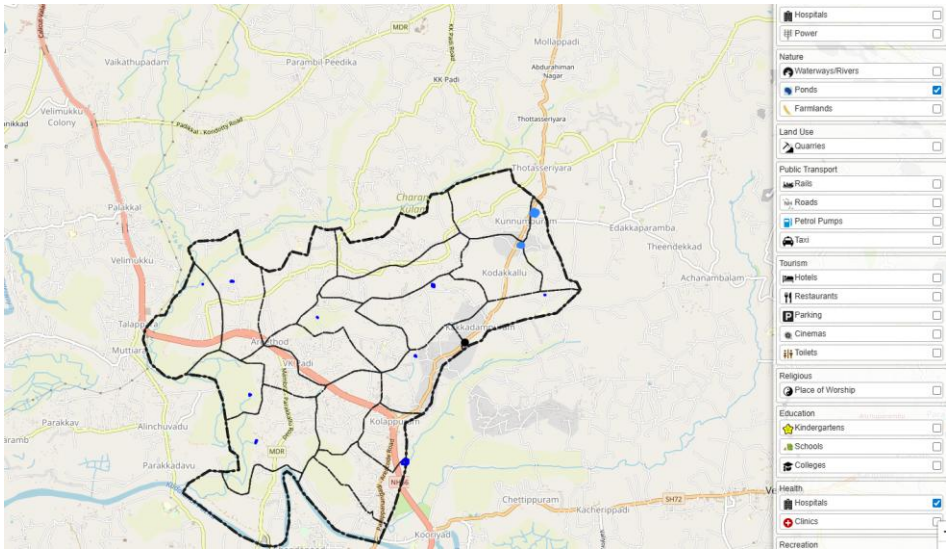
Ward	Houses	Population	Migrants	Wells	Hot spots	Ed. Institutions	Hosp pvt/govt.
1	631	3276	25	502	0	2	0
2	572	3223	28	408	0	0	0
3	599	3173	18	412	0	0	0
4	485	2665	17	316	0	3	0
5	632	3346	23	481	0	2	0

6	446	2258	15	326	0	0	0
7	430	2059	0	312	0	1	1
8	525	3258	26	427	0	0	0
9	456	2430	36	311	0	1	0
10	506	2683	18	381	0	0	0
11	412	2052	50	288	0	0	0
12	499	2562	0	306	1	0	0
13	460	2404	11	312	0	0	0
14	446	2317	20	288	0	0	0
15	464	2250	16	318	0	2	0
16	324	1474	16	202	0	1	0
17	412	2047	21	314	0	0	0
18	415	2023	22	318	0	0	0
19	611	3080	15	426	0	1	0
20	546	3089	16	381	0	0	0
21	517	2835	17	314	0	0	0
TOTAL	10477	54504	410	7343	0	13	1

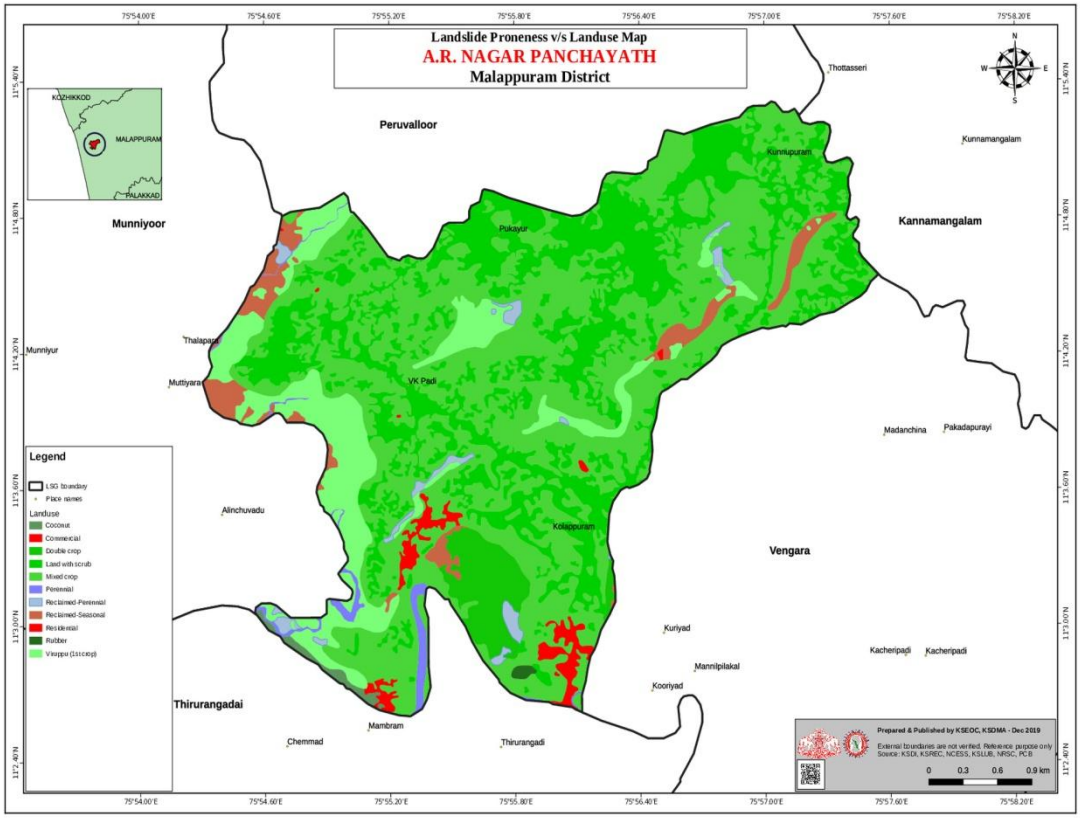
INTEGRATED HEALTH INFRASTRUCTURE MAP OF A R Nagar PANCHAYAT

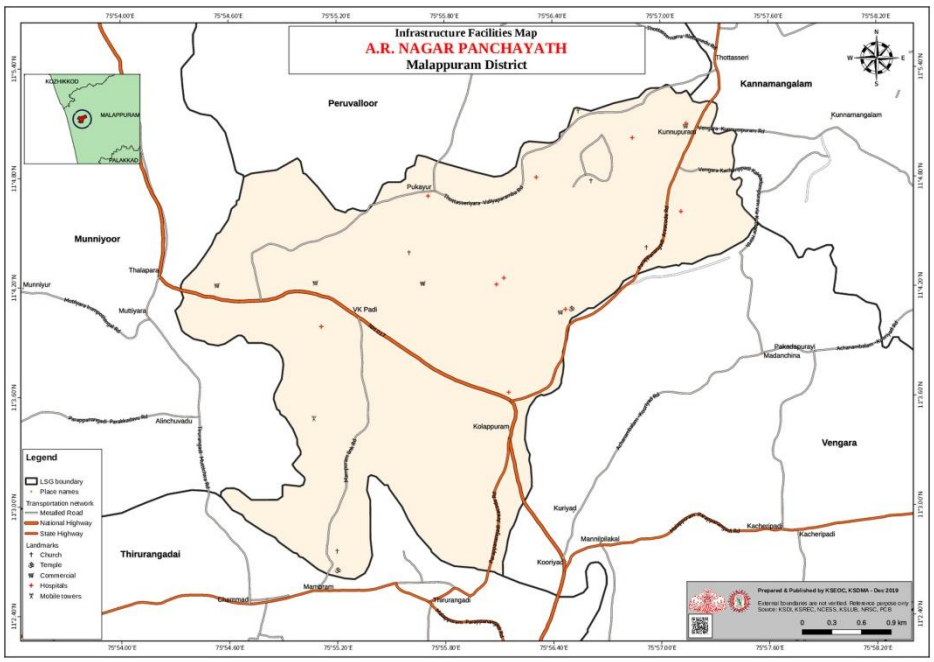


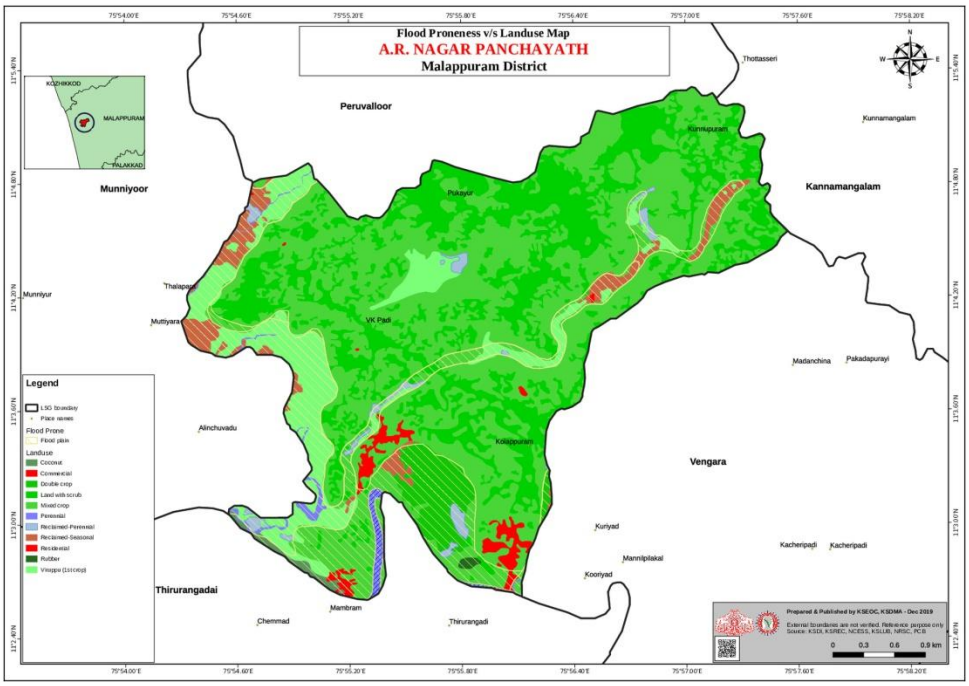
Health Infrastructure Map



Disaster Map






Flood Proneness v/s Landuse Map
A.R. NAGAR PANCHAYATH
Malappuram District
KOZHIKKOD
MALAPPURAM
PALAKKAD
Peruvalloor
Thottasseri
Kunnumpuram
Kunnamangalam
Munniyoor
Pukayur
Kannamangalam
Thalapara
Muttiyara
VK Padi
Madanchina
Pakadapurayi
Alinchuvadu
Kolappuram
Vengara
Kuriyad
Kacheripadi
Mannilpilakal
Kooriyad
Thirurangadai
Mambram
Chemmad
Thirurangadi
Legend
LSG boundary
Place names
Flood Prone
Flood plain
Landuse
Coconut
Commercial
Double crop
Land with scrub
Mixed crop
Perennial
Reclaimed-Perennial
Reclaimed-Seasonal
Residential
Rubber
Vinappa (1st crop)
Prepared & Published by KSEOC, KSDMA - Dec 2019
0 0.3 0.6 0.9 km

GENERAL PROFILE OF THE LSGI'S

Background of the LSGI

Ar nagar Grama Panchayat is situated in the Thirurangadi thalukof Malappuiram district, Kerala. A R Nagar Grama Panchayath is a rural local self-government institution situated in Vengara Block of Malappuram district, Kerala. The Panchayath was formed as part of Kerala's decentralised governance system and has gradually developed from a traditional agrarian settlement into a semi-urban area influenced by the growth of nearby towns such as Kottakkal and Vengara. Geographically, the Panchayath lies in the midland region of Malappuram district, characterised by undulating terrain, small hills, agricultural fields, and seasonal streams. It is approximately bounded by Vengara and Oorakam regions to the north, Edarikode and neighbouring panchayaths to the west, Parappur and other rural areas to the south, and interior Malappuram regions to the east.

The Panchayath has an estimated population of around 35,000–40,000 people living across multiple wards with a dense settlement pattern and high literacy. The major occupations of the residents include agriculture (mainly coconut, paddy and banana cultivation), small-scale trade and local businesses, daily wage labour, construction work, employment in education, health and service sectors, and a large proportion of overseas employment particularly in Gulf countries, which contributes significantly to household income. Although the Panchayath has not experienced major catastrophic disasters in recent history, it is moderately vulnerable to seasonal monsoon hazards such as heavy rainfall, localised flooding, waterlogging, strong winds and related public health concerns including vector-borne diseases, which are common in the climatic conditions of Malappuram district

Table 1: Background of LSGD

Description	**Details**
Name of LSGI	AR NAGAR
Type (GP/Municipality / Corporation etc.)	Grama Panchayath
Block	VENGARA
District	MALAPPURAM
Number of wards	21

Table 1: Background of LSGD	
Description	**Details**
Total area (sq. km)	14.83 Km2
Population(Projected)	54504
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	11
Number of educational institutions	13
Factories / small-scale industries	2
Flood-prone wards	1,19 ,18,20,21
Landslide-prone wards	17,18,21
Death Management and Disposal Facilities (mortuaries/crematorium, including electric)	0
Auditoriums/Marriage halls/convention centres/community halls	3

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	54504

Description		Details (in numbers)
DEMOGRAPHIC PROFILE		
Male		27818
Female		26692
Transgender		0
Children under 5		4958
Adolescent		8635
Elderly (>60)		6149
SOCIAL/LIVELIHOOD VULNERABILITY		
Previous EPEP family		38
BPL family		330
Tribal communities		0
Migration	Immigrant	631
	Emigrant	410
Socio-economically deprived		1250
Fisherfolk		0
SC Community		6719
ST Community		0

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

Clinical Vulnerability

Certain population groups needs priority healthcare & are at higher risk of severe illness, complications, and mortality during pandemics. Patients with chronic diseases, those requiring regular medical care, and individuals with mobility or functional limitations face challenges in

accessing timely care during emergencies. Mapping these groups helps in prioritizing continuity of treatment, medicine stock planning, oxygen support, referral transport, and targeted home-based care.

Description	Details in numbers
Pregnant women	495
Lactating mothers	419
Bedbound patients	146
Patients under palliative care other than bedbound	171
Patients on Haemodialysis	63
Patients on CAPD	0
Cancer patients (currently on treatment)	122
Haemophilic patients	0
Mentally challenged	145
Differently abled	238
Diabetic patients	2848
Hypertensive patients	3348
TB patients	13

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

Sl. No.	Name of festival	Month detailing the periodicity
1	ANDU NERCHA	NOVEMBER

INFRASTRUCTURE & RESOURCE INVENTORY

Health Facility Directory & Basic Capacity in the LSGD

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

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

Table 5. Health Facility Resource Summary

Sl.no.	Health Facility	Type of Facility (MCH/GH/CHC/FHC/SC etc.)	Contact Number	Total beds	ICU Beds	Oxygen-Supported Beds	No. of Ventilator Support Beds	No. of ambulances	
Government Healthcare Facilities									
1	FHC AR NAGAR ,KUNNUMPURAM	FHC	9048442016	0	0	0	0	0	
3	HOMOEO DISPENSERY KUNNUMPURAM		9447113985						
4	AYURVEDA DISPENSERY ,MAMPPURAM		9447714423						
	FHC AR NAGAR HMC MAIN CENTER KUNNUMPURAM HWC MAMPURAM HWC PUKAYUR HWC KODUVAYUR HWC CENDAPURAYA HWC	HWC	9048442016 9497458776 8304884356 9605195551 8304884356 9605195551 8086104440	1	0	0	0	0	

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**	
	PUTHIYATHPURAYA								
Private Healthcare Facilities									
	DARULSHIFA HOSPITL		9744771027	0	0	0	0	0	
AYUSH Healthcare Facilities									
	AYURVEDA DISPENSERY ,MAMPPURAM		9447714423	0	0	0	0	0	

Private Clinics

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

Table 6. Private Clinic Resource Summary								
Sl No.	**Name of Clinic**	**Registered (Y/N)**	**Clinic (General / Speciality)**	**Speciality (if any)**	**Address**	**Contact Number**	**Diagnostic Facility (Y/N)**	**Ambulance Linkage (Y/N)**
1	NMC VK PADI	Y	GENERAL		NATINAL MEDICITY SUPER SPECIALITY CLINIC, VK PADI	9847702700	YES	NO
2	RAHA VK	Y	GENERAL		RAHA HEATH	0494-2467026	YES	0O

Table 6. Private Clinic Resource Summary									
3	PADI SHIFA CLINIC		GENERAL		CARE MAMPURAM ROAD ,VK PADI				
4	PUKAYOOR MEDICALS		GENERAL		PUKAYUR				

Specialized Services & Emergency Inventory

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

Item	Govt	Private	AYUSH	Total
Hospital beds	0	0	0	
Oxygen-generating systems(Y/N)	0	0	0	
Oxygen-supported beds(Numbers)	0	0	0	
Ventilator-supported beds	0	0	0	
ICU beds	0	0	0	
Burns units	0	0	0	0
Blood centres	0	0	0	0
BLS ambulances	0	0	0	0
ALS ambulances	0	0	0	0
Dialysis facilities	0	0	0	
Dispensaries	2	1	0	3
Medical store	0	15	0	15

Item	Govt	Private	AYUSH	Total
Industrial establishments(**Medium-scale industries/small-scale industries establishments to whom we can depend in a worst-case scenario)**	0	1	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							
DARUL SHIFA HOSPITAL,KUNNUMPURAM	Y	Y	Y	Y	Y	N	N

Diagnostics facility mapping at the LSGI level

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

Item	Govt	Private	AYUSH	Total
General labs	1	5	0	0
Microbiology labs	0	0	0	0
RT-PCR labs	0	0	0	0
USG units	0	0	0	0

CT/MRI units	0	0	0	0
Research labs	0	0	0	0
Labs of other departments that can be repurposed	0	0	0	0

Laboratory Identification & Basic Details

Sl. No.	Name of Laboratory	Ownership (Govt / Private / Academic)	Address	Contact No.	24×7 Services (Yes/No)	NABL / Govt Approved (Yes/No)
1	NMV VKPADI	PVT	NATINAL M EDICITY SUPER SPECIALITY CLINIC, VK PADI	9847702700		
2	RAHA VK PADI	PVT	RAHA HEATH CARE MAMPURAM ROAD ,VK PADI	0494-2467026		

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	40	21	1040		
Schools	13	8,9,4,15,16,19,			
Colleges	0	0	0		
Healthcare Educational Institutions					
Medical colleges (Govt/Private)	0				
Nursing colleges (Govt/Private)	0				
Dental colleges (Govt/Private)	0				
Paramedical institutes (Govt/Private)	0				
Community Gathering Spaces					
Community halls					
Auditoriums 1. CHUKKAN AUDITORIUM 2. MAS AUDITORIUM 3. PULLATT AUDITORIUM	3 20 1		250	9947490500	
Religious buildings					
Vulnerable Group Support Facility					
Destitute homes	0	0	0	0	0
Elderly homes	0	0	0	0	0
LSGD owned other buildings	0	0	0	0	
Mass Fatality Management (MFM) Infrastructure					
Mortuary	0	0	0	0	0

Crematorium	0	0	0	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	3	11	14
Doctors – AYUSH	2	0	2
Doctors – Veterinary	1	0	1
Doctors – Dental	0	1	0
Nursing officers	2	6	8
Lab technicians	2	8	10
Optometrist	1	0	0
Pharmacists	2	7	9
Psychologists	0	0	0
Counsellors	0	0	0

Public Health & Field-Level Workforce

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

Cadre	Health services	Municipal common services	Total
HS (Health Supervisors)	0	0	0

Cadre	Health services	Municipal common services	Total
HI (Health Inspectors)	1	0	1
LHS (Lady Health Supervisor)	0	0	1
LHI (Lady Health Inspectors)	1	0	0
JPHN (Jr Public Health Nurses)	5	0	0
JHI (Jr Health Inspectors)	3	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	35
AWW (Anganwadi Workers)	40
Emergency Medical Volunteers (Trained)	18
Kudumbashree	236
MNREGS	285

Cadre	Number
Purusha Swayam Sahaya Sangham	0
Ex-Servicemen	10
Retired Police Officers	12
NCC/NSS Volunteers	112/85
Red Cross volunteers	55
One Health Community Volunteers	0
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	24
Religious based organizations	8
Foreign based organizations	0
Sports Club/youth clubs	9
Kudumbashree SHGs	236
Ayalkootams	295
Political organizations	9
Residential organizations	3

Administrative & Emergency Services

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

Category	Total Count	Contact details
Police Stations	0	0
Fire & Rescue Stations	0	0
Water Pumping Points	15	0
Public Distribution System (PDS)	10	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	5 (9539486741)
Crane	1
Heavy Trucks	0
Tractor	4
Ambulances	3
Mobile mortuaries	0
Boats	0
Taxi service	6-8547092460

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 .

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)	192	All wards
	Pet Animals (Dogs/Cats)	25	All wards
	Stray Dog Population		
	Pig Farms (Number of heads)	0	
	Small Units (Sheep / Goats – clustered)		
Bird Population	Poultry Units (Birds)	42216	
	Poultry- (FOWL)		
	Wild/Migratory Birds (Observed)	0	
	Crow Mortality Events (Reported)		

The main risk of zoonotic diseases in A R Nagar is concentrated in Ward 12, which is explained by the high density of pig farms, cattle congregation areas, and poultry units. The stray dog population in market areas, fish landing sites, bus stations continues to be a substantial problem for rabies surveillance and bite prevention. There is a considerable risk of avian influenza introduction and amplification during November - December due to the seasonal presence of migratory and resident water birds near ponds/ canal / river / backwater / paddy field. Clusters of pig farms and animal shelters vulnerable to flooding further raise the risk of leptospirosis and other zoonoses mediated by the environment, especially during monsoon floods.

Veterinary Infrastructure

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

Facility Type	Name of Facility	Ownership Govt / Pvt	Location(Ward No)	Contact number
Veterinary Dispensary	VETENINARY DISPENSARY	GOVT	9	9746329359
Veterinary Hospital / Polyclinic				
Private Veterinary Clinics	0	0	0	0
Mobile / Emergency Vet Service (incl. night services)	0	0		0
Pet Homes / Animal Shelters	0	0	0	0
Slaughterhouse-linked Veterinary Inspection Unit	0	0	0	0

Veterinary Doctors & Workforce

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

Category	Number Available	Type (Govt/Pvt)	Contact number
Government Veterinary Doctors	1	gvt	9746329359
Private Veterinary Doctors	0	0	0
Livestock Inspectors	1	gvt	9746329359
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 A R Nagar 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	2	
Community Slaughter Sites	0	
Migratory Bird Congregation Areas	1	Pukayur, low risk
Rodent-Infested Grain Storage	0	

Category	Total Count	Key Locations (wards)
Poultry Farms	0	0
Backyard / Clustered Poultry Units	0	0
Duck Rearing Units (open water access)	0	0
Slaughterhouses/ Slaughter Points	0	0
Meat/Fish Markets	1	7
Live Bird Sale Points	0	0
Cattle Markets / Weekly Animal Fairs	0	0
Pet Shops / Breeders	0	0
Animal Shelters / Pet Homes	0	0
Waste Disposal Sites near Animal Units	0	0

Environmental Risk Mapping

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

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

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

Risk Factor	High-Risk Wards	Key Locations	Risk Level (High/Med/Low)
Flood-prone areas	1,19,.18,20,21	KOLAPPUAM, MAMPURAM,vettam,valiyaparam	HIGH
Water bodies/wetlands			
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	2	KOLALLURAM,PUKAYUR	0
Poor drainage/blocked canals	0	0	0
Drinking water source contamination risk	0	0	0

Disease Seasonality Mapping

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

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

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

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

Disease	Peak Risk Season	Key Drivers	High-Risk Locations	Surveillance Focus
Avian Influenza	0	0	0	0
Leptospirosis	JUNE TO JULY			
Dengue/Chikungunya	JULY TO SEPTEMBER			
Acute Diarrheal Diseases	JUNE TO JULY			
Rabies	0			
Anthrax (rare)	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	19,18,20,21,1	MAMPURAM,kolappuram suth,vettam,palanthara,valiyaparamb	Moderate risk
Wetland-adjacent communities			
Backyard poultry / duck rearing households	0		
Livestock-rearing households			
Slaughterhouse & meat market workers	0		
Fisherfolk & fish market workers	0		
Sanitation workers	0		
Daily wage / migrant workers	0		
Elderly & chronically ill populations	31		
Pregnant Women	495		
Children (schools, Anganwadi's)	15235		
Limited access to safe water &			

sanitation			

EPIDEMIOLOGICAL TRENDS (2021–2025)

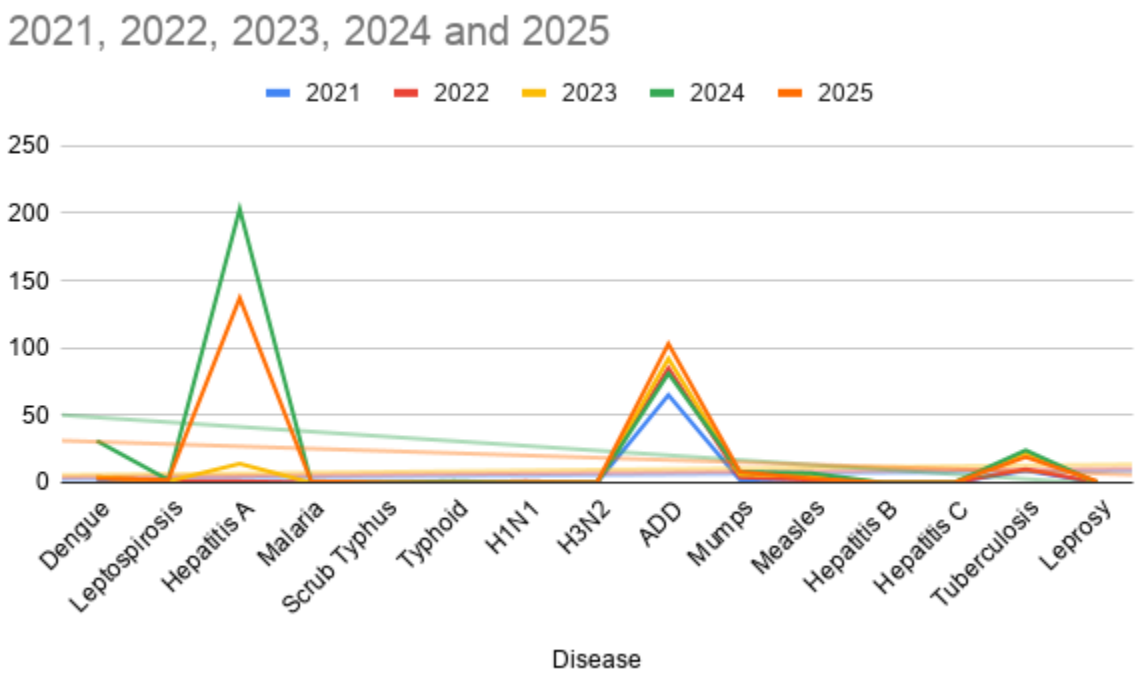
Disease surveillance is the systematic collection, analysis, and interpretation of health data for planning, implementation, and evaluation of public health practice. This section presents the disease surveillance profile of the LSGI based on routine reporting systems and outbreak investigations to identify 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	4	4	31	3	DECREASIND
Leptospirosis	0	1	1	2	2	INCREASING
Hepatitis A	0	1	14	203	137	DECEASING
Malaria	0	0	0	0	1	STABLR
Scrub Typhus	0	0	0	0	0	0
Typhoid	0	0	0	1	0	0
H1N1	0	1	0	0	0	0
H3N2	0	0	0	0	0	0
ADD	65	85	92	81	103	INCREASING
Mumps	2	4	6	8	8	INCREASING
Measles	3	2	5	7	3	STABLE
Hepatitis B	0	0	0	0	0	0
Hepatitis C	0	0	0	0	0	0

Tuberculosis	9	10	22	24	19	STABLE
Leprosy	0	0	0	0	1	STABLE
COVID-19	510	255				DECEASING



Seasonal Trend Analysis

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

DENGUE

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

Peak: July–November

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

Ward	Dengue – Ward-wise Yearly Distribution						
	2021	2022	2023	2024	2025	Total	
1	0	1	0	2	0	3	
2	0	0	0	2	0	2	
3	0	1	0	0	1	2	
4	0	0	1	1	0	2	
5	0	0	0	4	1	5	
6	0	0	1	1	0	2	
7	0	0	0	2	0	2	
8	0	0	0	3	0	3	
9	1	1	0	1	1	4	
10	0	1	0	0	0	1	
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	2	0	2	
15	0	0	0	5	0	5	
16	0	0	0	2	0	2	

17	0	0	0	2	0	2	
18	0	0	0	1	0	1	
19	1	0	0	3	0	4	
20	0	0	0	0	0	0	
21	0	0	0	0	0	0	

LEPTOSPIROSIS

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

Peak: June - August

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

Ward	**Leptospirosis – Ward-wise Yearly Distribution**					
	2021	**2022**	**2023**	**2024**	**2025**	**Total**
1	0	1 cases Ward 17	1 case (Ward 4)	2 cases- (Ward 9,15)	2 cases(Ward 15,2)	6 cases

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	1	2	9	6	18

2	0	0	0	7	10	17
3	0	1	2	12	10	25
4	0	0	1	9	8	18
5	0	0	1	14	8	23
6	0	0	0	4	5	9
7	0	0	2	8	8	18
8	0	0	1	15	9	25
9	0	0	0	11	9	20
10	0	0	1	13	5	19
11	0	0	1	6	5	11
12	0	0	0	7	8	15
13	0	0	0	5	5	10
14	0	0	1	11	7	19
15	0	0	1	14	7	22
16	0	0		11	5	16
17	0	0	0	16	7	23
18	0	0	1	8	4	13
19	0	0	0	4	3	7
20	0	0	0	4	3	7
21	0	0	0	2	4	6

Outcome-Based Trend Analysis- 2025

Transmission Trend- 2025

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

Mode of Transmission	No. of cases	No. of Deaths
Vector Borne Diseases	4	1
Water Borne Diseases	137	2
Air Borne Diseases	19	2
Blood Borne Diseases	0	0
Food Borne Diseases	0	0

Vector-Borne Disease

Disease	No. of Cases	No. of Deaths
Dengue	3	0
Malaria	1	0
Chikungunya	0	0

Water Borne Disease

Disease	No. of Cases	No. of Deaths
Cholera	0	0
Typhoid	0	0
Hep- A	137	2

Dysentery	0	0
Amoebiasis	0	0
E- Coli infections	0	0

Air Borne Disease

Disease	No. of Cases	No. of Deaths
Influenza	0	0
H1N1	0	0
TB	19	2
Chickenpox	17	0
Measles	3	0
Covid-19	0	0
Pertussis	0	0
Mumps	8	0

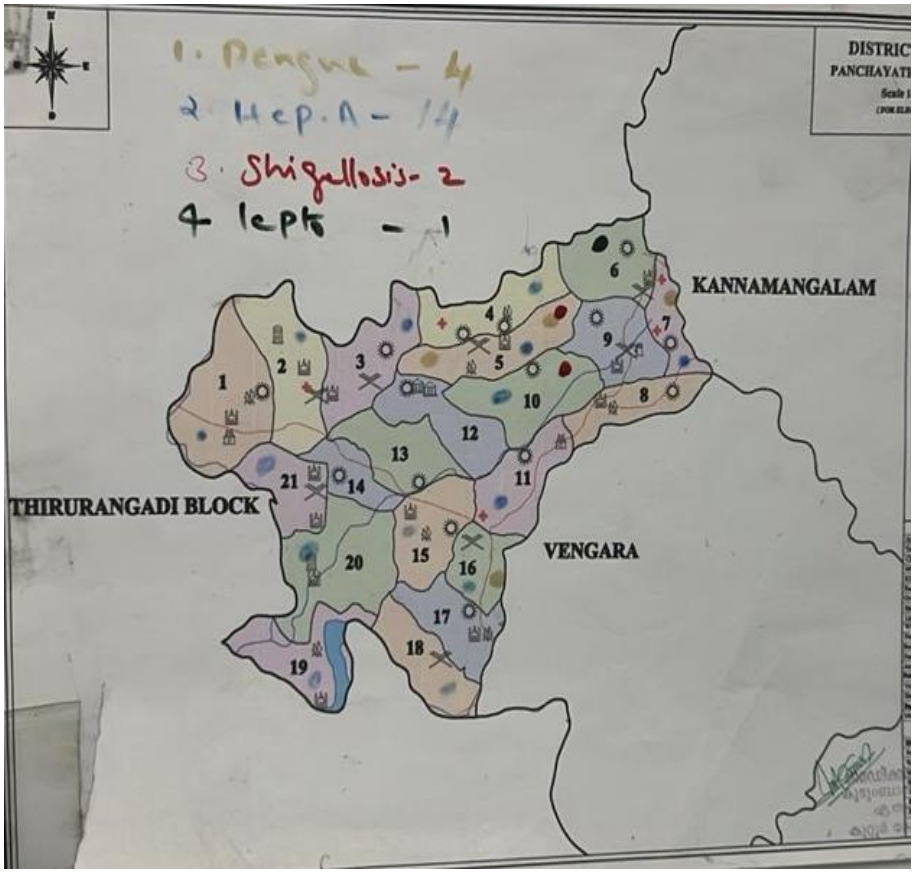
Blood-Borne Disease

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	0	0
Avian influenza	0	0
West nile	1	1
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	3	0	18	2	22	45
2	2	1	17	1	19	40
3	2	0	25	2	18	47
4	2	1	18	3	19	43
5	5	0	23	1	21	50
6	2	0	9	1	22	34
7	2	0	18	1	21	42
8	3	0	25	2	19	49
9	4	1	20	2	18	45
10	1	0	19	2	23	45
11	1	0	11	1	21	34
12	0	0	15	1	21	37
13	0	0	10	1	25	36
14	2	0	19	3	20	44
15	5	2	22	4	21	54
16	2	0	16	1	21	40
17	2	1	23	0	20	46
18	1	0	13	0	17	31
19	4	0	7	0	19	30
20	0	0	7	0	19	26
21	0	0	6	0	21	27

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

Preparedness and Response Protocol at LSG Level

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

Constitution of One Health Committee

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

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

Sl No	Name	Designation	Department/Institution	Role in Committee	Contact Number
1	LILA PULLOONI	Panchayat President	LSGD	Chairperson	9048448959
2	DR FOUSIYA	Medical Officer (PHC/CHC)	Health Dept	Member Secretary	9048442016
3	SHIHAS	Veterinary Officer	Animal Husbandry	Member	9746329359
4	SREESHMA	Epidemiologist	Health Dept	Member	9633270549
5	MUHAMMED FAISAL	Health Inspector/PHN	Health Dept	Surveillance	9847794537
6	JAMEELA	ASHA Supervisor	Health Dept	Community link	9446743255
7	SINDU	ICDS Supervisor	Social Welfare	Vulnerable groups	9562071413
8	ANEESH	Police Station Officer	Police Dept	Law & order	9497987164
9	RIYAS	Ward Councillor Representative	LSGD	Community coordination	9847942502
10	MEERA	Kudumbashree CDO	Kudumbashree	Community	9995385590

				mobilisation	
11	RAFI	NGO/Volunteer rep	Civil Society	Support services	9995961777
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.

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	DOCTOR,MLSP	PSYCOLOGICAL SUPPORT	MO
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	PRESS MEET	MEDIA COVERAGE	HI
Intersectoral coordination and convergence	LSGD	CORDINATION	MO
Collaborative surveillance	ICDS	CDPO	CDPO

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 – 2 numbers
    - Pulse oximeters 2 numbers
    - Hand sanitizers 1000 –ML

- Masks, gloves, disinfectants – adequate quantity 300 300

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

➢ Identification of Quarantine and Isolation Facilities

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

➢ Risk Communication and Community Preparedness

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

- Develop and deploy targeted IEC materials for:
  - Schools and educational institutions
  - Markets and commercial areas
  - Work sites and labour settings

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

➢ Protection of Vulnerable Groups

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

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

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

➢ Clinical Dependency Mapping

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

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

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

PHASE 2 - Active Response

1. Case Identification and Contact Tracing

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

Field Staff Involved

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

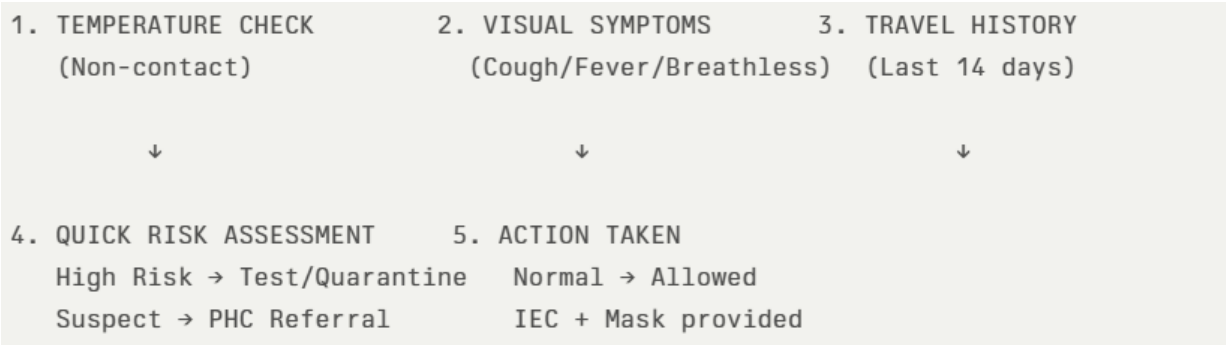
2. Screening Checkpoints

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

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

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

Standard Screening Protocol



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

3. Pandemic Control Room

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

Control Room Infrastructure and Location

Primary Location: A R Nagar Panchayath Office.

Backup Location: Community Hall in A R Nagar G.P.

Health System Control Room Framework

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

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

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

Key Control Room Team

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

Role	Name	Designation	Contact Number	Responsibility
In-charge/Nodal Officer	FOUSIA	MO	9048442016	Overall coordination, decision-making, and reporting to the District level.
Data Entry Operator		DATA ENTRY	8129368925	Managing the line list, updating dashboards, and tracking testing results.
Communication Officer	MOHAMMED FAIZAL	HI	9847794537	Handling the public helpline, coordinating ambulance dispatch, and contact tracing calls.
Logistics Coordinator	SUDHA	JHI	9778372895	SUPPORT METIRIAL TRANSPORTATION AND CORDINATIO
Technical Support *(IT/Data)*	RAJAN	HS	9847376490	TECHNICAL CORDINATOR

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.**

Channel	Responsible Person	Contact
Ward-level announcements	shafi	9995186626
Social media	RASHEED	9847137333
Local Cable TV/Radio	RASHEED	9847137333

Key communicators

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

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

5. Coordination with District/State Authorities & Other 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:** MO FOUSIYA
- **Contact Number:**

Reporting Schedule and Protocols:

To Whom	What to Report	Frequency	Nodal Person
Block PHC	Complete Situation Report (Cases, Quarantine, Beds, Screening, Deaths)	-As needed	BLOCK MO
District IDSP Unit	Outbreaks/Clusters/Unusual Events (>5 cases same ward)	- As needed	DSO
Veterinary Officer	Animal health events/Zoonotic alerts-	- As needed	VETERINARY
State Cell	Zoonotic cross-sector events	- As needed	DHC

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	04712945675
PPE Kits/Masks/Gloves	Local Vendors	04712945675
Oxygen Cylinders/Concentrators	KMSCL	04712945675
Medicines/Antivirals	KMSCL	04712945675
Medicines/Antivirals	Neethi Shops	04832979898
Test Kits (RTPCR/Rapid)	KMSCL	04712945675

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	SINAN CP	9207006892

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	9847794537
Veterinary	Veterinary Surgeon:	Animal surveillance	9995059773
ICDS	Supervisor: Sindhu	Nutrition support	9562071413
Education	Head Teacher:	School coordination	9656800770
Police	CI	Containment enforcement	9497987164_ _____
Water Authority	EXCUTIVE ENGINEER	Water supply	8547638397
LSGD Engineering	OVERSEER	Quarantine infrastructure	9446157650

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
GLPS MAMPURAM	SCHOOL	4	19		
GHS KOLAPPUAM	**SCHOOL**	2	17		

- **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
- The recovery and rehabilitation phase of the pandemic preparedness plan in Edarikode Grama Panchayath focuses on restoring normalcy while systematically assessing the overall damage and impact caused by the pandemic. This phase includes detailed evaluation of health, social, and economic consequences, followed by the restoration of essential health services to pre-pandemic levels with strengthened surge capacity. Special attention is given to the rehabilitation of affected populations, particularly vulnerable groups, along with provision of psychosocial and mental health support to address stress, trauma, and long-term psychological effects. Continuous disease surveillance is maintained during this period to detect any resurgence or secondary outbreaks, while environmental cleanup and sanitation activities are intensified to prevent further public health risks.
- In addition, efforts are directed towards livelihood restoration and community engagement to rebuild public trust and confidence in the health system. Documentation of response activities and conducting after-action reviews are essential components to identify gaps and areas for improvement. The lessons learned and best practices are utilized to strengthen the health system, enhance resilience, and guide evidence-based policy revisions. Furthermore, this phase emphasizes preparedness enhancement and promotes research initiatives to improve future pandemic responses, ensuring that the Panchayath is better equipped to manage similar public health emergencies effectively

CONCLUSION

The Pandemic Preparedness Plan of A.R. Nagar Grama Panchayath provides a structured and practical framework to effectively manage public health emergencies at the local level. By strengthening surveillance, ensuring early detection and rapid response, and promoting coordinated action among the health department, local self-government, and community stakeholders, the Panchayath is better equipped to handle potential outbreaks.

The plan highlights the importance of protecting vulnerable populations, maintaining essential health services, and enhancing community awareness and participation. Regular monitoring, updating of strategies, and conducting mock drills will further improve the preparedness and response capacity.

With committed efforts, resource mobilization, and strong community support, A.R. Nagar Grama Panchayath aims to reduce the impact of pandemics and ensure the safety and well-being of its population

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 A R Nagar 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

A fire emergency mock drill was conducted in A.R. Nagar Grama Panchayath to assess preparedness and response during a simulated fire incident caused by an electrical short circuit. The exercise included prompt evacuation, assistance to vulnerable individuals, basic first aid, and coordination with fire and rescue services. Participants also practiced the use of fire extinguishers and crowd management. The drill helped evaluate response efficiency and highlighted areas for improvement in emergency preparedness.

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	VALIYAPARAMB	1	Velayudhan chambayil	9400152127
2	PUKAYOORKUNNATH	2	Shadiya C	7025103781
3	PUKAYOOR	3	Muhammed jabir C k	9744800784
4	KOTTAMCHALIL	4	Sakeena Palamadathil	7558878129
5	PUTHIYAGADI	5	REENA N	9605874665
6	PUTHYATHPURAYA	6	KHADEEJA CHEMBAN	9544708846
7	PALAMADATHILCHINA	7	SASI AREEKATTMATTIL	9847667816
8	CHEPYALAM	8	LAILA PULLOONI	9048448959
9	KUNNUMPURAM	9	RAMSEENA FIRDHOUS P K	9544827974
10	KODAKALLU	10	USMAN P K	9946000319
11	KAKADAMPURAM	11	MUHAMMEDKUTTY K C	9847064617
12	KARACHINAPURAYA	12	AKHILESH P	9961297157
13	A RA NAGAR BAZAR	13	ASHKARALI	9895352246
14	CHENDAPURAYA	14	N V NAFEESA TEACHER	9645015563
15	ULLATTUPARAMB	15	SUNEERA PP	7034617300
16	V K PADI	16	JASEENA	9656080719

17	THAZE V K PADI	17	PILATHODAN RASEENA	9562470384
18	IRUMBUMCHOLA	18	PARIPARAMBAN UMMUHABEEBA	9747512156
19	KOLAPPURAM NORTH	19	KALAGADAN MUSTHAFA	8156941862
20	KOLAPPURAM CENTRAL	20	PULLISSERI ANWAR SHAN	8075763002
21	KOLAPPURAM SOUTH	21	AVAYIL MUHAMMED RIYAS KALLAN	9847942502
22	MAMPURAM	22	ABDUL RASHEED KONDANATH	9846024296
23	VETTATH BAZAR	23	HASNA	8156947602
24	PALANTHARA	24	MUNAVAR K P	9847751732

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

Sl. No.	Name	Contact number
1.	PANJAYATH SECRETARY	9496172853
2.	ASSISTANT SECRETARY	9846249303
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	9567174335
2.	Agriculture Office	Agriculture Officer	9496111989,7034402856
3.	Animal Husbandry Office	Animal Husbandry Doctor	9746329359
4.	Police Station	Police Officer	0494-2460331
5.	BSNL Office	Officer	9495454301
6.	Block Office	Officer	9495261021
7.	KSEB Office	Officer	9496010540
8.	Fisheries Office	Officer	
9.	Fire and Rescue	Officer	0494-2422333

1.4. Health Services

Sl. No	Name of the hospital/institution	Location	Phone number
1.	Government hospitals/PHC	KUNNUMPURAM	04942493535
2.	Private hospitals	KUNNUMPURAM	8156990402
3.	Clinical laboratories	MAMPURAM	
4.	Chemist/pharmacy		
5.	Blood donors		
6.	Other language experts (Bihari, Hindi, Bengali, Asamees ……)		

1.5. Veterinary Services

Sl. No	Name of the Clinic	Name of the Surgeon/Doctor	Place/location	Phone number
1	Govt.Veterinary Hospital		KUNNUMPURAM	

1.6. Helpline numbers

Helpline	**Phone number**
Police	04942460331
Fire and Rescue	04942422333
KSEB	9496010540

1.7. Public and Private Schools Contact details

S.No	Name of School	Institution type	Phone number
1	AR NAGAR HSS CHENDAPURAYA-(NEAR PANCHAYAT)	Aided	9495847358
2	GUPS AADAMPURAM	GOV	9656800770
3	ALHUDA ENGLISH MEDIUM SCHL UTR NRTH	Private	9061640975
4	AMLPS PUTHIYATH PURAYA	AIDED	9946567575
5	GLPS PUAYUR	GVT	7907598717
6	MARAS PULIC SCHL	Private	9847492600
7	GMLPS MAMPURAM	GOVT	9847635365
8	AUPS IRUUMCHLA	AIDED	9495455438
9	GHS LAPPURAM	Govt	8547080268
10	AL FURAN EHSS SANTHIAYAL	PVT	9895613286
11	AL FITRAMAMPURAM	PVT	8123660671
12	MALAAR CENTRAL SCHL PUAYUR	PVT	9895055252
13	IRA PULIC SCHL PALAMADATHIL CHINA	PVT	9633483842

1.9. Anganwadi Contact Details

Ward No	Name of Anganwadi Teachers	Phone number	A/W NO
6	SUJATHA	960518412	92
1	SUHRA	9895083226	93
5	HASEENA	9747403393	94
4	SRUTHILA	8921045773	35
2	LATHABAI	9746939328	96
3	ANITHA MV	9745023756	97

Ward No	Anganwadi No and Name of Teacher	Phone number	A/W NO
7	SAROJINI	9556694045	98
	PUSHPA		
8	PREMALATHA		
9	1. ANANTHAM		
	2. SAHEERARA		
	3. SAJITHA		

1.12. Information regarding resources

Means of transportation	Name of Owner	Phone Number

Heavy Trucks	0	0
Tractor	HAMEED	9474444497
Ambulances	ANIL	9895582474
Boats		
Taxi service	SALAM	9745689874

Annexure 1: LSG Baseline Data Collection Format

A. Baseline data

Sl. No.	Indicator / Field	Baseline Data	Source / Remarks
1	Name of LSG	AR NAGAR	
2	District	MALAPPURAM	
3	Block / Taluk	VENGARA	
4	Type of LSG (Gram Panchayat / Municipality / Corporation)	GRAMAPANCHAYAT	
5	Area (sq. km)	14.83	
6	No. of wards	21	
7	GIS boundary file available	(Yes/No)	
8	Key contact person & phone		

B. Demography

Indicator / Field	Baseline Data	Source / Remarks
Total population	54504	HEAD COUNT SURVEY
Males	27812	
Females	26692	
Transgender population	0	
Age distribution (<5, 5–14, 15–59, ≥60)	<5=4958, 5-14=9895,15-59=33952 , >60 =5699	
No. of households	10477	
Population density (persons/sq.km)		
No. of migrant workers	410	
Major occupational groups	CONSTRUCTION WORKERS	

C. Vulnerable Populations & Social Risks

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	No. of elderly (≥60)	6149	
2	No. of persons with disability	232	
3	No. of bedridden persons	147	
4	No. of chronic disease cases	6296	

	(DM/HTN/COPD/CKD etc.)		
5	Pregnant women (current estimate)	495	
6	Children <5 years	4958	
7	Tribal population (if any)	0	
8	Fisherfolk / coastal vulnerable groups (if any)	0	
9	Urban slums / unnotified settlements (if any)	0	
10	Homeless population	2	
11	Orphanages / old age homes (number & capacity)	0	
12	Hostels / prisons / shelters (number & capacity)	0	
13	Poverty / BPL estimate	35/330	
14	Food insecurity hotspots	0	
15	Any history of stigma/discrimination issues (Yes/No)	NO	

D. Health System & Service Readiness

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	No. of health facilities in LSG (PHC/CHC/TH/DH/Private)	3	
2	PHC/Family Health Centre details (name, location)	Fhc ar nagar kunnumpuram	
3	Subcentres / Health & Wellness Centres (number)	6	
4	Private clinics / hospitals (number)	6	
5	Labs available (public/private)	10	
6	Availability of ambulance services (Yes/No, number)	yes	
7	Availability of isolation/quarantine facilities (Yes/No, details)	yes	
8	Cold chain facilities (Yes/No, details)	yes	
9	Stockpile space available		

	(Yes/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)	no	

E. Points of Entry & Mobility

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Bus stands / depots (number)	no	
2	Railway stations (number)	no	
3	Boat jetties / fishing harbours (number)	no	
4	Ports / airports nearby (specify distance)	no	
5	Major highways/roads passing through	1	
6	Border crossings (state/district)	no	
7	Major markets / weekly markets	no	
8	Tourism hubs / major event venues	no	
9	Schools/colleges with hostels (number)	13	
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	28	
3	No. of households with piped water connection	9535	
4	Water quality testing routine	yes	

	(Yes/No)		
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	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	2	
2	No. of dairy farms / poultry farms / pig farms	0	
3	Slaughterhouses / meat shops (number)	0	
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)	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)	1,18,19,20,21	
2	Landslide-prone wards (list)	17,18,21	
3	Cyclone/sea surge risk (Yes/No)	0	
4	Heatwave risk zones (Yes/No)	0	
5	Waterlogging areas (list)	1	

6	Shelter homes / relief camps (number, capacity)	0	
7	Past disaster displacement history	yes	
8	Disruption to water supply/transport common (Yes/No)	no	

I. Critical Infrastructure & Logistics

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Schools (number)	13	
2	Anganwadis (number)	40	
3	Colleges (number)	0	
4	Community halls (number)	3	
5	Places of worship with large gatherings (number)	0	
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)	high	
10	Availability of generators in key facilities	no	

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)	16	
5	Community-based surveillance mechanisms (Yes/No)	yes	
6	IEC dissemination channels (WhatsApp groups, community	yes	

	radio, PA systems)		
7	Rumour tracking mechanisms (Yes/No)	yes	
8	Languages spoken / literacy considerations		
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)	yes	
9	Training coverage for staff/volunteers (Yes/No)	yes	

L. Surveillance & Data Systems

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Digital reporting tools used (e.g., DHIS2, portals)	yes	
2	Availability of line-listing format (Yes/No)	yes	
3	Contact tracing team identified (Yes/No)	yes	
4	Mapping of high-risk households	yes	

	available (Yes/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		
2	Top 5 high-risk wards (reason)	19,12,18(flood and vector born disease)	
3	Any unique local risks (industrial pollution, refugee camps, etc.)	no	
4	Recommendations for preparedness strengthening		