PANDEMIC PREPAREDNESS PLAN
PARAPPUR LSGD

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 ParapurGrama 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.

Iringallur 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, IringallurPrimary Health Centre stands as a vital institution in safeguarding public health and improving the quality of life of the residents of ParappurGrama 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

Parappur Grama Panchayath is a vibrant local self-government institution situated in Malappuram district, characterized by a mix of semi-urban and rural settings, diverse population groups, and active community participation. The Panchayath plays a crucial role in delivering essential public health services through its network of primary health facilities, community health workers, and local governance mechanisms. With increasing population density, mobility, and changing environmental conditions, the risk of communicable disease outbreaks has become a growing concern, underscoring the importance of systematic pandemic preparedness.

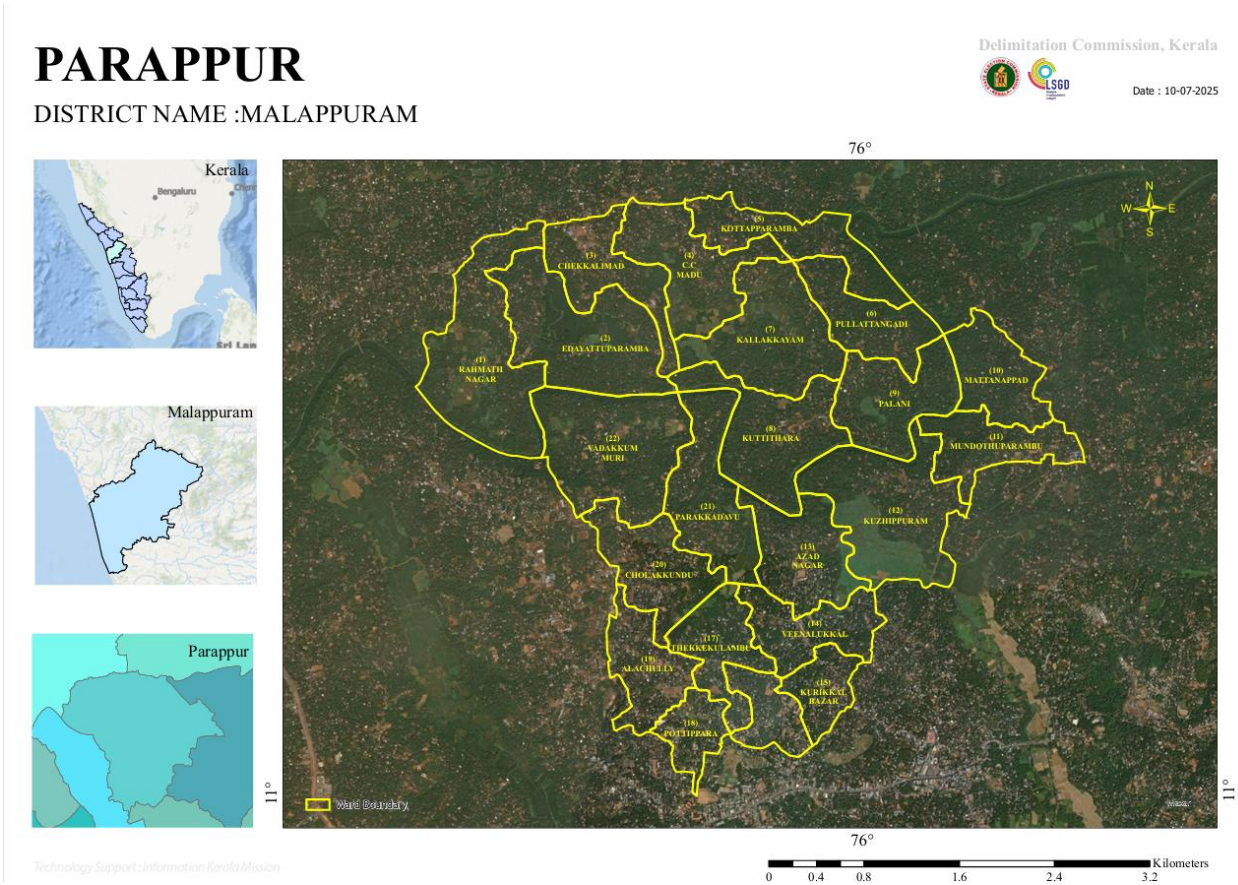
A well-structured Pandemic Preparedness Plan is essential to ensure timely prevention, early detection, and effective response to public health emergencies within the Panchayath. Such a plan helps in strengthening surveillance systems, improving coordination among health and allied departments, ensuring resource readiness, and promoting community awareness and participation. Given the presence of vulnerable populations such as the elderly, children, and individuals with chronic illnesses, Parappur Grama Panchayath must adopt a proactive and resilient approach to mitigate the impact of pandemics.

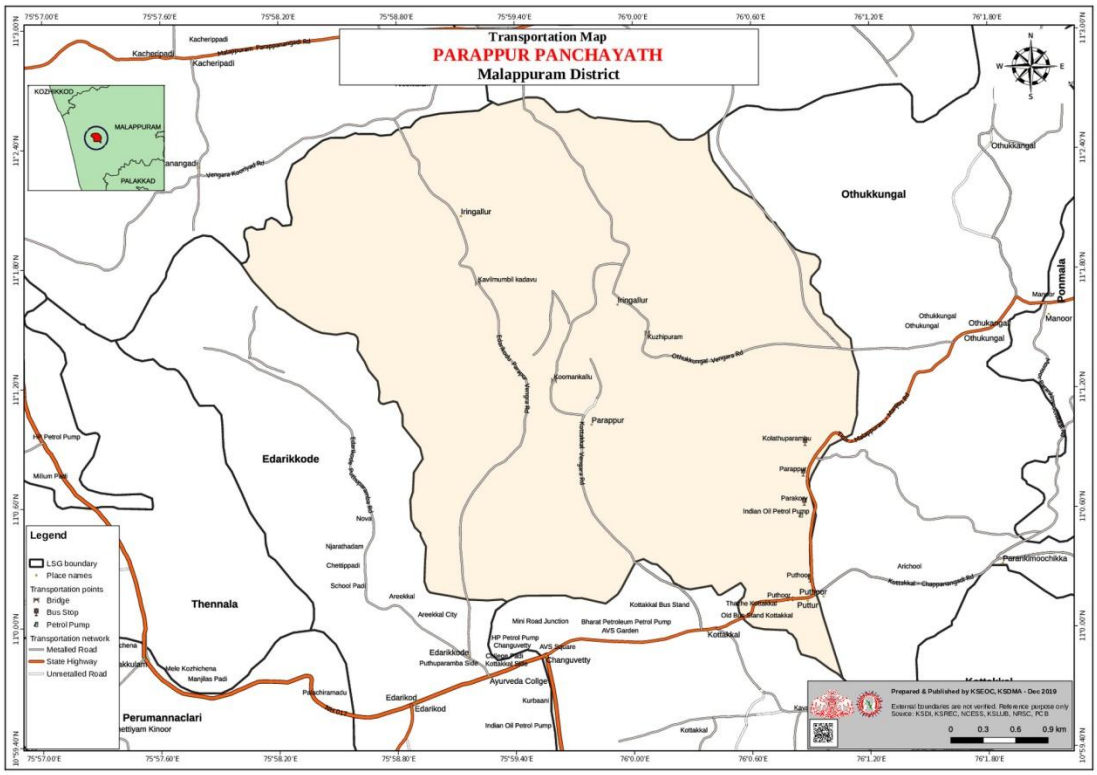
This pandemic preparedness plan aims to outline the strategies, roles, and responsibilities of various stakeholders at the Panchayath level, ensuring a coordinated and efficient response to any potential health crisis. By integrating local resources, strengthening health infrastructure, and fostering community engagement, Parappur Grama Panchayath strives to safeguard the health and well-being of its population while enhancing its capacity to respond to future public health challenges.

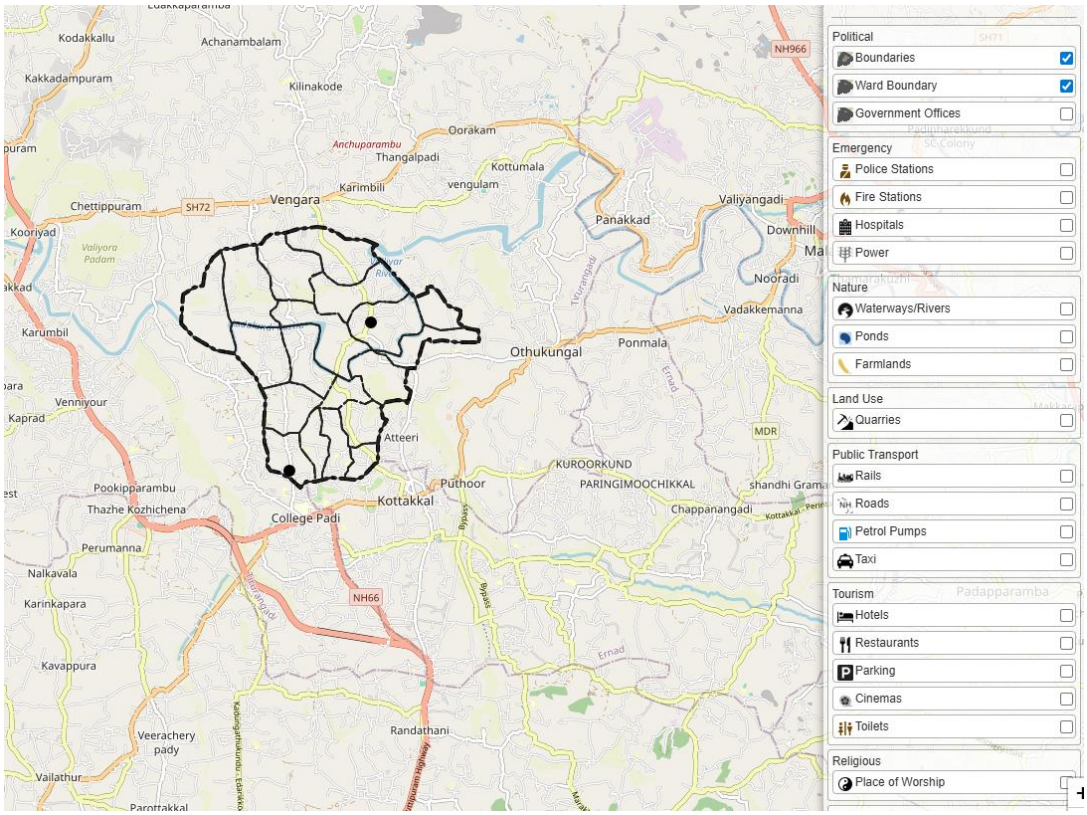
LSGD AT A GLANCE

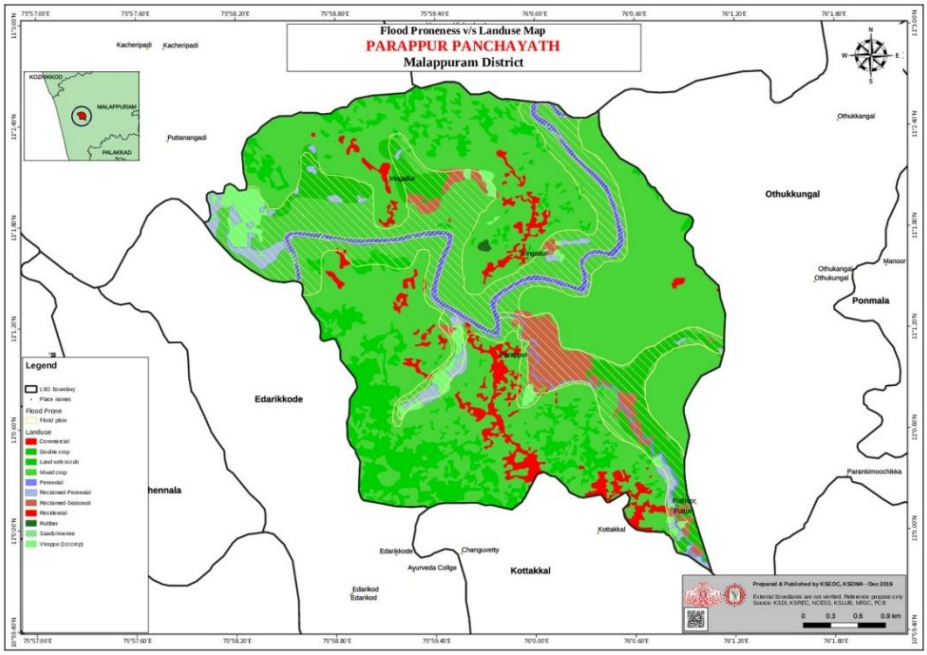
Ward	Houses	Population	Migrants	Wells	Hot spots	Ed. Institutions	Hosppvt/govt.
1	564	3007	12	487	2	0	0
2	545	2984	18	420	1	1	0
3	548	3014	5	322	0	0	0
4	546	2714	10	446	1	1	0
5	532	2788	22	409	0	1	0
6	482	2526	3	352	0	0	0
7	475	2644	18	430	0	1	0
8	434	2383	15	333	0	0	0
9	401	2112	10	236	0	2	0
10	418	2405	15	250	0	0	0
11	452	2532	12	317	0	2	0
12	456	2512	11	382	0	1	0
13	375	1971	11	304	0	0	0
14	495	2781	18	412	0	3	0
15	492	2579	14	348	0	2	0
16	457	2181	35	288	1	0	1
17	471	2537	22	316	0	1	0
18	483	2412	11	389	0	1	0
19	535	2919	10	324	0	1	0
Total	9161	49001	272	6765	5	18	2

INTEGRATED HEALTH INFRASTRUCTURE MAP OF PARAPPUR PANCHAYAT




Transportation Map
PARAPPUR PANCHAYATH
Malappuram District
Othukkungal
Edarikkode
Thennala
Perumannaclari
Parappur
Iringallur
Ponmala
Legend
LSG boundary
Place names
Transportation points
Bridge
Bus Stop
Petrol Pump
Transportation network
Metalled Road
State Highway
Unmetalled Road
Prepared & Published by KSEOC, KSDMA - Dec 2019


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
Othukungal
Ponmala
Vengara
Panakkad
Kottakkal
Puthoor
Atteeri
College Padi
Perumanna
Nalkavala
Karinkapara
Kavappura
Veerachery pady
Randathani
Vailathur
Kodakkallu
Achanambalam
Kakkadampuram
Kilinakode
Oorakam
Thangalpadi
Kottumala
Karimbili
vengulam
Chettippuram
Kooriyad
Karumbil
Venniyour
Kaprad
Pookipparambu
Thazhe Kozhichena
Valiyangadi
Downhill
Nooradi
Vadakkemanna
KUROORKUND
PARINGIMOOCHIKKAL
Chappanangadi
NH966
SH72
NH66
MDR


Flood Proneness v/s Landuse Map
PARAPPUR PANCHAYATH
Malappuram District
Kacheripadi
Puttanangadi
Othukkungal
Ponmala
Edarikkode
Kottakkal
Changuvetty
Ayurveda College
Parankimoochikka
Legend
Flood Prone
Landuse
Commercial
Double crop
Land with scrub
Mixed crop
Perennial
Residential
Rubber
Sand/riverine
Prepared & Published by KSEOC, KSDMA - Dec 2019

GENERAL PROFILE OF THE LSGI'S

Background of the LSGI

Parappur GramaPanchayat is situated in the Tirurangaditaluk of Malappuram district, Kerala.ParappurGrama Panchayath, established in 1956, is a rural local body in Vengara Block, Malappuram District, Kerala, located about 2 km north of Kottakkal town and covering an area of around 15.11 km² with a population of over 36,000. The Panchayath is bounded by Vengara, Ooragam, Othukkungal, Edarikkod, and Kottakkal villages, with the Kadalundi River flowing through it and influencing local agriculture and settlements during heavy monsoons. Parappur has a rich cultural heritage with ancient mosques and temples, and a long tradition of education and community life. The political landscape is shaped by active local governance with 19 wards and multiple elected representatives working for community development. Like much of Kerala, Parappur experiences seasonal monsoon floods and has dealt with public health challenges such as vector-borne diseases and occasional outbreaks, requiring strong local health initiatives and community participation to protect public health.

Table 1: Background of LSGD

Description	**Details**
Name of LSGI	Parappur
Type (GP/Municipality / Corporation etc.)	Grama Panchayath
Block	Vengara
District	Malappuram
Number of wards	19
Total area (sq. km)	15.11 km2
Population(Projected)	49001
Population density	3242.95
Terrain (coastal/low-lying/backwaters/foothills, etc.)	Midland
Number of rivers passing through LSGI	1
Number of water bodies in the LSGI	1

Number of educational institutions	18
Factories / small-scale industries	0
Flood-prone wards	7 wards
Landslide-prone wards	0
Death Management and Disposal Facilities (mortuaries/crematorium, including electric)	1
Auditoriums/Marriage halls/convention centres/community halls	5

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	490001
Male	24302
Female	24599
Transgender	0
Children under 5	4217
Adolescent	7129
Elderly (>60)	3370
SOCIAL/LIVELIHOOD VULNERABILITY	
Previous EPEP family	78
BPL family	2815

Tribal communities		0
Migration	Immigrant	272
	Emigrant	1124
Socio-economically deprived		78
Fisher folk		0
SC Community		1261
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	863
Lactating mothers	714
Bedbound patients	147
Patients under palliative care other than bedbound	118
Patients on Haemodialysis	16
Patients on CAPD	22
Cancer patients (currently on treatment)	96
Haemophilic patients	2
Mentally challenged	24

Differently abled	140
Diabetic patients	1478
Hypertensive patients	1612
TB patients	5

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

Sl. No.	Name of festival	Month detailing the periodicity
1	Parappur vela	Feb

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	OxygenSupported Beds	No. of Ventilator Support Beds	No. of ambulances
Government Healthcare Facilities								
	FHC Iringallur	FHC	24933 241 166	0	0	0	0	0
Private Healthcare Facilities								
	Nil							
AYUSH Healthcare Facilities								
	Garden Ayurvedic Hospital	Admission only	9895449689	25	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	Shahid Clinic Gandinagar ,Kuzhippuram	Y	General	No	Gandinagar, Kuzhippuram	7994590807	Y	N
2	AMC Clinic Kuzhippuram	Y	General	No	Kaval , Kuzhippuram	7994299331	Y	N
3	PKH Clinic Pottipara	Y	General	No	Pottippara , Parappur	9746020328	Y	N

Healthcare Education & Training Institutions

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

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

Specialized Services & Emergency Inventory

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

Item	Govt	Private	AYUSH	Total
Hospital beds	0	5	0	5
Oxygen-generating systems(Y/N)	0	0	0	0
Oxygen-supported beds(Numbers)	0	5	0	5
Ventilator-supported beds	0	0	0	0
ICU beds	0	0	0	0
Burns units	0	0	0	0
Blood centres	0	0	0	0
BLS ambulances	0	2	0	0
ALS ambulances	0	0	0	0

Dialysis facilities	0	0	0	0
Dispensaries	2	5	0	7
Medical store	3	5	2	10
Industrial establishments(**Medium-scale industries/small-scale industries establishments to whom we can depend in a worst-case scenario)**	0	0	0	0

Oxygen & Diagnostic Capacity

Monitoring **oxygen and diagnostic capacity** is a critical component of public health preparedness, ensuring that the LSGD can handle both chronic care and sudden surges in respiratory or infectious diseases

.

Name of Health Facility	Oxygen generating system (Y/N)	Backup Oxygen Source (Y/N)	Diagnostic Facility Available (Y/N)				
			Lab	USG	X-ray	CT/MRI	RT-PCR
Government Health care Facilities							
FHC Iringallur	**Y**	**N**	**Y**	**N**	**N**	**N**	**N**

Diagnostics facility mapping at the LSGI level

The diagnostic capacity of **Parapur 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	6
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 Iringallur	Govt	Irngallur P.O	0494 2459309	No	Govt approved
2	PKH Pottipara	Pvt	POttippara Edarikkode P.O	9746020328	No	Yes
3	AMC Clinic	Pvt	Kuzhippuram	7994299331	No	NO
4						
5						

Social and Community Infrastructure for surge plan

This table serves as our **logistics and shelter inventory.** By mapping these locations, quickly we can identify where to house displaced citizens, where to set up temporary medical clinics, and how to manage the deceased with dignity during a crisis.

Category	Total Count	Ward	Est. Capacity (Persons)	Contact details
Educational Institutions				
Anganwadis	36	19	1012	9497735082
Schools	18	13	12475	9495740357
Colleges	2	2	300	9847377251
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	
Paramedical institutes (Govt/Private)	0	0	0	0
Community Gathering Spaces				
Community halls	0	0	0	0

Auditoriums Al Noor Auditorium ,Edayatuparamba AK Manssion Hall Tharayital Chulliyi Auditorium	5	2 2 17		 860638145 9447412227 7034361894
Religious buildings HUM Auditorium Ambalamad SJM Auditorium		4 12		8156991111 8921366584
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	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	5	8
Doctors – AYUSH	2	2	3
Doctors – Veterinary	1	0	1
Doctors – Dental	0	2	2
Nursing officers	1	1	2
Lab technicians	1	4	5
Optometrist	0	0	0
Pharmacists	1	4	5
Psychologists	0	0	0
Counsellors	0	0	0

Public Health & Field-Level Workforce

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

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

HI (Health Inspectors)	1	0	1
LHS (Lady Health Supervisor)	0	0	0
LHI (Lady Health Inspectors)	1	0	1
JPHN (Jr Public Health Nurses)	4	0	4
JHI (Jr Health Inspectors)	2	0	2
MLSP (Mid-Level Service Providers)	4	0	4
Palliative Nurses	1	0	1
RBSK Nurses	1	0	1
PRO	0	0	0
Epidemiologist	0	0	0
Data Manager	1		

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	25
AWW (Anganwadi Workers)	36
Emergency Medical Volunteers (Trained)	38
Kudumbashree	145 units
MNREGS	101
Purusha Swayam Sahaya Sangham	0
Ex-Servicemen	118
Retired Police Officers	12
NCC/NSS Volunteers	120
Red Cross volunteers	0
One Health Community Volunteers	76

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	1
Religious based organizations	12
Foreign based organizations	0
Sports Club/youth clubs	12
Kudumbashree SHGs	22
Ayalkootams	145
Political organizations	6
Residential organizations	0

Administrative & Emergency Services

This section outlines the availability of key non-health emergency support services and infrastructure within the LSGI, which are essential for effective pandemic preparedness and

response. These facilities support law enforcement, disaster response, water supply, logistics, mobility, and community-level interventions during public health emergencies.

Category	Total Count	Contact details
Police Stations	0	NA
Fire & Rescue Stations	0	NA
Water Pumping Points	12	9497347193
Public Distribution System (PDS)	15	04942422083

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	8
Crane	1
Heavy Trucks	0
Tractor	8
Ambulances	5
Mobile mortuaries	0
Boats	0
Taxi service	32

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 spill over 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)	273	19 wards
	Pet Animals (Dogs/Cats)	214	19 wards
	Stray Dog Population	45	19 wards
	Pig Farms (Number of heads)	0	
	Small Units (Sheep / Goats – clustered)	514	19 wards
Bird Population	Poultry Units (Birds)	239	19 wards

Poultry- (FOWL)	6924	19 wards
Wild/Migratory Birds (Observed)	0	
Crow Mortality Events (Reported)	0	

The main risk of zoonotic diseases in **____NIL_____** is concentrated in **Ward**, 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 veternary hospital	GOVT	2	9961205060
Veterinary Hospital / Polyclinic	0	NA	NA	NA
Private Veterinary	0	NA	NA	NA
Clinics	0	NA	NA	NA
Mobile / Emergency Vet Service (incl. night services)	0	NA	NA	NA

Pet Homes / Animal Shelters	0	NA	NA	NA
Slaughterhouse-linked Veterinary Inspection Unit	0	NA	NA	NA

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	9961205060
Private Veterinary Doctors	0	0	NA
Livestock Inspectors	1	Govt	9961205060
Para-veterinary Staff / Attenders	0	0	Na
Contract / On-call Veterinary Support (if any)	0	0	NA

High-Risk Interface Points (Surveillance Sites)

High-risk interface points for zoonotic disease surveillance in _____ Grama Panchayath include *wetland–livestock–human contact zones, backyard poultry farms, cattle sheds near water bodies, fish*

markets, and areas of high human–animal interaction such as community slaughter points and migratory bird congregation sites. These are the primary surveillance sites where zoonotic spillover risks are elevated.

Type of Habitat	Type of High risk interface	Geographical vulnerability
Wetlands & Backwaters	0	Na
Backyard Poultry Farms	0	NA
Cattle Sheds near Water Bodies	0	NA
Fish & Meat Markets	14	Parappur , Kavala, Kuzhippuram , Iringallur , Palni , Kottaparamba , CC Madu , Tharayital , Edayatuparamba , Puzhachal , Cholakundu , Alachully , Pottippara
Community Slaughter Sites	0	NA
Migratory Bird Congregation Areas	0	NA
Rodent-Infested Grain Storage	0	NA

Category	**Total Count**	**Key Locations (wards)**
Poultry Farms	11	1 , 5 , 6 , 10 , 15

Backyard / Clustered Poultry Units	0	
Duck Rearing Units (open water access)	0	
Slaughterhouses/ Slaughter Points	5	Parappur , Kuzhippuram , Kavala , Iringallur , Cholakundu
Meat/Fish Markets	14	Parappur , Kavala, Kuzhippuram , Iringallur , Palni , Kottaparamba , CC Madu , Tharayital , Edayatuparamba , Puzhachal , Cholakundu , Alachully , Pottippara, Puthenparamba , Illipulakkal , Ambalamadu
Live Bird Sale Points	0	
Cattle Markets / Weekly Animal Fairs	0	
Pet Shops / Breeders	4	Koomankallu , Kuzhippuram , Puzhachal , Thekkekulamba , Kurikkal Bazar

Animal Shelters / Pet Homes	0	
Waste Disposal Sites near Animal Units	0	

Environmental Risk Mapping

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

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

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

Risk Factor	High-Risk Wards	Key Locations	Risk Level (High/Med/Low)
Flood-prone areas	1,2,3,6,7,9,10	Illipulakkal , CCmad, Palani, Kallakkayam, Kuzhippuram	Med
Water bodies/wetlands	0	NA	NA
Solid waste accumulation	0	NA	NA
Animal waste disposal issues	0		

Rodent infestation zones	0		
Industrial effluent discharge	0		
Construction sites / abandoned buildings	5	Iringallur , Kurikkal Bazr, Parappur , Cholakundu , Puzhachal	LOw
Poor drainage/blocked canals	0		
Drinking water source contamination risk	0		

Disease Seasonality Mapping

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

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

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

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

Disease	Peak Risk Season	Key Drivers	High-Risk Locations	Surveillance Focus

Avian Influenza	0	0	0	0
Leptospirosis	0	0	0	0
Dengue/Chikungunya	Rainy season	Low Dry day observation	Illipulakkal , Edayatuparamba	Dry container Elimination
Acute Diarrheal Diseases	Rainy season	Un Safe drinking water & Hand wash	Puzhachal , Kuzhippuram	Safe drinking water & Hand wash
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	1,2,3,6,7,9,10	Illipulakkal , CCmad, Palani, Kallakkayam, Kuzhippuram	High
Wetland-adjacent communities	0		

Backyard poultry / duck rearing households	0		
Livestock-rearing households	28	Parappur , Kavala, Kuzhippuram , Iringallur , Palni , Kottaparamba , CC Madu , Tharayital , Edayatuparamba , Puzhachal , Cholakundu , Alachully , Pottippara, Puthenparamba , Illipulakkal , Ambalamadu	Med
Slaughterhouse & meat market workers	32	Parappur , Kavala, Kuzhippuram , Iringallur , Palni , Kottaparamba , CC Madu , Tharayital , Edayatuparamba , Puzhachal , Cholakundu , Alachully , Pottippara, Puthenparamba , Illipulakkal , Ambalamadu Meen kuzhi , Mattanappad, Mundothparamba , Kavala , Veenalukkal	Med

Fisherfolk& fish market workers	0		
Sanitation workers	48	Sopy Bazar Koomankallu , Mullaparamba, Puthenarakkal PK Padi , Nayar Padi , Thattan padi Parappur , Kavala, Kuzhippuram , Iringallur , Palni , Kottaparamba , CC Madu , Tharayital , Edayatuparamba , Puzhachal , Cholakundu , Alachully , Pottippara, Puthenparamba , Illipulakkal , Ambalamadu, Kizhakkekundu , Thonikkadavu	Med
Daily wage / migrant workers	272	All 19 wards of Panchayath	Low
Elderly & chronically ill populations	278	All 19 wards of Panchayath Ambalamadu	Low
Pregnant Women	863	All 19 wards of Panchayath	Low
Children (schools, Anganwadi's)	13487	All 19 wards of Panchayath	Low

Limited access to safe water & sanitation	3, 4 ,5 , 15	Water scarcity area	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.

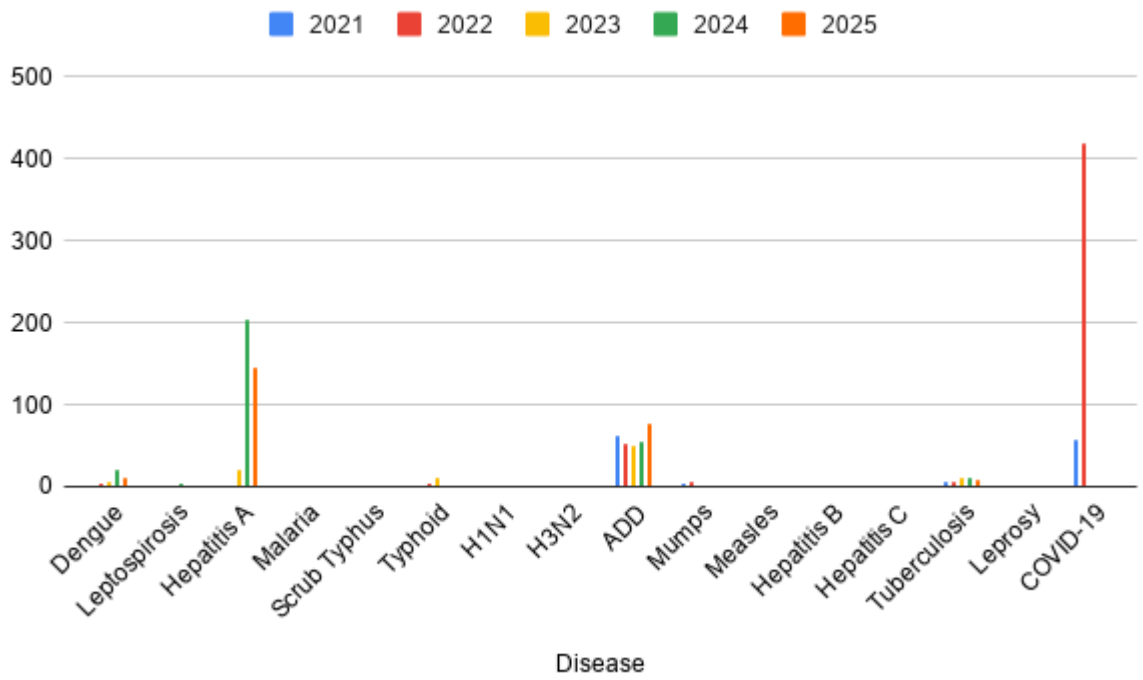
Disease Burden among human beings(Last 5 Years)

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	3	5	21	12	stable
Leptospirosis	0	1	2	3	1	Decreasing
Hepatitis A	0	0	20	204	146	Dcreasing
Malaria	0	0	0	0	1	Increasing
Scrub Typhus	0	0	0	0	0	Stable
Typhoid	1	4	10	1	2	Decreasing

H1N1	0	0	2	2	0	Decreasing
H3N2	0	0	0	0	0	Decreasing
ADD	62	52	51	55	77	Increasing
Mumps	3	5	2	1	2	Stable
Measles	0	1	2	0	0	Decreasing
Hepatitis B	0	0	0	0	0	Stable
Hepatitis C	0	0	0	0	0	Stable
Tuberculosis	5	6	10	11	9	Stable
Leprosy	0	0	0	0	0	Decreasing
COVID-19	57	419	0	0	0	Decreasing

***(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	1	1	3	3	8
2	0	0	0	2	2	4

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

VIRAL HEPATITIS - A

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

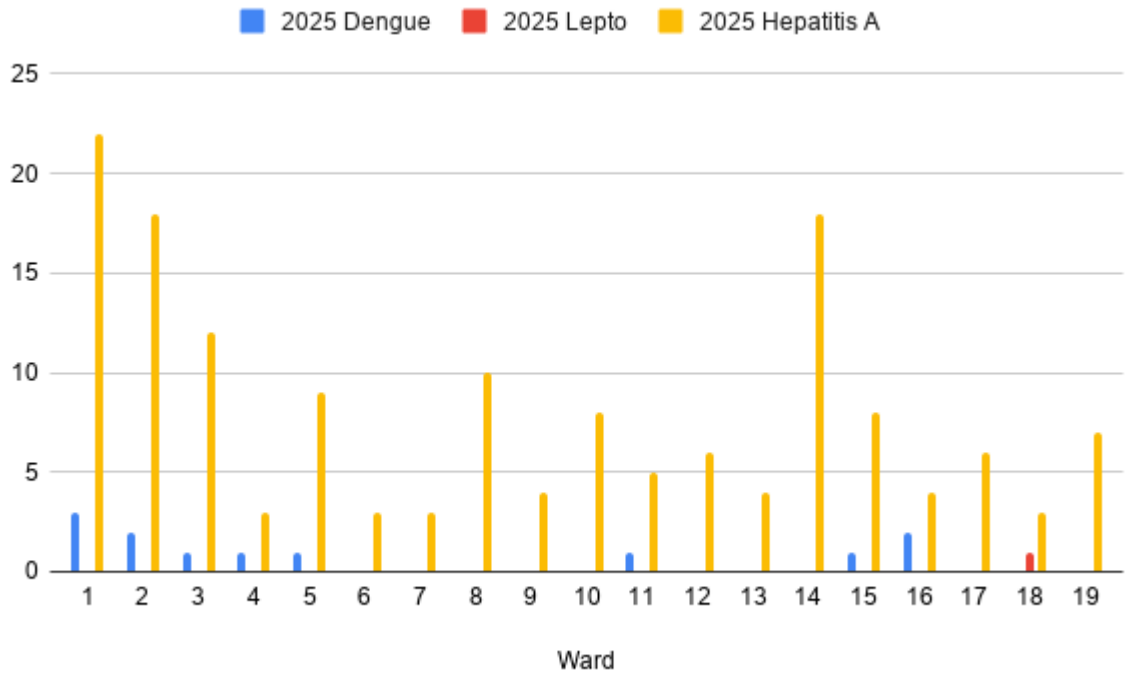
Peak: October - December

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

Ward	Hep A – Ward-wise Yearly Distribution					
	2021	2022	2023	2024	2025	Total
1	0	0	3	26	22	51
2	0	0	1	2	18	21
3	0	0	3	31	12	46
4	0	0	1	34	3	38
5	0	0	1	17	9	27
6	0	0	0	15	3	18
7	0	0	1	15	3	19
8	0	0	1	2	10	13

9	0	0	1	0	4	5
10	0	0	1	1	8	10
11	0	0	0	1	5	6
12	0	0	1	2	6	9
13	0	0	0	1	4	5
14	0	0	1	1	18	20
15	0	0	0	7	8	15
16	0	0	2	28	4	34
17	0	0	1	5	6	12
18	0	0	1	8	3	12
19	0	0	1	8	7	16

0utcome-Based Trend Analysis- 2025


2025 Dengue
2025 Lepto
2025 Hepatitis A
25
20
15
10
5
0
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
Ward

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	12	0
Water Borne Diseases	148	0
Air Borne Diseases	11	1 TB death
Blood Borne Diseases	0	
Food Borne Diseases	0	

Vector-Borne Disease

Disease	No. of Cases	No. of Deaths
Dengue	12	0
Malaria	1	0

Chikungunya	0	0

Water Borne Disease

Disease	No. of Cases	No. of Deaths
Cholera	0	0
Typhoid	2	0
Hep- A	146	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	11	1
Chickenpox	10	0
Measles	0	0
Covid-19	0	0
Pertussis	0	0
Mumps	5	0

Blood-Borne Disease

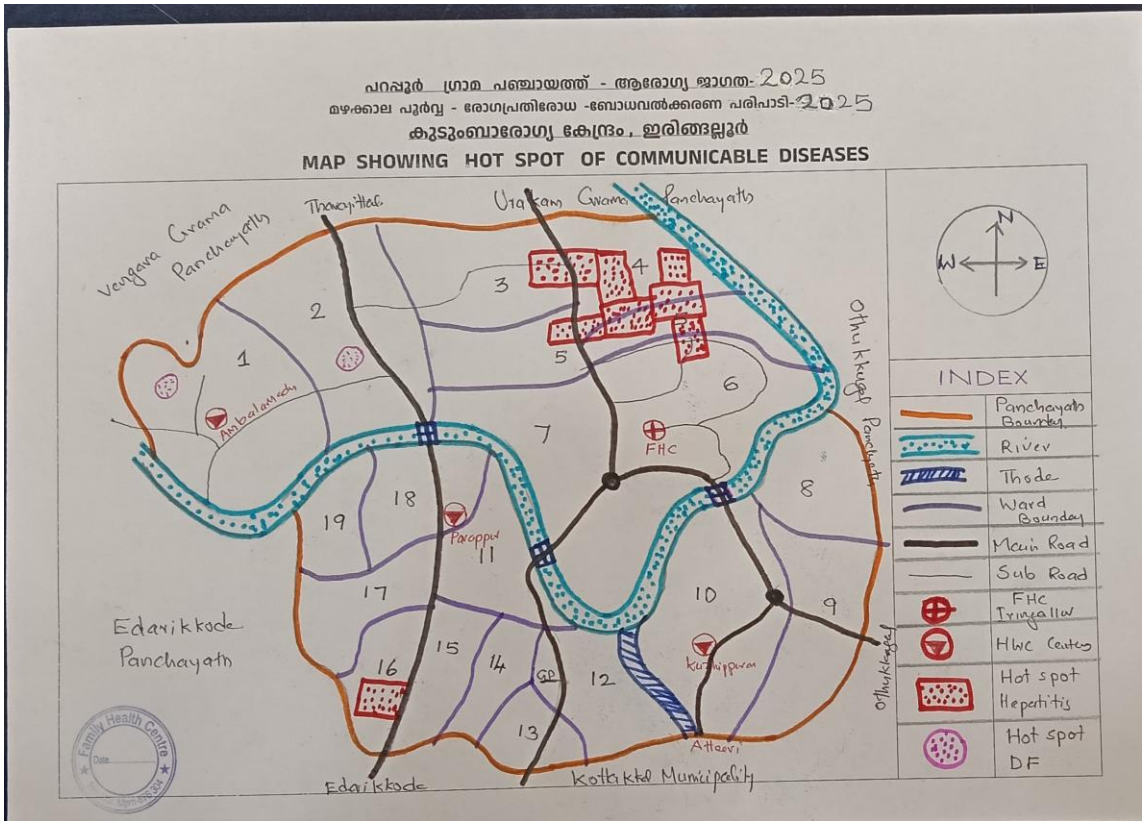
Disease	**No. of Cases**	**No. of Deaths**
AIDS	0	0
Hep- B	0	0
Hep- C	0	0

Zoonotic Disease

Disease	**No. of Cases**	**No. of Deaths**

Rabies	0	0
Leptospirosis	1	0
Avian influenza	0	0
West nile	0	0
Anthrax	0	0
Nipah	0	0
Scrub Typhus	0	0

Integrated Disease Hotspot Map (2021–2025)



Ward No	Dengue Total (2021-25)	Leptospirosis Total (2021-25)	Hepatitis A Total (2021-25)	Mumps (2021-25)	ADD (2021-25)	Total Cases
1	0	0	51	1	13	65
2	0	0	21	0	18	39

3	0	0	46	1	19	66
4	0	2	38	2	17	59
5	0	0	27	0	14	41
6	0	2	18	1	18	39
7	0	1	19	2	14	36
8	0	0	13	1	15	29
9	0	0	5	0	16	21
10	0	0	10	0	19	29
11	0	0	6	2	17	19

12	0	1	9	0	17	27
13					16	
	0	0	5	0		21
14	0	0	20	0	14	34
15	0	0	15	1	14	30
16	0	0	34	0	12	46
17	0	0	12	0	13	25
18	0	0	12	1	15	28
19	0	0	16	0	16	32

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	Mohamed Parambath	Panchayath President	LSGD	Chairperson	9847666840
2	Dr Usha A	Medical Officer (PHC/CHC)	Health Dept	Member Secretary	8078272605
3	Dr Shamna M	Veterinary Officer	Animal Husbandry	Member	9961205060
4	Sreeshma	Epidemiologist	Health Dept	Member	9633270549
5	Mohamed Rafeek	Health Inspector/PHN	Health Dept	Surveillance	9497466415
6	Sreeprasad	ASHA Supervisor	Health Dept	Community link	9946009253
7	Rammya K	ICDS Supervisor	Social Welfare	Vulnerable groups	9497350482
8	Suresh	Police Station Officer	Police Dept	Law & order	9747400404
9	Nasar Parappur	Ward Councillor Representative	LSGD	Community coordination	9387157387

10	Rasiya	Kudumbashree CDO	Kudumbashree	Community	9745961961
11	Ambalamad Club	NGO/Volunteer rep	Civil Society	Support services	9847523623
12	Dr Navas	Line Department representations	Hmeo Dispensary	Doctor	9447715890

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	DMHP	Mental 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	Transportation	School HM
Media Surveillance	Local Channel & News Paper	Publicity	Chennel agent & News agent
Intersectoral coordination and convergence	LSGD & Line Department	Inter sectoral activiries	Panchayth president & MO
Collaborative surveillance	ICDS , NREGS & Haritha Karma sena	Disease surveillance & Sanitation	Supervisor & Cordinator

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 syndrome 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 kits0numbers
- Pulse oximeters – 64numbers
- Hand sanitizers – 0 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/Market/Railway)	Staff Deployed (ASHAs/Volunteers)	Screening Method	Reporting authority

Bus stand	Transport hub	One JHI One ASHA One health Mentors	1.Swab Collection. 2. Blood smears collection (RDT) 3.Thermal Scanners	Surveillance Nodal Officer in control room
Market entry	Market	One JHI One ASHA Male health volunteers	1.Swab Collection. 2. Blood smears collection (RDT) 3.Thermal Scanners	Surveillance Nodal Officer in control room
Boat jetty	Water transport	One JHI One ASHA Male health volunteers	1.Swab Collection. 2. Blood smears collection (RDT) 3.Thermal Scanners	Surveillance Nodal Officer in control room

Standard Screening Protocol

```
1. TEMPERATURE CHECK        2. VISUAL SYMPTOMS       3. TRAVEL HISTORY
   (Non-contact)              (Cough/Fever/Breathless)  (Last 14 days)

        ↓                          ↓                        ↓

4. QUICK RISK ASSESSMENT     5. ACTION TAKEN
   High Risk → Test/Quarantine   Normal → Allowed
   Suspect → PHC Referral        IEC + Mask provided
```

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

3. Pandemic Control Room

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

Control Room Infrastructure and Location

Primary Location: Parapur Panchayath Office.

Backup Location: Community Hall in Parapur 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	Shaji .V	Village Officer	9947772939	Overall coordination, decision-making, and reporting to the District level.
Data Entry Operator	Binshida Banu	Project Assistant	9746487648	Managing the line list, updating dashboards, and tracking testing results.
Communication Officer	Saji V	Secretary LSGD	8281347044	Handling the public helpline, coordinating ambulance dispatch, and contact tracing calls.

Logistics Coordinator	Anil V	Village Assistant	8921120057	Coordination with various department
Technical Support*(IT/Data)*	Saddad	TA	9746487648	Data Management

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	Detection of a **Variant of Concern (VOC) or Variant of Interest (VOI)**	Implement strict microcontainment; update clinical protocols to match variant
Sequencing (WGS)		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	Ward Member	Concerned members
Social media	Whts up , facebook, instagram	Concerned group admin
Local Cable TV/Radio	Kuzhippuram Channel	9388003838

- 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)	All incidents under panchayath area	MO FHC Iringallur
District IDSP Unit	Outbreaks/Clusters/Unusual Events (>5 cases same ward)	Disease surveillance at Panchayth area	HI FHC Iringallur
Veterinary Officer	Animal health events/Zoonotic alerts	Panchayath Area	Vetenary Surgeon
State Cell	Zoonotic cross-sector events	Disease surveillance at Panchayth area	HI FHC Iringallur

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	04712945600
PPE Kits/Masks/Gloves	Local Vendors	04832735502
Oxygen Cylinders/Concentrators	KMSCL	04712945600
Medicines/Antivirals	KMSCL	04712945600
Medicines/Antivirals	Neethi Shops	9605728528
Test Kits (RTPCR/Rapid)	KMSCL	04712945600

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	Volunteer Service & Ambulance service	9744633404

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	9539192787
Veterinary	Veterinary Surgeon:	Animal surveillance	9961205060
ICDS	Supervisor:	Nutrition support	9497350482
Education	Head Teacher:	School coordination	9495740357
Police	SI	Containment enforcement	9747400404
Water Authority	Cordinator of	Water supply	9497347193

	water supply		
LSGD Engineering	AE LSGD	Quarantine infrastructure	7736350711

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
ALPS Puzhachal	School	5	2	NIl	HM
AUPS Kuttithara	School	6	7	NIl	HM
AK Mansion	Auditorium	2	2	5	Owne

- **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

In conclusion, the Pandemic Preparedness Plan for Parapur Grama Panchayath provides a comprehensive framework to effectively prevent, detect, and respond to public health emergencies. By integrating coordinated efforts of the health department, local self-government institutions, and community stakeholders, the plan emphasizes early warning systems, rapid response mechanisms, and continuity of essential health services. Special focus on vulnerable populations, risk communication, and intersectoral coordination ensures a holistic approach to pandemic management at the grassroots level.

The plan also highlights the importance of resilience through continuous surveillance, capacity building, and community participation. By incorporating lessons learned, strengthening health infrastructure, and promoting adaptive strategies, Parapur Grama Panchayath can enhance its preparedness and response capabilities. Effective implementation of this plan will not only minimize the impact of pandemics but also safeguard the health and well-being of the community while ensuring sustainable public health development in the future

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 parapur 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.

Mock Drill Report – Fire Emergency Scenario
Parappur Grama Panchayath

A fire emergency mock drill was conducted in Parapur Grama Panchayath as part of strengthening local disaster preparedness and response capacity under the pandemic preparedness framework. The drill simulated a fire outbreak in a public facility, aiming to assess the readiness and coordination of various stakeholders including health staff, local self-government representatives, emergency services, and community volunteers. Upon activation of the alarm, evacuation procedures were initiated, and participants demonstrated safe exit practices, crowd management, and first aid response. Coordination with fire and rescue services was also practiced to ensure timely emergency response.The drill highlighted the importance of clear communication, defined roles, and rapid response mechanisms during emergencies. Basic fire safety measures, use of fire extinguishers, and triage of affected individuals were demonstrated effectively. Post-drill evaluation identified strengths such as active community participation and prompt evacuation, while also noting areas for improvement including better signage, role clarity, and emergency contact dissemination. Overall, the mock drill enhanced awareness, preparedness, and confidence among stakeholders, contributing to improved emergency response capacity in Thennala Gramapanchayath.

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 gramapanchayat/municipality/corporation wards

Sl.No	Name of the ward	Ward number	Name of the ward member	Contact number
1	റ ്നഗ□	1	മുഹ ഷഹീംപി	**7034269733**
2	എടയാപറ്	2	നസീമസൈദുബി□	**9656326595**
3	ചേകാലിമാ	3	സഫിയ .കെ	**9744383246**
4	സിസിമാ	4	മുഹപറ ്	**9847666840**
5	കോറ്	5	സീനപി.കെ	**744022876**
6	പുാ ാടി	6	റനറഹൂഎ	**8606606292**
7	കലയം	7	വസപി	**9744101604**
8	കുിറ	8	ജസീറഅനീ . ടി	**8891468858**

9	പാലാണി	9	എ .പി ഷാഹിദ	**9526753622**
10	മാണാ	10	ഹകീംഎ .എ	**9556631111**
11	മുറ്റേപറ്	11	അമീറലി .കെ	**358003838**
12	കുഴിറം	12	വേലായുധ□	**9037393945**
13	ആസാനഗ□	13	സനകബീ□ സി	**8078800852**
14	വീണാലു□	14	സഫൂറകരീംകെ	**7025602004**
15	കുരി□ബസാ□	15	മുന□ ഫൈറൂ	**9847313369**
16	മുലറ്	16	ഹംസ പു □	**9745085441**
17	തെ ുള്ള്	17	ആബിദ	**9539778863**
18	പൊിാറ ,	18	അ□മുനീ□ പി	**9745037636**
19	ആല ി	19	ജംഷീനപി.വി	**7736583669**
20	ചോലു്	20	അ□നാസ□ കെ	**9387157387**
21	പാറട	21	അ□ ലീപി	**9847724372**
22	വടുംമുറി	22	ബുറ അ□ റസ് .ടി	**9645778400**

1.2. Other important phone numbers of gramapanchayat/municipality/corporation area

Sl. No.	Name	Contact number
1.	Saji , Secretary	8281347044
2.	Anjana Assist Secreatary	9446393624
3.	Sddaadh Technical Assistant	9746487648
4.		
5.		
6.		
7.	Excise department	
8.	Forest department	

1.3. Important offices of gramapanchayat/municipality/ corporation

Sl.No	Name of the office	Contact person	Contact number
1.	Village Office	Village Officer	99477772939
2.	Agriculture Office	Agriculture Officer	8547419843
3.	Animal Husbandry Office	Animal Husbandry Doctor	9961205060

4.	Police Station	Police Officer	9747400404
5.	BSNL Office	Officer	9403890266
6.	Block Office	Officer	
7.	KSEB Office	Officer	04832839090
8.	Fisheries Office	Officer	Nil
9.	Fire and Rescue	Officer	101

1.4. Health Services

Sl. No	Name of the hospital/institution	Location	Phone number
1.	Government hospitals/PHC	FHC Iringallur	04942459309
2.	Private hospitals	PKH Pottippara	9746020328
3.	Clinical laboratories	PKH Pottippara	9746020328
4.	Chemist/pharmacy	PKH Pottippara	9746020328

5.	Blood donors	Nil	
6.	Other language experts (Bihari, Hindi, Bengali, Asamees ……)	NIl	

1.5. Veterinary Services

Sl.	oName of the Clinic	Name of the Surgeon/Doctor	Place/loc	ationPhone number
1	Govt.Veterinary Hospital	Dr Shamna		

1.6. Helpline numbers

Helpline	**Phone number**
Police	04942450210
Fire and Rescue	101
KSEB	04832839090

1.7. Public and Private Schools Contact details

S.No	Name of School	Institution type	Phone number
1	AMLPS Parappur , Chekkalimadu	Aided	
2	ALPS Iringallur , Puzhachal	Aided	
3	AMLPS Iringallur , Pullattangadi	Aided	
4	AMLPS Iringallur East , Palani	Aided	
5	AMUPS Kuttitharammal ,	Private	

6	GUPS Mundothparamba	Govt	
7	GMLPS Iringallur , Kuzhippuram	Govt	
8	IUHSS Parappur (HS Section)	Aided	
9	IUHSS Parappur (HSS Section)	Aided	
10	ALPS Parappur East , Veenalukkal	Aided	
11	AUPS Parappur , Puthanarakkal	Aided	
12	TTKM LPS , Thekkekulamaba	Aided	
13	GUPS Cholakundu	Govt	
14	AMLPS Parappur West , Kolakkattil	Aided	
	ALPS Parappur west new ,		
15	Vattaparamba	Aided	
16	Farook English medium school , Changuvetty (HS Section)	Private	

1.9. Anganwadi Contact Details

Sl NO	Ward No	Name of Anganwadi Teachers	Phone number
1	XI	Shalini	8606685685
2	XIV	Bindu K	9605529140
3	XII	Manjula K	8921914736
4	XVIII	Jyothi	9847266240
5	,,	Anitha	8129049776

6	VIII	Pramodhini	9605852253
7	X	Shobhana T	9539456722
8	II	Sujatha K	9539489299
9	II	Shanthi , Arifa	8943648395
10	IV	Rammya	8943204300
11	VI	Pushpavally	9947062628
12	VII	Rasiya	9605966198
13	IX	Sindhu	9747101691
14	XIX	Rajani	9747882739
15	V	Sumi	9947000652
16	I	Sumithra	9847289937
17	III	JayashreeChalil	9544297846
18	XI	Sheeja K	9400752030
19	XVII	Sheeba	7736090889
20	XVI	Manjula	9567516400
21	XIV	Haseena	9946547836
22	VIII	Jisha	8129571787
23	IV	Lisha	9048901125
24	VIII	Bindu	9846415946

25	II	Usha	9061998708
26	XVI	Shabna	9946442627
27	VII	Ajitha K G	7306236545
28	VI	Nisha	9847905382
29	XVI	Viji K	9048604421
30	XIX	Ajitha	8921968364
31	XI	Rugmini	9605763611
32	XV	Mini Mol	9526146152
33	I	Rinila K	8943048798
34	XIX	Haseena K	9946547836
35	V	Prema	7559889522
36	V	Shobana	9562780091

1.12. Information regarding resources

Means of transportation	Name of Owner	Phone Number
Heavy Trucks	Nl	
Tractor		
Ambulances	Faisal	9744633404
Boats		
Taxi service	Hassankutty	9447710239

Annexure 1: LSG Baseline Data Collection Format

A. Baseline data

Sl. No.	Indicator / Field	Baseline Data	Source / Remarks
1	Name of LSG	Parappur	
2	District	Malappuram	
3	Block / Taluk	Vengara	
4	Type of LSG (Gram Panchayat / Municipality / Corporation)	Grama Panchayath	
5	Area (sq. km)	18.5 m^2	
6	No. of wards	19 (Old)	
7	GIS boundary file available	No	
8	Key contact person & phone	SEC LSGD 8281347044	

B. Demography

Indicator / Field	Baseline Data	Source / Remarks
Total population	49001	
Males	24302	
Females	24599	
Transgender population	0	
Age distribution (<5, 5–14, 15–59, ≥60)		
No. of households	9161	
Population density (persons/sq.km)		
No. of migrant workers	272	
Major occupational groups	Migrant	

C. Vulnerable Populations & Social Risks

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

13	Poverty / BPL estimate		
14	Food insecurity hotspots		
15	Any history of stigma/discrimination issues (Yes/No)		

D. Health System & Service Readiness

Sl. No.	Indicator / Field	Data Baseline / (Value Description)	Source / Remarks
1	No. of health facilities in LSG (PHC/CHC/TH/DH/Private)		
2	PHC/Family Health Centre details (name, location)		
3	Subcentres / Health & Wellness Centres (number)		
4	Private clinics / hospitals (number)		
5	Labs available (public/private)		
6	Availability of ambulance services (Yes/No, number)		

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

E. Points of Entry & Mobility

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

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

F. Water, Sanitation & Hygiene (WASH)

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Major drinking water sources (piped / wells / borewells / springs)		
2	No. of public wells		
3	No. of households with piped water connection		
4	Water quality testing routine (Yes/No)		
5	Common contamination risks (flooding, salinity, industrial waste)		
6	Open defecation free status (Yes/No)		
7	Solid waste management system (Yes/No)		
8	Bio-medical waste disposal mechanism (Yes/No)		
9	No. of public toilets		

10	Handwashing stations in public places (Yes/No)		

G. Zoonotic Risks & One Health

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Livestock population (cattle/goats/pigs/poultry) – estimates		
2	No. of dairy farms / poultry farms / pig farms		
3	Slaughterhouses / meat shops (number)		
4	Animal markets (Yes/No, details)		
5	Veterinary dispensaries (number)		
6	History of zoometric outbreaks (rabies, leptospirosis , avian flu etc.)		
7	Stray dog population management measures (Yes/No)		
8	Rodent infestation hotspots (Yes/No)		
9	Wetlands / waterlogged areas prone to leptospirosis		

10	Bat roosting areas / caves / fruit orchards (if any)		
11	Human-animal interface hotspots (farms near residences)		

H. Climate & Disaster Risks (Pandemic Amplifiers)

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

I. Critical Infrastructure & Logistics

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks

1	Schools (number)		
2	Anganwadis (number)		
3	Colleges (number)		
4	Community halls (number)		
5	Places of worship with large gatherings (number)		
6	Large markets / shopping areas (number)		
7	Warehouses / cold storages (number)		
8	Telecom/mobile network coverage gaps (Yes/No)		
9	Power outage frequency (high/medium/low)		
10	Availability of generators in key facilities		

J. Risk Communication & Community Networks

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Ward-level rapid response teams (Yes/No)		

2	/ committees Jagrathasamithis active (Yes/No)		
3	Kudumbashree presence and strength (number of units)		
4	(number, Volunteer network coverage)		
5	surveillance Community-based mechanisms (Yes/No)		
6	IEC dissemination channels (WhatsApp groups, community radio, PA systems)		
7	mechanisms Rumour tracking (Yes/No)		
8	/ literacy Languages spoken considerations		
9	Vulnerable groups communication strategy available (Yes/No)		

K. Preparedness Planning & Governance

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	LSG emergency plan available (Yes/No)		

2	Pandemic preparedness plan available (Yes/No)		
3	Incident Command System identified (Yes/No)		
4	Rapid procurement mechanism available (Yes/No)		
5	Emergency fund available (Yes/No, amount)		
6	Past outbreak response experience (Yes/No, details)		
7	Intersectoral coordination mechanism (Health, Police, LSG, Veterinary, Education)		
8	Mock drills conducted in last 12 months (Yes/No)		
9	Training coverage for staff/volunteers (Yes/No)		

L. Surveillance & Data Systems

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Digital reporting tools used (e.g., DHIS2, portals)		

2	Availability of line-listing format (Yes/No)		
3	Contact tracing team identified (Yes/No)		
4	Mapping of high-risk households available (Yes/No)		
5	Testing sample transport mechanism (Yes/No)		
6	Reporting timeline adherence (good/average/poor)		
7	Data sharing between departments (Yes/No)		
8	Availability of dashboard for monitoring (Yes/No)		

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)		

3	Any unique local risks (industrial pollution, refugee camps, etc.)		
4	Recommendations for preparedness strengthening		