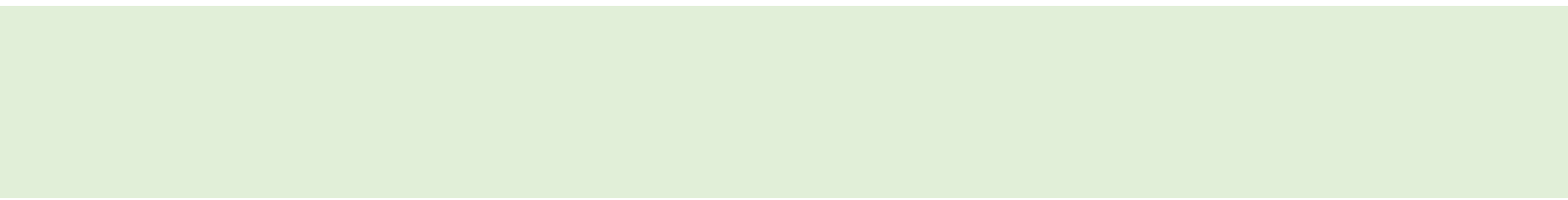


PANDEMIC
PREPAREDNESS PLAN
MODEL OF LSG
KAVASSERY
PANCHAYAT

THE MEDICAL OFFICER
FHC KAVASERRY
phckavassery@gmail.com



MESSAGE FROM PRESIDENT LSGI

It gives me immense pleasure to present this document on behalf of Kavassery 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.

Kavassery Grama Panchayat, with its diverse geographical features and strong community participation, continues to uphold the values of cooperation and collective responsibility. While the Panchayat has made steady progress in various sectors, it faces challenges such as seasonal climatic variations, public health concerns, environmental issues, and the increasing demand for basic infrastructure and essential services. Addressing these challenges requires coordinated efforts, strategic planning, and active involvement of the community.

The Panchayat, in close collaboration with health institutions, government departments, community-based organizations, and frontline workers, is continuously strengthening public health systems, sanitation and waste management practices, and disaster preparedness mechanisms. Focus is also given to disease surveillance, environmental protection, social welfare programmes, and inclusive development to ensure that all sections of society benefit equitably.

We strongly believe that preparedness, decentralized governance, and proactive planning are essential to building a resilient community. Through continuous engagement with the public and coordinated efforts across sectors, Kavassery 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 residents who contribute tirelessly to the progress and welfare of the Panchayat. Let us continue to work together with a shared vision and responsibility towards the overall development of Kavassery Grama Panchayat.

President

Kavassery Grama Panchayat

MESSAGE FROM HEALTH STANDING

COMMITTEE CHAIRPERSON

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

Kavassery Panchayat, with its predominantly rural character and diverse settlement patterns, presents both opportunities and challenges in the delivery of health services. Seasonal climatic variations, water-related health concerns, the risk of vector-borne diseases during monsoon periods, and the increasing burden of non-communicable diseases necessitate continuous vigilance and coordinated action. The Committee works in close coordination with the Health Department, Primary Health Centres, ASHA workers, Anganwadi centres, and other key stakeholders to strengthen preventive and promotive health initiatives.

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

The Committee recognizes that preparedness and prompt response are critical 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 enhance public health preparedness and resilience within the Panchayat.

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

Chairperson

Health Standing Committee

Kavassery Grama Panchayat

MESSAGE BY MEDICAL OFFICER

As the Medical Officer of Family Health Centre Kavassery, I am pleased to present this document outlining our continued commitment to strengthening public health and primary healthcare services. The Family Health Centre functions as a key primary-level healthcare institution, providing accessible, affordable, and essential health services to the population of Kavassery and the surrounding areas.

The FHC offers comprehensive outpatient care, maternal and child health services, immunization, management of communicable and non-communicable diseases, and effective implementation of national health programmes. The institution plays a crucial role in disease surveillance, early detection, prevention, and control activities, particularly during seasonal outbreaks.

Through the coordinated efforts of medical officers, nursing staff, health inspectors, ASHA workers, and other support staff, the FHC ensures timely diagnosis, appropriate treatment, and continuity of care. Health education activities and close coordination with community-level institutions and local self-government bodies form an integral part of service delivery.

Recognizing emerging public health challenges and increasing service demands, FHC Kavassery continues to strengthen service delivery and preparedness through systematic planning, capacity building, and effective coordination with health authorities and local self-government institutions.

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

Medical Officer

Family Health Centre Kavassery

EXECUTIVE SUMMARY

Primary Health Centre (PHC) functions as the primary public healthcare institution serving the population of Kavassery Grama Panchayath. The PHC plays a pivotal role in delivering comprehensive, accessible, and affordable healthcare services, with a strong focus on preventive, promotive, curative, and rehabilitative care in accordance with national and state health programmes.

The PHC caters to a predominantly rural population, addressing key public health priorities such as maternal and child health, communicable and non-communicable disease control, immunization, family welfare, adolescent health, and geriatric care. Regular outpatient services, home-based care through field health staff, and outreach activities ensure healthcare coverage even in geographically challenging areas. The institution actively implements national health missions, including the National Health Mission (NHM), National Tuberculosis Elimination Programme, National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS), and other disease surveillance initiatives.

Kavassery PHC works in close coordination with the Grama Panchayath, ASHA workers, Anganwadi centres, schools, and community-based organizations to strengthen community participation and improve health awareness. Emphasis is placed on early detection, timely referral, health education, and lifestyle modification to reduce disease burden and improve overall health outcomes.

Despite constraints related to infrastructure, manpower, and increasing service demand, the PHC continues to enhance service delivery through effective planning, data-driven decision-making, and community engagement. Strengthening facilities, upgrading digital health systems, and expanding preventive services remain key focus areas for future development.

Overall, Kavassery Primary Health Centre stands as a vital institution in safeguarding public health and improving the quality of life of the residents of Kavassery Grama Panchayath

LIST OF ABBREVIATIONS

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

TABLE OF CONTENTS

	3
INTRODUCTION	9
• Background of the PPP	9
LSGD AT A GLANCE	9
INTEGRATED HEALTH INFRASTRUCTURE MAP OF KAVASSERY PANCHAYAT	10
GENERAL PROFILE OF THE LSGI'S	13
Background of the LSGI	13
Demographic and Vulnerable Population	14
Clinical Vulnerability	16
INFRASTRUCTURE & RESOURCE INVENTORY	18
Health Facility Directory & Basic Capacity in the LSGD	18
Private Clinics	19
Healthcare Education & Training Institutions	20
Specialized Services & Emergency Inventory	20
Oxygen & Diagnostic Capacity	21
Diagnostics facility mapping at the LSGI level	22
Laboratory Identification & Basic Details	22
Social and Community Infrastructure for surge plan	22
Human resources	24
Community & Support Cadre	25
Community Organizations	26

Administrative & Emergency Services	27
Information regarding resources	27
ONE HEALTH & ENVIRONMENTAL SURVEILLANCE	28
Animal & Bird Population	28
Veterinary Infrastructure	29
Veterinary Doctors & Workforce	30
High-Risk Interface Points (Surveillance Sites)	30
Environmental Risk Mapping	31
Disease Seasonality Mapping	32
Vulnerability Mapping	33
EPIDEMIOLOGICAL TRENDS (2021–2025)	34
Disease Burden among human beings(Last 5 Years)	34
*(use the above table data to create the graph/diagram)	36
Seasonal Trend Analysis	37
Outcome-Based Trend Analysis- 2025	39
Transmission Trend- 2025	40
Integrated Disease Hotspot Map (2021–2025)	42
Preparedness and Response Protocol at LSG Level	44
Constitution of One Health Committee	44
Pandemic Response Workforce	45
Activities and Measures before and during Pandemic	47
PHASE 1 - Alert / Preparation	47
PHASE 2 - Active Response	50
Standard Screening Protocol	51
PHASE 3 - Surge Capacity	60
Conversion of Community Facilities	60

CONCLUSION	61
RECOMMENDATIONS	62
ANNEXURE	63
1. IMPORTANT PHONE NUMBERS	63

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 Kavassery 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 Kavassery Grama Panchayat in the implementation of public health, development, and welfare programmes. This institutional support strengthens the Panchayat's capacity to respond effectively to pandemics and other public health emergencies in an inclusive, resilient, and sustainable manner.

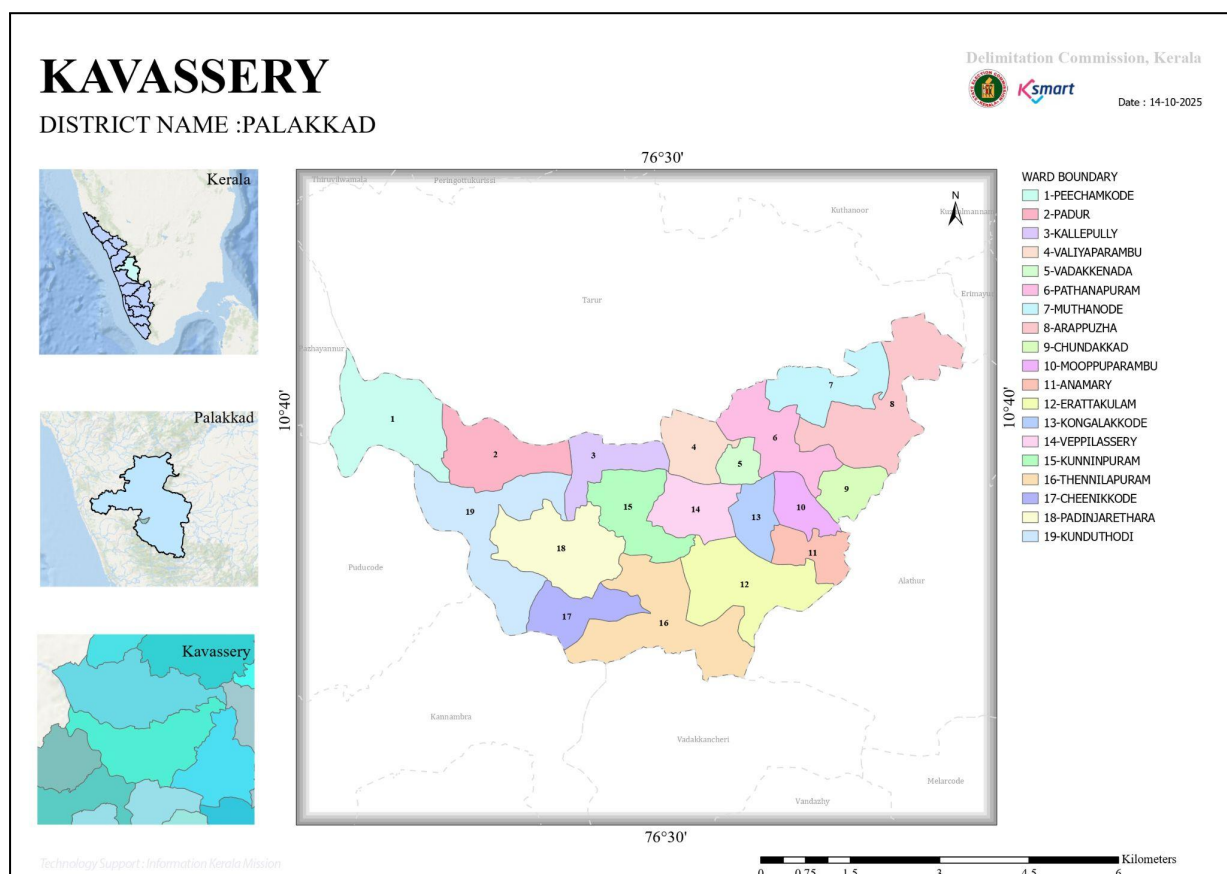
● LSGD at a glance

Kavassery Grama Panchayat comprises 17 wards with a total of 8,467 households and an approximate population of 31,617. The population is fairly distributed across wards, with higher concentrations in Ward 6 (2,272), Ward 10 (2,165), and Ward 8 (2,045), while Ward 16 (1,315) has the lowest population. A total of 129 migrants are reported, with notable presence in Ward 1 (24), Ward 16 (17), and Ward 12 (12).

The Panchayat has a significant number of wells as a primary water source, with higher counts in Ward 13 (184), Ward 1 (158), Ward 15 (150), and Ward 17 (101), indicating dependence on

groundwater resources. Hotspots are identified in Wards 2, 8, and 12. Educational institutions are distributed across several wards, with the highest concentration in Ward 11 (3 institutions), while healthcare facilities include both private and government institutions, with Ward 11 having two such facilities.

LSGD AT A GLANCE



Map 1:Geographical boundaries with political map (based on latest delimitation)

source:<https://wardmap.ksmart.live/>

- Baseline data
- Ward division - 17

Ward	Houses	Populati on	Migrants	Wells	Hot spots	Ed. Instituti ons	Hosp pvt/govt.

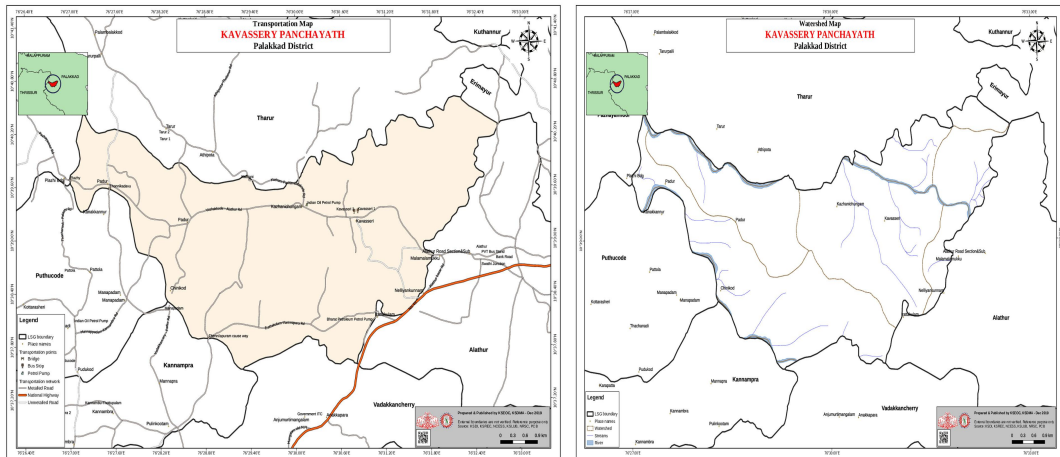
1	547	1923	24	158	0	1	0
2	549	1475	0	95	1	0	1
3	420	1633	4	91	0	1	0
4	461	1895	8	46	0	0	0
5	460	1810	3	38	0	1	0
6	524	2272	9	76	0	1	0
7	430	1740	5	80	0	0	0
8	506	2045	11	58	1	0	0
9	508	1835	7	76	0	0	0
10	610	2165	8	78	0	0	0
11	470	1910	8	50	0	3	2
12	516	1957	12	41	1	1	0
13	520	1941	3	184	0	1	0
14	535	1957	3	98	0	1	0
15	440	1747	3	150	0	1	0
16	430	1315	17	64	0	1	0
17	541	1997	4	101	0	0	0

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

According to the Pandemic Preparedness Plan, risk stratification across the 17 wards of Kavassery Grama Panchayath is determined by the intersection of environmental

hazards and the prevalence of communicable diseases. Wards 4, 8, and 14 are classified as high-priority zones because their low-lying geography and proximity to the Gayathripuzha river create ideal conditions for waterborne and vector-borne outbreaks, such as Leptospirosis and Dengue. Ward 4 is specifically noted as the most critical hotspot due to its high vector density and history of seasonal inundation. In contrast, moderate-risk areas like Wards 1 and 2 are prioritized based on human mobility and density, particularly the presence of immigrant worker populations which can facilitate the rapid transmission of respiratory infections. This stratification allows the Panchayat to focus its infectious disease surveillance, vector control measures, and Rapid Response Team (RRT) deployments on the areas most likely to experience a surge in cases during a disaster.

● Major Roads/rivers

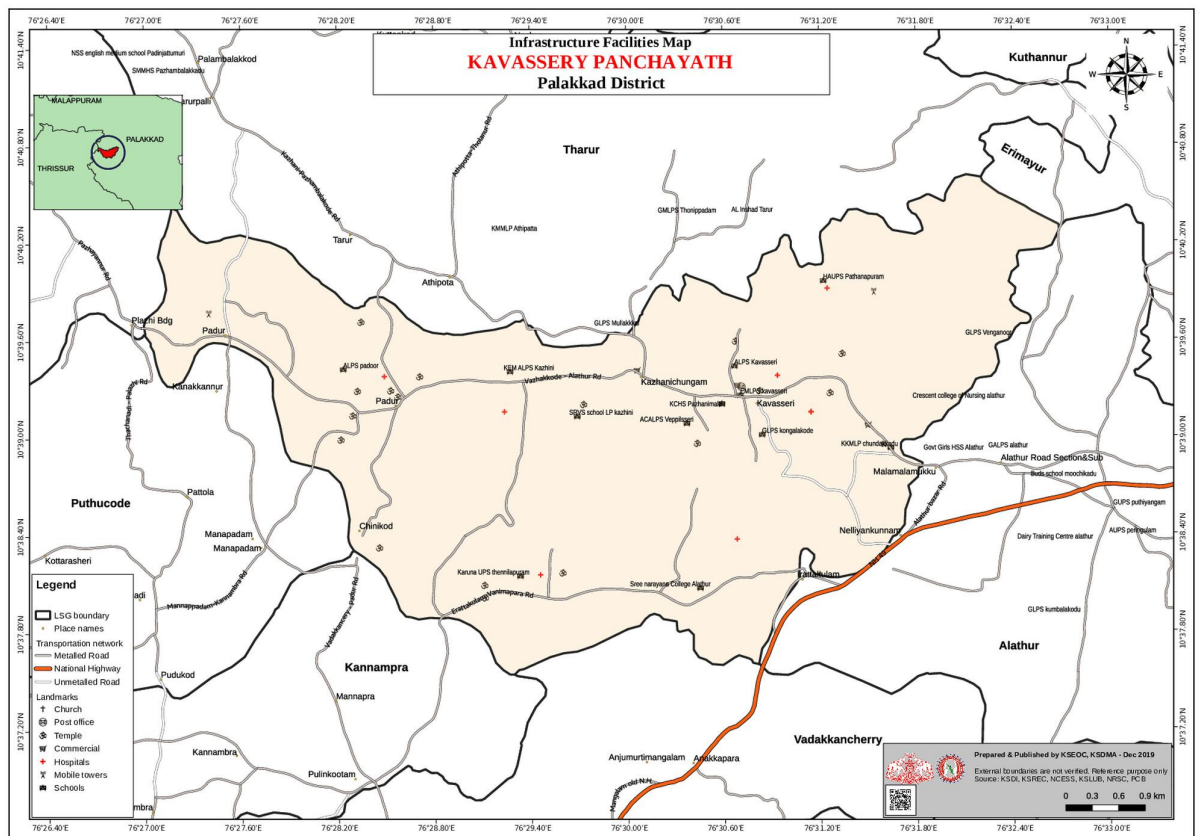


Map 2&3: Road and River Map

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

Kavassery Grama Panchayath in Alathur Block is well connected by a network of important roads, including the Palakkad–Pazhayannur Road, Alathur–Padur Road, and Kavassery–Anamari Road, which facilitate movement within the panchayat and link it to nearby areas. In addition, major highways such as NH 544 and NH 83 lie close to the region, enhancing regional connectivity. The major river flowing through the panchayath is the Gayathripuzha, a tributary of the Bharathapuzha, along with several smaller streams and water channels. These water bodies play a significant role in the local ecosystem but also contribute to flood risk in certain wards during the monsoon season.

- Major establishments with geospatial mapping



Map 4:Infrastructure Map

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

Kavassery Grama Panchayath in Alathur Block has several major establishments that are important for administration and public health planning. The panchayat has 27 Anganwadis distributed across all 17 wards, catering to around 135 beneficiaries. There are 12 schools located in wards 2,3,5, 6,11, 12, 14, and 15, serving approximately 3138 students, along with 2 colleges in ward 11 with a total strength of about 450 students. Healthcare services are provided through the Family Health Centre Kavassery and nearby hospitals in Alathur, while there are no medical, nursing, dental, or paramedical educational institutions within the panchayath. In terms of community gathering spaces, there are 4 auditoriums with a capacity of around 300 persons and 62 religious institutions accommodating about 750 people, though no community halls are present. Additionally, there is 1 elderly home with a capacity of 20 persons and 1 LSGD-owned building accommodating around 10 individuals, with no destitute homes reported. For

mass fatality management, the panchayat has 1 crematorium but no mortuary facility. These establishments play a vital role in service delivery, community activities, and emergency response within the panchayat.

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

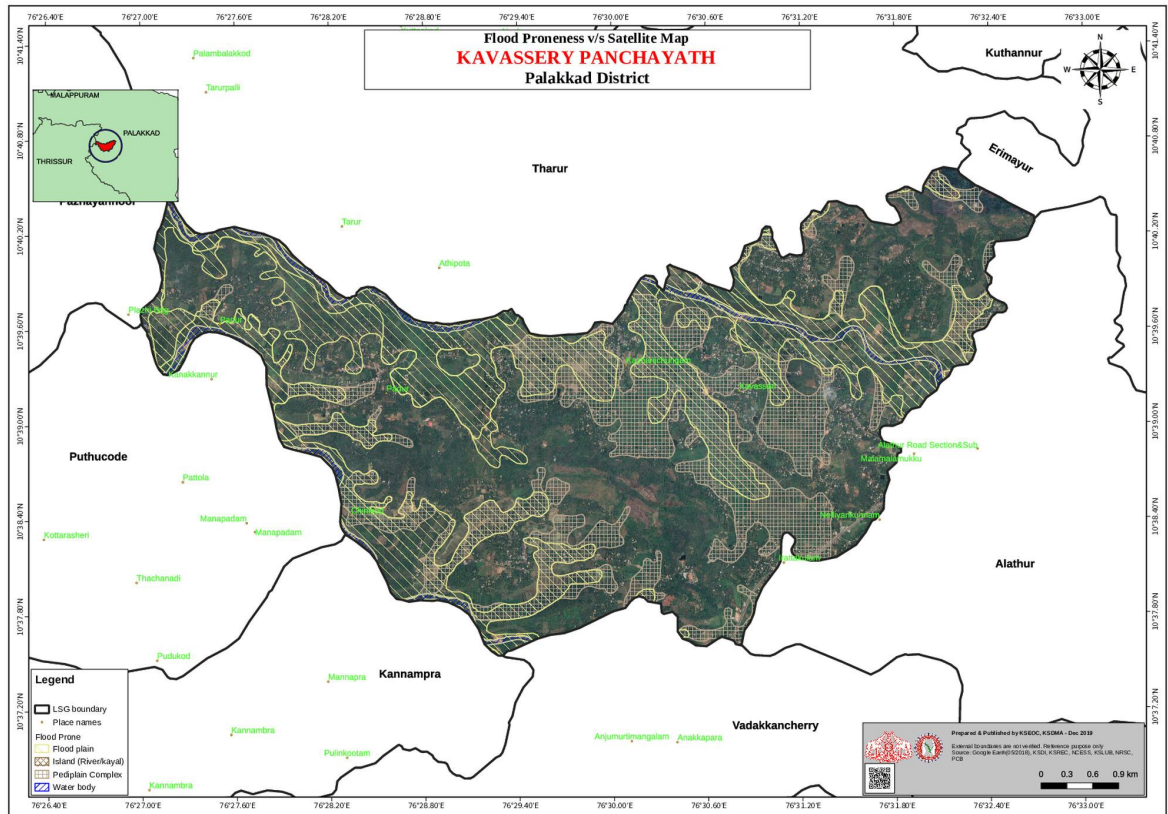
Kavassery Grama Panchayath features a diverse economic and social landscape characterized by a blend of traditional agrarian livelihoods and evolving demographic patterns. The occupational structure is primarily rooted in agriculture, with a significant focus on paddy cultivation within the region's extensive Kole lands, supported by allied sectors such as fishing, coir production, and coconut husk processing. A substantial portion of the local workforce also relies on the MGNREGS and construction sectors for daily wages, while service-sector employment and tourism are gradually emerging. Socially, the community comprises various groups, including a significant Scheduled Caste population of 5,678 individuals and over 4,400 BPL families, all of whom are supported by a robust network of 300 Kudumbashree units and local sports clubs. Migration and mobility are defining features of the area, with 129 immigrant workers integrated into the local labor market and 148 residents working abroad as emigrants. This mobility is further facilitated by the Panchayath's strategic location near major transport arteries like NH 544 and NH 83, which connect the rural interior to broader regional hubs.

- **Vulnerability mapping**

Vulnerability mapping for Kavassery Grama Panchayath identifies critical risks across geographical, clinical, and socio-economic dimensions to prioritize emergency response. Geographically, Wards 1, 2, 4, 8, and 14 are designated as flood-prone hotspots, with Ward 4 facing the highest risk due to high vector density and its proximity to the Gayathripuzha river and other local water bodies. Clinically, the mapping tracks high-risk individuals, including 5,673 elderly residents, 3,531 patients with hypertension, and 2,225 with diabetes, alongside 119 bedbound patients and 9 individuals requiring regular haemodialysis. Social vulnerability is further defined by

the presence of 4,468 BPL families, 129 immigrant workers, and 5,678 members of the Scheduled Caste community, all of whom may face disproportionate challenges during a crisis. By synthesizing these data points, the Panchayath can strategically allocate resources such as R.O. plants, mobile medical units, and emergency housing to the areas and populations that need them most.

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



Map 4: Disaster Proneness Map

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

The geographic vulnerability of Kavassery Grama Panchayath is primarily defined by its low-lying terrain and an extensive network of 58 water bodies, including the Gayathripuzha river and its various tributaries. This landscape, dominated by paddy fields and backwaters, makes the region highly susceptible to seasonal flooding, a risk underscored by the devastating impact of the 2018 flood disaster. Specifically, Wards 1, 2, 4, 8, and 14 have been identified as high-risk zones. Ward 4 is designated as the highest priority hotspot, as its physical vulnerability to flooding is compounded by a high density of disease vectors. These environmental conditions not only disrupt local

infrastructure and transportation but also create significant biological hazards, increasing the community's exposure to waterborne diseases like Leptospirosis and vector-borne illnesses such as Dengue.

GENERAL PROFILE OF THE LSGI'S

Background of the LSGI

Kavassery Grama Panchayat is situated in the Kavassery of Palakkad district, Kerala. The geographical landscape of the Panchayat is predominantly characterized by plains interspersed with paddy fields, small hillocks, and agricultural lands. The area supports a rural agrarian ecosystem with irrigation sources, ponds, and minor water bodies that sustain farming activities. Its proximity to major transport corridors such as NH 544 enhances connectivity, while the presence of low-lying agricultural lands makes certain regions moderately vulnerable to water stagnation during heavy rainfall. This terrain influences local climatic conditions and poses challenges to service delivery and mobility, especially during monsoon seasons.

The Panchayat is administratively organized under the three-tier Panchayati Raj system within the Alathur Block and is divided into 17 wards for local governance. The population is largely rural, with livelihoods primarily dependent on agriculture, especially paddy cultivation, along with livestock rearing and allied activities. Compared to coastal regions, occupational diversity is limited, though small-scale trade and service-sector employment are gradually increasing. The Panchayat also includes vulnerable population groups such as elderly residents and economically weaker households, which influence planning priorities and service delivery mechanisms.

From a public health and disaster management perspective, Kavassery Grama Panchayat exhibits vulnerabilities typical of agrarian regions. The presence of paddy fields and water bodies creates favorable conditions for vector breeding, increasing the risk of diseases such as Dengue and Leptospirosis. Seasonal variations, including heavy monsoon rainfall and occasional dry spells, contribute to risks such as localized flooding, water scarcity, and heat stress. Although the Panchayat was not among the most severely affected regions during the 2018 Kerala floods, the event highlighted systemic vulnerabilities in rural infrastructure and emergency preparedness. Public health services are delivered through nearby primary healthcare institutions, supported by field-level workers such as ASHA and Anganwadi staff, ensuring basic healthcare access.

In this context, the development of a localized, data-driven Auxiliary Infrastructure and Logistical Resource Map is essential to support effective planning, timely emergency response, and sustainable development initiatives. Such mapping enables the Panchayat to identify critical resources, vulnerable zones, and service gaps, thereby strengthening resilience, improving inter-sectoral coordination, and enhancing the overall efficiency of public health and disaster management systems.

Table 1: Background of LSGD

Description	Details
Name of LSGI	Kavassery
Type (GP/Municipality / Corporation etc.)	Grama Panchayath
Block	Alathur
District	Palakkad
Number of wards	17
Total area (sq. km)	30.46 sq.km
Population(Projected)	31146
Population density	persons/sq km
Terrain (coastal/low-lying/backwaters/foothills, etc.)	Plain area
Number of rivers passing through LSGI	2
Number of water bodies in the LSGI	58
Number of educational institutions	12

Table 1: Background of LSGD

Description	Details
Factories / small-scale industries	0/4
Flood-prone wards	1,2,4,8,14
Landslide-prone wards	0
Death Management and Disposal Facilities (mortuaries/crematorium, including electric)	1
Auditoriums/Marriage halls/convention centres/community halls	5

Demographic and Vulnerable Population

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

Description	Details (in numbers)
DEMOGRAPHIC PROFILE	
Total population	31146
Male	15116
Female	16030
Transgender	0

Description		Details (in numbers)
DEMOGRAPHIC PROFILE		
Children under 5		1698
Adolescent		3882
Elderly (>60)		5673
SOCIAL/LIVELIHOOD VULNERABILITY		
Previous EPEP family		53
BPL family		4468
Tribal communities		28
Migration	Immigrant	129
	Emigrant	148
Socio-economically deprived		124
Fisherfolk		0
SC Community		5678
ST Community		28

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

Clinical Vulnerability

Certain population groups need priority healthcare & are at higher risk of severe illness, 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	224
Lactating mothers	321
Bedbound patients	119
Patients under palliative care other than bedbound	33
Patients on Haemodialysis	9
Patients on CAPD	3
Cancer patients (currently on treatment)	27
Haemophilic patients	0
Mentally challenged	110
Differently abled	149
Diabetic patients	2225
Hypertensive patients	3531
TB patients	7

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

Sl. No.	Name of festival	Month detailing the periodicity
1	Kavassery Temple Pooram	March or 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.	FHC Kavassery	FHC	8547840206	10	0	0	0	1
2.	HWC Main centre	SC	9895119861	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-Support ed Beds	No. of Ventilator Support Beds	No. of ambulances
3	HWC Padur	SC	8137059714	0	0	0	0	0
4.	HWC Kavassery	SC	9895119861	0	0	0	0	0
5.	HWC Thennilapuram	SC	8547814671	0	0	0	0	0
6	HWC Pathanapuram	SC	9747351387	0	0	0	0	0
Private Healthcare Facilities								
1.	Azzeesia Hospital, Erattakulam	Hospital	04922351111	150	44	53	13	2
AYUSH Healthcare Facilities								
1.	Ayurveda Dispensary	Govt.	04952382314	0	0	0	0	0
2.	Homoeo Dispensary	Govt.	04952371989	0	0	0	0	0

Private Clinics

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

Table 6. Private Clinic Resource Summary

Sl No.	Name of Clinic	Registered (Y/N)	Clinic (General / Speciality)	Speciality (if any)	Address	Contact Number	Diagnostic Facility (Y/N)	Ambulance Linkage (Y/N)
1.	Daya Clinic	Y	General	Nil	Chungam, Kavassery	7907533468	Y	N
2.	E.M.C	Y	General	Nil	Erattakulam, Kavassery	9605475205	Y	N

Healthcare Education & Training Institutions

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

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

Specialized Services & Emergency Inventory

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

Item	Govt	Private	AYUSH	Total
Hospital beds	10	150	0	160
Oxygen-generating systems(Y/N)	0	Y	0	0

Item	Govt	Private	AYUSH	Total
Oxygen-supported beds(Numbers)	0	33	0	33
Ventilator-supported beds	0	13	0	13
ICU beds	0	44	0	44
Burns units	0	1	0	1
Blood centres	0	1	0	1
BLS ambulances	0	1	0	1
ALS ambulances	0	1	0	1
Dialysis facilities	0	1	0	1
Dispensaries	0	0	0	0
Medical store	0	3	0	3
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							
1	N	N	Y	0	0	0/0	0

Diagnostics facility mapping at the LSGI level

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

Item	Govt	Private	AYUSH	Total
General labs	1	5	0	6
Microbiology labs	0	0	0	0
RT-PCR labs	0	0	0	0
USG units	0	1	0	0
CT/MRI units	0	1	0	0
Research labs	0	1	0	0
Labs of other departments that can be repurposed	0	0	0	0

Laboratory Identification & Basic Details

Sl. No.	Name of Laboratory	Ownership (Govt / Private / Academic)	Address	Contact No.	24×7 Services (Yes/No)	NABL / Govt Approved (Yes/No)
1	FHC Kavassery	Govt	Padur, Kavassery	8547840206	No	Yes
2	Daya clinic	Private	Chungam	7907533468	No	Yes
3	Azeesia hospital	Private	Erattakulam	0492235111	Yes	Yes
4	E.M.C	Private	Erattakulam	9605475205	No	Yes
5	Mother Lab	Private	Chungam	8891021880	No	Yes
6	ZainLab	Private	Pathanapuram		No	Yes

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	41			

Anganwadis	27	17 wards	135	
Schools	12	2,3,15,1 2,14,11, 5,6,	3138	
Colleges	2	11	450	
Healthcare Educational Institutions				
Medical colleges (Govt/Private)	0		0	
Nursing colleges (Govt/Private)	0		0	
Dental colleges (Govt/Private)	0		0	
Paramedical institutes (Govt/Private)	0		0	
Community Gathering Spaces				
Community halls	0		0	
Auditoriums	4		300	

Religious buildings	62		750	
Vulnerable Group Support Facility				
Destitute homes	0		0	
Elderly homes	1		20	
LSGD owned other buildings	1		10	
Mass Fatality Management (MFM) Infrastructure				
Mortuary	0		0	
Crematorium	1		0	

*refer annexure 1 for contact details

Human resources

This section focuses on the **human capital** available within the LSGI. In any emergency—be it a pandemic, flood, or industrial accident—infrastructure is only as effective as the people operating it.

Medical & Clinical Personnel

This table tracks the "Frontline" providers responsible for diagnosis, treatment, and clinical management. Narrative sentence: eg., "Total health workforce: 450 personnel, with 60% in government facilities serving as primary surge capacity." A detailed directory with the contact numbers of all workers is maintained (**Annexure in 1**).

Cadre	Govt (No.)	Private (No.)	Total
Doctors—Modern Medicine	2	15	17
Doctors – AYUSH	2	0	2
Doctors – Veterinary	1	0	1
Doctors – Dental	0	1	1
Nursing officers	2	25	27
Lab technicians	1	5	6
Optometrist	0	0	0
Pharmacists	2	7	9
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)	0	0	0
HI (Health Inspectors)	1	0	1
LHS (Lady Health Supervisor)	0	0	0
LHI (Lady Health Inspectors)	1	0	1
JPHN (Jr Public Health Nurses)	4	0	4
JHI (Jr Health Inspectors)	3	0	3
MLSP (Mid-Level Service Providers)	5	0	5
Palliative Nurses	1	0	0

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

Community & Support Cadre

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

Cadre	Number
ASHA Workers	19
AWW (Anganwadi Workers)	27

Cadre	Number
Emergency Medical Volunteers (Trained)	0
Kudumbashree	300
MNREGS	3373
Purusha Swayam Sahaya Sangham	0
Ex-Servicemen	56
Retired Police Officers	36
NCC/NSS Volunteers	240
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	0
Religious based organizations	0
Foreign based organizations	0
Sports Club/youth clubs	15
Kudumbashree SHGs	0
Ayalkootams	300
Political organizations	4
Residential organizations	0

Administrative & Emergency Services

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

Category	Total Count	Contact details
Police Stations	0	
Fire & Rescue Stations	0	
Water Pumping Points	10	
Public Distribution System (PDS)	0	

Information regarding resources

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

Means of transportation	Total Count
JCB	4

Crane	0
Heavy Trucks	0
Tractor	10
Ambulances	0
Mobile mortuaries	0
Boats	0
Taxi service	15

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

ONE HEALTH & ENVIRONMENTAL SURVEILLANCE

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

Animal & Bird Population

Mapping animal and bird populations at the Panchayat level is essential for identifying and prioritising zoonotic disease hazards like rabies, avian influenza (H5N1), leptospirosis, anthrax, and Nipah-like spillover occurrences. Risk classification, targeted surveillance, vaccination planning, and early epidemic detection made feasible by comprehensive population mapping all enhance One Health-based pandemic preparedness.

Category	Item	Estimated Population	Wards
Animal Population	Livestock (Cattle/Goats/Buffalo)	2509	All Wards
	Pet Animals (Dogs/Cats)	920	All Wards
	Stray Dog Population	588	All Wards
	Pig Farms (Number of heads)	0	

Category	Item	Estimated Population	Wards
	Small Units (Sheep / Goats – clustered)	32	
Bird Population	Poultry Units (Birds)	4	
	Poultry- (FOWL)	19116	All Wards
	Wild/Migratory Birds (Observed)	Not tabulated	
	Crow Mortality Events (Reported)	Nil	

The main risk of zoonotic diseases in the Kavaserry Panchayat is concentrated in Wards 1, 2, 4, 8, 14 and 5, which is explained by the presence of flood-prone areas, livestock population, and the poultry unit located in Ward 5. Although pig farms are absent, cattle congregation and environmental conditions contribute to zoonotic risk. However, the existing livestock population and dispersed animal rearing practices contribute to a baseline level of zoonotic risk across the Panchayat. The stray dog population in market areas, fish landing sites, and bus stations remains a significant concern for rabies surveillance and bite prevention. There is no documented evidence of migratory bird congregation in the area, and therefore the risk of avian influenza introduction is considered low at present. Flood-prone areas and animal shelters vulnerable to waterlogging further increase the risk of leptospirosis and other environmentally mediated zoonotic diseases, particularly during the monsoon season.

Veterinary Infrastructure

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

Facility Type	Name of Facility	Ownership Govt / Pvt	Location(Ward No)	Contact number
Veterinary Dispensary	Govt.Veterinary Dispensary	Govt.	Chungam / 13	9747160409
Veterinary Hospital / Polyclinic	0			
Private Veterinary Clinics	0			
Mobile / Emergency Vet Service (incl. night services)	0			
Pet Homes / Animal Shelters	0			f
Slaughterhouse-linked Veterinary Inspection Unit	0			

Veterinary Doctors & Workforce

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

Category	Number Available	Type (Govt/Pvt)	Contact number
Government Veterinary Doctors	1	Govt	9747160409
Private Veterinary Doctors	0		0
Livestock Inspectors	3	Govt	9961785068
Para-veterinary Staff / Attenders	0	0	
Contract / On-call Veterinary Support (if any)	0	0	

High-Risk Interface Points (Surveillance Sites)

High-risk interface points for zoonotic disease surveillance in Kavassery Grama Panchayath include *wetland–livestock–human contact zones, backyard poultry farms, cattle sheds near water bodies, fish markets, and areas of high human–animal interaction such as community slaughter points and migratory bird congregation sites*. These are the primary surveillance sites where zoonotic spillover risks are elevated.

Type of Habitat	Type of High risk interface	Geographical vulnerability
Wetlands & Backwaters	0	0
Backyard Poultry Farms	0	
Cattle Sheds near Water Bodies	0	
Fish & Meat Markets	0	
Community Slaughter Sites	0	
Migratory Bird Congregation Areas	0	
Rodent-Infested Grain Storage	0	

Category	Total Count	Key Locations (wards)
Poultry Farms	1	5
Backyard / Clustered Poultry Units	0	
Duck Rearing Units (open water access)	0	
Slaughterhouses/ Slaughter Points	0	
Meat/Fish Markets	0	
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	1,2,4,8,14	Pechamcode, Nadackavu, Chungam, Chundakkad	Low
Water bodies/wetlands	0	0	
Solid waste accumulation	0	0	
Animal waste disposal issues	0	0	
Rodent infestation zones	0	0	
Industrial effluent discharge	0	0	
Construction sites / abandoned buildings	0	0	
Poor drainage/blocked canals	0	0	
Drinking water source contamination risk	0	0	

Disease Seasonality Mapping

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

.

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

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

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

Disease	Peak Risk Season	Key Drivers	High-Risk Locations	Surveillance Focus
Avian Influenza	Nil			
Leptospirosis	Monsoon season	Paddy field workers, MGNREG workers	Kavassery, Nadakkavu	
Dengue/Chikungunya	Monsoon season	Public people	Kongalacode	
Acute Diarrheal Diseases	All seasons	Public people	Nil	
Rabies	Nil			
Anthrax (rare)	Nil			

Vulnerability Mapping

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

Vulnerability Factor	High-Risk Wards	Key Groups / Locations	Risk Level
----------------------	-----------------	------------------------	------------

Flood-prone households	1,2,14,	Thonikkadavu, kazhani, Nadakkavu	
Wetland-adjacent communities	0	0	
Backyard poultry / duck rearing households	0	0	
Livestock-rearing households	0	0	
Slaughterhouse & meat market workers	0	0	
Fisherfolk & fish market workers	0	0	
Sanitation workers	0	0	
Daily wage / migrant workers	0	0	
Elderly & chronically ill populations	0	0	
Pregnant Women	0	0	
Children (schools, Anganwadi's)	0	0	
Limited access to safe water & sanitation	0	0	

EPIDEMIOLOGICAL TRENDS (2021–2025)

Disease surveillance is the systematic collection, analysis, and interpretation of health data for planning, implementation, and evaluation of public health practice. This section presents the disease surveillance profile of the LSGI based on routine reporting systems and outbreak investigations to identify priority diseases, seasonal patterns, and emerging public health threats.

Disease Burden among human beings (Last 5 Years)

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

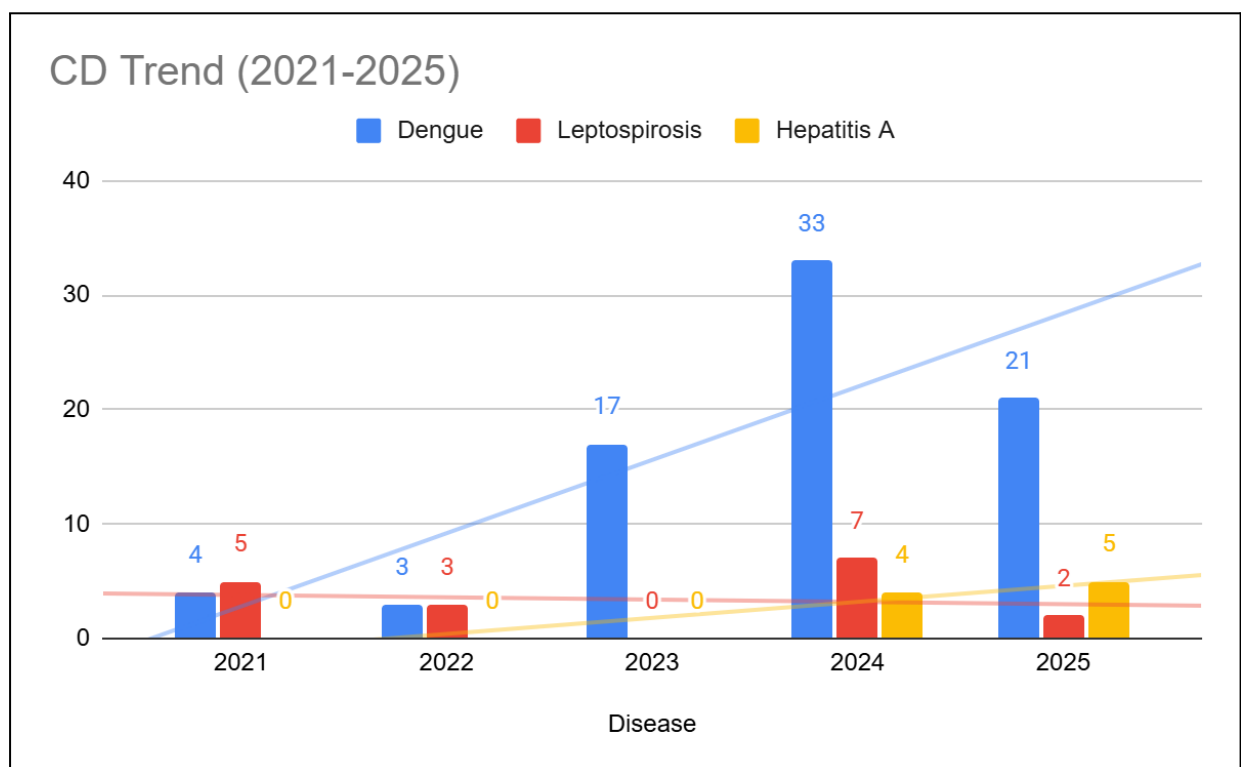
Disease	2021	2022	2023	2024	2025	Trend(Increasing/Stable/Decreasing)
Dengue	4	3	17	33	21	Increasing (sharp rise till 2024, slight decline in 2025 but overall upward trend)
Leptospirosis	5	3	0	7	2	Fluctuating with slight decrease (peak in 2024, reduced in 2025)
Hepatitis A	0	0	0	4	5	Increasing (emerged in 2024 and continued rise in 2025)
Malaria	0	0	0	0	0	Stable (no cases reported)

Scrub Typhus	0	0	0	0	0	Stable (no cases reported)
Typhoid	0	0	0	0	0	Stable (no cases reported)
H1N1	0	0	0	0	0	Stable (no cases reported)
H3N2	0	0	0	0	1	Emerging (first case reported in 2025)
ADD	131	109	119	107	98	Decreasing (gradual decline from 2021 to 2025)
Mumps	0	0	0	22	21	Increasing then stable (sudden rise in 2024, slight decrease in 2025 but still high)
Measles	0	0	2	5	0	Fluctuating with decline (peak in 2024, no cases in 2025)
Hepatitis B	0	1	0	1	1	Stable (low and consistent sporadic cases)
Hepatitis C	0	2	0	3	0	Fluctuating (irregular occurrence with no clear trend)

Pandemic Preparedness Plan

Tuberculosis	6	5	10	19	10	Increasing then decreasing (rise till 2024, decline in 2025)
Leprosy	0	1	1	0	2	Slightly increasing (sporadic but gradual rise in 2025)
COVID-19	0	0	0	0	0	Stable (no cases reported)

*(use the above table data to create the graph/diagram)



Seasonal Trend Analysis

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

DENGUE

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

Peak: July–November

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

Ward	Dengue – Ward-wise Yearly Distribution					
	2021	2022	2023	2024	2025	Total
1	0	0	0	2	2	4
2	0	0	0	7	0	7
3	0	0	1	2	0	3
4	0	1	2	2	0	5
5	0	0	1	1	2	4

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

17	0	0	1	0	0	1
----	---	---	---	---	---	---

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	1	0	0	0	0	1
2	0	0	0	1	0	1
3	0	0	0	0	0	0
4	0	1	0	0	1	2
5	0	1	0	1	1	3

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

17	0	0	0	0	1	1
----	---	---	---	---	---	---

VIRAL HEPATITIS - A

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

Peak: October - December

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

Ward	Hep A – Ward-wise Yearly Distribution					
	2021	2022	2023	2024	2025	Total
1	0	0	0	0	1	1
2	0	0	0	0	1	1
3	0	0	0	1	0	1
4	0	0	0	0	0	0
5	0	0	0	0	0	0
6	0	0	0	0	0	0

7	0	0	0	0	1	1
8	0	0	0	0	0	0
9	0	0	0	1	1	2
10	0	0	0	1	0	1
11	0	0	0	0	0	0
12	0	0	0	0	0	0
13	0	0	0	0	0	0
14	0	0	0	0	0	0
15	0	0	0	0	0	0
16	0	0	0	0	0	0
17	0	0	0	0	1	1

Outcome-Based Trend Analysis- 2025

The overall epidemiological situation during 2021–2025 remains stable with zero reported mortality in 2025, indicating effective case management and healthcare response. Dengue shows an overall increasing trend with a peak in 2024 followed by a slight decline in 2025, while Leptospirosis and Hepatitis A exhibit fluctuating to increasing patterns, suggesting continued environmental and water-related risks. Acute Diarrhoeal Disease (ADD) shows a gradual decline, whereas Mumps has emerged sharply since 2024 and remains high, indicating a growing public health concern. Tuberculosis continues to show a sustained burden, though with some reduction in 2025 after a peak in 2024. Most diseases demonstrate low severity with no outbreak-related deaths, reflecting strong surveillance and response systems.

In terms of transmission trends, vector-borne and air-borne diseases contribute significantly to the disease burden, while water-borne diseases, though fewer in number, show a rising pattern, requiring attention to water safety and sanitation. Ward-level analysis highlights higher risk in Wards 1, 2, and 17, with moderate risk in Wards 9, 10, 11, 13, 14, and 15 due to multi-disease occurrence and cumulative burden.

Overall, there is a need for strengthened focus on vector control, immunization, sanitation, safe drinking water, and targeted interventions in identified hotspot wards to further enhance public health resilience and reduce disease burden.

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	21	0
Water Borne Diseases	5	0
Air Borne Diseases	21	0
Blood Borne Diseases	1	0
Food Borne Diseases	0	0

Vector-Borne Disease

Disease	No. of Cases	No. of Deaths
Dengue	21	0

Malaria	0	0
Chikungunya	0	0

Water Borne Disease

Disease	No. of Cases	No. of Deaths
Cholera	0	0
Typhoid	0	0
Hep- A	5	0
Dysentery	0	0
Amoebiasis	0	0
E- Coli infections	0	0

Air Borne Disease

Disease	No. of Cases	No. of Deaths
Influenza	0	0
H1N1	0	0
TB	17	0
Chickenpox	25	0
Measles	0	0
Covid-19	0	0
Pertussis	0	0
Mumps	21	0

Blood-Borne Disease

Disease	No. of Cases	No. of Deaths
---------	--------------	---------------

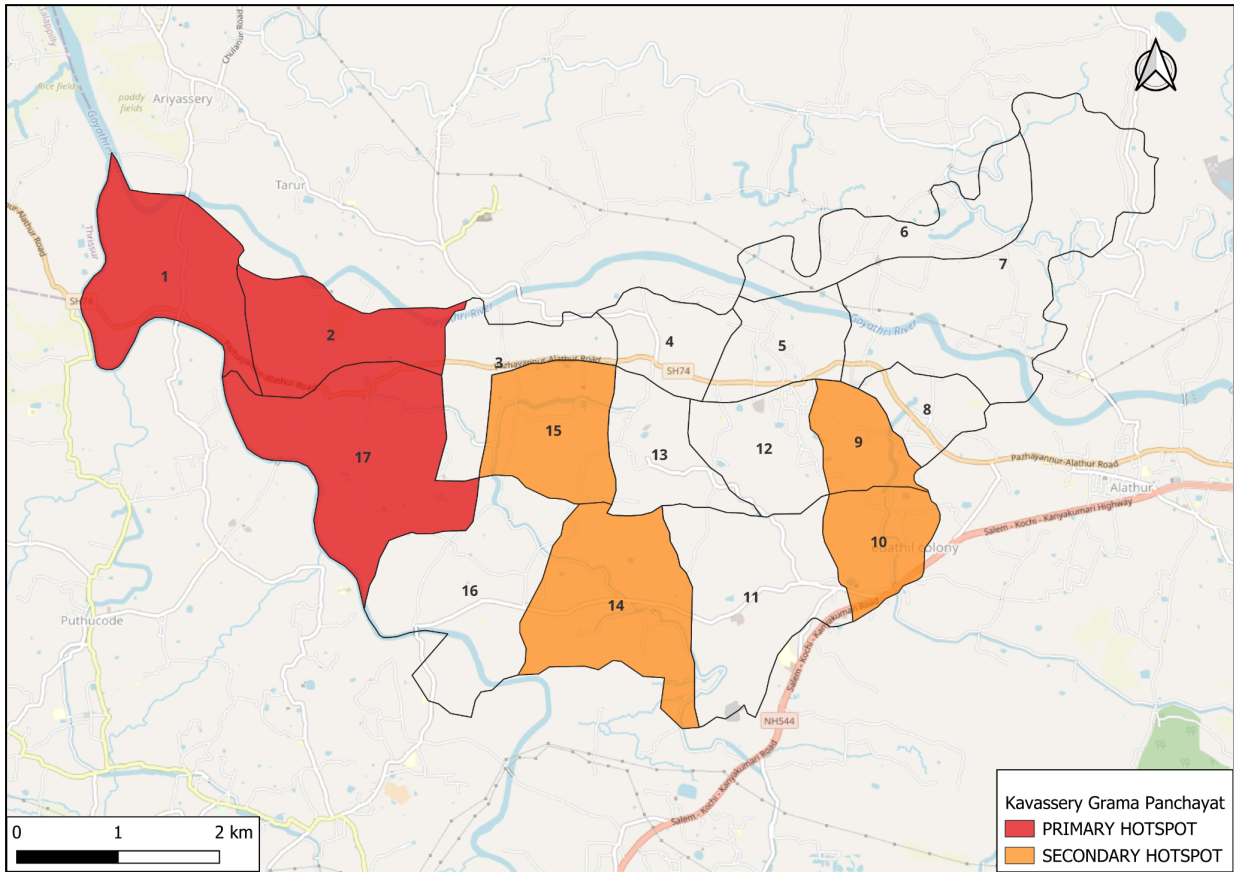
AIDS	0	0
Hep- B	1	0
Hep- C	0	0

Zoonotic Disease

Disease	No. of Cases	No. of Deaths
Rabies	0	0
Leptospirosis	5	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 6: Hotspot Map

source: <https://map.opendatakerala.org> || Created with QGIS

Ward No	Dengue Total (2021-25)	Leptospirosis Total (2021-25)	Hepatitis A Total (2021-25)	Mumps (2021-25)	ADD (2021-25)	Total Cases
1	4	1	1	4	33	43
2	7	1	1	2	10	21
3	3	0	1	5	3	12
4	5	2	0	9	24	40
5	4	3	0	11	18	36
6	5	0	0	8	19	32

Pandemic Preparedness Plan

7	4	0	1	6	22	33
8	3	4	0	5	26	38
9	6	4	2	7	11	30
10	5	1	1	2	16	25
11	5	2	0	2	14	23
12	10	1	0	10	16	37
13	2	1	0	2	6	11
14	5	0	0	3	8	16
15	2	2	0	1	4	9

16	6	0	0	3	14	23
17	1	1	1	3	16	22

Primary hotspots:

Ward 1, Ward 2, and Ward 17 show a comparatively higher concentration of total cases, with repeated occurrence of multiple diseases such as Dengue, Leptospirosis, Hepatitis A, Mumps, and ADD. The presence of multiple disease categories along with high cumulative burden indicates sustained transmission risk and the need for intensified surveillance, vector control, and environmental sanitation measures.

Secondary hotspots (moderate risk):

Ward 9, Ward 10, Ward 11, Ward 13, Ward 14, and Ward 15 report moderate caseloads with more than one disease category. These wards indicate mixed transmission patterns (vector-borne and water-borne) and require integrated preventive strategies including safe water management, sanitation improvement, and awareness activities.

Low-risk but watch-list wards:

Wards 3, 4, 5, 6, 7, 8, 12, and 16 have reported relatively lower or limited disease occurrence during the period. These wards should remain under routine surveillance with emphasis on early detection and prevention to avoid future escalation.

By overlaying five years (2021–2025) of disease surveillance data, we have identified **Ward 1, Ward 2, Ward 9, Ward 10, Ward 11, Ward 15, and Ward 17** as “Red Zone” wards. These wards have reported recurrence of at least two different categories of diseases, including vector-borne and water-borne illnesses, across multiple years, indicating persistent transmission risk.

Among these, **Ward 1 and Ward 17** emerge as **high-priority hotspots** due to higher total case burden and multi-disease presence.

Future health-supportive infrastructure, such as the proposed **R.O. drinking water plants**, should be prioritized in **Ward 1, Ward 17, and other Red Zone wards, particularly Wards 2 and 9**, to reduce water-borne disease risk and strengthen community resilience.

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	Mrs.Girija Rajan	Panchayat President	LSGD	Chairperson	9526730079
2	Dr.Venus Vijayan	Medical Officer (PHC/CHC)	Health Dept	Member Secretary	8547840206
3	Aswathy	Veterinary Officer	Animal Husbandry	Member	9747160409
4	-	Epidemiologist	Health Dept	Member	
5	Krishnakumar.K	Health Inspector/PHN	Health Dept	Surveillance	9947993791
6	Sainaba M.V	ASHA Supervisor	Health Dept	Community link	9745031997
7	Nimisha	ICDS Supervisor	Social Welfare	Vulnerable groups	8547157846

Pandemic Preparedness Plan

Sl No	Name	Designation	Department/Institution	Role in Committee	Contact Number
1	Mrs.Girija Rajan	Panchayat President	LSGD	Chairperson	9526730079
2	Dr.Venus Vijayan	Medical Officer (PHC/CHC)	Health Dept	Member Secretary	8547840206
3	Aswathy	Veterinary Officer	Animal Husbandry	Member	9747160409
4	-	Epidemiologist	Health Dept	Member	
5	Krishnakumar.K	Health Inspector/PHN	Health Dept	Surveillance	9947993791
6	Sainaba M.V	ASHA Supervisor	Health Dept	Community link	9745031997
8		Police Station Officer	Police Dept	Law & order	
9	Girija Sudhakaran	Ward Councillor Representative	LSGD	Community coordination	9605645771
10	Jameela	Kudumbashree CDO	Kudumbashree	Community mobilisation	9747570761
11		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	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	Development Standing Committee members, IT Volunteers	Monitoring media reports, rumor tracking, misinformation control	Development Standing Committee Chairperson
Intersectoral coordination and convergence	Representatives from Health, LSGD, Police, Education, ICDS	Multi-department coordination, review meetings, resource mobilization	Development Standing Committee Chairperson

Collaborative surveillance	Health Officials, Private Practitioners, Labs	Data sharing, case notification, outbreak alert system	Health Standing Committee Chairperson
-----------------------------------	---	--	---------------------------------------

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 – 6 numbers

- Pulse oximeters – 5 numbers
- Hand sanitizers – 9 litres
- Masks, gloves, disinfectants – adequate quantity

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

➤ **Identification of Quarantine and Isolation Facilities**

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

➤ **Risk Communication and Community Preparedness**

- Disseminate early warning messages on symptoms, preventive measures, and reporting mechanisms. Display IEC materials both in English and the local language in public places and ensure ward-level awareness.
- Sensitize elected representatives and community leaders on preparedness measures.
- Establish a rumour tracking and misinformation response mechanism to identify, verify, and promptly counter false or misleading information.
- Engage trusted local persons (ward members, ASHA workers, religious leaders, teachers, community volunteers) to communicate official public health messages and reinforce correct practices.
- Develop and deploy targeted IEC materials for:
 - Schools and educational institutions
 - Markets and commercial areas
 - Work sites and labour settings
- Conduct community sensitization meetings at the ward level to promote preventive behaviors, address concerns, and strengthen community participation in preparedness and response.

➤ **Protection of Vulnerable Groups**

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

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

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

➤ Clinical Dependency Mapping

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

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

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

PHASE 2 - Active Response

1. Case Identification and Contact Tracing

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

Field Staff Involved

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

2. Screening Checkpoints

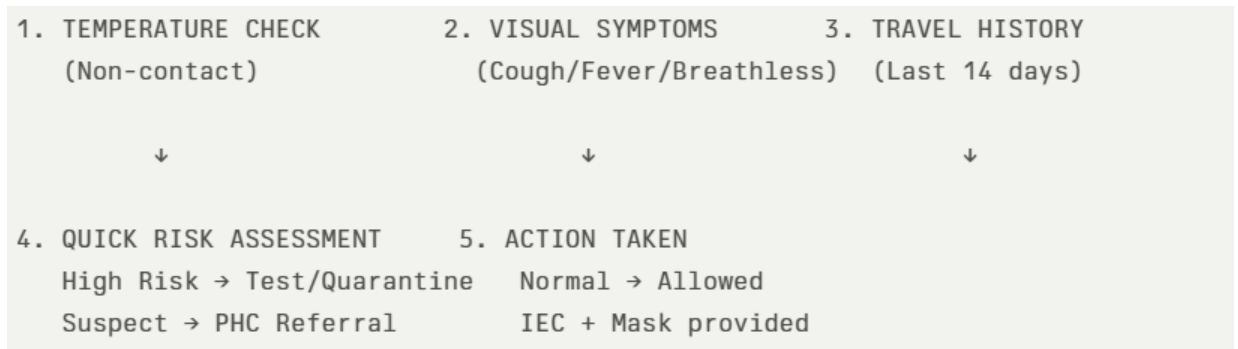
Screening checkpoints at high-traffic locations (transport hubs, markets, religious gatherings) for early detection of symptomatic travellers and crowd screening during

outbreaks. Potential locations include bus stands, market entry points, 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: Kavassery Panchayath Office.

Backup Location: Community Hall in Kavassery G.P.

Health System Control Room Framework

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

1. *Rapid Response Team (RRT)*

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

2. *Data Management & Analytics Team*

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

3. *Human Resource Deployment Team*

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

4. *Laboratory Surveillance Team*

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

5. *Vaccination Cell (If Required)*

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

6. *Infrastructure & Patient Occupancy Team*

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

7. *Communication team*

8. *Logistics and supply chain*

9. *Transportation (interfacility & emergency transport)*

10. *Media surveillance Call centre*

11. *Management of the deceased*

12. *Intersectoral coordination and convergence*

Key Control Room Team

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

Role	Name	Designation	Contact Number	Responsibility
In-charge/Nodal Officer	Dr.Venus vijayan	MO	8547840206	Overall coordination, decision-making, and reporting to the District level.
Data Entry Operator	Sowmya	Staff as per availability	9544363421	Managing the line list, updating dashboards, and tracking testing results.
Communication Officer	Sindhu	PRO	8547758552	Handling the public helpline, coordinating ambulance dispatch, and contact tracing calls.
Logistics Coordinator	Krishnakumar.K	HI	9947993791	
Technical Support (IT/Data)	Shani	JHI	7012137347	

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	Padur- 2 Santha sivan Member	9947021538
Social media	PRO	8547758552
Local Cable TV/Radio	Nil	

- 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:** Medical Officer
- **Contact Number:** 8075105199

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	0491- 253336
PPE Kits/Masks/Gloves	Local Vendors	7012208221
Oxygen Cylinders/Concentrators	KMSCL	0491- 253336
Medicines/Antivirals	KMSCL	0491- 253336
Medicines/Antivirals	Neethi Shops	7012208221
Test Kits (RTPCR/Rapid)	KMSCL	0491- 253336

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	Coordination	

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	9400706221
Veterinary	Veterinary Surgeon:	Animal surveillance	9747160409

ICDS	Supervisor:	Nutrition support	8547157846
Education	Head Teacher:	School coordination	8590146098
Police	CI	Containment enforcement	_____
Water Authority	AE	Water supply	_____
LSGD Engineering	AE	Quarantine infrastructure	_____

PHASE 3 - Surge Capacity

Phase 3 is activated when there is a rapid increase in cases, high test positivity rates, or when existing health facilities and quarantine arrangements approach saturation. The focus of this phase is to expand isolation capacity, augment clinical care services, and mobilise additional resources through district and state support mechanisms.

Conversion of Community Facilities

To manage increased case load, the LSGD shall activate additional isolation facilities by repurposing identified community infrastructure such as community halls, auditoriums, schools, hostels, or other suitable buildings.

Name of facility	Facility Type	No. of Buildings	Ward	Surge Capacity (Beds)	Nodal Person
ALPS,Padur	School	1	1		HM
Kemlps, Kallepully	School	1	3		
Sreevalsam	Auditorium	1	3		
AMR	Auditorium	1	4		
Srvlps,Kazhani	School	1	15		
GlpS, Kavassery	School	1	12		
Pcalps, Kazhani	School	1	14		

Kcphss, Kavassery	School	1	12		
Nmups,Pathana puram	School	1	6		
Akvmlps,Eratta kulam	School	1	12		
Sariga public school	School	1	17		
Alps,Kavassery	School	1	5		

- 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 Kavassery Grama Panchayat provides a comprehensive, risk-based, and people-centred framework to prevent, prepare for, and respond to public health emergencies. By integrating ward-level risk stratification, demographic and clinical vulnerability mapping, strengthened disease surveillance, and intersectoral coordination, the Plan ensures timely detection, effective response, and continuity of essential health services during pandemics. Emphasis on community participation, protection of vulnerable populations, healthcare system readiness, and resilient water, sanitation, and environmental management strengthens local preparedness. Through decentralized planning, data-driven decision-making, and sustained collaboration with health institutions and community stakeholders, the Panchayat is well-equipped to minimize health impacts, maintain social stability, and safeguard the well-being of its population during future pandemics.

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	Peechamcode	1	Smijitha	9847363181
2	Padur	2	Santha sivan	9947021538
3	Kallepully	3	Sureshkumar	9495248821
4	Valiyaparampu	4	Mani	9446152479
5	Vadakkenada	5	Saraladevi	9656293474
6	Pathanapuram	6	Sumitha	9605702270
7	Muthanodu	7	Ahammed kabeer	9526575164

8	Arappuzha	8	Sulochana	9747595283
9	Chundakkad	9	Shyni	7561872662
10	Mooppuparampu	10	Kasim	9744560603
11	Anamari	11	Aashad	9847760566
12	Erattakulam	12	Rejaneesh K	9961098337
13	Kongalakode	13	Ajith C	9544917802
14	Veppilasserri	14	Sangeetha Baiju	9495290067
15	Kunnumpuram	15	Latha mohandas	9037267128
16	Thennilapuram	16	Girija Rajan	9526730079
17	Cheenikode	17	Radhika	8606670325
18	Padinjarethara	18	Girija Sudhakaran	9605645771
19	Kunduthodi	19	Shibi	9496033387

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

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

1.3. Important offices of grama panchayat/municipality/ corporation

Sl.No	Name of the office	Contact person	Contact number

1.	Village Office	Village Officer	
2.	Agriculture Office	Agriculture Officer	
3.	Animal Husbandry Office	Animal Husbandry Doctor	
4.	Police Station	Police Officer	
5.	BSNL Office	Officer	
6.	Block Office	Officer	
7.	KSEB Office	Officer	
8.	Fisheries Office	Officer	
9.	Fire and Rescue	Officer	

1.4. Health Services

Sl. No	Name of the hospital/institution	Location	Phone number
1.	Government hospitals/PHC	Padur	
2.	Private hospitals	Erattakulam	

3.	Clinical laboratories	Chungam	
4.	Chemist/pharmacy	Nil	
5.	Blood donors	Nil	
6.	Other language experts (Bihari, Hindi, Bengali, Asamees)	Nil	

1.5. Veterinary Services

Sl. No	Name of the Clinic	Name of the Surgeon/Doctor	Place/location	Phone number
1	Govt. Veterinary Hospital	Aswathy	Chungam	9747160409

1.6. Helpline numbers

Helpline	Phone number
Police	Nil
Fire and Rescue	Nil

KSEB	04922237283
------	-------------

1.7. Public and Private Schools Contact details

S.No	Name of School	Institution type	Phone number
1	Pcalps, Kazhani	Aided	9847158026
2	Kemlps, Kallepully	Aided	8593962384
3	Srvlps, Kazhani	Aided	9495714433
4	Glps, Kavassery	Govt	9745558820
5	Alps,Padur	Aided	9496232609
6	Alps, Kavassery	Aided	9446476867
7	Nmups, Pathanapuram	Aided	9495708871
8	Akvmlps, Erattakulam	Aided	9048190044
9	Emlps, Kavassery	Private	9495172024
10	Sariga public school,Thennilapuram	Govt	9496193474
11	Kcp Hss, Kavassery	Aided	9495980769

12	Sreenarayana school, Thennilapuram	Private	9605973112
----	------------------------------------	---------	------------

1.9. Anganwadi Contact Details

Ward No	Name of Anganwadi Teachers	Phone number
19	Thajuniza	9656456900
1	Prasanna	9947348781
19	Susheela	9562095941
4	Radhika	9656207466
2	Jisha	9947891290
1	Beenamani	8891158549
4	Vijayam	9847937483
5	Sindhu	9605543242
6	Sumina	9207807244
6	Sudhadevi	9961653920

Ward No	Anganwadi No and Name of Teacher	Phone number
7	1. Shabeena	9605672055
	2. Dhanya	9645207101

8	Sindhu	9961234723
9	Vidhya	7025187698
10	Vijaya	9847271119
10	Preetha	6235490136
10	Bindhu	9747171045
11	Anila	9995160743
11	Jancy	9747856093
12	Saranya	9847284357
14	Vijitha	8289921024
14	Prasanna	9048851672
15	Chinnamma	9947917991
16	Nikhila	7594886429
18	Ayisha	6235694659
13	Malathi	9745131074

1.12. Information regarding resources

Means of transportation	Name of Owner	Phone Number
-------------------------	---------------	--------------

Heavy Trucks	Nil	
Tractor	4	
Ambulances	2	
Boats	Nil	
Taxi service	5	

Annexure 1: LSG Baseline Data Collection Format

A. Baseline data

Sl. No.	Indicator / Field	Baseline Data	Source / Remarks
1	Name of LSG	Kavassery	
2	District	Palakkad	
3	Block / Taluk	Alathur	
4	Type of LSG (Gram Panchayat / Municipality / Corporation)	Grama panchayath	
5	Area (sq. km)	30.46sq.km	
6	No. of wards	17	
7	GIS boundary file available	(Yes/No) No	
8	Key contact person & phone	Girija Rajan/ 9526730079	

B. Demography

Indicator / Field	Baseline Data	Source / Remarks
Total population	31146	
Males	15116	
Females	16030	
Transgender population	0	
Age distribution (<5, 5–14, 15–59, ≥60)	Below 5- 1698,	

No. of households	8311	
Population density (persons/sq.km)	30.46sq.km	
No. of migrant workers	122	
Major occupational groups	Farmers	

C. Vulnerable Populations & Social Risks

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	No. of elderly (≥ 60)	5673	
2	No. of persons with disability	149	
3	No. of bedridden persons	119	
4	No. of chronic disease cases (DM/HTN/COPD/CKD etc.)	5792	
5	Pregnant women (current estimate)	224	
6	Children <5 years	1698	

7	Tribal population (if any)	28	
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)	1	
12	Hostels / prisons / shelters (number & capacity)	1	
13	Poverty / BPL estimate	4468	
14	Food insecurity hotspots	3	
15	Any history of stigma/discrimination issues (Yes/No)	No	

D. Health System & Service Readiness

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

8	Cold chain facilities (Yes/No, details)	Yes	
9	Stockpile space available (Yes/No)	No	
10	PPE / mask / sanitizer availability plan (Yes/No)	No	
11	Surveillance staff available (JHI/JPHN/ASHA count)	26	
12	Existing emergency referral pathways (Yes/No)	No	

E. Points of Entry & Mobility

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

3	Boat jetties / fishing harbours (number)	0	
4	Ports / airports nearby (specify distance)	0	
5	Major highways/roads passing through	0	
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)	1	
10	Factories / large workplaces (number)	0	

F. Water, Sanitation & Hygiene (WASH)

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Major drinking water sources (piped / wells / borewells / springs)	Wells , Piped	
2	No. of public wells	182	
3	No. of households with piped water connection	1142	
4	Water quality testing routine (Yes/No)	Yes	
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	0	
10	Handwashing stations in public places (Yes/No)	0	

G. Zoonotic Risks & One Health

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Livestock population (cattle/goats/pigs/poultry) – estimates	21625	
2	No. of dairy farms / poultry farms / pig farms	0	
3	Slaughterhouses / meat shops (number)	0	
4	Animal markets (Yes/No, details)	0	
5	Veterinary dispensaries (number)	1	
6	History of zoonotic outbreaks (rabies, leptospirosis, avian flu etc.)	Nil	

7	Stray dog population management measures (Yes/No)	588	
8	Rodent infestation hotspots (Yes/No)	No	
9	Wetlands / waterlogged areas prone to leptospirosis	Yes	
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)	1,2,4,8,14	
2	Landslide-prone wards (list)	0	
3	Cyclone/sea surge risk (Yes/No)	No	
4	Heatwave risk zones (Yes/No)	No	
5	Waterlogging areas (list)	No	

6	Shelter homes / relief camps (number, capacity)	No	
7	Past disaster displacement history	Nil	
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)	12	
2	Anganwadis (number)	27	
3	Colleges (number)	2	
4	Community halls (number)	5	
5	Places of worship with large gatherings (number)	2	
6	Large markets / shopping areas (number)	No	

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

J. Risk Communication & Community Networks

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Ward-level rapid response teams (Yes/No)	Yes	
2	Jagratha samithis / committees active (Yes/No)	Yes	
3	Kudumbashree presence and strength (number of units)	300	

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

K. Preparedness Planning & Governance

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

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

L. Surveillance & Data Systems

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Digital reporting tools used (e.g., DHIS2, portals)	Yes	
2	Availability of line-listing format (Yes/No)	No	
3	Contact tracing team identified (Yes/No)	No	
4	Mapping of high-risk households available (Yes/No)	No	
5	Testing sample transport mechanism (Yes/No)	No	
6	Reporting timeline adherence (good/average/poor)	Good	
7	Data sharing between departments (Yes/No)	Yes	
8	Availability of dashboard for monitoring (Yes/No)	No	

M. Additional Notes & Observations

Sl. No.	Indicator / Field	Baseline Data (Value / Description)	Source / Remarks
1	Key challenges perceived by LSG	0	
2	Top 5 high-risk wards (reason)	1,2,4,8,14	
3	Any unique local risks (industrial pollution, refugee camps, etc.)	0	
4	Recommendations for preparedness strengthening	Nil	