PANDEMIC PREPAREDNESS PLAN MODEL OF LSG

ALATHUR PANCHAYAT

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MESSAGE FROM PRESIDENT/CHAIR LSGI

It gives me immense pleasure to present this document on behalf of Alathur Grama Panchayat. As a Local Self Government Institution, our Panchayat remains committed to the holistic development and well-being of the community through participatory governance, transparency, and sustainable planning.

Alathur Panchayat, with its distinct geographical features and strong social fabric, has consistently upheld values of cooperation and collective responsibility. While the Panchayat continues to make progress in various sectors, it also faces challenges such as seasonal climatic issues, public health concerns, environmental factors, and increasing demand for basic infrastructure and essential services. Addressing these challenges requires coordinated efforts, systematic planning, and active community participation.

The Panchayat, in collaboration with health institutions, government departments, community-based organizations, and field-level workers, is continuously working to strengthen public health measures, sanitation and waste management systems, and disaster preparedness activities. Priority is given to disease surveillance, environmental protection, social welfare programmes, and inclusive development to ensure equitable benefits for all sections of society.

We firmly believe that preparedness, decentralized planning, and proactive governance are key to building resilience. Through community engagement and coordinated action, Alathur Grama Panchayat strives to create a safe, healthy, and sustainable environment for present and future generations.

I extend my sincere appreciation to all officials, health workers, volunteers, and citizens who contribute consistently to the development and welfare of

the Panchayat. Let us continue to work together with shared responsibility for the comprehensive development of Alathur.

President

Alathur Grama Panchayat

MESSAGE FROM HEALTH STANDING COMMITTEE CHAIRPERSON

The Health Standing Committee of Alathur Grama Panchayat remains steadfast in its commitment to safeguarding and promoting the health and well-being of the community. Public health is a fundamental pillar of local governance, and the Committee's efforts are focused on ensuring accessible, equitable, and quality health services for all residents.

Alathur Panchayat, with its predominantly rural setting and varied settlement patterns, presents both opportunities and challenges in health service delivery. Seasonal climatic variations, water-related concerns, vector-borne diseases during monsoon periods, and the growing burden of non-communicable diseases require continuous vigilance and coordinated action. The Committee works in close coordination with the Health Department, Taluk / Primary Health Centres, ASHA workers, Anganwadi centres, and other stakeholders to strengthen preventive and promotive health initiatives.

Special emphasis is placed on immunization, maternal and child health services, care of the elderly, sanitation, waste management, disease surveillance, and health awareness activities. Community participation and interdepartmental coordination remain central to the Committee's approach, ensuring that health programmes effectively reach all sections of the population.

The Committee recognizes that preparedness and timely response are essential for managing public health emergencies and seasonal disease outbreaks. Through systematic planning, regular review mechanisms, and data-driven interventions, the Health Standing Committee continues to strengthen public health preparedness within the Panchayat.

I extend my sincere appreciation to all health professionals, field-level staff, volunteers, and community members whose dedicated efforts support the public health system. Together, we strive to build a healthier and safer Alathur.

Chairperson

Health Standing Committee

Alathur Grama Panchayat

MESSAGE BY MEDICAL OFFICER

As the Medical Officer of Alathur Taluk Headquarters Hospital, I am pleased to present this document outlining our continued commitment to strengthening public health services. The Taluk Headquarters Hospital functions as an important secondary-level healthcare institution, providing accessible and essential services to the population of Alathur Taluk and surrounding areas.

The hospital offers outpatient and inpatient services, emergency care, maternal and child health services, immunization support, management of communicable and non-communicable diseases, and implementation of national health programmes. The institution plays a key role in referral services from Primary Health Centres and in supporting disease surveillance and control activities, especially during seasonal outbreaks.

Through the coordinated efforts of medical officers, nursing staff, paramedical personnel, and support staff, the hospital ensures timely diagnosis, treatment, and referral services. Health education activities and coordination with peripheral health institutions form an integral part of service delivery.

Recognizing emerging public health challenges and increasing service demands, the hospital continues to strengthen service delivery and preparedness through systematic planning and coordination with health authorities and local self-government institutions.

I sincerely appreciate the support of the health staff, local administration, and the community. Together, we remain committed to improving health outcomes and ensuring quality healthcare services for the people of Alathur Taluk.

Medical Officer

Taluk Headquarters Hospital

Alathur

EXECUTIVE SUMMARY

The Taluk Headquarters Hospital (THQH) functions as a key secondary-level public healthcare institution serving the population of **Alathur Taluk Headquarters Hospital** and surrounding areas. The hospital plays an important role in providing comprehensive, accessible, and affordable healthcare services, with emphasis on curative care supported by preventive, promotive, and rehabilitative services, in alignment with national and state health programmes.

THQH Alathur caters to a predominantly rural and semi-urban population, addressing major public health needs including emergency care, inpatient and outpatient services, maternal and child health, management of communicable and non-communicable diseases, and referral services from peripheral health institutions. The hospital supports key public health priorities through implementation of national health programmes such as the National Health Mission (NHM), National Tuberculosis Elimination Programme, National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS), and disease surveillance activities.

The hospital works in close coordination with Primary Health Centres, the Grama Panchayats, Health Department institutions, and field-level health functionaries to ensure continuity of care, timely referrals, and effective public health response. Emphasis is placed on early diagnosis, appropriate treatment, stabilization of referred cases, and follow-up coordination to improve patient outcomes.

Despite challenges related to infrastructure limitations, manpower constraints, and increasing patient load, THQH Alathur continues to strengthen service delivery through systematic planning, improved coordination, and efficient utilization of available resources. Enhancing clinical services, strengthening referral mechanisms, and supporting digital health initiatives remain important focus areas for future development.

Taluk Headquarters Hospital Alathur serves as a crucial institution in strengthening the public health system and improving access to quality healthcare services for the population of Alathur Taluk.

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

● Background of the PPP

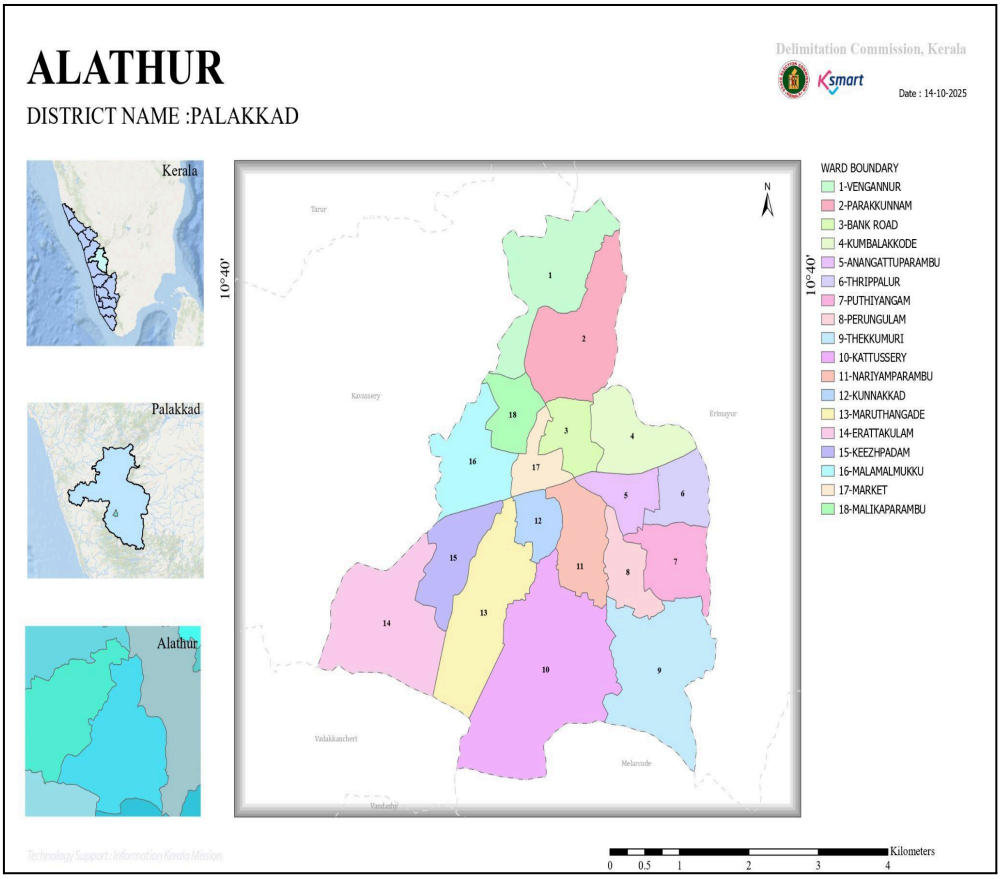
Pandemics pose significant challenges to public health systems and community well-being, highlighting the need for strong preparedness and coordinated response mechanisms at the local level. The Pandemic Preparedness Plan (PPP) of Alathur Grama Panchayat has been developed to strengthen early detection, preparedness, and response through the coordinated efforts of health institutions, the Panchayat administration, and frontline health workers. The plan serves as a structured framework to ensure timely and effective action during public health emergencies, maintain continuity of essential health and civic services, and provide focused protection to vulnerable and high-risk populations within the Panchayat.

The Local Self Government Department (LSGD), Government of Kerala, is responsible for policy formulation, guidance, and overall oversight of Local Self Government Institutions, including Grama Panchayats, Municipalities, and Corporations. Through decentralized governance, participatory planning, capacity building, and systematic monitoring, LSGD supports Alathur Grama Panchayat in the implementation of public health, development, and welfare programmes. This institutional support enhances the Panchayat's capacity to respond effectively to pandemics and other public health emergencies in an inclusive, resilient, and sustainable manner.

- LSGD at a glance

  Alathur Grama Panchayat comprises 18 wards with a total of 7,062 households and a population of 25,784. The Panchayat has 160 migrant residents and 706 wells, indicating reliance on local water sources. A total of 2 identified hotspots highlight areas requiring focused public health attention. The Panchayat is supported by 16 educational institutions and 5 healthcare facilities (3 private and 2 government).

LSGD AT A GLANCE



Map 1:Geographical boundaries with political map (based on latest delimitation) source:https://wardmap.ksmart.live/

- Ward division -

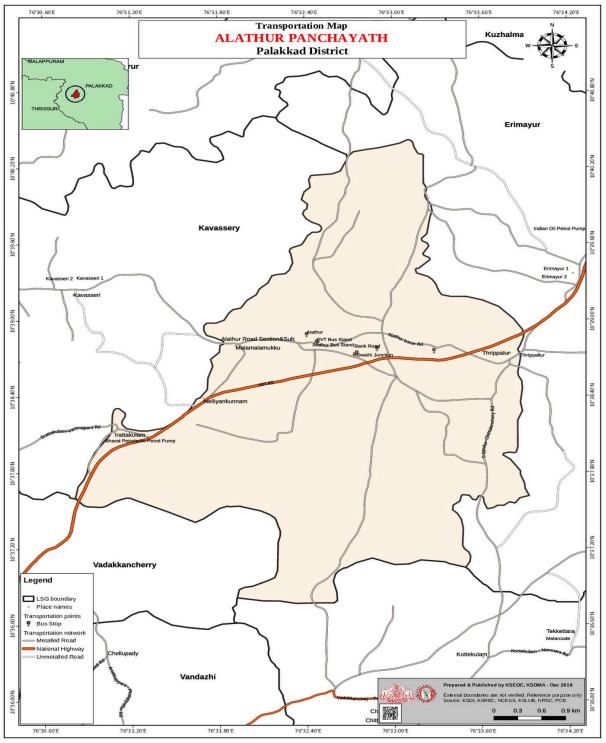
Ward	Houses	Population	Migrants	Wells	Hot spots	Ed. Institutions	Hosp pvt/govt.
1	402	1462	0	30		1	
2	410	1497	0	34	1	1	0
3	384	1410	10	21		0	1pvt
4	398	1431	25	32		1	1pvt
5	360	1390	0	34	0	2	1pvt
6	355	1395	5	35		0	0
7	380	1358	10	30		3	1
8	392	1401	5	40		1	0
9	388	1500	10	45		0	0
10	405	1410	9	35	1	1	0
11	372	1400	5	29	1	0	0
12	404	1396	5	30	1	0	0
13	375	1385	10	35	0	1	0
14	395	1415	5	25		0	
15	381	1382	5	30		0	0
16	390	1408	12	34		0	1pvt

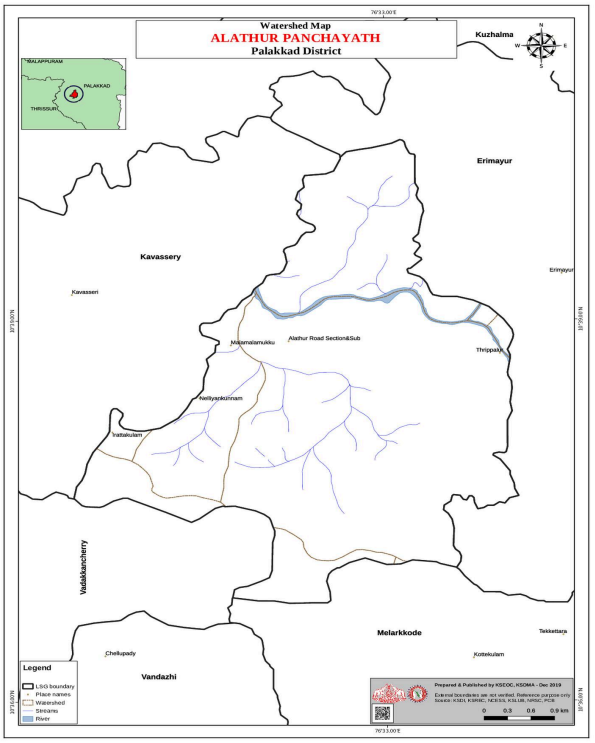
17	new						2govt
18	new						

- **Risk stratification among wards in the context of Communicable diseases and hazards**

Risk stratification was carried out to identify wards with a higher risk of communicable diseases in Alathur Grama Panchayat. Analysis of five-year surveillance data showed that no wards met the criteria for a Red Zone, as there was no recurrence of two or more major communicable disease categories in consecutive years. However, certain wards require closer monitoring due to environmental conditions that may influence disease transmission. Ward 18 and Ward 16, being flood-prone areas, may have increased risk of water-borne diseases such as diarrhoeal diseases and leptospirosis during monsoon seasons. These wards will therefore be prioritized for strengthened communicable disease surveillance, preventive activities, community awareness, and early outbreak response.

- **Major Roads/rivers**





Map 2 and 3 :Road and River Map
source:https://dmp.kila.ac.in/

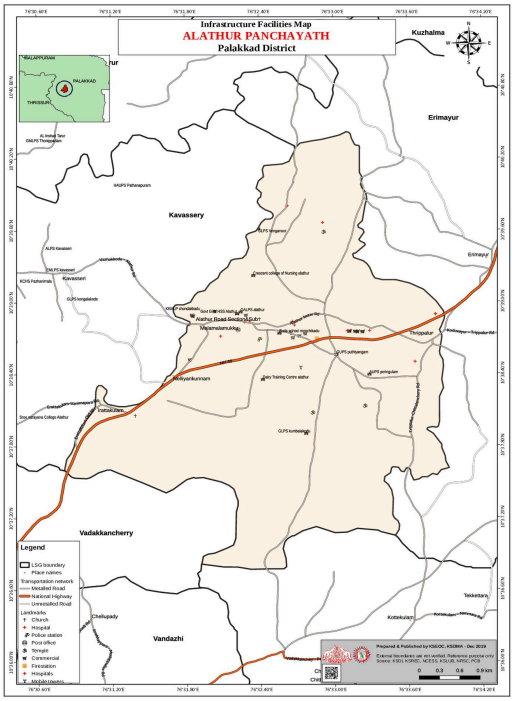
Alathur Grama Panchayat has a well-connected road network that plays a vital role in ensuring accessibility to health facilities, emergency services, markets, and neighboring regions. The Panchayat is connected to nearby towns and villages through major district and panchayat roads, which facilitate the movement of people, goods, and essential services. These roads are particularly important during public health emergencies for patient transport, supply distribution, and rapid response activities by health and disaster management teams.

The presence of a central bus stand and market areas in Alathur town further increases daily mobility and population movement within the Panchayat. While this connectivity supports economic and social activities, it also increases the potential risk of rapid disease transmission during outbreaks, making surveillance and screening measures important in high-traffic areas such as bus stands, market junctions, and major road intersections.

In addition to road connectivity, one river flows through the Panchayat area, along with several water bodies including ponds and wells. These water sources support agriculture and domestic needs of the community. However, during monsoon seasons, certain areas near the river and low-lying locations are vulnerable to flooding and waterlogging, which can contribute to the spread of water-borne and vector-borne diseases such as leptospirosis and dengue. Therefore, regular environmental monitoring, drainage maintenance, and community awareness activities are important to minimize public health risks associated with these water bodies.

Overall, the road and river network of Alathur Panchayat significantly influences mobility patterns, environmental conditions, and disease transmission dynamics. Proper planning and monitoring of these geographical features are essential for strengthening pandemic preparedness and emergency response at the Panchayat level.

- **Major establishments with geospatial mapping**



Map 4: Health Infrastructure Map

source:https://dmp.kila.ac.in/

Alathur Grama Panchayat has several important establishments that contribute to daily public movement and service delivery. The Taluk Headquarters Hospital (THQH) Alathur is the major government healthcare institution in the Panchayat, providing both inpatient and outpatient services and functioning as the main referral hospital for the area. In addition, there are 7 sub-centre health facilities, 3 private clinics, and 2 AYUSH healthcare facilities providing primary healthcare services to the community.

The Panchayat has 16 schools located in all wards except Wards 11 and 14, with around 856 students, and 24 Anganwadi centres functioning across all wards with about 125 children enrolled. There is also one private nursing college providing healthcare education in the area.

Other important establishments such as banks, petrol pumps, and the Alathur bus stand attract regular public movement. The bus stand serves as a major transport hub connecting the Panchayat with nearby towns and villages, and the National Highway (NH) passing through the area further improves connectivity and mobility.

- **Occupational groups, socio cultural groups, migration & mobility patterns**

The population of Alathur Grama Panchayat is engaged in a range of occupational activities including agriculture, small-scale farming, daily wage labour, construction work, small businesses, and service sector employment. Many residents also commute to nearby towns for work in government offices, private institutions, and commercial establishments.

In terms of socio-economic profile, the Panchayat has 1052 Below Poverty Line (BPL) families and 52 families identified under the previous EPEP category, while 44 families are classified as socio-economically deprived. The Scheduled Caste (SC) population comprises about 1,885 individuals across 26 communities, whereas Scheduled Tribe (ST), tribal communities, and fisherfolk populations are not reported in the Panchayat.

Migration and mobility patterns show moderate movement of people for employment and other opportunities. Approximately 160 immigrants currently reside in the Panchayat, mainly for work, while around 1056 emigrants from the Panchayat live or work outside the area. Regular mobility for employment, education, and access to services contributes to interaction with neighbouring regions.

- **Vulnerability mapping**

Alathur Grama Panchayat has a population of 25,784 across 18 wards covering an area of 19.62 sq. km. Environmental vulnerability exists in flood-prone wards 18 and 16 and landslide-prone ward 10, which may increase the risk of water-borne and vector-borne diseases during monsoon seasons. The Panchayat also has 25 water bodies and one river, contributing to potential environmental health risks.

Demographically vulnerable groups include 1,446 children under five years and 3,795 elderly persons, who are more susceptible to severe illness during pandemics. Socio-economic vulnerability is reflected by 1,052 BPL families and 160 migrant

workers, which may affect access to healthcare and essential services during emergencies.

Clinical vulnerability mapping identified 154 pregnant women, 132 lactating mothers, 40 bedridden patients, and patients with chronic diseases such as 1,198 diabetics and 1,794 hypertensive individuals, who require priority healthcare support during outbreaks.

These vulnerable populations and areas will be prioritized for enhanced surveillance, targeted health education, and rapid response during public health emergencies.

- **Disaster prone areas (geographic vulnerability)**

Map 5: Flood Proneness Map

source:https://dmp.kila.ac.in/

Alathur Grama Panchayat has certain geographic characteristics that increase its vulnerability to natural disasters and related public health risks. The Panchayat consists of 18 wards spread over an area of 19.62 sq. km and is located in a foothill terrain, with one river and about 25 water bodies within its boundaries. These environmental features can contribute to seasonal flooding and increase the risk of water-borne diseases during heavy rainfall periods. Ward 18 and Ward 16 have been identified as flood-prone areas, while Ward 10 is considered landslide-prone due to terrain conditions. Such geographic vulnerabilities may lead to disruption of sanitation, drinking water supply, and transportation during extreme weather events, which can further increase the risk of communicable disease outbreaks. Therefore, these wards require strengthened surveillance, preparedness planning, and timely public health response during disasters and emergencies.

GENERAL PROFILE OF THE LSGI'S

Background of the LSGI

Alathur Grama Panchayat is situated in the Alathur block of Palakkad district, Kerala. The Panchayat lies in the midland region of the district, characterized by gently undulating terrain interspersed with fertile plains, small water bodies, and agricultural lands. The area falls within the influence of the Palakkad Gap, which significantly affects its climate, making it relatively drier and warmer compared to other parts of Kerala.

The geographical landscape of Alathur is predominantly agrarian, with extensive paddy fields, coconut groves, and mixed cropping systems forming the backbone of the local economy. The Gayathripuzha River, a tributary of the Bharathapuzha, flows through the region and supports irrigation and agriculture. Canals and minor irrigation systems further enhance agricultural productivity in the Panchayat.

The terrain is largely a combination of plains and mildly elevated areas, with nearby highland regions such as Nelliyampathy contributing to ecological diversity. The Panchayat experiences a tropical monsoon climate with seasonal rainfall, supporting both agriculture and groundwater recharge. The presence of wells, canals, and river systems ensures water availability, although seasonal variations may influence supply.

Alathur Grama Panchayat reflects a typical midland landscape of Palakkad district marked by agricultural dominance, moderate terrain, and strong linkage to natural water systems supporting a rural-urban transitional setting with growing infrastructural and socio-economic development.

Table 1: Background of LSGD	
Description	**Details**
Name of LSGI	Alathur
Type (GP/Municipality / Corporation etc.)	Grama Panchayath
Block	Alathur
District	Palakkad
Number of wards	18
Total area (sq. km)	19.62
Population(Projected)	25784
Population density	persons/sq km
Terrain (coastal/low-lying/backwaters/foothills, etc.)	foothills
Number of rivers passing through LSGI	1
Number of water bodies in the LSGI	25
Number of educational institutions	16
Factories / small-scale industries	0
Flood-prone wards	2 (18&16)
Landslide-prone wards	1(10)
Death Management and Disposal Facilities (mortuaries/crematorium, including electric)	1(Mortury,THQH)
Auditoriums/Marriage halls/convention centres/community halls	6

Demographic and Vulnerable Population

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

Description		Details (in numbers)
DEMOGRAPHIC PROFILE		
Total population		25784
Male		12822
Female		12962
Transgender		0
Children under 5		1446
Adolescent		3546
Elderly (>60)		3795
SOCIAL/LIVELIHOOD VULNERABILITY		
Previous EPEP family		52
BPL family		1052
Tribal communities		0
Migration	Immigrant	160
	Emigrant	1056

Socio-economically deprived	44
Fisherfolk	0
SC Community	26 communication/1885(population)
ST Community	0

Clinical Vulnerability

Certain population groups need priority healthcare & are at higher risk of severe illness, complications, and mortality during pandemics. Patients with chronic diseases, those requiring regular medical care, and individuals with mobility or functional limitations face challenges in accessing timely care during emergencies. Mapping these groups helps in prioritizing continuity of treatment, medicine stock planning, oxygen support, referral transport, and targeted home-based care.

Description	**Details in numbers**
Pregnant women	154
Lactating mothers	132
Bedbound patients	40
Patients under palliative care other than bedbound	0
Patients on Haemodialysis	11
Patients on CAPD	8
Cancer patients (currently on treatment)	29
Haemophilic patients	0

Description	Details in numbers
Mentally challenged	16
Differently abled	73
Diabetic patients	1198
Hypertensive patients	1794
TB patients	10

Major Festivals & Events specific to the LSGI

(with the possibility of a public gathering)

Sl. No.	Name of festival	Month detailing the periodicity
1	Perunkulam theru	February
2	Kattussery vela	March
3	Vanur vishuvela	April

INFRASTRUCTURE & RESOURCE INVENTORY

Health Facility Directory & Basic Capacity in the LSGD

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

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

Table 5. Health Facility Resource Summary

Sl. no.	Health Facility	Type of Facility (MCH/GH/CHC/FHC/SC etc.)	Contact Number	Total beds	ICU Beds	Oxygen-Supported Beds	No. of Ventilator Support Beds	No. of ambulances
Government Healthcare Facilities								
1	THQH Althur	GH	9496349802	154	5	0	0	0
2	ESI DISPENSARY, ALATHUR	GH	9446887828	0	0	0	0	0

Table 5. Health Facility Resource Summary								
Sl. no.	**Health Facility**	**Type of Facility (MCH/GH/CHC/FHC/SC etc.)**	**Contact Number**	**Total beds**	**ICU Beds**	**Oxygen-Supported Beds**	**No. of Ventilator Support Beds**	**No. of ambulances**
3	IPP PUTHYANKAM	SC	7510825918	0	0	0	0	0
4	ICDS PUTHIYANKAM	SC	8281677512	0	0	0	0	0
5	IPP VANUR	SC	8281677512	0	0	0	0	0
6	ICDS VANUR	SC	7025475001	0	0	0	0	0
7	ICDS VENGANNUR	SC	9207524667	0	0	0	0	0
8	IPP VENGANNUR	SC	8547132759	0	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**
1	CRESCENT HOSPITAL ALATHUR	PVT	9447746933	200	10	20	0.	2
2	MERCY HOSPITAL,ALATHUR	PVT	9526784323	25	3	3	0	1
3	METEERNITY HOSPITAL,ALATHUR	PVT	9544354324	20	5	25	0	1
AYUSH Healthcare Facilities								
1.GOVT.AYURVEDA HOSPITAL, ALATHUR-8921901428								
2.GOVT.HOMEO DISPENSARY ,ALATHUR-9947121699								

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	HOLICARE HOSPITAL	Y/CEA TEMPORARY	GENERAL	NIL	HOLICARE HOSPITAL MALMALMUKKU,ALATHUR W	9895888245	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	1	0	1
Dental Colleges	0	0	0	0

Category of Institution	Govt	Private	AYUSH	Total
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	0	0	0
Oxygen-generating systems(Y/N)	0	0	0	0
Oxygen-supported beds(Numbers)	0	0	0	0
Ventilator-supported beds	0	0	0	0
ICU beds	5	18	0	23
Burns units	0	0	0	0
Blood centres	1	2	0	3
BLS ambulances	3	4	0	7

Item	Govt	Private	AYUSH	Total
ALS ambulances	0	0	0	0
Dialysis facilities	1	1	0	2
Dispensaries	1	1	2	4
Medical store	1	23	0	24
Industrial establishments(**Medium-scale industries/small-scale industries establishments to whom we can depend in a worst-case scenario)**	0	0	0	0

Oxygen & Diagnostic Capacity

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

Name of Health Facility	Oxygen-generating System (Y/N)	Backup Oxygen Source (Y/N)	Diagnostic Facilities Available(Y/N)				
			Lab	USG	X-ray	CT/MRI	RT-PCR
Government Healthcare Facilities							
THQH ALTHUR	N	N	Y	Y	Y	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

Diagnostics facility mapping at the LSGI level

The diagnostic capacity of **Alathur 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	13	0	14
Microbiology labs	0	0	0	0
RT-PCR labs	0	0	0	0
USG units	1	4	0	5
CT/MRI units	0	2	0	2
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	THQH ALTHUR	GOVT	ALATHUR	9496349802	y	
2	HOLYCARE MEDICAL CENTRE	PVT	MALMAL JUNCTION	9995762676	y	
3	METRO HI TECH LAB	PVT	NEAR ASMHSS ,ALATHUTR		NO	
5	MERCY HOSPITAL	PVT	ALATHUR ,NEAR GANDHI JUNCTION.	9496336369	y	
6	METERNITY HOSPITAL	PVT	THRIPPALAUR,ALATHUR	9446023206	y	
7	NEETHI DIGNOSTIC LAB	PVT	GANDHI JUNCTION ,ALATHUR	623865375	n	
8	CRESCENT HOSPITAL	PVT	ALATHUR	989243632	y	
9	JANANANMA LAB	PVT	SWATHI JUNCTION	9645457407	n	

Sl. No.	Name of Laboratory	Ownership (Govt / Private / Academic)	Address	Contact No.	24×7 Services (Yes/No)	NABL / Govt Approved (Yes/No)
			,ALATHUR			
10	DEVINE LAB	PVT	NEAR THQH, ALATHUR	9495094639	n	
11	THANOOJA lab	PVT	OPPOSITE TO MUNSIF COURT ,ALATHUR		N	
12	NEETHI LAB	PVT	SWATHI JUNCTION, ALATHUR	8921724030	N	
13	ALATHUR LAB &SCAN CENTRE	PVT	PALLIPPARAMBU ,ALATHUR	9995762676	N	
14	NEETHI DIAGNOSTIC CENTRE	PVT	MALMAL JUNCTION ,ALATHUR	-	N	
15	DANE DIGNOSTIC CENTRE	PVT	GGHSS ROAD, ALATHUR	9778461763	N	
16	SB LAB	PVT	NEW BUS STAND,	-	N	

Sl. No.	Name of Laboratory	Ownership (Govt / Private / Academic)	Address	Contact No.	24×7 Services (Yes/No)	NABL / Govt Approved (Yes/No)
			ALATHUR			

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	24	**ALL WARDS**	**125**	**IN ANGANWADIES LIST**
Schools	16	ALL WARDS EXCEPT 11&14	**856**	**IN SCHOOL LIST**
Colleges	0			
Healthcare Educational Institutions				
Medical colleges (Govt/Private)	0			

Nursing colleges (Govt/Private)	1 (PRIVATE)	2	100	9447122843
Dental colleges (Govt/Private)	0			
Paramedical institutes (Govt/Private)	0			
Community Gathering Spaces				
Community halls	0			
Auditoriums	4	4/5/6	500	
Religious buildings	2	8/16	200	
Vulnerable Group Support Facility				
Destitute homes	0			
Elderly homes	1	6	10	
LSGD owned other buildings	0			
Mass Fatality Management (MFM) Infrastructure				
Mortuary	0			
Crematorium	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	22	30	52
Doctors – AYUSH	2	4	6
Doctors – Veterinary	2	0	2
Doctors – Dental	1	10	11
Nursing officers	35	50	85
Lab technicians	4	15	19
Optometrist	1	1	2
Pharmacists	10	15	25
Psychologists	0	0	0
Counsellors	1	0	1

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)	1	0	1
HI (Health Inspectors)	1	0	1
LHS (Lady Health Supervisor)	1	0	1
LHI (Lady Health Inspectors)	1	0	1
JPHN (Jr Public Health Nurses)	5	0	5
JHI (Jr Health Inspectors)	3	0	3
MLSP (Mid-Level Service Providers)	6	0	6
Palliative Nurses	1	0	1

Cadre	Health services	Municipal common services	Total
RBSK Nurses	0	0	0
PRO	1	0	1
Epidemiologist	0	0	0
Data Manager	0	0	0

Community & Support Cadre

This group represents the surge capacity of the LSGI—people who can be called upon for logistics, rescue, and specialized support.

Cadre	Number
ASHA Workers	18
AWW (Anganwadi Workers)	24

Cadre	Number
Emergency Medical Volunteers (Trained)	2
Kudumbashree	310/ ACTIVE 290
MNREGS	5991/ ACTIVE 2483
Purusha Swayam Sahaya Sangham	0
Ex-Servicemen	10
Retired Police Officers	3
NCC/NSS Volunteers	25
Red Cross volunteers	0
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	5
Religious based organizations	5
Foreign based organizations	0
Sports Club/youth clubs	5
Kudumbashree SHGs	290
Ayalkootams	290
Political organizations	6
Residential organizations	11

Administrative & Emergency Services

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

Category	Total Count	Contact details
Police Stations	1	9497987151
Fire & Rescue Stations	1	101
Water Pumping Points	28	9995489695
Public Distribution System (PDS)	11	9995489695

Information regarding resources

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

Means of transportation	Total Count
JCB	4

Crane	2
Heavy Trucks	5
Tractor	4
Ambulances	8
Mobile mortuaries	3
Boats	0
Taxi service	25

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

ONE HEALTH & ENVIRONMENTAL SURVEILLANCE

The One Health approach integrates environmental, animal, and human health to strengthen proactive pandemic preparedness. At the Panchayat level, surveillance systems are enhanced to enable early detection and response to zoonotic and environmentally related diseases. This is achieved through systematic assessment of animal populations, veterinary infrastructure, poultry units, and other potential human–animal interface points, along with inter-sectoral coordination between health, veterinary, and local government departments. Tools such as disease seasonality mapping and GIS-based surveillance support predictive alerts and ward-specific monitoring, thereby strengthening pandemic preparedness in potential high-risk areas within Alathur Grama Panchayat.

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)	1865	ALL WARDS
	Pet Animals (Dogs/Cats)	806	ALL WARDS
	Stray Dog Population	420	ALL WARDS
	Pig Farms (Number of heads)	0	
	Small Units (Sheep / Goats – clustered)	0	
Bird Population	Poultry Units (Birds)	0	
	Poultry- (FOWL)	8713	ALL WARDS

Category	Item	Estimated Population	Wards
	Wild/Migratory Birds (Observed)	0	
	Crow Mortality Events (Reported)	0	

The main risk of zoonotic diseases in Alathur Grama Panchayath is distributed across all wards due to the presence of 1,865 livestock animals, 8,713 poultry (fowl), and 26 backyard poultry farms. Additional localized risk is observed in Wards 2 and 10, where cattle sheds are located near water bodies, and in Ward 15, where fish and meat markets are functioning.

The stray dog population of 420 across all wards continues to be a significant concern for rabies surveillance and bite prevention, particularly in market areas and other public spaces. There are no pig farms, migratory bird congregation areas, wetlands/backwaters with livestock interface, or clustered animal units reported in the Panchayath.

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	0			
Veterinary Hospital / Polyclinic	govt veterinary polyclinic	govt	6	9847068867
Private Veterinary Clinics	0	0	0	
Mobile / Emergency Vet Service (incl. night services)	1	govt	6	9847068867
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	2	govt	9995088617
Private Veterinary Doctors	0	0	
Livestock Inspectors	1	govt	9995088617
Para-veterinary Staff / Attenders	3	govt	9995088617
Contract / On-call Veterinary Support (if any)	1	govt	1962

High-Risk Interface Points (Surveillance Sites)

High-risk interface points for zoonotic disease surveillance in Alathur Grama Panchayath include 26 backyard poultry farms across all wards, 4 cattle sheds near water bodies in Wards 2 and 10, and 2 fish and meat markets in Ward 15. These locations represent the primary surveillance sites where zoonotic spillover risks are elevated due to close human–animal interaction and environmental exposure.

Type of Habitat	Type of High risk interface	Geographical vulnerability
Wetlands & Backwaters	0	
Backyard Poultry Farms	26 -all wards High human–animal interface	vulnerability for zoonotic disease transmission
Cattle Sheds near Water Bodies	4- ward 2, 10 Close livestock–human interface	high vulnerability due to contamination of nearby water sources
Fish & Meat Markets	2- ward 15	moderate localized vulnerability due to hygiene and waste disposal concerns
Community Slaughter Sites	0	
Migratory Bird Congregation Areas	0	
Rodent-Infested Grain Storage	0	

Category	Total Count	Key Locations (wards)
Poultry Farms	0	
Backyard / Clustered Poultry Units	26	All wards
Duck Rearing Units (open water access)	0	
Slaughterhouses/ Slaughter Points	0	
Meat/Fish Markets	3	2,6.15
Live Bird Sale Points	0	
Cattle Markets / Weekly Animal Fairs	0	
Pet Shops / Breeders	0	
Animal Shelters / Pet Homes	0	
Waste Disposal Sites near Animal Units	0	

Environmental Risk Mapping

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

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

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

Risk Factor	High-Risk Wards	Key Locations	Risk Level (High/Med/Low)
Flood-prone areas	2,10	vengannur,kattu sseri	med
Water bodies/wetlands	20	all wards	low
Solid waste accumulation	0		
Animal waste disposal issues	0		
Rodent infestation zones	0		
Industrial effluent discharge	0		
Construction sites / abandoned buildings	5/4	12,2,15,4	low
Poor drainage/blocked canals	0		
Drinking water source contamination risk	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	nil			
Leptospirosis	sept-dec	bare foot,gardening, contact with cattles	2	
Dengue/Chikungunya	july-nov	water scarcity,artificial rain water collection,blockage of drainages	2,5,10,12	
Acute Diarrheal Diseases	june-dec	lack of proper personal and food hygiene	all wards	
Rabies	0			
Anthrax (rare)	0			

Vulnerability Mapping

Vulnerability mapping pinpoints high-risk populations, occupations, and areas exposed via environment, livelihoods, socio-economics, and poor service access. Paired with

environmental/seasonality mapping, it enables risk-based surveillance, targeted actions, and optimal resource use in One Health and pandemic planning.

Vulnerability Factor	High-Risk Wards	Key Groups / Locations	Risk Level
Flood-prone households	2,10	kattussery,vengamnur	medium
Wetland-adjacent communities	0		
Backyard poultry / duck rearing households	all wards	all wards	low
Livestock-rearing households	all wards	all wards	medium
Slaughterhouse & meat market workers	0		low
Fisherfolk & fish market workers	15.2	VENGANNUR-2, CHANTHAPPURA-15	LOW
Sanitation workers	0		
Daily wage / migrant workers	10, 12,2,4,15	Kattusserry,maruthamkad,parakkunnam,kumbalakod,chandapura	low
Elderly & chronically ill populations	all wards	all wards	low

Pregnant Women	all ward	all ward	low
Children (schools, Anganwadi's)	all wards	all wards	low
Limited access to safe water & sanitation	0		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)

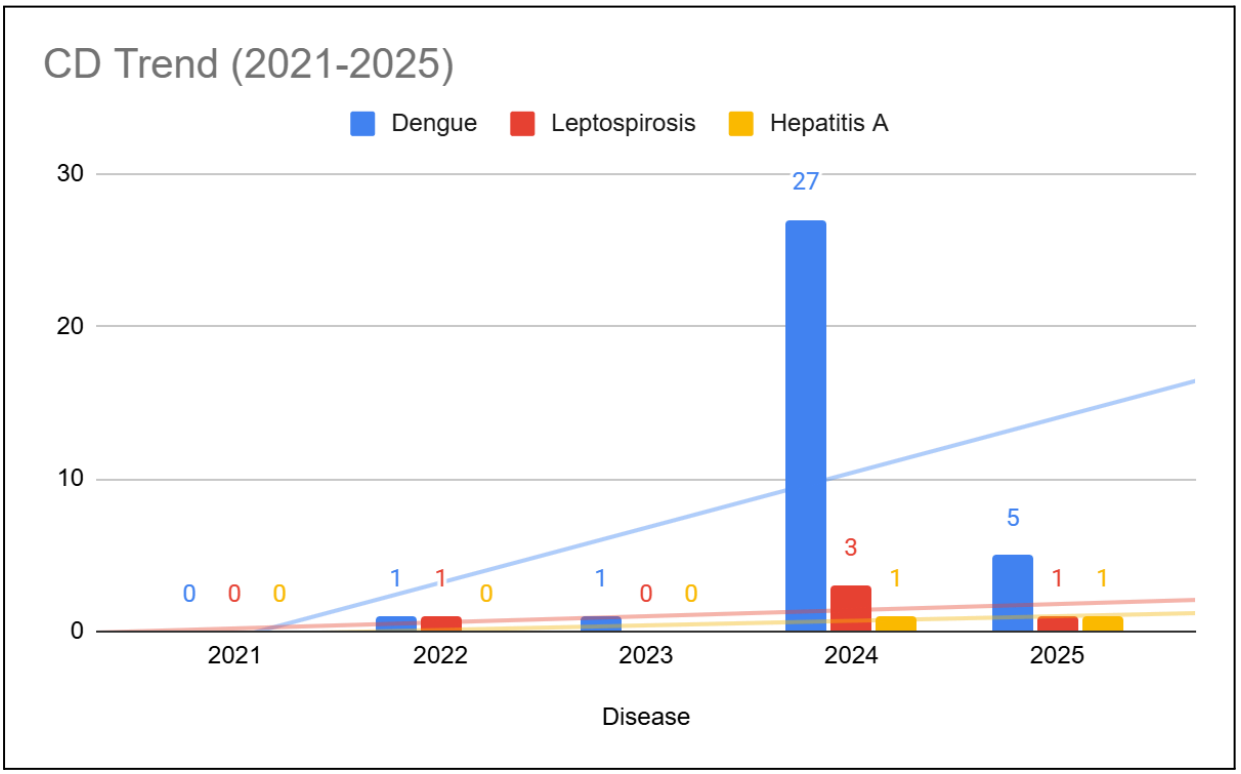
Analysis of disease-wise data for the last five years helps identify persistent public health problems, emerging diseases, and changes in disease burden. This information supports prioritisation of prevention, preparedness, and response activities at the Panchayat level.

Disease	2021	2022	2023	2024	2025	Trend(Increasing/Stable/Decreasing)
Dengue	0	1	1	27	5	Decreasing (sharp rise in 2024 followed by decline in 2025)

Leptospirosis	0	1	0	3	1	Decreasing (minor peak in 2024 with reduction in 2025)
Hepatitis A	0	0	0	1	1	Stable (low-level, consistent cases)
Malaria	0	1	0	1	2	Stable (sporadic cases with slight variation)
Scrub Typhus	0	0	0	1	0	Stable (single occurrence, no persistence)
Typhoid	0	0	0	1	0	Stable (sporadic occurrence)
H1N1	0	0	0	2	0	Stable (temporary spike, no continued cases)
H3N2	0	0	0	0	0	Stable (no cases reported)
ADD	15	15	20	11	85	Increasing (significant surge in 2025)
Mumps	11	14	19	29	22	Decreasing (rise till 2024 followed by decline in 2025)

Measles	0	0	0	0	0	Stable (no cases reported)
Hepatitis B	1	1	0	1	2	Stable (low and fluctuating cases)
Hepatitis C	0	0	0	0	0	Stable (no cases reported)
Tuberculosis	3	18	20	11	11	Stable (initial rise followed by stabilization)
Leprosy	0	0	1	1	1	Stable (low endemic with occasional cases)
COVID-19	2015	1214	325	1	0	Decreasing (sharp decline from pandemic peak to zero)

***(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
2				4		4
3				1		1
4				1	1	2
5			1	1	1	3

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

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
2						0
3						0
4				1		1
5						0
6						0
7						0

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

10						0
11				1		1
12					1	1
13						0
14						0
15						0
16						0

Outcome-Based Trend Analysis- 2025

- Mortality Outcome

  - Overall mortality remains very low during 2021–2025.
  - One death reported (water-borne disease category – likely dysentery/TB-related overlap in reporting).
  - No deaths due to Dengue, Leptospirosis, Hepatitis A, or other major epidemic-prone diseases.
  - No COVID-19 deaths in recent years.

- Disease Burden Outcome
  - Dengue: Sudden spike in 2024 followed by decline
  - Leptospirosis: Low incidence with slight fluctuation
  - Hepatitis A: Low but persistent cases
  - Malaria: Sporadic cases → no sustained transmission.
  - ADD (Diarrhoeal diseases): Sharp increase to 85 cases in 2025 → major public health concern.
  - Mumps: Increasing till 2024, slight decline in 2025
  - Tuberculosis: Fluctuating but stabilizing → persistent endemic burden.
  - COVID-19: Drastic decline from 2015 (2021) to zero in 2025 → post-pandemic recovery achieved.
- Severity & Case Fatality Pattern
  - No case fatality in Dengue, Leptospirosis, Hepatitis A, or Typhoid.
  - Only one recorded death overall, despite multiple disease categories.
  - No large-scale outbreak mortality observed.
- Seasonal Control Outcome
  - Dengue (July–November): Peak in 2024 managed without recurrence in 2025.
  - Leptospirosis (June–August): Minimal seasonal spikes, well controlled.
  - Hepatitis A (Oct–Dec): Limited clustering with no escalation.
- Transmission Pattern Outcome (2025 Focus)
  - Water-borne diseases (86 cases): Dominant contributor, mainly due to ADD → highlights sanitation and water safety gaps.
  - Vector-borne diseases (6 cases): Present but controlled.
  - Air-borne diseases: Minimal, except TB and Mumps.
  - Blood-borne diseases: Very low prevalence.
  - Zoonotic diseases: Limited to isolated Leptospirosis cases.
- Ward-Level Outcome

- High Priority (Red Zone Wards): 2, 4, 6, 8, 9, 12 (multi-disease recurrence across years).
- Moderate Risk Wards: 10, 11, 13, 14 (mixed disease burden).
- Low-Risk Wards: Remaining wards with low or no incidence.

🔹 Conclusion (2021–2025)

- Overall stable epidemiological situation with minimal mortality.
- Persistent risk from water-borne diseases, especially ADD.
- Priority focus required on water quality, sanitation, and hygiene interventions.
- Strengthening targeted action in Red Zone wards is essential for future pandemic preparedness and resilience.

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	6	0
Water Borne Diseases	86	1
Air Borne Diseases	0	0
Blood Borne Diseases	5	0
Food Borne Diseases	0	0

Vector-Borne Disease

Disease	No. of Cases	No. of Deaths
Dengue	5	0

Malaria	2	0
Chikungunya	0	0

Water Borne Disease

Disease	**No. of Cases**	**No. of Deaths**
Cholera	0	0
Typhoid	0	0
Hep- A	1	0
Dysentery	85	0
Amoebiasis	0	0
E- Coli infections	0	zs

Air Borne Disease

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

Influenza	0	0
H1N1	0	0
TB	16	1
Chickenpox	0	0
Measles	0	0
Covid-19	0	0
Pertussis	0	0
Mumps	22	0

Blood-Borne Disease

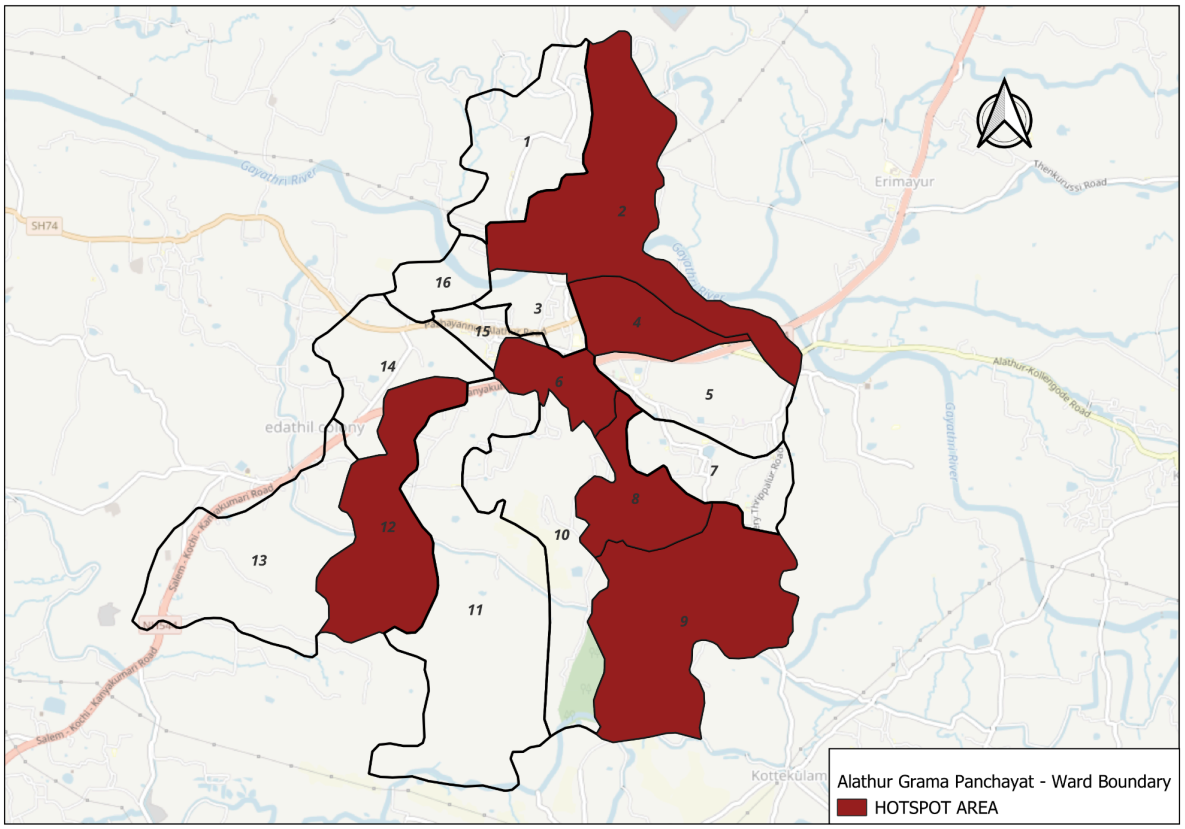
Disease	**No. of Cases**	**No. of Deaths**
AIDS	0	0

Hep- B	2	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)



Map : Hotspot Map

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	0	6	8	15
2	4	0	0	4	12	20
3	1	0	0	7	10	18
4	2	1	0	8	9	20
5	3	0	0	6	9	18
6	2	0	0	10	10	22
7	1	0	0	6	8	15
8	0	1	0	7	12	20

9	4	1	0	9	13	27
10	4	1	0	5	8	16
11	3	1	1	5	9	19
12	4	0	1	6	10	21
13	1	0	0	8	10	19
14	4	0	0	3	10	17
15	0	0	0	5	8	13
16	0	0	0	0	0	0

By overlaying five years of data, we have identified …2, 4, 6, 8, 9, 12 Red Zone' Wards. These are wards where at least two different categories of diseases (e.g., Dengue and Lepto) recurred in consecutive years.

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	HARITHA	Panchayat President	LSGD	Chairperson	9947668107
2	Dr.SREEJA	Medical OfficerTHQH ALATHUR	Health Dept	Member Secretary	9496349802
3	Dr.KISHORE	Veterinary Officer	Animal Husbandry	Member	9995088617
4	NIL	Epidemiologist	Health Dept	Member	
5	RAJESH C	Health Inspector/PHN	Health Dept	Surveillance	9847574676
6	SINDHU PRO	ASHA Supervisor	Health Dept	Community link	9544648581
7	BINDHU	ICDS Supervisor	Social Welfare	Vulnerable groups	8921982591

8	UNNIKRISHNAN	Police Station Officer	Police Dept	Law & order	9497987151
9	VINOD R	WardCouncillor Representative	LSGD	Community coordination	9846622038
10	SALEENA	Kudumbashree CDO	Kudumbashree	Community mobilisation	8848599670
11	ROTARY CLUB ALR	NGO/Volunteer rep	Civil Society	Support services	
12		Line Department representations			

Key Responsibilities:

- Review disease surveillance data (human + animal)
- Conduct ward-wise risk assessment and vulnerability mapping
- Approve quarantine/isolation centre locations
- Coordinate with district for resources (PPE, oxygen, ambulances)
- Periodically review health system surge capacity, including beds, oxygen, human resources, and ambulances.
- Approve and monitor risk communication and community engagement strategies, including rumour management.
- Ensure protection and service continuity for vulnerable groups (elderly, persons with disabilities, dialysis patients, coastal populations).
- Conduct quarterly mock drills
- Monitor equity measures for vulnerable groups

Meeting Schedule:

Quarterly (normal times) | Weekly (outbreak alert) | Daily (pandemic phase)

Pandemic Response Workforce

To ensure a coordinated and timely response during a pandemic, a dedicated Pandemic Response Workforce shall be constituted at the LSG level. The workforce will function under the overall supervision of the One Health Committee and in close coordination with the health authorities. Team-based deployment will enable efficient surveillance, case management, quarantine and isolation management, logistics support, and risk communication. Each team shall have a clearly designated team leader, defined roles, and an identified pool of personnel to allow rapid activation, rotation of duties, and continuity of services during prolonged emergencies.

Total Response Workforce Available: 300 persons

Team Name	Composition	Key Responsibilities	Team Leader
Surveillance and Contact Tracing Team	HI, JHI, JPHN, ASHAs and Volunteers	Case detection, contact listing, home visits, reporting	HI
Case Management Team	Doctors, Nurses, MLSP, Palliative Nurses	Patient care & referral	DOCTOR
Quarantine & Isolation Team	LSGD staff, Volunteers	Facility management	JHI
Psychosocial support	AH counsellor, Psychologist	Psychosocial support	AH counsellor
Logistics & supply chain Team	LSGD staff, Storekeepers, Drivers 3	Supplies & transport [PPE, medicines, oxygen, transport, waste management]	Ward Member

Communication Team	Ward members, Kudumbashree, Youth clubs, AWW workers and other self help groups	IEC, community meetings, countering misinformation	M.O in charge
Transportation	KSRTC, educational institutional buses		
Media Surveillance	ALL NEWS PAPER ,TELEVISION CHANNEL,WHATS APP GROUP,SOCIAL MEDIA	AWARENESS	PRO
Intersectoral coordination and convergence	SUPERINTENDENT CHC,SECRETARY PANCHAYATH,MEDICAL OFFICE AYURVEDHAM,HEALTH SUPERVISOR CHC	CO ORDINATION OF TEAMS & ANALYSIS OF DATA	SECRETARY PANCHAYATH
Collaborative surveillance	SUPERINTENDENT		

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:**

Surveillance data shall be compiled from multiple sources to ensure comprehensive coverage across the Panchayat. These include outpatient and inpatient registers from public and private health facilities, laboratory test results, reports from ASHA workers and other field health staff including JHIs, JPHNs, and MLSPs, school absenteeism records, pharmacy sales trends of antipyretics and antibiotics, and mortality data from the local registrar. All notifiable diseases and priority syndromes shall be reported in real time through the Integrated Health Information Platform (IHIP) to facilitate early warning signal generation, trend analysis, and rapid public health response.

2. **Event-based triggers (to be monitored and reported):**

Event-based surveillance shall focus on the prompt identification and reporting of unusual or unexpected public health events that may indicate the emergence of a pandemic threat. The following triggers shall be actively monitored and immediately reported through appropriate channels, including the Integrated Health Information Platform (IHIP):

- Sudden clustering of fever, respiratory illness (ILI/SARI), diarrhoeal disease, or other similar syndromes within a locality.

- Two or more epidemiologically linked cases occurring in households, institutions, schools, hostels, migrant labour camps, or elderly care facilities.

- Unexplained severe illness, rapid deterioration, or deaths due to unknown causes.
- Increase in hospital admissions for respiratory or febrile illness beyond the expected baseline.
- Illness among healthcare workers or frontline staff.
- Reports of unusual clinical presentations or failure of standard treatment response.
- Rumours or community reports of sudden illness outbreaks.

All such events shall be verified promptly by field staff, documented, and escalated to higher authorities for timely outbreak investigation and control measures.

3. Zoonotic and animal health surveillance

Zoonotic and animal health surveillance shall be strengthened during the alert and preparedness phase through close coordination between the Health Department, Animal Husbandry Department, and local Panchayat authorities under a One Health approach. Continuous monitoring shall be undertaken for unusual illness, sudden deaths, or changes in disease patterns among domestic animals, poultry, and wildlife, particularly in areas of close human–animal interaction such as livestock holdings, backyard poultry units, animal markets, slaughter points, and forest fringe areas.

Reports from livestock owners, poultry farmers, veterinary field staff, and community informants shall be promptly collected, verified, and shared with the public health surveillance system. Any suspected zoonotic event, including clusters of animal illness or mortality with potential human exposure, shall be immediately reported and jointly investigated. Integrated human and animal health surveillance findings shall be used to guide early risk assessment, targeted preventive measures, and timely containment actions to reduce the risk of zoonotic spillover and pandemic emergence.

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 – 175 numbers
     - Pulse oximeters – - numbers
     - Hand sanitizers – 60 litres
     - Masks, gloves, disinfectants – adequate quantity (Mask- 4800 Nos, Gloves- 9550 Pairs, Disinfectant- 215 Litres)

   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

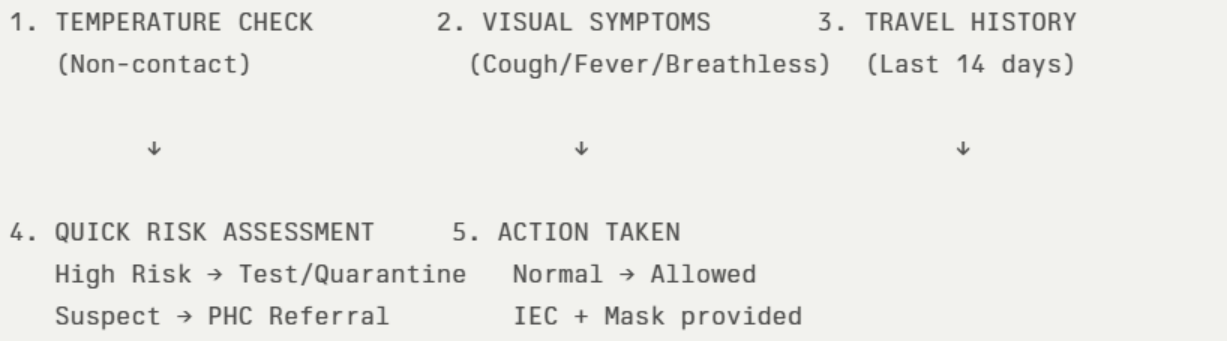
Screening checkpoints at high-traffic locations (transport hubs, markets, religious gatherings) for early detection of symptomatic travellers and crowd screening during outbreaks. Potential locations include bus stands, market entry points, etc. based on local context and risk assessment.

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

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: Alathur Panchayath Office.

Backup Location: Community Hall in Alathur 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.SREEJA	SUPERINTENDENT	9496349802	Overall coordination, decision-making, and reporting to the District level.
Data Entry Operator	NIL			Managing the line list, updating dashboards, and tracking testing results.
Communication Officer	DIMITHROV	SECRETARY PANCHAYATH	9446959507	Handling the public helpline, coordinating ambulance dispatch, and contact tracing calls.
Logistics Coordinator	SINDHU	BLOCK PRO	9544648581	
Technical Support *(IT/Data)*	DIMITHROV	SECRETARY PANCHAYATH	9446959507	

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 Point (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	ASST.SECRETARY GP ALATHUR	9995489695
Social media	BLOCK PRO SINDHU	9544648581
Local Cable TV/Radio	VICE PRESIDENT VINOD R	9846622038

- 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 / As directed during outbreak	MO
District IDSP Unit	Outbreaks/Clusters/Unusual Events (>5 cases same ward)	Immediately	MO
Veterinary Officer	Animal health events/Zoonotic alerts	Immediately upon detection	Veterinary Inspector / Livestock Inspector
State Cell	Zoonotic cross-sector events	As directed / Immediate during major outbreak	DMO/DSO (through Block PHC)

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	7012208221
PPE Kits/Masks/Gloves	Local Vendors	9633443707

Oxygen Cylinders/Concentrators	KMSCL	7012208221
Medicines/Antivirals	KMSCL	7012208221
Medicines/Antivirals	Neethi Shops	9633443707
Test Kits (RTPCR/Rapid)	KMSCL	7012208221

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	VOLUNTEERY	9656461626

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	9446975914
Veterinary	Veterinary Surgeon:	Animal surveillance	9995088617
ICDS	Supervisor:	Nutrition support	8921982591
Education	Head Teacher:	School coordination	H M PHONE NUMBERS IN SCHOOL LIST
Police		Containment enforcement	100
Water Authority	A E	Water supply	04912222728
LSGD Engineering	A E	Quarantine infrastructure	0492222398

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
U+ AUDITORIUM	**AUDITORIUM**	1	6	30	SECRETARY GP ALATHUR
PAVITHRA AUDITORIUM	**AUDITORIUM**	1	4	30	SECRETARY GP ALATHUR
A4 AUDITORIUM	**AUDITORIUM**	1	5	40	SECRETARY GP ALATHUR
PALLI HALL AUDITORIUM	**AUDITORIUM**	1	16	40	SECRETARY GP ALATHUR
BSS GURUKULAM	**SCHOOL**	3	4	100	SECRETARY GP ALATHUR

LAKSHMI KOVIL AUDITORIUM	**AUDITORIUM**	1	8	40	SECRETARY GP ALATHUR
ALIYA MAHAL	**AUDITORIUM**	1	6	40	“

- **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 Overall Pandemic Action Plan of Alathur Grama Panchayat provides a comprehensive, risk-based, and community-centred framework to prevent, prepare for, and respond to public health emergencies. By incorporating ward-level risk assessment, population vulnerability mapping, strengthened disease surveillance systems, and effective intersectoral coordination, the Plan ensures early detection, timely response, and uninterrupted delivery of essential health services during pandemics. Special emphasis is given to community engagement, protection of high-risk groups, healthcare system preparedness, and sustainable water, sanitation, and environmental practices. Through decentralized governance, evidence-based planning, and continuous collaboration with health departments and local stakeholders, Alathur Grama Panchayat is well-positioned to reduce health risks, maintain community resilience, and protect the overall well-being of its population in future pandemic situations.

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 for emergency referral and transport.

2. Community Awareness & Education

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

3. Emergency Response & Coordination

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

4. Supply Chain & Food Security

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

5. Digital Preparedness

- Promote digital platforms for telemedicine consultations.
- Use Panchayat's website/social media for real-time updates on health advisories.

- Encourage online grievance redressal to reduce crowding in offices.

6. Training & Capacity Building

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

7. Long-Term Resilience

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

MOCKDRILL SCENARIOS

Mock drill scenarios for public health emergencies, including outbreak response, mass casualty management, and pandemic preparedness, have been identified to strengthen institutional readiness and coordinated response mechanisms; however, implementation is pending across institutions and will be conducted in a phased manner to strengthen emergency response capacity.

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	VENGANNUR	1	LATHA	7994612775
2	PARAKKALAM	2	REMA	9947882785
3	BNAK ROAD	3	REMA N	9747025906
4	KUMBALAKKOD	4	MANIKANDAN	9744081441
5	ARANGATTUPARAMBU	5	SHEEBHA	9747912395
6	THRIPPALLUR	6	RADHIKA	8136900482

7	PUTHIYANKAM	7	LEELA C	9846047507
8	PERUNKULAM	8	GEETHA	9946710557
9	THEKKUMURI	9	SASIKUMAR	9977716211
10	KATTUSSERRY	10	VINOD R	9846622038
11	NARIYAMPARAMBU	11	M FOUSIYA	9947030779
12	KUNNAKKAD	12	SHAHABHUDHEEN	9544818985
13	MARUTHAMKKAD	13	AMAL	7034914518
14	ERATTAKULAM	14	HARITHA	9947668107
15	KEEZHPADAM	15	ABDUL SAHIDH	9605447086
16	MALAMALAMOKKU	16	PADMA	9037684511
17	MARKET	17	SHAHANA	8606684438
18	MALIKAPARAMBU	18	SATHEESH	

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

Sl. No.	Name	Contact number
1.		
2.		
3.		
4.		
5.		
6.		
7.	Excise department	7034488887
8.	Forest department	

1.3. Important offices of grama panchayat/municipality/ corporation

Sl.No	Name of the office	Contact person	Contact number

1.	Village Office	Village Officer	8547614802
2.	Agriculture Office	Agriculture Officer	907405301
3.	Animal Husbandry Office	Animal Husbandry Doctor	9995088617
4.	Police Station	Police Officer	100
5.	BSNL Office	Officer	18003451500
6.	Block Office	Officer	04922 222270
7.	KSEB Office	Officer	04922 222321
8.	Fisheries Office	Officer	
9.	Fire and Rescue	Officer	101

1.4. Health Services

Sl. No	Name of the hospital/institution	Location	Phone number
1.	Government hospitals/PHC	alathur	8075944496
2.	Private hospitals	alathur	in the hospital list

3.	Clinical laboratories	alathur	in the lab list
4.	Chemist/pharmacy	alathur	ni the pharmacy list
5.	Blood donors	alathur	
6.	Other language experts (Bihari, Hindi, Bengali, Asamees ……)	alathur	

1.5. Veterinary Services

Sl. No	Name of the Clinic	Name of the Surgeon/Doctor	Place/location	Phone number
1	Govt.Veterinary Hospital	Dr.kishore	alathur	9995088617

1.6. Helpline numbers

Helpline	**Phone number**
Police	100

Fire and Rescue	101
KSEB	1912

1.7. Public and Private Schools Contact details

S.No	Name of School	Institution type	Phone number
1	B S S GURUKULAM	PVT	9633289475
2	HOLI FAMILY E M	PVT	9847828909
3	MODEL SCHOOL	Private	9846516205
4	G LPS VENGANNUR	Govt	9605231959
5	GUPS PUTHIYANKAM	GOVT	9446474041
6	HABITS SCHOOL	Private	9447003033
7	LITTLE FLOWER UP	Private	
8	ALPS VANNUR	AID	9847690102
9	GLP S KATTUSSERRY	Govt	8089825689
10	ALP SCHOOL PERUNKULAM	AIDED	

11	GUP S PERINKULAM	GOT	
12	ALPS PUTHIYANKAM	AIDED	
13	A S M GIRLS HSS	AIDED	
14	WEST KATTUSSERRY K K M L P S	AIDED	
15	GMLPS PALLIPARAMBU	GVT	
16	ST PAULS SCHOOL	PVT	

1.9. Anganwadi Contact Details

Ward No	Name of Anganwadi Teachers	Phone number
1	SASIKALA	8129065484
1	SHAILAJA	9496520807
6	RAJEENA	9947603856
6	SUDHA	9446995653
5	LAILA	9633423320
5	LEKHA	9947164078
4	BINDHU	8547941984
4	PADMAVATHY	9539460897
2	SUSHAMA	9747117325

7	DHEEPIKA	8848587189
8	RAJI	8606271997
9	SEENA	9562559965
9	RADHIKA	8547572077
11	THAJ	9388131833
10	SUJATHA	9048340130
10	VISHALAKSHI	9846751437
12	SAKUNTHALA	9961990236
14	MAGEESHA	9947232722
14	SREEDEVI	9037705596
18	ANITHA	
17	SHEELA MOL	9744266314
15	RESHMI	9048773204
3	SHOBHANA	9961009873
13	RAJANI MC	9744589293

1.12. Information regarding resources

Means of transportation	Name of Owner	Phone Number
Heavy Trucks	NIL	
Tractor	NIL	
Ambulances	NIL (108)	108
Boats	NIL	
Taxi service	NIL	

Annexure 1: LSG Baseline Data Collection Format

A. Baseline data

Sl. No.	Indicator / Field	Baseline Data	Source / Remarks
1	Name of LSG	ALATHUR	
2	District	PALAKKAD	
3	Block / Taluk	ALATHUR	
4	Type of LSG (Gram Panchayat / Municipality / Corporation)	GRAMA ANCHAYATH	
5	Area (sq. km)	19.62	
6	No. of wards	18	
7	GIS boundary file available	(Yes/No) YES	
8	Key contact person & phone	SECRETARY,9446959407	

B. Demography

Indicator / Field	Baseline Data	Source / Remarks
Total population	25784	
Males	12822	
Females	12962	
Transgender population	0	
Age distribution (<5, 5–14, 15–59, ≥60)	1446,3546,3795,16997	

No. of households	7062	
Population density (persons/sq.km)	700	
No. of migrant workers	160	
Major occupational groups	COOLIE	

C. Vulnerable Populations & Social Risks

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	No. of elderly (≥60)	3795	
2	No. of persons with disability	73	
3	No. of bedridden persons	40	
4	No. of chronic disease cases (DM/HTN/COPD/CKD etc.)	3011	
5	Pregnant women (current estimate)	154	
6	Children <5 years	1446	

7	Tribal population (if any)	NIL	
8	Fisherfolk / coastal vulnerable groups (if any)	0	
9	Urban slums / unnotified settlements (if any)	0	
10	Homeless population	0	
11	Orphanages / old age homes (number & capacity)	0	
12	Hostels / prisons / shelters (number & capacity)	2/1/1 — 100,30,15	
13	Poverty / BPL estimate	5262	
14	Food insecurity hotspots	0	
15	Any history of stigma/discrimination issues (Yes/No)	0	

D. Health System & Service Readiness

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	No. of health facilities in LSG (PHC/CHC/TH/DH/Private)	7	
2	PHC/Family Health Centre details (name, location)	NIL	
3	Subcentres / Health & Wellness Centres (number)	0	
4	Private clinics / hospitals (number)	4	
5	Labs available (public/private)	14	
6	Availability of ambulance services (Yes/No, number)	YES, 4	
7	Availability of isolation/quarantine facilities (Yes/No, details)	YES	

8	Cold chain facilities (Yes/No, details)	YES	
9	Stockpile space available (Yes/No)	YES	
10	PPE / mask / sanitizer availability plan (Yes/No)	YES	
11	Surveillance staff available (JHI/JPHN/ASHA count)	YES,/3/7/18	
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)	1/0	
2	Railway stations (number)	0	

3	Boat jetties / fishing harbours (number)	00	
4	Ports / airports nearby (specify distance)	0	
5	Major highways/roads passing through	1	
6	Border crossings (state/district)	0	
7	Major markets / weekly markets	0	
8	Tourism hubs / major event venues	0	
9	Schools/colleges with hostels (number)	0/0	
10	Factories / large workplaces (number)	0/0	

F. Water, Sanitation & Hygiene (WASH)

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Major drinking water sources (piped / wells / borewells / springs)	2800/706/250	
2	No. of public wells	36	
3	No. of households with piped water connection	2800	
4	Water quality testing routine (Yes/No)	NO	
5	Common contamination risks (flooding, salinity, industrial waste)	NO	
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	YES/4	
10	Handwashing stations in public places (Yes/No)	NO	

G. Zoonotic Risks & One Health

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Livestock population (cattle/goats/pigs/poultry) – estimates	10578	
2	No. of dairy farms / poultry farms / pig farms	0	
3	Slaughterhouses / meat shops (number)	0	
4	Animal markets (Yes/No, details)	O	
5	Veterinary dispensaries (number)	0	
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)	NO	
11	Human-animal interface hotspots (farms near residences)	NO	

H. Climate & Disaster Risks (Pandemic Amplifiers)

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Flood-prone wards (list)	2/10	
2	Landslide-prone wards (list)	9/10	
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)	0	
7	Past disaster displacement history	YES	
8	Disruption to water supply/transport common (Yes/No)	NO	

I. Critical Infrastructure & Logistics

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Schools (number)	16	
2	Anganwadis (number)	24	
3	Colleges (number)	0	
4	Community halls (number)	0	
5	Places of worship with large gatherings (number)	10	
6	Large markets / shopping areas (number)	0	

7	Warehouses / cold storages (number)	0	
8	Telecom/mobile network coverage gaps (Yes/No)	YES	
9	Power outage frequency (high/medium/low)	LOW	
10	Availability of generators in key facilities	YES	

J. Risk Communication & Community Networks

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Ward-level rapid response teams (Yes/No)	YES	
2	Jagratha samithis / committees active (Yes/No)	YES	
3	Kudumbashree presence and strength (number of units)	YES/260	

4	Volunteer network (number, coverage)	260/100%	
5	Community-based surveillance mechanisms (Yes/No)	YES	
6	IEC dissemination channels (WhatsApp groups, community radio, PA systems)	YES	
7	Rumour tracking mechanisms (Yes/No)	YES	
8	Languages spoken / literacy considerations	MALAYALAM	
9	Vulnerable groups communication strategy available (Yes/No)	YES	

K. Preparedness Planning & Governance

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

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

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)	YES	
7	Data sharing between departments (Yes/No)	YES	
8	Availability of dashboard for monitoring (Yes/No)	YES	

M. Additional Notes & Observations

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Key challenges perceived by LSG	SHORTAGE IN STAFF AND TRANSPORTATIO N	
2	Top 5 high-risk wards (reason)	NIL	
3	Any unique local risks (industrial pollution, refugee camps, etc.)	NIL	
4	Recommendations for preparedness strengthening		