PANDEMIC PREPAREDNESS PLAN MODEL OF LSG

[Document subtitle]

OORAKAM

[Author name]
[Email address]

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.

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

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

EXECUTIVE SUMMARY

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

Oorakam 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, Oorakam Primary Health Centre stands as a vital institution in safeguarding public health and improving the quality of life of the residents of Orakam 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 Councilof Medical Research**
CD	**Communicable Diseases**
NCD	**NON-COMMUNICABLE Diseases**

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INTRODUCTION

Oorakam Grama Panchayath, situated in Malappuram district, is a rural local self-government institution with a diverse population, varying settlement patterns, and active community interactions. As a Panchayath with regular movement of people for education, employment, trade, worship, and social activities, it remains vulnerable to the rapid spread of infectious diseases during public health emergencies. The experience of recent outbreaks has highlighted the need for a well-structured and locally relevant pandemic preparedness plan to safeguard the health and wellbeing of the community.

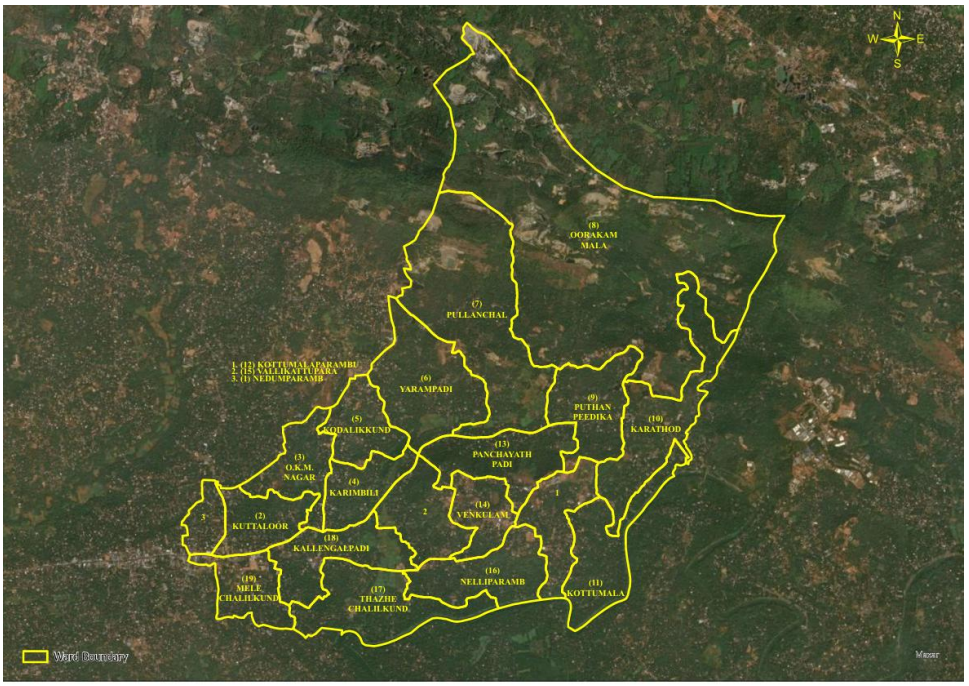
A pandemic preparedness plan is essential to ensure timely prevention, early detection, coordinated response, and effective recovery during any outbreak situation. It helps strengthen the readiness of the Panchayath system, health institutions, frontline workers, and community-based networks to respond efficiently in the event of a pandemic. Such a plan also supports interdepartmental coordination, resource mobilization, risk communication, surveillance, and protection of vulnerable populations including children, elderly persons, pregnant women, and people with chronic illnesses.

This Pandemic Preparedness Plan for Oorakam Grama Panchayath has been developed to provide a clear framework for preparedness and response at the local level. It aims to guide all stakeholders in undertaking preventive measures, maintaining essential health services, enhancing public awareness, and ensuring community participation during different phases of a pandemic. Through systematic planning and collective action, Oorakam Grama Panchayath can improve its resilience and capacity to manage future public health threats effectively

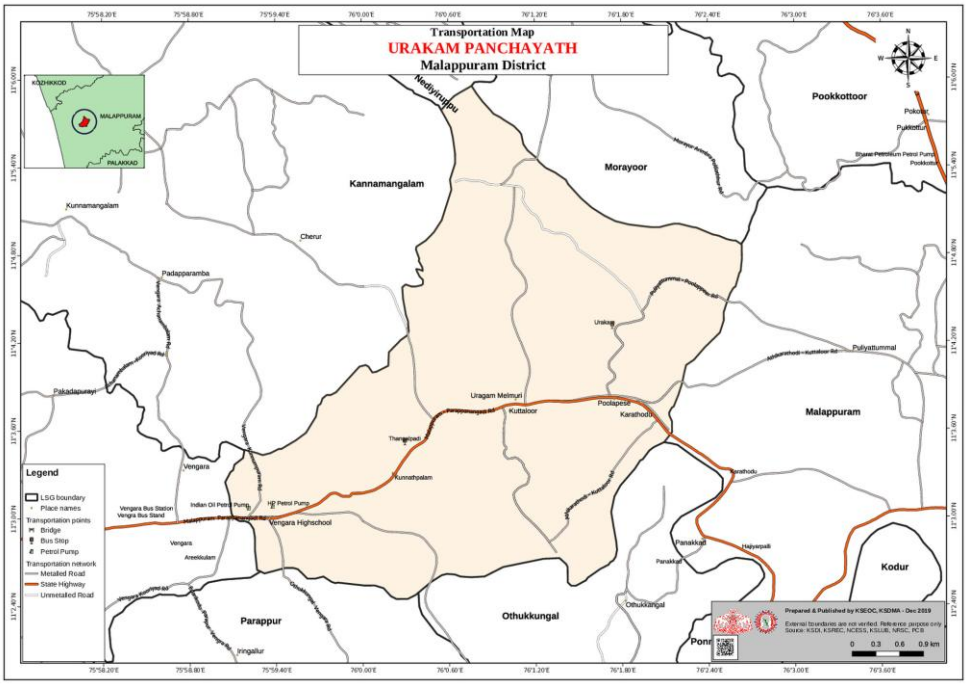
LSGD AT A GLANCE

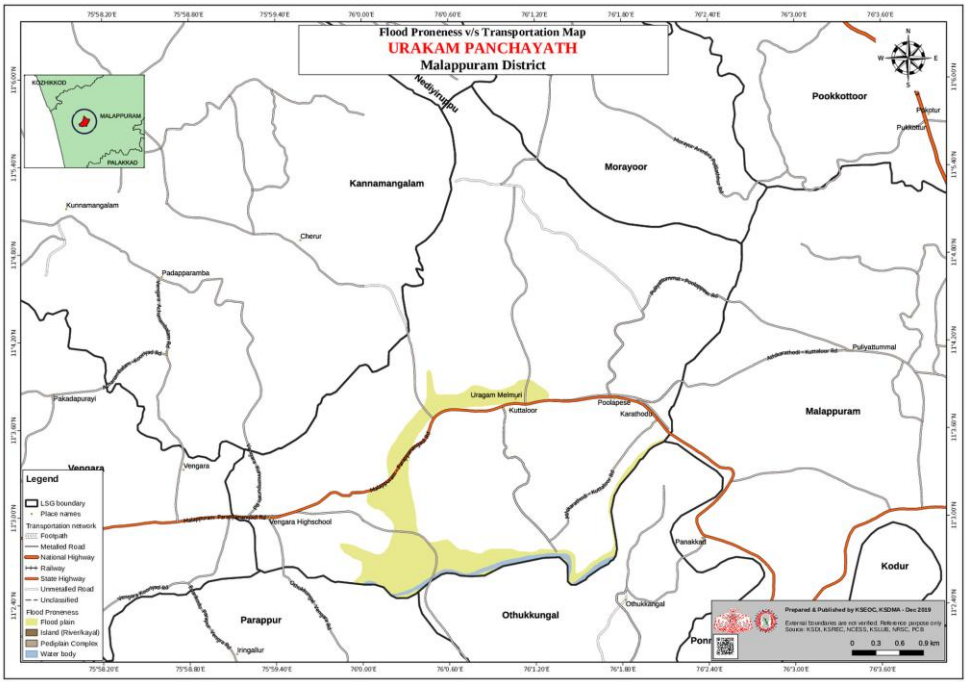
Ward	Houses	Population	Migrants	Wells	Hot spots	Ed. Institutions	Hosp pvt/govt.
17	7419	38096	472	5320	1	57	1

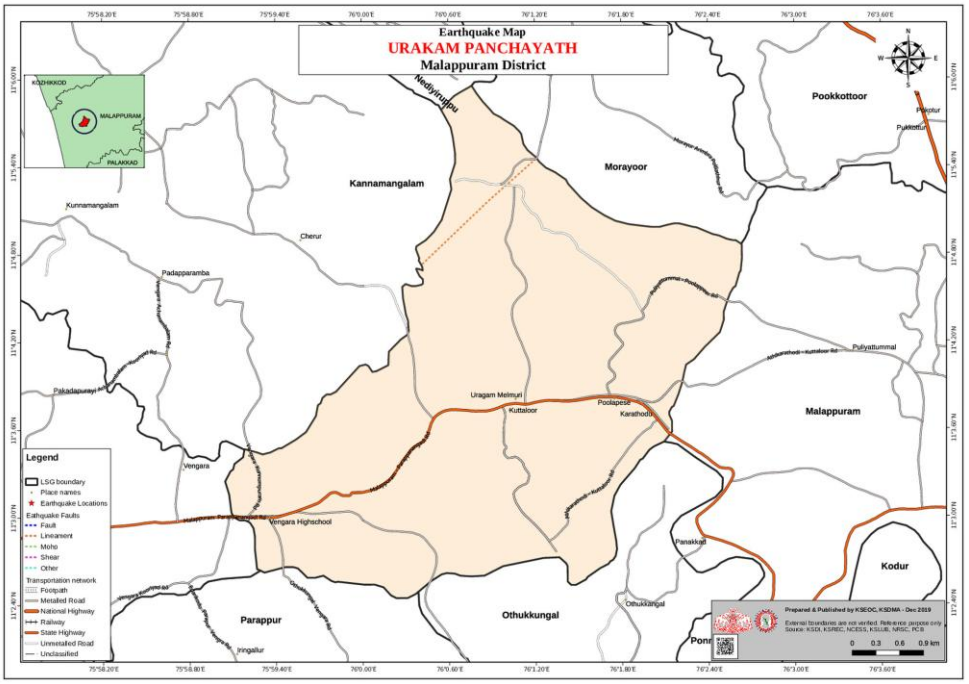
INTEGRATED HEALTH INFRASTRUCTURE MAP OF OORAKAM PANCHAYATH

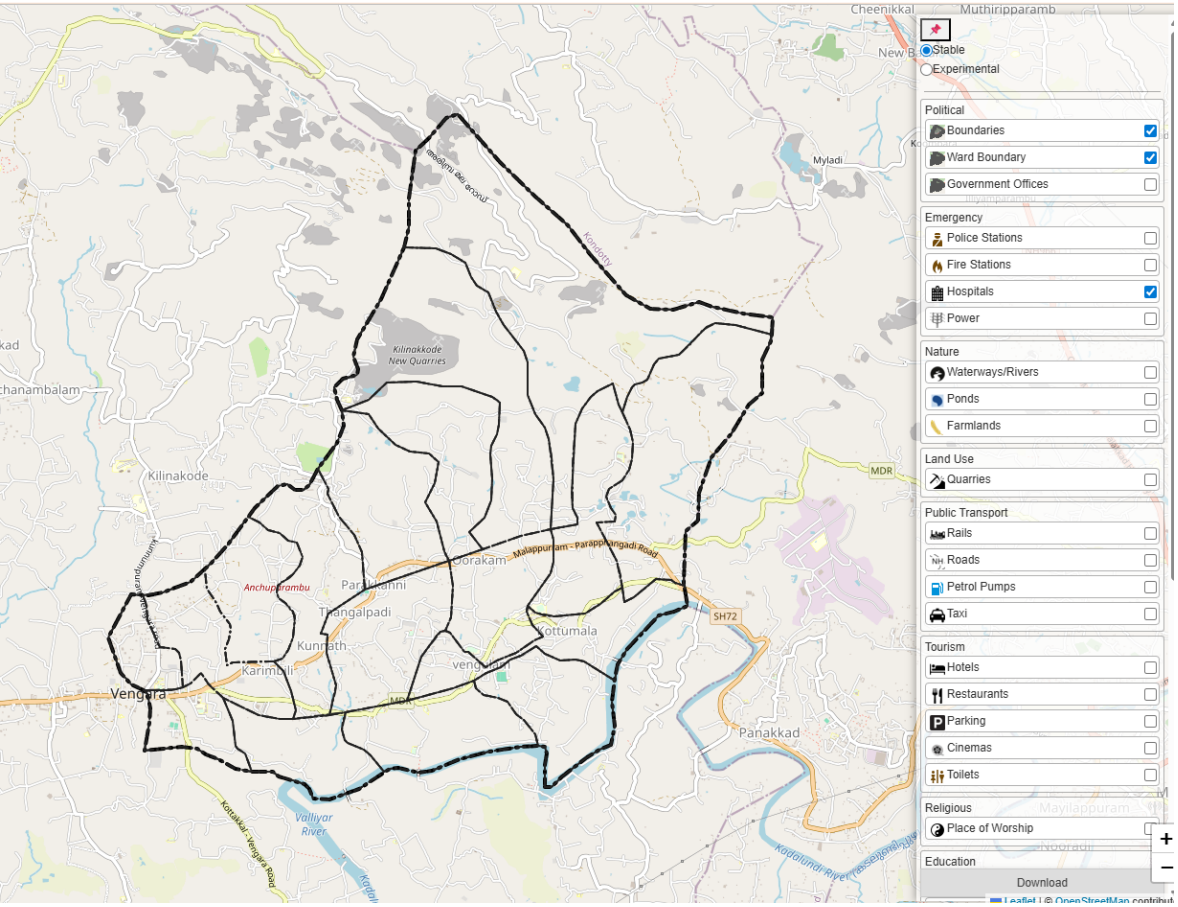


Transportation Map




Flood Proneness v/s Transportation Map
URAKAM PANCHAYATH
Malappuram District
Kannamangalam
Morayoor
Pookkottoor
Malappuram
Kodur
Parappur
Othukkungal
Vengara
Legend
Flood Proneness
Flood plain
Island (Riverkayal)
Pediplain Complex
Water body


Earthquake Map
URAKAM PANCHAYATH
Malappuram District
Kannamangalam
Morayoor
Pookkottoor
Malappuram
Kodur
Parappur
Othukkungal
Vengara
Legend
Earthquake Locations
Eathquake Faults
Fault
Lineament
Moho
Shear
Other


Cheenikkal
Muthiripparamb
Myladi
Kilinakkode
New Quarries
Kilinakkode
Malappuram - Parappanangadi Road
Anchupirambu
Parakkanni
Thangalpadi
Gorakam
Kunnath
Karimbili
Vengara
Kottumala
SH72
MDR
Panakkad
Valliyar
River
Mayilappuram
Stable
Experimental
Political
Boundaries
Ward Boundary
Government Offices
Emergency
Police Stations
Fire Stations
Hospitals
Power
Nature
Waterways/Rivers
Ponds
Farmlands
Land Use
Quarries
Public Transport
Rails
Roads
Petrol Pumps
Taxi
Tourism
Hotels
Restaurants
Parking
Cinemas
Toilets
Religious
Place of Worship
Education
Download

GENERAL PROFILE OF THE LSGI'S

Background of the LSGI

Orakam Grama Panchayat is situated in the Tirurangadi Taluk of Malappuram district, Kerala. Oorakam Grama Panchayath is a rural local self-government institution situated in Vengara Block of Malappuram district, Kerala, with historical roots in the agrarian settlements of the Malabar region and gradual development influenced by nearby growing townships and trade centres. Geographically, the Panchayath lies in the midland zone characterised by gently undulating terrain, small hillocks, paddy fields and seasonal streams, and is approximately bounded by Vengara and AR Nagar regions to the north and east, Edarikode and neighbouring rural panchayaths to the west, and Parappur and adjoining areas to the south.

The Panchayath has an estimated population of around 30,000–35,000 people residing across multiple wards, with high literacy and a mixed rural–semi urban settlement pattern. The major occupations of the people include agriculture (mainly coconut, paddy and banana cultivation), small-scale trade and business, daily wage labour, construction work, employment in education and health sectors, and a significant proportion of overseas (Gulf) employment that contributes substantially to the local economy. Although no major large-scale disasters have been historically documented, the Panchayath is moderately vulnerable to monsoon-related hazards such as heavy rainfall, waterlogging, localised flooding, strong winds, and associated public health issues including vector-borne diseases, reflecting the climatic and geographical characteristics of the Malappuram region.

Table 1: Background of LSGD

Description	**Details**
Name of LSGI	OORAKAM
Type (GP/Municipality / Corporation etc.)	Grama Panchayath
Block	VENGARA
District	MALAPPURAM
Number of wards	17
Total area (sq. km)	21.65sq.km

Table 1: Background of LSGD

Description	Details
Population(Projected)	38096
Population density	1346,74persons/sq km
Terrain (coastal/low-lying/backwaters/foothills, etc.)	HILLY
Number of rivers passing through LSGI	1
Number of water bodies in the LSGI	12
Number of educational institutions	57
Factories / small-scale industries	7
Flood-prone wards	5
Landslide-prone wards	2
Death Management and Disposal Facilities (mortuaries/crematorium, including electric)	2
Auditoriums/Marriage halls/convention centres/community halls	4

Demographic and Vulnerable Population

Understanding the demographic composition and vulnerable population groups is essential for pandemic preparedness. Children, elderly, economically deprived families, migrant workers, and socially vulnerable groups are at increased risk during public health emergencies due to higher exposure, limited access to services, and dependency on public systems..

Description		Details (in numbers)
DEMOGRAPHIC PROFILE		
Total population		38096
Male		18534
Female		19562
Transgender		0
Children under 5		3091
Adolescent		7619
Elderly (>60)		3059
SOCIAL/LIVELIHOOD VULNERABILITY		
Previous EPEP family		36
BPL family		4338
Tribal communities		0
Migration	Immigrant	472
	Emigrant	6312
Socio-economically deprived		4338
Fisherfolk		364
SC Community		1123
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	346
Lactating mothers	496
Bedbound patients	190
Patients under palliative care other than bedbound	410
Patients on Haemodialysis	27
Patients on CAPD	0
Cancer patients (currently on treatment)	9
Haemophilic patients	3
Mentally challenged	196
Differently abled	202
Diabetic patients	1497
Hypertensive patients	1354
TB patients	14

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

Sl. No.	Name of festival	Month detailing the periodicity
1	Ammancheri kaavu ulsav	yearly

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 OORAKAM	FHC	04942459701	1	0	0	0	0
Private Healthcare Facilities								

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**
	0	0	0	0	0	0	0	0
AYUSH Healthcare Facilities								
	0	0	0	0	0	0	0	0

Private Clinics

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

Table 6. Private Clinic Resource Summary								
Sl No .	**Name of Clinic**	**Registered (Y/N)**	**Clinic (General / Speciality)**	**Speciality (if any)**	**Address**	**Contact Number**	**Diagnostic Facility (Y/N)**	**Ambulance Linkage (Y/N)**
1	FEBA	Y	General	NA	Venkulam	9048450453	Y	N
2	AAFIYA	Y	General	NA	Kunnath	9048452500	Y	N

Healthcare Education & Training Institutions

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

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

Specialized Services & Emergency Inventory

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

Item	Govt	Private	AYUSH	Total
Hospital beds	1	0	0	1
Oxygen-generating systems(Y/N)	0	0	0	0
Oxygen-supported beds(Numbers)	0	0	0	0
Ventilator-supported beds	0	0	0	0

Item	Govt	Private	AYUSH	Total
ICU beds	0	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	0
Dispensaries	2	0	0	2
Medical store	0	2	0	2
Industrial establishments(**Medium-scale industries/small-scale industries establishments to whom we can depend in a worst-case**	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 OORAKAM	N	N	Y	N	N	N	N

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
0	0	0	0	0	0	0	0

Diagnostics facility mapping at the LSGI level

The diagnostic capacity of **__OORAKAM 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	2	0	3
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	FHC OORAKAM	GOVT	panchaya thpadi	04942459701	No	Yes
2	FEBA	Private	venkulam	9048450453	No	No
3	AAFIYA	Private	kunnath	9048452500	no	no
4	ALKIDMA	private	kunnath	80896239799	no	no

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	28	1,2,3,4,5,6,7,8,9,10,11,12,14,15,16,17	112	9037594020 9947956996 9048675991 9846639748 8129630405 9048831835
Schools	21	1,2,5,7,8,10,11,12,15,16	5000	9048765760 8113839123 9656311758 9947608987 9946689030 9565197377 9895175616 9947350330 9037344501 9495531052
Colleges	0	0	0	0
Healthcare Educational Institutions				
Medical colleges (Govt/Private)	0	0	0	0
Nursing colleges (Govt/Private)	0	0	0	0

Dental colleges (Govt/Private)	0	0	0	0
Paramedical institutes (Govt/Private)	0	0	0	0
Community Gathering Spaces				
Community halls	1	13	50	7736183835
Auditoriums	4	10,11,16,1	1800	7558981111 9544900025 9605551252
Religious buildings	2	8	300	9565197377 9961976297
Vulnerable Group Support Facility				
Destitute homes	0	0	0	0
Elderly homes	0	0	0	0
LSGD owned other buildings	0	0	0	0
Mass Fatality Management (MFM) Infrastructure				
Mortuary	0	0	0	0
Crematorium	5	7,14,13	30	9446329058

*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	0	0	0
Doctors – Veterinary	1	0	1
Doctors – Dental	0	0	0
Nursing officers	1	2	3
Lab technicians	1	3	4
Optometrist	0	0	0
Pharmacists	1	2	3
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)	0	0	0
LHS (Lady Health Supervisor)	0	0	0
LHI (Lady Health Inspectors)	0	0	0
JPHN (Jr Public Health Nurses)	2	0	2
JHI (Jr Health Inspectors)	3	0	3
MLSP (Mid-Level Service Providers)	0	0	0
Palliative Nurses	1	2	3
RBSK Nurses	1	0	0
PRO	0	0	0
Epidemiologist	0	0	0

Cadre	Health services	Municipal common services	Total
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	19
AWW (Anganwadi Workers)	28
Emergency Medical Volunteers (Trained)	26
Kudumbashree	2584
MNREGS	138
Purusha Swayam Sahaya Sangham	44
Ex-Servicemen	0

Cadre	Number
Retired Police Officers	0
NCC/NSS Volunteers	100
Red Cross volunteers	20
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	0
Religious based organizations	2
Foreign based organizations	1

Category	Total Count
Sports Club/youth clubs	9
Kudumbashree SHGs	123
Ayalkootams	68
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	0	0
Fire & Rescue Stations	0	0
Water Pumping Points	1	9946353434
Public Distribution System (PDS)	18	04942457866

Information regarding resources

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

Means of transportation	Total Count
JCB	3
Crane	0
Heavy Trucks	0
Tractor	0
Ambulances	2
Mobile mortuaries	0
Boats	0
Taxi service	10

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

ONE HEALTH & ENVIRONMENTAL SURVEILLANCE

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

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)	1450	
	Pet Animals (Dogs/Cats)	300	
	Stray Dog Population	100	
	Pig Farms (Number of heads)	0	
	Small Units (Sheep / Goats – clustered)	Goat -150	
Bird Population	Poultry Units (Birds)	0	
	Poultry- (FOWL)	8000	
	Wild/Migratory Birds (Observed)	0	
	Crow Mortality Events (Reported)	0	

The main risk of zoonotic diseases in **_oorakam** is concentrated in **Wards……..**, 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	Govt veterinary dispensary	govt	10	9496935913
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	1	govt	9496935913
Private Veterinary Doctors	0	0	0
Livestock Inspectors	1	govt	9496935913
Para-veterinary Staff / Attenders	1	govt	9496935913
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 _oorakam Grama Panchayath include *wetland–livestock–human contact zones, backyard poultry farms, cattle sheds near water bodies, fish markets, and areas of high human–animal interaction such as community slaughter points and migratory bird congregation sites*. These are the primary surveillance sites where zoonotic spillover risks are elevated.

Type of Habitat	Type of High risk interface	Geographical vulnerability

Wetlands & Backwaters	0	0
Backyard Poultry Farms	0	0
Cattle Sheds near Water Bodies	0	0
Fish & Meat Markets	0	0
Community Slaughter Sites	0	0
Migratory Bird Congregation Areas	0	0
Rodent-Infested Grain Storage	0	0

Category	Total Count	Key Locations (wards)
Poultry Farms	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	10
Live Bird Sale Points	0	0
Cattle Markets / Weekly Animal Fairs	0	0
Pet Shops / Breeders	0	0
Animal Shelters / Pet Homes	2	5,6
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	5	10,11,12,15,16	medium
Water bodies/wetlands	5	10,11,12,15,16	medium
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	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	0	0	0	0
Dengue/Chikungunya	0	0	0	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	10,11,12,15,16	River passing wards	medium

Wetland-adjacent communities	4,5,6,3,16	Paddy field	Low
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	10	karathode	low
Sanitation workers	0	0	0
Daily wage / migrant workers	1,2,16,5,10,11,8	Factory units	low
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	7,8	hills	low

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.

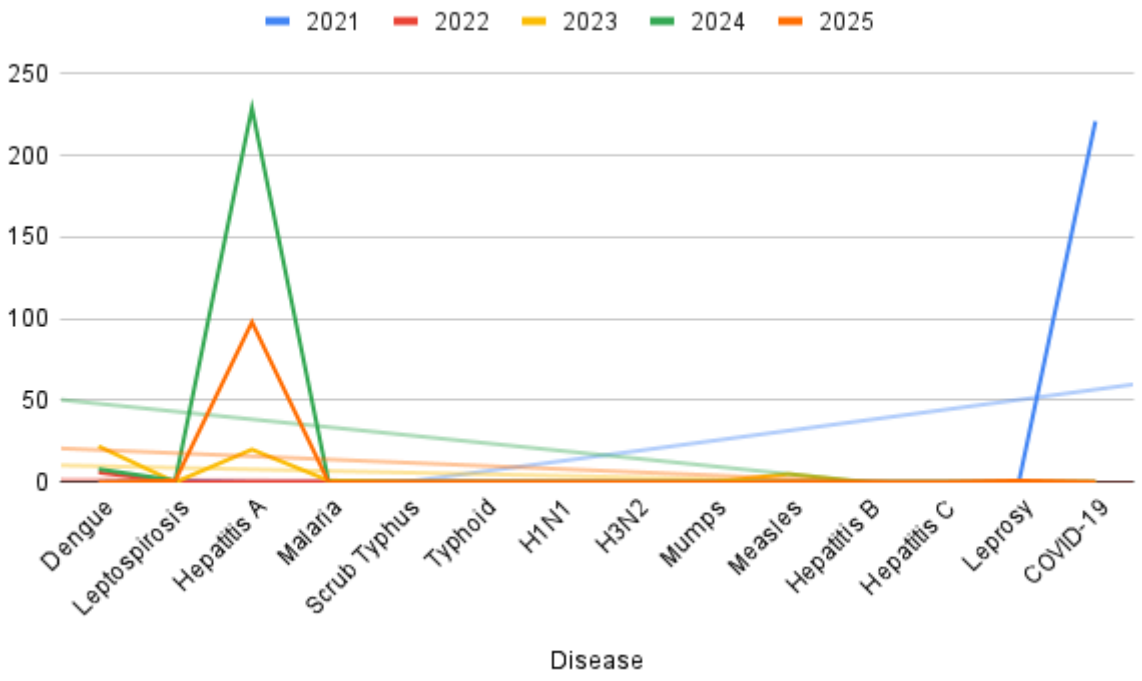
Disease Burden among human beings(Last 5 Years)

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	0	6	22	8	0	decreasing
Leptospirosis	1	0	0	1	1	stable
Hepatitis A	0	0	20	229	98	decreasing
Malaria	0	0	1	0	0	stable
Scrub Typhus	0	0	0	0	0	stable
Typhoid	0	0	0	0	0	stable
H1N1	0	0	0	0	0	stable
H3N2	0	0	0	0	0	stable
ADD	0	0	16	41	56	increasing
Mumps	0	0	0	0	0	stable
Measles	0	0	5	0	0	stable
Hepatitis B	0	0	0	0	0	stable

Hepatitis C	0	0	0	0	0	stable
Tuberculosis	4	13	9	5	14	increasing
Leprosy	0	0	0	0	1	increasing
COVID-19	221	0	0	0	0	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	0	0	1	0	0	1
2	0	0	0	2	0	2
3	0	0	2	0	0	2
4	0	0	0	1	0	1
5	0	0	0	0	0	0
6	0	0	0	0	0	0
7	0	0	2	0	0	2

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

0

LEPTOSPIROSIS

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

Peak: June - August

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

Ward	Leptospirosis – Ward-wise Yearly Distribution					
	2021	2022	2023	2024	2025	Total
1	0	0	0	0	0	0
2	0	0	0	0	0	0
3	0	0	0	0	0	0
4	0	0	0	0	0	0
5	1	0	0	0	0	1
6	0	0	0	1	0	1
7	0	0	0	0	0	0
8	0	0	0	0	0	0
9	0	0	0	0	0	0
10	0	0	0	0	0	0
11	0	0	0	0	0	0

12	0	0	0	0	0	0
13	0	0	0	0	1	1
15	0	0	0	0		
16	0	0	0	0		
17	0	0	0	0		

VIRAL HEPATITIS - A

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

Peak: October - December

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

Ward	Hep A – Ward-wise Yearly Distribution					
	2021	2022	2023	2024	2025	Total
1	0	0	1	5	2	8
2	0	0	0	7	2	9

3	0	0	1	14	6	21
4	0	0	0	29	11	40
5	0	0	0	18	9	27
6	0	0	0	8	5	13
7	0	0	3	12	3	18
8	0	0	2	11	2	15
9	0	0	0	14	7	21
10	0	0	0	3	2	5
11	0	0	2	15	5	22
12	0	0	2	28	14	44
13	0	0	2	26	14	40
14	0	0	0	18	6	24

15	0	0	4	9	4	17
16	0	0	1	4	3	8
17	0	0	3	8	3	14

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	1	0
Water Borne Diseases	98	0
Air Borne Diseases	12	0
Blood Borne Diseases	0	0
Food Borne Diseases	0	0

Vector-Borne Disease

Disease	No. of Cases	No. of Deaths
Dengue	0	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	98	0
Dysentery	0	0
Amoebiasis	0	0
E- Coli infections	0	0

Air Borne Disease

Disease	No. of Cases	No. of Deaths
Influenza	0	0
H1N1	0	0
TB	14	0
Chickenpox	5	0

Measles	0	0
Covid-19	0	0
Pertussis	0	0
Mumps	0	0

Blood-Borne Disease

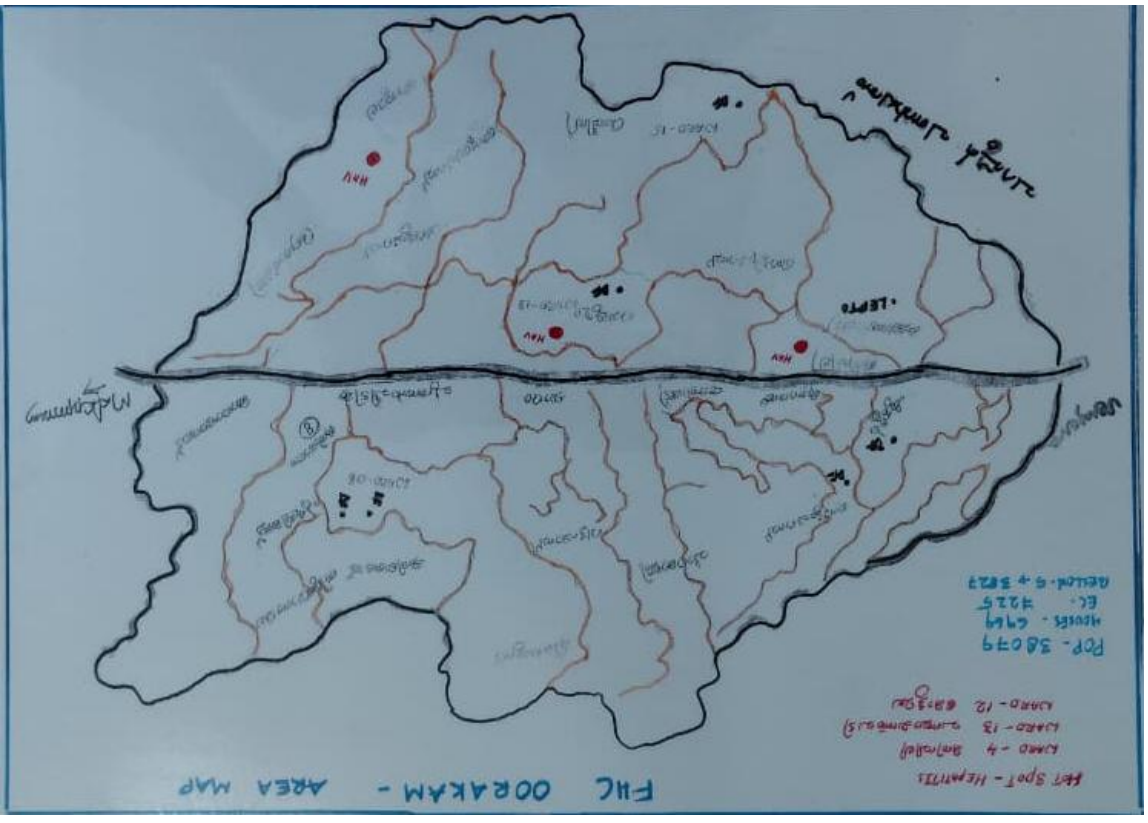
Disease	No. of Cases	No. of Deaths
AIDS	0	0
Hep- B	0	0
Hep- C	0	0

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)	Total Cases
1	1	0	8	0	5	14

2	1	0	9	1	6	17
3	2	0	21	0	6	29
4	1	0	40	1	8	50
5	0	1	27	0	7	35
6	0	1	13	0	4	18
7	2	0	18	0	8	28
8	3	0	15	0	9	27
9	1	0	21	0	7	29
10	0	0	5	0	4	9
11	4	0	22	0	6	32
12	3	0	44	0	8	55
13	5	0	40	0	9	54

14	2	0	24	0	7	33
15	6	0	17	0	8	31
16	2	0	8	0	7	17
17	2	0	14	0	4	20

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 ……..**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	Safreena ashraf	Panchayat President	LSGD	Chairperson	8086283206
2	Dr sabeela P P	Medical Officer (PHC/CHC)	Health Dept	Member Secretary	98955003265
3	Dr Waseem	Veterinary Officer	Animal Husbandry	Member	9496935913
4	sreeshma	Epidemiologist	Health Dept	Member	9633270549
5	sheharban	Health Inspector/PHN	Health Dept	Surveillance	7012245826
6	Shahina v	ASHA Supervisor	Health Dept	Community link	7510309561
7	Jamshida	ICDS Supervisor	Social Welfare	Vulnerable groups	9037594020
8	Suresh kumar	Police Station Officer	Police Dept	Law & order	9747400404
9	Ashraf c k	Ward Councillor Representative	LSGD	Community coordination	9745851500
10	sajini	Kudumbashree CDO	Kudumbashree	Community mobilisation	9526576187

11	RIYAS	NGO/Volunteer rep	Civil Society	Support services	9744448881
12	DINOJ P	Line Department representations	secratary	supervision	9495219546

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	MOBILITY SUPPORT	04832734950
Media Surveillance			
Intersectoral coordination and convergence	LSGD	CO-ORDINATION	9495219546
Collaborative surveillance	LSGD,REVENUE,HEALTH,KSEB,WATER AUTHORITY,POLICE	SURVELLIANCE	04942459701 9496018355

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 **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

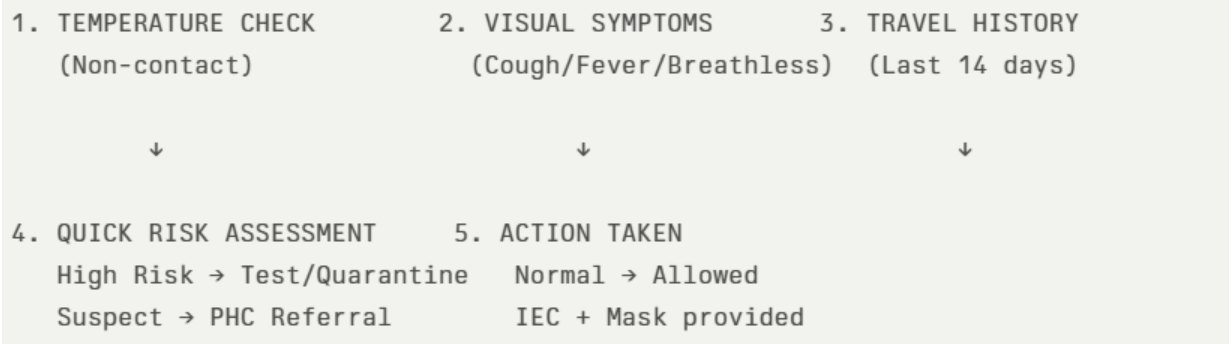
Screening checkpoints at high-traffic locations (transport hubs, markets, religious gatherings) for early detection of symptomatic travellers and crowd screening during outbreaks. Potential locations include bus stands, market entry points, and boat jetties, based on local context and risk assessment.

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/ M arket/Railwa y)	Staff Deployed (ASHAs/Volu n teers)	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: __oorakam Panchayath Office.

Backup Location: Community Hall in oorakam_G.P.

Health System Control Room Framework

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

1.Rapid Response Team (RRT)

- Provides immediate intervention during emergencies, clusters, and field alerts.
- Coordinates urgent actions such as case investigation, contact tracing, isolation, and inter-facility referrals.

2.Data Management & Analytics Team

- Collects, validates, and manages key health system indicators (cases, tests, beds, HR, supplies).
- Analyzes data trends, generates projections, and supports evidence-based decision-making for local authorities.

3.Human Resource Deployment Team

- Allocates healthcare staff efficiently based on workload and need
- Ensures adequate and equitable workforce distribution across facilities

4.Laboratory Surveillance Team

- Oversees diagnostic testing coordination, sample transport, and timely reporting of results.
- Monitors lab indicators (testing volume, positivity rate, turnaround time) for early detection of outbreaks

5.Vaccination Cell (If Required)

- Plans and executes vaccination campaigns, including micro-planning and session scheduling.
- Tracks coverage, identifies gaps, and coordinates corrective actions with field teams and outreach services.

6.Infrastructure & Patient Occupancy Team

- Monitors facility capacity, earmarked beds, oxygen and critical care resources across all linked facilities.
- Ensures optimal patient distribution and referral management using updated bed-status and resource data.
- BMWM

7.Communication team

8.Logistics and supply chain

9.Transportation (interfacility & emergency transport)

10.Media surveillance Call centre

11.Management of the deceased

12.Intersectoral coordination and convergence

Key Control Room Team

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

Role	Name	Designation	Contact Number	Responsibility
In-charge/Nodal Officer	Dr sabeela p p	MO	9895500863	Overall coordination, decision-making, and reporting to the District level.
Data Entry Operator	NIHAD	CLERK	8547825125	Managing the line list, updating dashboards, and tracking testing results.
Communication Officer	SHEHARBAN	JHI	7012245826	Handling the public helpline, coordinating ambulance dispatch, and contact tracing calls.
Logistics Coordinator	JINESH LAL V K	JHI	7034152794	Transport,warehousing,distribution

Technical Support *(IT/Data)*	LALU KISHORE	OA	8129429150	Compailation and analysis of 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	KOMUKUTTY	9846222883
Social media	JINESHLAL V K	7034152794
Local Cable TV/Radio	PRIYESH	8907917127

- All messages disseminated through the Hub shall align with advisories issued by the Health Department and District authorities.

- Community leaders shall be sensitized to support behavior change, reduce stigma, and counter misinformation.

- Special efforts shall be made to reach vulnerable and hard-to-reach populations using locally appropriate communication methods.

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

5.Coordination with District/State Authorities & Other Organisations

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

Key Details:

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

Reporting Schedule and Protocols:

To Whom	What to Report	Frequency	Nodal Person
Block PHC	Complete Situation Report (Cases, Quarantine, Beds, Screening, Deaths)	daily	JHI
District IDSP Unit	Outbreaks/Clusters/Unusual Events (>5 cases same ward)	daily	JHI
Veterinary Officer	Animal health events/Zoonotic alerts	daily	JPHN

State Cell	Zoonotic cross-sector events	daily	JPHN

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	9496005800

PPE Kits/Masks/Gloves	Local Vendors	9847383588
Oxygen Cylinders/Concentrators	KMSCL	9496005800
Medicines/Antivirals	KMSCL	9496005800
Medicines/Antivirals	Neethi Shops	04832764650
Test Kits (RTPCR/Rapid)	KMSCL	9496005800

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	TRAUMA CARE	SREEKUTTAN

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	9846029532
Veterinary	Veterinary Surgeon:	Animal surveillance	9496935913
ICDS	Supervisor: Sindhu	Nutrition support	9037594020
Education	Head Teacher:	School coordination	9048765760
Police	SI	Containment enforcement	9747400404
Water Authority	Local operator	Water supply	9946353434
LSGD Engineering	AE Panchayath	Quarantine infrastructure	9539513985

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
Jamiya alhind	Educational institution	2	8	24	9961976297

-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

The Pandemic Preparedness Plan of Oorakam Grama Panchayath is a vital step toward strengthening local readiness to prevent, detect, and respond to public health emergencies in a timely and organized manner. By identifying local vulnerabilities, available resources, and the roles of various stakeholders, the Panchayath can ensure a coordinated and effective response during any pandemic situation.

Successful implementation of this plan will depend on strong collaboration between the Panchayath, health department, ICDS, ASHA workers, educational institutions, community organizations, and the public. Continuous surveillance, public awareness, capacity building, mock drills, and timely updating of the plan are essential to maintain preparedness and resilience. With committed leadership and active community participation, Oorakam Grama Panchayath can reduce the impact of future pandemics and protect the health, safety, and wellbeing of its people

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 oorakam 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.

Mockdril scenario

A fire emergency mock drill was conducted to evaluate the preparedness and response mechanisms during a simulated fire incident. The scenario involved a sudden outbreak of fire in a building, triggering an immediate alert and evacuation process. Participants followed safety protocols, assisted vulnerable individuals, and assembled at designated safe points. The response team demonstrated the use of fire extinguishers, provided basic first aid, and coordinated with emergency services. The drill helped assess response time, improve coordination, and identify gaps in emergency management, thereby strengthening overall disaster 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	NEDUMPARAMB	1	MANZOOR THOMMANCHERI	9567333332
2	KUTTALUR	2	SHAKEELA	9847987631
3	O K M NAGAR	3	ASSAINAR N P	9961452949
4	KARIMBILI	4	IBRAHIM	9847375709
5	KODALIKUNDU	5	SAREENA M K	9778027048
6	YARAMPADI	6	SANKARANARAYANAN	9745292452
7	PULLANCHAL	7	SAFREENA	8086283206
8	OORAKAM MALA	8	THOMAS C P	9961090929
9	PUTHENPEEDIKA	9	SUHARA	9539142283
10	KARATHODE	10	SALEENA	9048264147
11	KOTTUMALA KILAYIL	11	KADEEJA	9746217961
12	KOTTUMALA PARAMB	12	MOHAMMED MUSLIYAR KURUNKATTIL	9847339997
13	PANCHAYATH PADI	13	ASHRAF	9745851500
14	VENKULAM	14	SHAREENA P	9947240194
15	VALLIKATTUPARA	15	SAFIYYA P T	9895860507
16	MAMBEETHI	16	ABOOBACKER K T	9847300533

17	THAZHE CHALILKUNDU	17	HARIS V	9947240194
18	KALLENGALPADI	17	RAIHANATH	9544808581
19	MELE CHALILKUNDU	19	SAMEERA	8606647884

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

Sl. No.	Name	Contact number
1.	DISTRICT DISASTER MANAGEMENT ATHORITY	04712331345
2.	FIRE FORCE	101, 0483 2734800
3.	POLICE	100, 0483 2734966
4.	LSGD NODAL OFFICER – A S	9446434383
5.	AMBULANCE	9847853440
6.	AMBULANCE	9946353434
7.	Excise department	0483 2734886
8.	Forest department	0483 2734803

1.3. Important offices of grama panchayat/municipality/ corporation

Sl.No	Name of the office	Contact person	Contact number
1.	Village Office	Village Officer	9645013110
2.	Agriculture Office	Agriculture Officer	7736183835
3.	Animal Husbandry Office	Animal Husbandry Doctor	9496935913

4.	Police Station	Police Officer	9747400404
5.	BSNL Office	Officer	04832731910
6.	Block Office	Officer	
7.	KSEB Office	Officer	9496018355
8.	Fisheries Office	Officer	0483 2734944
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	PANCHAYATHPADI	04942459701
2.	Private clinic	Venkulam kunnath	9048450453 9048452500
3.	Clinical laboratories	Venkulam kunnath	9048450453 9048452500
4.	Chemist/pharmacy	karathode	9947221214
5.	Blood donors	venkulam	9744448881
6.	Other language experts (Bihari, Hindi, Bengali, Asamees ……)	nil	nil

1.5. Veterinary Services

Sl. No	Name of the Clinic	Name of the Surgeon/Doctor	Place/loc ation	Phone number
1	Govt.Veterinary Hospital	Dr waseem	karathode	9496935913

1.6. Helpline numbers

Helpline	Phone number
Police	9747400404
Fire and Rescue	0483 2734800
KSEB	9496018355

1.7. Public and Private Schools Contact details

S.No	Name of School	Institution type	Phone number
1	MUHSS VENKULAM	Aided	9947350330
2	PMSAMUP KARATHODE	Aided	8113839123
3	ST ALPHONSA	Private	9565197377
4	GLPS KARATHODE	Govt	9048765760

5	PEACE PUBLIC SCHOOL	Private	9526644266
6	ALIHSAN ENGLISH SCHOOL	Private	9447241791
7	ALBIRR MARKAZUL ULOOM	Private	9847982005
8	GLPS OORAKAM MELMURI	Govt	9946689030
9	GLPS KODALIKUNDU	Govt	9947608987
10	GVHSS VENGARA	GOVT	9656311758
11	AMLPS KOTTUMALA	AIDED	9946811230
12	AMLPS KUTTALUR	AIDED	9526354554
13	AMLPS CHALILKUND	AIDED	9846582172
14	GLPS NELLIPARAMB	GOVT	9495531052
15	PMSAMUP NELLIPARAMB	AIDED	9037344501
16	GMLPS KUTTALUR	GOVT	
17	MANARUL HUDA UP SCHOOL	PRIVET	9605966410
18	PM SRI JAVAHAR NAVODAYA	GOVT	7012658015
19	MARKAZ MAMBEETHI	PRIVET	9995572475
20	ALHIND	PRIVET	9961976297
21	IDEAL SCHOOL	PRIVET	9895822117

1.9. Anganwadi Contact Details

Ward No	Name of Anganwadi Teachers	Phone number
6	JAYANTHI	9048675991
1	BENZEERA	8156936574
5	PRASANNA KUMARI	9961491839
4	SATHIDEVI	9847636901
2	PUSHPAVALLY	9747072008
3	VINODINI	9961909586

Ward No	Anganwadi No and Name of Teacher	Phone number
7	1.SALINI	9846639748
	2.RADHIKA K V	
8	PRASEETHA	9747600177
9	1.NALINI	
	2.SUSHEELA	

1.12. Information regarding resources

Means of transportation	Name of Owner	Phone Number
Heavy Trucks	0	0
Tractor	0	0
Ambulances	SAIFU VENKULAM	9847853440
Boats	0	0
Taxi service	1	9847817976

Annexure 1: LSG Baseline Data Collection

Format A. Baseline data

Sl. No.	Indicator / Field	Baseline Data	Source / Remarks
1	Name of LSG	OORAKAM	
2	District	MALAPPURAM	
3	Block / Taluk	VENGARA	
4	Type of LSG (Gram Panchayat / Municipality / Corporation)	GRAMA PANCHAYATH	
5	Area (sq. km)	21.65 Sq km	
6	No. of wards	19	
7	GIS boundary file available	no	
8	Key contact person & phone	Secretary 9495219546	

B. Demography

Indicator / Field	Baseline Data	Source / Remarks
Total population	38096	
Males	18534	
Females	19562	
Transgender population	0	
Age distribution (<5, 5–14, 15–59, ≥60)	3091,7619,3059	
No. of households	7419	
Population density (persons/sq.km)	1346.74persons/sq km	
No. of migrant workers	472	
Major occupational groups	farmers	

C. Vulnerable Populations & Social Risks

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	No. of elderly (≥60)	3059	
2	No. of persons with disability	202	
3	No. of bedridden persons	190	
4	No. of chronic disease cases (DM/HTN/COPD/CKD etc.)	2851	
5	Pregnant women (current estimate)	346	
6	Children <5 years	3091	
7	Tribal population (if any)	0	
8	Fisherfolk / coastal vulnerable groups (if any)	364	
9	Urban slums / unnotified settlements (if any)	0	
10	Homeless population	600	
11	Orphanages / old age homes (number & capacity)	0	
12	Hostels / prisons / shelters (number & capacity)	2/700	

13	Poverty / BPL estimate	4338	
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)	1	
2	PHC/Family Health Centre details (name, location)	OORAKAM FHC,panchayathpadi	
3	Subcentres / Health & Wellness Centres (number)	3	
4	Private clinics / hospitals (number)	2	
5	Labs available (public/private)	3	

6	Availability of ambulance services (Yes/No, number)	Yes/2	
7	Availability of isolation/quarantine facilities (Yes/No, details)	Yes/ Alhind ,miniootty9961976297	
8	Cold chain facilities (Yes/No, details)	Yes,fhc oorakam	
9	Stockpile space available (Yes/No)	yes	
10	PPE / mask / sanitizer availability plan (Yes/No)	yes	
11	Surveillance staff available (JHI/JPHN/ASHA count)	Jhi-3 Jphn-3 ,asha-19	
12	Existing emergency referral pathways (Yes/No)	yes	

E. Points of Entry & Mobility

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Bus stands / depots (number)	0	
2	Railway stations (number)	0	

3	Boat jetties / fishing harbours (number)	0	
4	Ports / airports nearby (specify distance)	0	
5	Major highways/roads passing through	State high way-1	
6	Border crossings (state/district)	0	
7	Major markets / weekly markets	0	
8	Tourism hubs / major event venues	1	
9	Schools/colleges with hostels (number)	School-21 College-0	
10	Factories / large workplaces (number)	8	

F. Water, Sanitation & Hygiene (WASH)

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Major drinking water sources (piped / wells / borewells / springs)	Wells,panchayath water supply	

2	No. of public wells	51	
3	No. of households with piped water connection	1000	
4	Water quality testing routine (Yes/No)	yes	
5	Common contamination risks (flooding, salinity, industrial waste)	flooding	
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)	yes	

G. Zoonotic Risks & One Health

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Livestock population (cattle/goats/pigs/poultry) – estimates	600 Goat-850	

2	No. of dairy farms / poultry farms / pig farms	0	
3	Slaughterhouses / meat shops (number)	0	
4	Animal markets (Yes/No, details)	no	
5	Veterinary dispensaries (number)	1	
6	History of zoonotic outbreaks (rabies, leptospirosis, avian flu etc.)	0	
7	Stray dog population management measures (Yes/No)	yes	
8	Rodent infestation hotspots (Yes/No)	no	
9	Wetlands / waterlogged areas prone to leptospirosis	no	
10	Bat roosting areas / caves / fruit orchards (if any)	0	
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)	10,11,12,15,16	

2	Landslide-prone wards (list)	7,8	
3	Cyclone/sea surge risk (Yes/No)	0	
4	Heatwave risk zones (Yes/No)	0	
5	Waterlogging areas (list)	0	
6	Shelter homes / relief camps (number, capacity)	2,700	
7	Past disaster displacement history	Flood related shifting	
8	Disruption to water supply/transport common (Yes/No)	yes	

I. Critical Infrastructure & Logistics

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Schools (number)	21	
2	Anganwadis (number)	28	
3	Colleges (number)	0	
4	Community halls (number)	4	
5	Places of worship with large gatherings (number)	57	

6	Large markets / shopping areas (number)	0	
7	Warehouses / cold storages (number)	0	
8	Telecom/mobile network coverage gaps (Yes/No)	no	
9	Power outage frequency (high/medium/low)	medium	
10	Availability of generators in key facilities	0	

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)	44 324	
4	Volunteer network (number, coverage)	132, in all wards	

5	Community-based surveillance mechanisms (Yes/No)	Yes	
6	IEC dissemination channels (WhatsApp groups, community radio, PA systems)	whatsapp	
7	Rumour tracking mechanisms (Yes/No)	yes	
8	Languages spoken / literacy considerations	available	
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)	yes	
4	Rapid procurement mechanism available (Yes/No)	yes	

5	Emergency fund available (Yes/No, amount)	yes	
6	Past outbreak response experience (Yes/No, details)	Yes, 200	
7	Intersectoral coordination mechanism (Health, Police, LSG, Veterinary, Education)	AVAILABLE	
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)	YES	
2	Availability of line-listing format (Yes/No)	YES	
3	Contact tracing team identified (Yes/No)	YES	
4	Mapping of high-risk households available (Yes/No)	YES	

5	Testing sample transport mechanism (Yes/No)	YES	
6	Reporting timeline adherence (good/average/poor)	GOOD	
7	Data sharing between departments (Yes/No)	YES	
8	Availability of dashboard for monitoring (Yes/No)	YES	

M. Additional Notes & Observations

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Key challenges perceived by LSG	FLOOD	
2	Top 5 high-risk wards (reason)	10,11,12,15,16-FLOOD	
3	Any unique local risks (industrial pollution, refugee camps, etc.)	NIL	
4	Recommendations for preparedness strengthening	NIL	