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Department of Health Services

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Department of Health and Family Welfare

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PANDEMIC MANAGEMENT PLAN KASARAGOD DISTRICT



Message



Kerala Health has consistently recognised that pandemic preparedness is no longer a standalone activity limited to the health sector, but an essential component of public safety, governance resilience, and sustainable development. The experiences of NIPAH outbreaks, COVID-19 pandemic, emerging zoonotic threats, climate-sensitive diseases, and increasing global interconnectedness have clearly demonstrated that future public health emergencies require continuous preparedness, rapid response systems, and strong institutional coordination. In this context, the preparation of comprehensive Pandemic Preparedness Plans by the Department of Health and Family Welfare marks an important landmark towards strengthening Kerala's health security framework.

Today, pandemic management plans must be viewed through the broader lens of the One Health approach, which recognises the interconnectedness of human health, animal health, environmental systems, and ecological balance. Emerging infections are increasingly influenced by environmental degradation, climate variability, urbanisation, migration, and changing human-animal interactions. Therefore, effective preparedness requires coordinated action not only from the Health and Family Welfare Department, but also from departments including Animal Husbandry, Forests, Local Self Government, Disaster Management, Revenue, Education, Transport, Police, Water Resources, and Civil Supplies. Such interdepartmental convergence is critical for surveillance, risk communication, outbreak containment, logistics management, and continuity of essential services during emergencies.

Kerala has always demonstrated exemplary leadership in responding to public health challenges through timely action, scientific decision-making, community participation, and decentralised governance. The integration of pandemic management with disaster management systems further strengthens our capacity to respond to multiple emergencies simultaneously, including outbreaks occurring during floods, heat waves, or other natural disasters. The development of structured protocols, surveillance mechanisms, escalation frameworks, surge planning systems, infection prevention strategies, and institutional coordination models reflects the state's commitment to building a resilient and future-ready health system.

I am informed that Kerala is the only state where the pandemic preparedness plans have been prepared to such a depth right from the Panchayath level to District and at institutional level upto Medical Colleges. I place on record my sincere appreciation to all those who worked on this endeavour. The dedication, technical expertise, and coordinated efforts demonstrated by the state and district teams are truly commendable. I am confident that these plans will further strengthen Kerala's capacity to effectively prevent, detect, and respond to future public health emergencies while ensuring the safety and wellbeing of our people.

Shri. K Muraleedharan
Minister for Health and Family Welfare and Devasom,
Government of Kerala

Foreword



Kerala Health has been taking efforts to strengthen the ‘Health System’. The outbreak of diseases is common across the world. But the important thing that stands out is public awareness, their advisory-abiding behaviour, accessing hospital and getting diagnosed. That is the reason that outbreaks of Nipah or MPox are detected early and scientifically managed without any hassle.

Public health emergencies and pandemics remind us that health systems must remain prepared, responsive, and closely connected with the community. The recent experiences of the COVID-19 pandemic and various other communicable disease outbreaks especially involving newer pathogens have shown that timely preparedness, a coordinated response, and strong community participation are essential to the reduction of health risks and protection of lives. Kerala Health has managed COVID in exemplary ways with the involvement of people and all the line departments. Following the COVID pandemic, all international and national organizations have worked on preparedness and published guidelines, books and papers. But the most important question one should ask “Have we learned our lessons?” and “ In what way these learning we have put to practice managing future health emergencies?”

It is with this thought process of “WHAT IS NEXT?”, a series of meetings were taken with Senior Medical Officers at the State level and district level of Directorate of Health Services. All officers of Medical Colleges and other stakeholders were also oriented to prepare the Pandemic Management Plans. Series of workshops were conducted in the districts to further follow up works done by the district teams.

The concept of ‘Learning by Doing’ was put to practice. NHM has deployed Epidemiologists in all Block FHCs. It was important to build their capacity to ensure day to day involvement in analysis and giving inputs for taking control and mitigation activities. Alappuzha district took the challenge and prepared a template. Dr Dileep and team took wholehearted efforts to work on this task. The prepared template was validated and sent to all concerned.

Later the district officers conducted series of capacity building meetings with all health as well as line departments functionaries. They submitted the first draft and conducted a workshop in which few plans of Panchayath, Block and major institutions in the Districts such as General Hospital, District Hospital and Medical Colleges were presented. Post discussions and getting feedback the district team fine-tuned the Plans. As Alappuzha district completed all Panchayaths and District Plans in depth, they were made into a 'Learning Site'. Another concept of capacity building was put to practice. All the key officers of the respective districts were sent to Alappuzha in two batches to understand the method with which the Pandemic Preparedness Plans should be prepared. This exposure and interactions were very useful as most of the officers realised the importance of doing such planning.

The state level resource team comprising of Dr Mahesh N, Dr Ajan M J, Dr Harikumar S, Dr Bijoy E, Dr Dileepkumar S R and others supported the district teams and all the districts prepared the Pandemic Management Plans. Dr Vinay Goyal then SMD NHM and Mr Rahul Sharma present SMD NHM provided their leadership to facilitate plans preparations.

Simultaneously this initiative was discussed with Digital University of Kerala, and they were engaged to develop Kerala Pandemic Management System. This system envisages an end-to-end solution for pandemic management. This will make things easy for the field workers and all functionaries at the health institutions to update the information. As we go forward, it is envisaged that HOEC shall work as Hub and information flow will be from Kerala Pandemic Management System, IDSP, IHIP, SDMA and other information sources to HOEC at the time of any disaster/ health emergency.

It is noteworthy to mention here that after Alappuzha, Thrissur also prepared a comprehensive Pandemic management Plan and Festival management Plan. Unfortunately, during this year's Thrissur Pooram preparations, there was a massive fire accident, but the Thrissur MCH team put the Management Protocol in practice and in a short span of time within eight minutes, they took care of the fire disaster victims and provided exemplary services. While they were handling the incident, thanks to timely preparation and awareness, they were handling hundreds of emergencies not relating to the disaster during

that period. This has clearly demonstrated to all that well-prepared planning and capacity building is the key to mitigating problems.

I would like to highlight here that these plans are not only at the state and district level but up to the Panchayath level. We first oriented and coordinated work on the Panchayath Pandemic Preparedness Plans. These plans were collated to make Block Plans. At the same time District teams worked on the District Pandemic Plans by taking the details from Panchayath Plans as well as the assets available at the district. This has made our Grama Panchayat/Municipality/Corporation equipped to effectively prevent, detect, and respond to public health emergencies.

The plan serves as a framework for coordinated action involving the Health Department and other line departments, organisations, volunteers and other stakeholders at the local self-government level. The plans follow a One Health approach, recognizing the close relationship between human health, animal health, and the environment in the emergence and spread of diseases. Strengthening disease surveillance, infection prevention and control measures, environmental sanitation, risk communication, and community awareness are all important components of local preparedness.

We incorporated surge preparedness plans which can be adopted quickly during a public health emergency. Particular attention was also given to vulnerable populations including the elderly, children, persons with disabilities, individuals with chronic illnesses, and socially disadvantaged groups who may face greater risks during emergencies. Early reporting, community engagement, and coordinated interdepartmental action are critical for minimizing the impact of outbreaks and ensuring continuity of essential health services.

Kerala Health has taken this initiative for the last six months; there are hundreds of officers involved in preparing and completing such a huge task. Therefore, the design of the book is also done in a different way. It was decided that the officers who hands on worked on this project should be mentioned prominently. As this is a unique milestone achieved by Kerala Health, the sincerely working officers' names are put on the cover itself.

These tasks would not have been possible without the support of the state resource officers' team of Dr Vinay Goyal, Mr Rahul Sharma, Dr Mahesh, Dr Ajan, Dr

Dileepkumar, Dr Harikumar, Dr Ravindran, and many others. I appreciate their untiring efforts and patience for agreeing to do additional things which I pushed to them in the last minutes.

I sincerely appreciate the efforts of one and all and I am confident that Kerala Health team is having capability and will to take up any challenge and excel in their endeavours.

Dr Rajan N Khobragade IAS
Addl Chief Secretary
Health and Family Welfare Dept.

Message



When we look at public health through an operational lens, it becomes clear that managing a crisis is as much about robust architecture as it is about public health interventions. A successful response relies on the strength of our systems: seamless data flows, efficient resource deployment and reliable communication networks.

The COVID-19 pandemic was an inflexion point for public health systems worldwide. It exposed vulnerabilities, tested our capacity to respond under pressure, and reinforced the irreplaceable value of preparedness. As we move forward, it is imperative that the lessons we learned from that experience are institutionalised and embedded into the very fabric of how our districts plan, coordinate, and respond to health emergencies.

This District Pandemic Preparedness Plan represents a significant milestone in our collective journey toward building resilient and responsive public health systems across the State. It is the outcome of sustained collaboration, ground-level insight, and an unwavering commitment shared by every member of our health team. From an administrative perspective, this plan is the blueprint that translates vital epidemiological data into actionable workflows on the ground. It ensures that our infrastructure, logistics, and human resources are perfectly synchronized, enabling our medical teams to deliver care without delay.

This Plan has been designed to serve as a practical, actionable guide for our health teams. It outlines clear roles and responsibilities, establishes robust surveillance and early warning mechanisms, streamlines supply chain and logistics frameworks, and ensures that our health workforce is trained, equipped, and supported to respond to emergencies. A preparedness plan is only as strong as the systems that sustain it, and this document reflects our shared commitment to building those systems with care and rigour.

I place on record my sincere appreciation for the district health team and all other stakeholders whose knowledge and commitment have shaped this framework. Their dedication to public health service is a source of great strength for us. I also call upon them to internalise this plan, champion its implementation, and treat preparedness not as a mandate from above, but as a professional and moral obligation to the communities we serve. Together, we have the capacity and the responsibility to ensure that no community in our State is caught unprepared.

Rahul Krishna Sharma IAS
State Mission Director
National Health Mission

Message



At the heart of an effective public health response is a simple truth:- a strong healthcare system doesn't just react to a crisis—it anticipates and prepares for it. Our true readiness is measured by how quickly and empathetically we can turn complex medical strategies into organized care on the ground.

Our District Pandemic Preparedness plans serve as a clinical and tactical guide. They bridge the gap between public health data and reality, turning data into clear action plans for our frontline workers. This ensures that everyone from Family Health Centres to major hospitals operates with complete clarity and a shared purpose.

A pandemic requires a balance of science and human compassion. While we look at data, trends, and logistics to plan our resources, our ultimate focus remains on the people and families behind those numbers. Ensuring clinical readiness, securing medical supply chains, and maintaining unbroken communication networks are the pillars that allow our medical teams to respond to emergencies and save lives.

I want to express my deepest gratitude to our public health workforce; your dedication is the foundation of our resilience. In particular, I thank the DMO, DPM, district program officers, medical officers, public health staff, and every member of the health team who worked tirelessly to bring this plan to life. By embedding these strategies into our daily work, we are doing more than just preparing for a future crisis—we are actively safeguarding the health, dignity, and future of our communities.

Let us continue to lead with science, serve with empathy, and strengthen our collective resilience.

Director of Health Services

Date: 4/6/2026

Message



The overall health status of Kasaragod district reflects a mix of progress and ongoing public health challenges. While significant improvements have been achieved in healthcare delivery and access, the district continues to experience seasonal variations in communicable diseases, particularly during the monsoon period. These patterns necessitate continuous monitoring and proactive administrative support.

The district administration places strong emphasis on strengthening pandemic preparedness, considering the lessons learned from the COVID-19 pandemic. Preparedness is not limited to emergency response but includes ensuring system resilience, resource optimization, and coordinated planning across all sectors.

Interdepartmental coordination remains a key pillar in managing public health risks. Departments including Health, Local Self Government, Revenue, and Disaster Management are required to work in close synergy to ensure timely interventions, efficient resource allocation, and effective implementation of control measures.

All stakeholders are hereby directed to maintain a state of readiness, enhance surveillance systems, and actively support public health initiatives. A proactive and unified approach will be critical in safeguarding the health and well-being of the population in Kasaragod district.

Shri.Arjun Pandian IAS

Hon'ble District Collector

Kasaragod

Message



Local Self Government Institutions play a crucial role in strengthening public health systems at the community level. LSGs in Kasaragod district are actively involved in implementing sanitation, waste management, and vector control activities to reduce disease transmission.

Community participation is a key factor in the success of public health interventions. Awareness programs are being conducted to educate the public on preventive measures, personal hygiene, and environmental sanitation, especially during high-risk seasons.

LSGs also support field-level surveillance activities by coordinating with health workers, facilitating reporting mechanisms, and ensuring timely communication between the community and health authorities.

In the context of pandemic preparedness, LSGs contribute by promoting community-level readiness, supporting containment strategies, and ensuring adherence to public health guidelines. Their active involvement strengthens the overall resilience of the district health system.

Shri Sabu Abraham

District Panchayat President

PREFACE



The global public health landscape has undergone a profound transformation in recent years. For Kasaragod district, characterized by its coastal belt, midland regions, and hilly highlands, along with diverse population distribution and significant human–animal–environment interactions, infectious diseases remain a recurring and real challenge rather than a distant possibility. While the district’s primary healthcare system has demonstrated resilience, recent public health emergencies have highlighted the need for strengthened real-time surveillance, improved surge capacity, and effective coordination between peripheral health institutions and higher centres.

This Pandemic Preparedness Plan has been developed to shift from a reactive “crisis management” approach to a proactive, preparedness-oriented framework. It recognizes that public health cannot be addressed in isolation. Adopting a One Health approach, this plan integrates human health, animal health, and environmental sectors, acknowledging that ecological changes, zoonotic spill overs, and environmental risks can act as early warning signals of potential outbreaks. Intersectoral coordination is therefore a cornerstone of this plan, emphasizing a unified and collaborative response across all departments.

The concept and initiative for the development of this Pandemic Preparedness Plan were inspired by the visionary guidance of Dr. Rajan N. Khobragade, IAS, Additional Chief Secretary to the Government, Health and Family Welfare Department. His emphasis on strengthening preparedness and building resilient health systems has been instrumental in shaping this effort. The continuous support and technical inputs from the State Surveillance Team have further guided the development of this plan, ensuring alignment with state-level strategies and strengthening the overall surveillance and response framework.

The formulation of this comprehensive strategy is the result of collective efforts and dedicated contributions from the district health system and administrative leadership. I express my sincere gratitude to the District Administration for their continuous guidance and support. I also extend my appreciation to the District Surveillance Officer, Deputy District Medical Officers, and District Programme Manager and other Programme Officers for their technical expertise and valuable inputs in shaping this document.

I acknowledge with deep appreciation the efforts of Hospital superintendents, Block Medical Officers, and Medical Officers of peripheral institutions, who play a vital role in translating policies into effective action at the field level. Special recognition is given to Technical

Assistants, Health supervisors, Health inspectors, and junior health inspectors, Epidemiologists, for their commitment to surveillance, outbreak investigation, and public health interventions. The dedicated services of Public Health Nurses, Junior Public Health Nurses, Mid-Level Service Providers, ASHA workers, and other frontline staff form the backbone of community-level healthcare delivery.

I also extend my gratitude to administrative teams and data managers from different departments for ensuring timely and accurate data for informed decision-making. The support of the District Disaster Management Authority, Local Self Government Institutions, and all allied departments has been crucial in establishing a coordinated and multi-sectoral response mechanism.

This Pandemic Preparedness Plan is envisioned as a dynamic and evolving document. It will be periodically updated in line with emerging scientific evidence, technological advancements, and changing epidemiological trends. Our goal is to ensure that Kasaragod district remains not only responsive to public health threats but resilient and well-prepared to effectively manage future pandemics.

Dr Ramdas A V

DMO (H)

Kasaragod

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Executive Summary

Kasaragod, the northernmost district of Kerala, is characterised by a diverse geographical landscape comprising coastal plains, midland laterite regions, and hilly highland areas along the Western Ghats. The district shares its boundaries with Kannur to the south, Karnataka to the north and east, and the Arabian Sea to the west. This topographical diversity contributes to varied environmental and public health challenges across the district.

The eastern highland regions, including Panathady, Kodom-Belur, and Balal, are characterised by steep slopes, dense vegetation, and heavy rainfall, making them prone to landslides, soil erosion, and accessibility constraints. In contrast, coastal and low-lying areas experience water logging, flooding, and salinity intrusion. These geographical variations create a complex socio-environmental setting influencing disease patterns and healthcare accessibility.

With a population of approximately 13–14 lakh, certain pockets—particularly rural and tribal hamlets in highland regions—face challenges such as limited healthcare access and delayed health-seeking behaviour. The district's proximity to interstate borders and dependence on nearby centres in Karnataka for advanced care increases population mobility and associated public health risks.

Historically, the district has reported outbreaks of communicable diseases such as Dengue, Leptospirosis, Chikungunya, Hepatitis A, and other water-borne diseases. Seasonal monsoon rains, coupled with inadequate drainage and water storage practices, contribute to vector breeding and disease transmission. Experiences from COVID-19 pandemic highlighted gaps in diagnostic capacity, referral systems, and emergency preparedness, especially in remote and hard-to-reach areas.

A comprehensive Pandemic Preparedness Plan (PPP) is essential to coordinate efforts of Local Self-Government Institutions (LSGIs), the District Disaster Management Authority, and the health department. This framework aims to strengthen early warning systems, enhance laboratory surveillance, and ensure efficient medical supply chains for timely detection, case management, and containment. Special focus must be given to vulnerable populations, including tribal communities, the elderly, migrant workers, residents of remote highlands, flood-prone coastal populations, and individuals affected by Endosulfan exposure.

The Endosulfan tragedy in Kasaragod—resulting from prolonged pesticide exposure in cashew plantations—has affected nearly 6,000 individuals across multiple Grama Panchayats, leading to chronic neurological disorders, disabilities, and long-term health conditions. These individuals represent a high-risk group during pandemics due to increased vulnerability and dependency on continuous healthcare services.

This context highlights the importance of risk stratification, inclusive healthcare planning, and intersectoral coordination. Pandemic preparedness must ensure continuity of care for bedridden patients, children with congenital disorders, and those requiring long-term treatment. Decentralised healthcare delivery, mobile medical units, mental health support, and strengthened emergency response systems are critical, particularly in remote and underserved areas.

In conclusion, Kasaragod presents unique public health challenges due to its geographical diversity, interstate connectivity, and socio-cultural complexity. Frequent cross-border movement for healthcare, employment, and trade increases the risk of rapid disease transmission, while linguistic diversity necessitates culturally appropriate communication strategies. Therefore, a well-coordinated, inclusive, and resilient Pandemic Preparedness Plan with strong community participation and interstate collaboration is essential to minimise health and socio-economic impacts across the district

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
MO	Medical Officer
HS	Health Supervisor
HI	Health Inspector
JHI	Junior Health Inspector
DSU	District Surveillance Unit
ASHA	Accredited Social Health Activist

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Introduction

Kasaragod District has experienced recurring public health challenges due to its unique geographical, socio-demographic, and infrastructural characteristics. The district's mix of coastal, midland, and highland terrains, along with heavy monsoon rainfall, contributes to seasonal outbreaks of communicable diseases such as Dengue, Leptospirosis, Chikungunya, and Hepatitis A. The presence of remote and hilly areas like Panathady and Kodom-Belur creates barriers in timely access to healthcare, referral services, and emergency response.

The district's proximity to Karnataka and dependence on nearby urban centres such as Mangaluru for advanced medical care results in significant cross-border population movement, increasing the risk of rapid spread and importation of infectious diseases. Additionally, limited availability of advanced diagnostic facilities within the district delays early detection and confirmation of emerging infections. Experiences from managing the COVID-19 pandemic have highlighted gaps in surveillance systems, laboratory capacity, supply chain management, and coordinated response mechanisms, particularly in rural and hard-to-reach areas.

Furthermore, the district's multilingual population and socio-economic diversity pose challenges in effective risk communication and community engagement during health emergencies. These factors, combined with environmental vulnerabilities such as flooding in low-lying areas and landslides in highland regions, underscore the need for a structured and context-specific approach to pandemic preparedness. Hence, the development of a comprehensive Pandemic Preparedness Plan is essential to strengthen early warning systems, enhance diagnostic and response capacities, and ensure coordinated action among health systems, local self-governments, and disaster management authorities to effectively mitigate future public health threats.

Rationale for the Pandemic Preparedness Plan

The need for a comprehensive Pandemic Preparedness Plan (PPP) in Kasaragod District arises from its unique combination of geographical, epidemiological, and health system challenges. The district's diverse terrain—ranging from coastal lowlands to remote highland regions—creates unequal access to healthcare services and delays in early diagnosis and treatment, particularly in hard-to-reach areas. Frequent outbreaks of communicable diseases such as Dengue, Leptospirosis, Chikungunya, and Hepatitis A highlight the district's vulnerability to emerging and re-emerging infections.

Additionally, the district's location along the interstate border with Karnataka results in high population mobility for healthcare, employment, and trade, increasing the risk of rapid disease transmission and importation of infections. The experience of managing the COVID-19 pandemic has further exposed gaps in surveillance systems, laboratory capacity, emergency response coordination, and supply chain management, particularly in rural and highland

settings. Linguistic diversity and socio-economic disparities also pose challenges in effective risk communication and community participation.

In this context, a well-structured PPP is essential to strengthen early warning and surveillance systems, enhance diagnostic and treatment capacity, ensure uninterrupted supply of essential medical resources, and establish coordinated action among health departments, Local Self-Government Institutions, and disaster management authorities. Ultimately, the plan aims to minimise morbidity, mortality, and socio-economic disruption by enabling a timely, efficient, and community-centred response to future public health emergencies.

General Objective

To strengthen district-level preparedness, surveillance, and response mechanisms to effectively prevent, detect, and manage pandemic threats in Kasaragod District.

Specific Objectives

1. To strengthen disease surveillance and early warning systems across all health facilities and communities, including remote and highland areas.
2. To ensure adequate health infrastructure, trained human resources, and essential logistics for effective pandemic response.
3. To enhance laboratory diagnostic capacity and timely reporting mechanisms within the district.
4. To establish effective coordination among the health department, Local Self-Government Institutions (LSGIs), and the District Disaster Management Authority.
5. To ensure rapid response, efficient case management, referral services, and containment measures during outbreaks.
6. To protect vulnerable populations—including tribal communities, elderly individuals, migrant workers, and residents of hard-to-reach areas—and minimize morbidity, mortality, and socio-economic disruption.
7. To strengthen interstate coordination with Karnataka for surveillance, referral, and outbreak management.

Scope of the Plan

This Pandemic Preparedness Plan covers all Taluks of Kasaragod District and includes both public and private healthcare facilities, Local Self-Government Institutions, and all relevant government departments involved in emergency response. The plan outlines preparedness and response strategies related to disease surveillance, healthcare infrastructure, laboratory services, logistics, human resources, risk communication, and inter-sectoral coordination. Special emphasis is given to highland, coastal and interstate border areas to ensure comprehensive and context-specific pandemic management across the district.

Kasaragod – District General Information



Figure 1: Geographic Boundaries of District; Source DDMA Report

Table 1. District General Information			
Taluks	4	Projected Population	14,30,000
Revenue blocks	6	Total area	1,992 km ²
Villages	129	Population density (No per Sq. km)	657
Municipality	3	Literacy Rate (2011 Census)	90.09%
Grama panchayat	38	Sex Ratio (NFHS 5)	1080
Assembly constituency	5	Urban Population	38%
Parliamentary Constituency	1	Tribal population	84867(5.9%)

Administrative Map of District

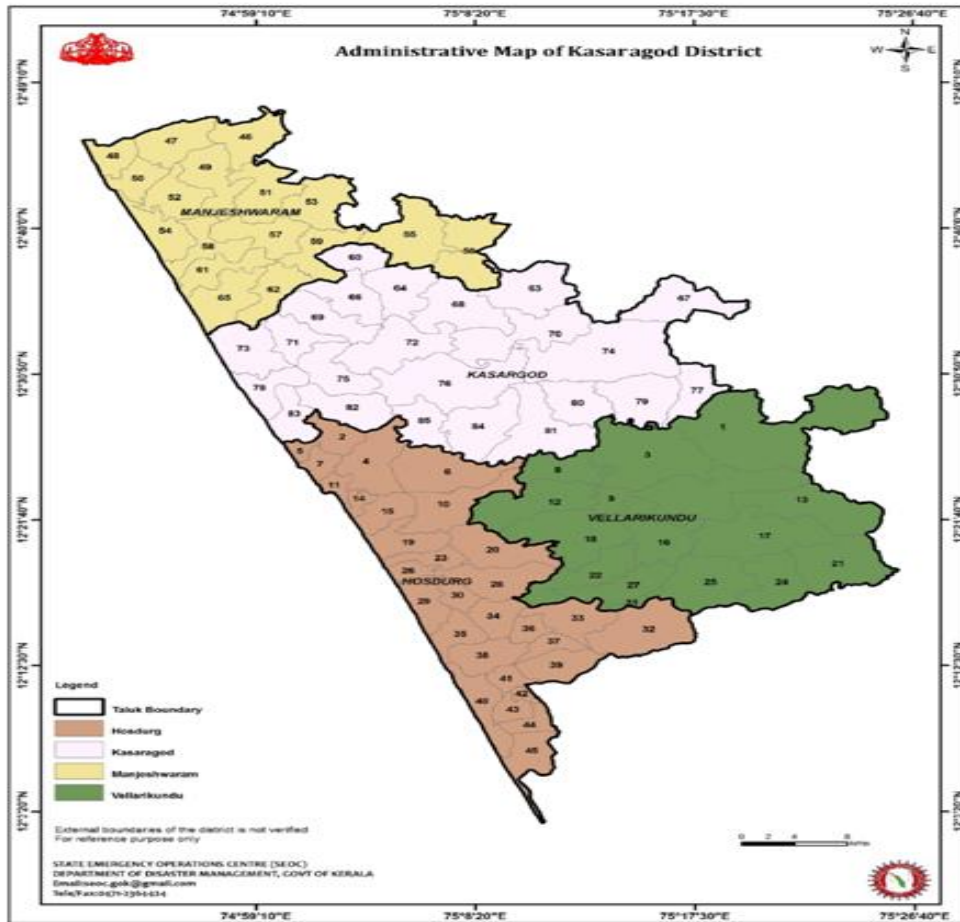


Figure 2: Administrative Map Taluk Boundaries; Source DDMA Report

Land Use Pattern -Kasaragod

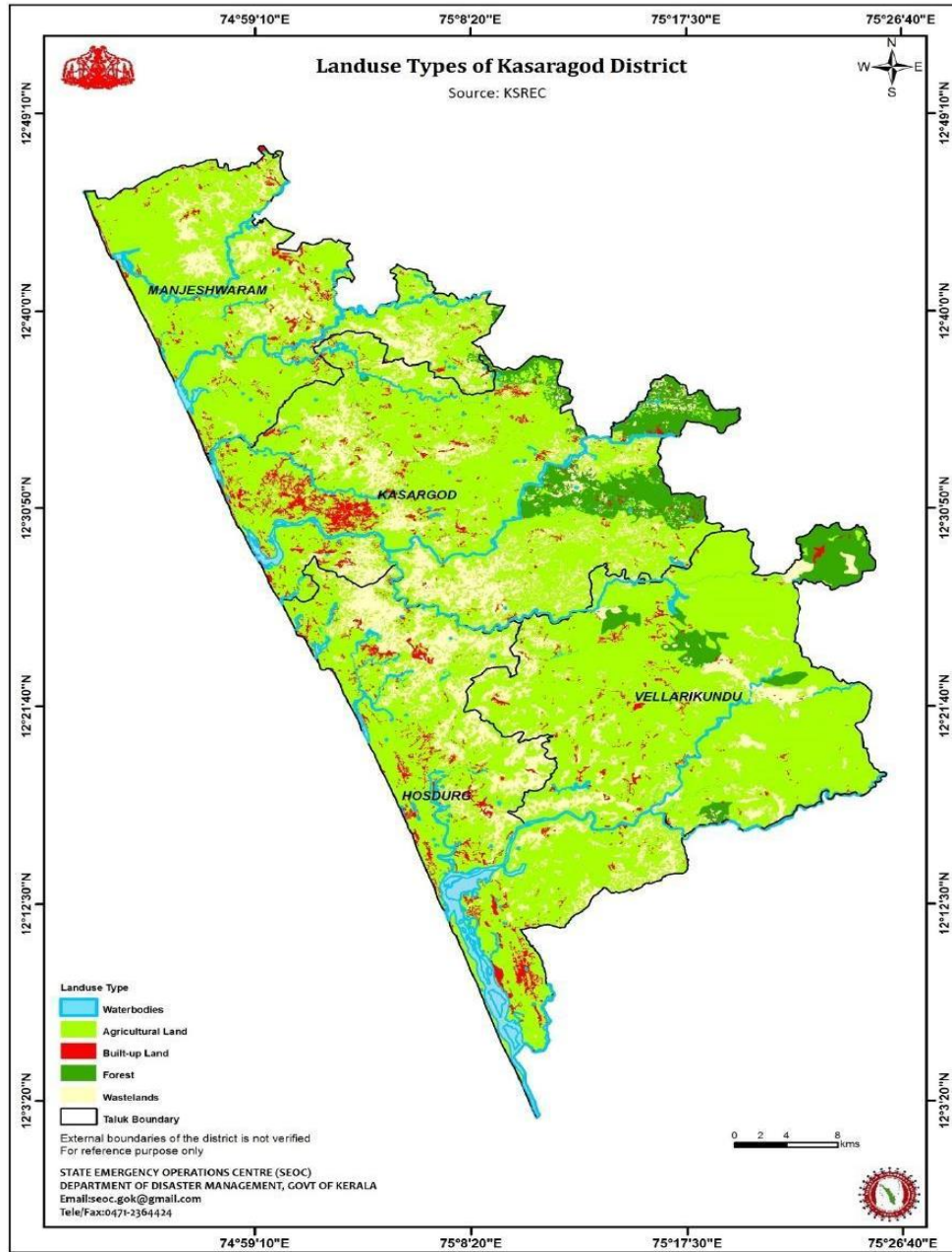


FIGURE 3: LANDUSE TYPES MAP OF KASARAGOD DISTRICT

Village Map of Kasaragod

VILLAGE MAP OF KASARAGOD DISTRICT

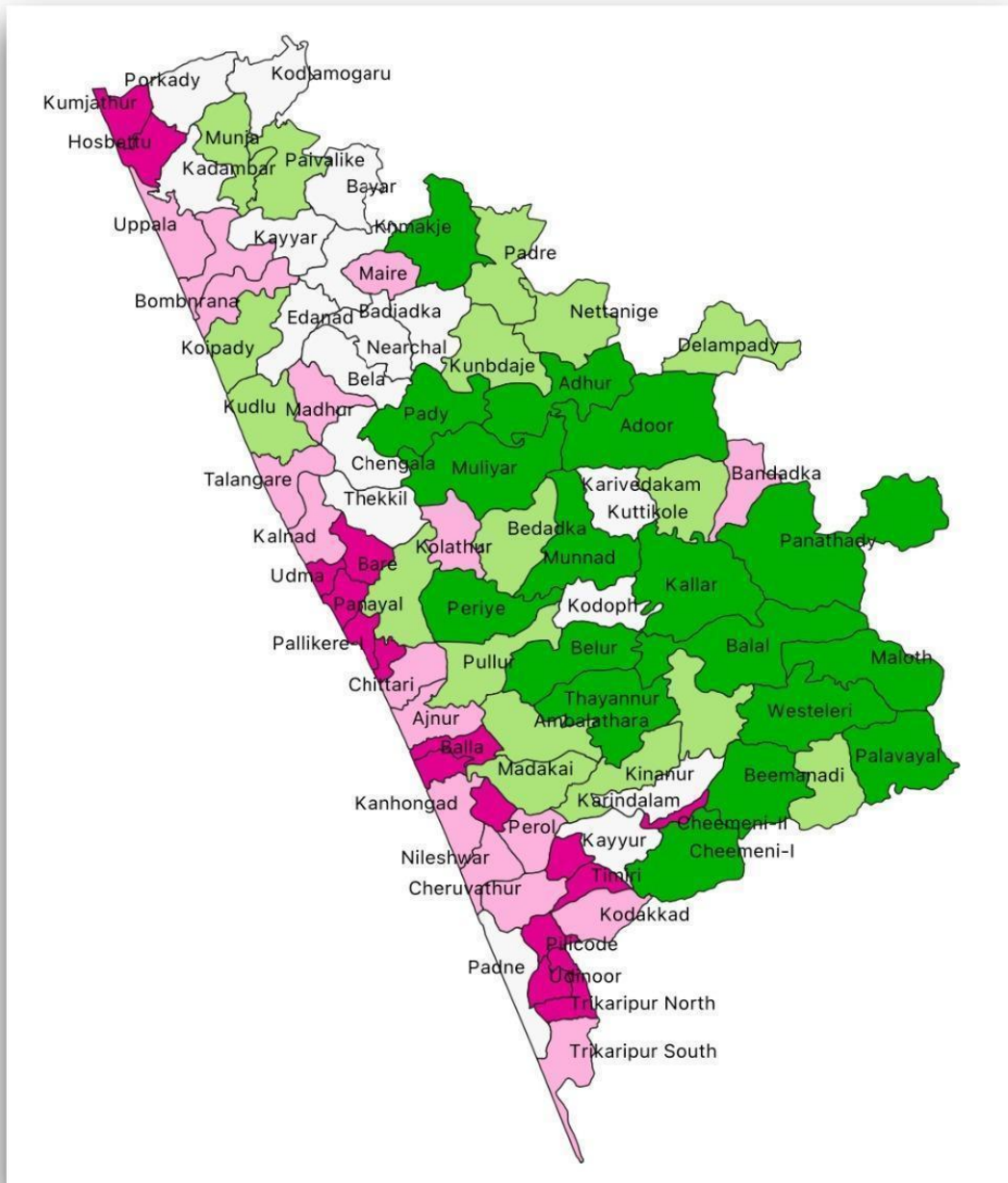


Figure 4: Village Map of Kasaragod; Source: QGIS shape file of District

Major Transportation Networks and Headquarters In Kasaragod District

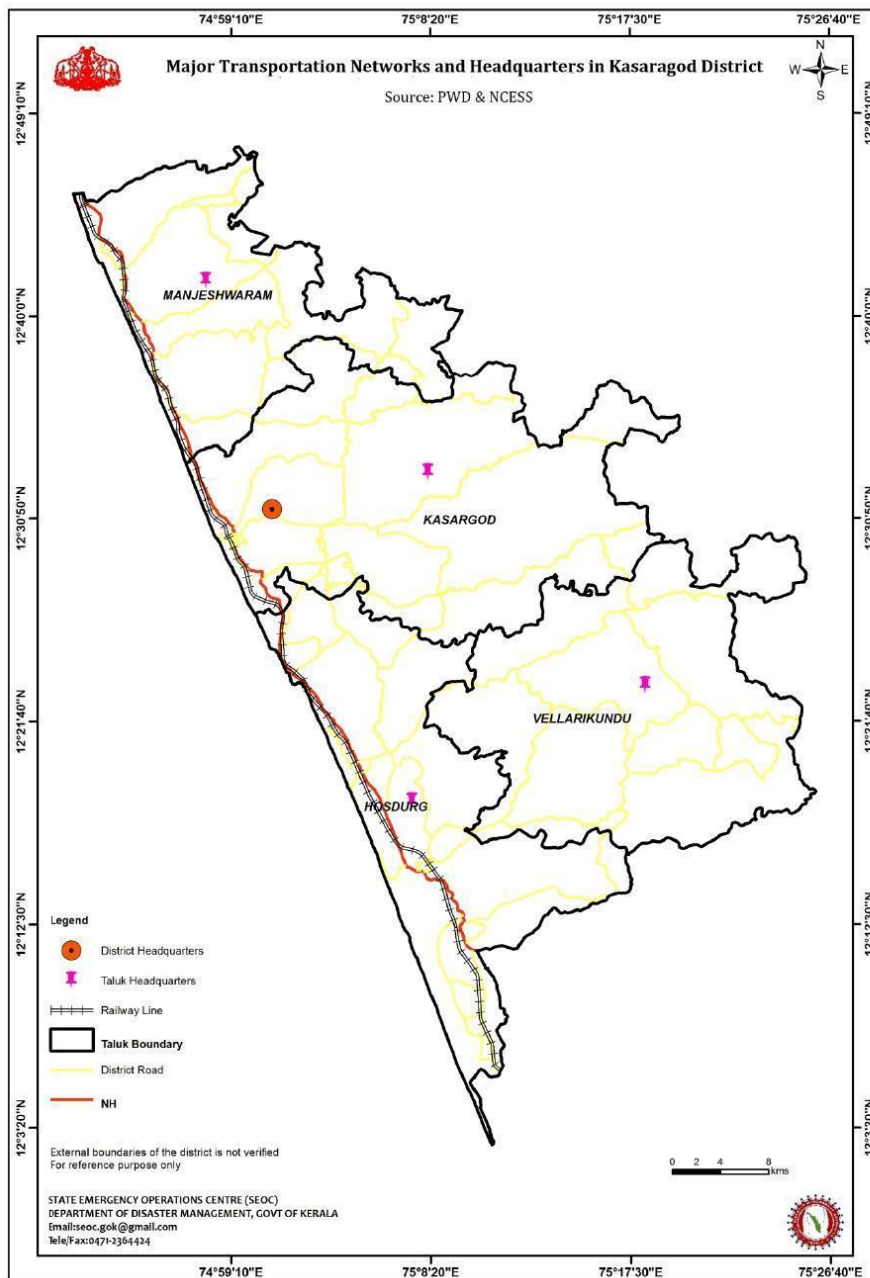


FIGURE 4: MAJOR TRANSPORTATION NETWORK AND HEADQUARTERS IN KASARGOD DISTRICT

Assembly Constituency of Kasaragod



Figure 6: Assembly constituency of Kasaragod Source: DSU Kasaragod

In Kasaragod district, the Legislative Assembly is divided into five constituencies—Manjeshwar, Kasaragod, Udma, Kanhangad, and Trikaripur—each represented by an elected Member of the Legislative Assembly (MLA). These MLAs play a key role in addressing local issues, implementing government policies, and ensuring development within their constituencies.

Politically, Kasaragod district reflects a competitive and balanced landscape between the two major coalitions in Kerala. IUML has strong influence in constituencies like Manjeshwar and Kasaragod and the LDF dominance in Udma, Kanhangad, and Trikaripur.

1. District Profile

Table 2: LSGD Details

SL no.	LSGD	Wards	Houses	Population	public Wells
1	Ajanur	23	10848	49153	48
2	Madikkai	15	5714	22050	25
3	Pallikkara	22	11455	43255	40
4	Pullur Periye	17	7432	29642	7
5	Uduma	21	10927	35537	9
6	Badiadka	19	6261	34207	18
7	Chemmanad	23	14319	54747	27
8	Chengala	23	12142	56781	33
9	Madhur	20	4860	41463	59
10	Mogral	15	6477	24839	78

Pandemic Management plan

11	Kumbala	23	7591	46691	114
12	Enmakaje	17	7392	26824	72
13	Mangalpady	23	13568	48441	159
14	Manjeswar	21	8468	41515	150
15	Meenja	15	5700	23318	54
16	Paivalike	19	8094	34224	90
17	Puthige	14	4740	21823	54
18	Vorkady	16	4360	25756	74
19	Cheruvathur	17	6625	27435	42
20	Kayyur Cheemeni	16	6670	23495	62
21	Padne	14	5144	22134	29
22	Pilicode	16	7205	25122	28
23	Trikaripur	21	8441	36687	18

Pandemic Management plan

24	Valiyaparamba	13	3410	12790	49
25	Bedadka	17	3973	27868	13
26	Bellur	13	2750	10241	25
27	Delampady	13	4818	22773	34
28	Karadka	15	4560	21211	14
29	Kumbdaje	13	2426	14772	49
30	Kuttikkol	16	6272	24923	18
31	Muliyar	15	5023	25095	47
32	Balal	16	6365	23570	5
33	East Eleri	16	6840	25075	31
34	Kallar	1415	6303	19414	98
35	Kinanur Karinthalam	17	5420	27585	88
36	Kodom Belur	19	8797	33211	56

Pandemic Management plan

37	Panathady	16	5098	22976	14
38	West Eleri	18	9086	29316	14
39	Kanhangad Municipality	43	19788	88327	16
40	Kasaragod Municipality	38	23956	66730	81
41	Nileshwar Municipality	32	11463	50633	29

Table 3: Background of District

Description	Details
Name of District	Kasaragod
Number of LSGs	38 Panchayat and 3 Municipalities
Total area (sq. km)	1992 Km ²
Population(Projected)	14,30,000
Population density	657 persons/sq. km
Terrain	Mix of coastal plains, low-lying/backwater areas, midland laterite regions, and hilly highland
Number of rivers passing through District	12
Number of water bodies in the District	474
Number of educational institutions	688 Schools, 37 College

Factories / small-scale industries	7
Flood-prone LSGs	8- Ajanoor, Valiyaparamba, Kumbala Cheruvathur, Madhur, Muliya, Padne, Pullur Periya
Landslide-prone LSGs	12- Vorkady, Uduma, Panathady, Muliya, Kuttikkol, Kumbadaje, Kodom Belur, Karadukka, Enmakaje, Cheruvathur, Balal, Badiadka
Death Management and Disposal Facilities -Mortuaries	12
Death Management and Disposal Facilities crematorium, including electric	118
Auditoriums & Marriage hall & community halls	349
Convention centres	4

Demographic and Vulnerable Population

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

Description	Details (in numbers)
Table 4::Demographic Profile	
Total population	1430000
Male	6,87,500
Female	7,42,500
Transgender	67
Children under 5	108217
Adolescent	165948
Elderly (>60)	181920
Social Or Livelihood Vulnerability	

Previous EPEP family		2768
BPL family		20557
Tribal communities		84867
Migration	Immigrant	10802
	Emigrant	
Socio-economically deprived		102140
Fisher folk		22933
SC Community		53283
ST Community		48857

Clinical Vulnerability

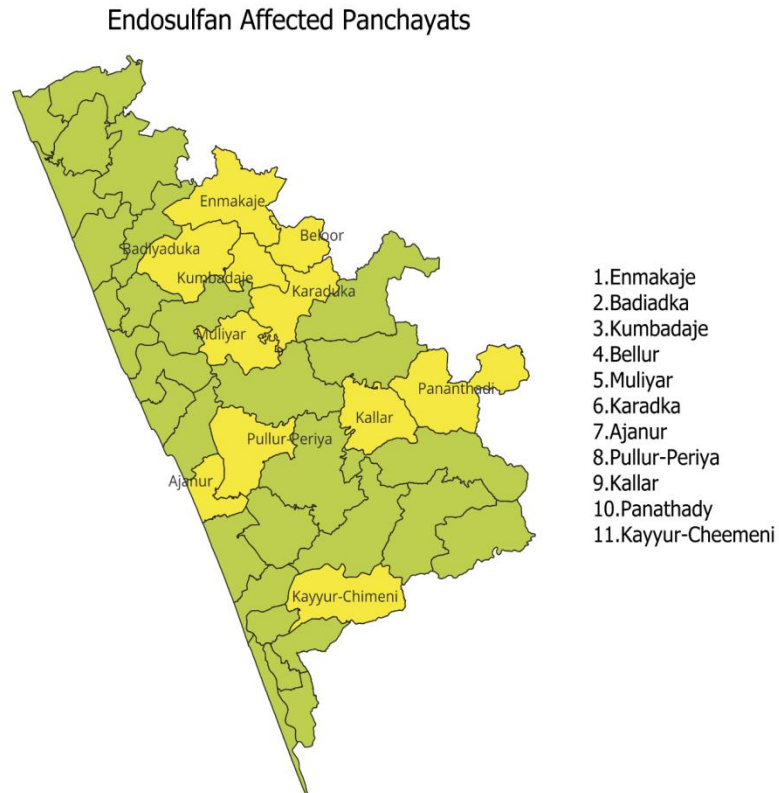
People they faces Challenges in accessing timely care during emergencies. Mapping these groups helps in prioritising continuity of treatment, medicine stock planning, oxygen support, referral transport, and targeted home-based care.

Table 5: Clinical Vulnerability Population Details	
Description	Details in numbers

Pregnant women	8862
Lactating mothers	10797
Bedbound patients	3888
Patients under palliative care other than bedbound	5680
Patients on Haemodialysis	699
Patients on CAPD	2906
Cancer patients (currently on treatment)	4244
Haemophilic patients	20
Mentally challenged	1484
Differently abled	4179
Diabetic patients	64904
Hypertensive patients	78466

TB patients	770
-------------	-----

Clinical Vulnerability in Endosulfan-affected Population of Kasaragod



The Endosulfan-affected population across 11 panchayats of Kasaragod district, including areas such as Enmakaje, Periya, Muliya, Karadka, Kumbdaje, Bedadka, Kallar Panathady, Badiadka, Ajanur, Kayyur chemeni, and nearby localities, shows significant clinical vulnerability due to long-term exposure to Endosulfan pesticide. Affected individuals present a wide range of chronic and disabling health conditions such as neurological disorders, intellectual and developmental disabilities, epilepsy, congenital anomalies, musculoskeletal deformities, and endocrine-related problems. Many patients require lifelong care, assistive support, and regular medical follow-up, making them highly dependent on caregivers and health services.

The burden of comorbidities and functional limitations increases their risk of complications during common illnesses and emergencies. In addition, limited mobility, poor socioeconomic status, and reduced access to specialized healthcare services further intensify their vulnerability. This situation highlights the need for continuous treatment support, rehabilitation services, strong primary healthcare follow-up, and targeted home-based care

interventions to improve health outcomes and quality of life in the Endosulfan-affected panchayats.

The population is also clinically vulnerable during emergencies because of high rates of comorbidities, poor functional status, and increased risk of complications from common illnesses such as infections, dehydration, and respiratory conditions. Limited access to specialized care, delayed referral systems, and economic constraints further worsen health outcomes. As a result, the Endosulfan-affected community requires prioritized continuity of care, regular medicine supply, strong primary healthcare support, and targeted home-based and palliative care services to reduce morbidity and improve quality of life.

The Health Department has taken proactive measures to assess and address the clinical vulnerability in Endosulfan-affected areas of Kasaragod. Detailed vulnerability analysis was carried out through field-level surveys and household mapping to identify affected individuals and categorize them based on severity of illness and care needs. Regular medical screening programs were conducted to detect chronic conditions, disabilities, and emerging health complications at an early stage. In addition, special medical camps were organized with the support of specialist doctors from various disciplines such as neurology, paediatrics, orthopaedics, and psychiatry to provide comprehensive evaluation and treatment. These camps ensured access to expert care within the community, reducing the need for long-distance travel. Follow-up mechanisms, medicine distribution, and referral services were also strengthened to ensure continuity of care for the affected population.

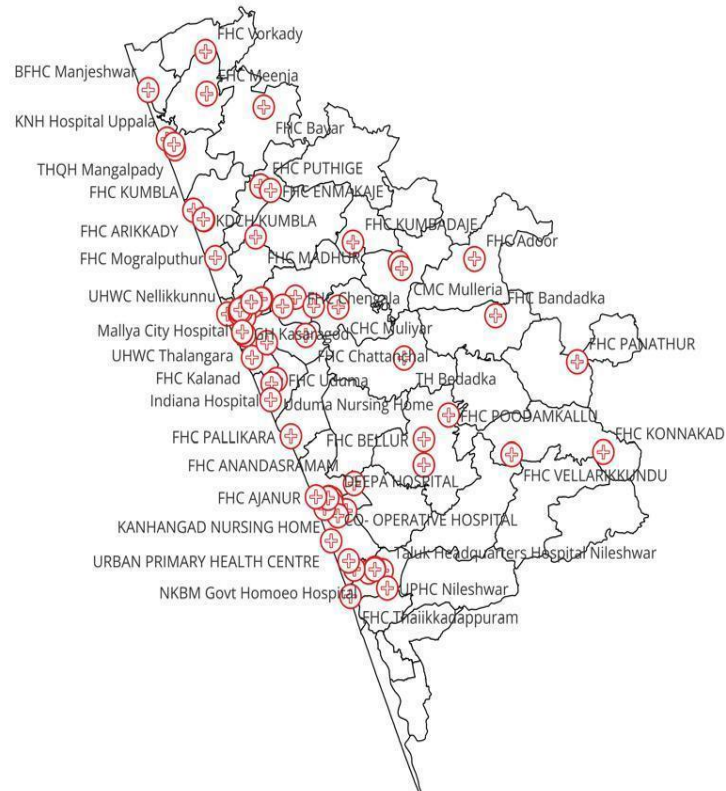
EndoSulphan Vulnerability Mapping of District	
No of Panchayats affected	11
Request received for medical screening after field survey	12950
Those completed medical screening	12759
Those who referred to speciality camp	1363
Those who completed medical board examination	1325

Major Festivals and Events in District

Table 6: Major Festivals & Events		
Sl. No.	Name of festival	Month detailing the periodicity
1	Pallikkara Beach Festival	Dec- Jan
2	Madiayan Koolom Kalasham	Dec
3	Kanathur Kaliyattam	Dec – Jan
4	Mallam temple festival	October
5	Adoor Temple Festival	March
6	Thrikannadu Temple	March
7	Palakkunnu Bharani	March
8	Kanipura Gopalakrishna Temple	January
9	Belur Shiva temple	February
10	Muttumthala Makham Uroos	December

11	Mannam purath Kav Kavil Kalasham	June
12	Cheemeni Mundy Vishnumoorthi theyyam	May

2. Infrastructure & Resource Inventory



Health Facility Directory & Basic Capacity in the District

This section provides an overview of the healthcare infrastructure available within the District 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

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 No:7 Health Facility Summary		
Facility Type	Number	Remarks
Sub Centre	250	247 HWC+ 2 PP Unit+ HWC Perumbala run by Panchayth
Medical college	1	Govt. Medical College Kasaragod
General Hospital	1	General Hospital Kasaragod

Pandemic Management plan

District hospital	1	District Hospital Kanhangad
Specialty hospital	1	W&C Hospital Kanhnagad
Taluk hospital	5	THQH Mangalpady, Poodamkallu, Nileswar, TH Bedadka , TH Thrikarippur
Community health centres /BFHC	7	CHC Badiadka,BFHC Periya, BFHC Cheruvathur, BFHC Manjeswar, BFHC Muliyar, BFHC Kumbala BFHC Vellarikkund
FHC (Family Health Centre)	41	Details attached
Primary health centres	0	0
Urban primary health centres	3	UPHC Kanhangad. Nileswaram, Kasaragod
Janakeeya Arogya Kendrams (HWC)	247	Details attached
Urban health and wellness centres	9	Details attached
AYUSH Dispensaries /AHWC	92	Details attached

AYUSH Medical College - Private	1	PN Panicker Ayurveda college Parakkalai
AYUSH Hospitals	8	Homoeo Hospital Kanhangd, Nileswar, Kalanad, Ayurveda Hospital Padannakkad, Cheemeni, Koyomkara, Kasaragod, Madikai
Govt/NHM AYUSH Dispensaries/ AAM/	100	Details attached
Private Clinics	76	Details attached
Private AYUSH Clinics	113	
Tertiary/Secondary Care Hospitals		
	Govt	Private
Oxygen Beds	209	569
ICU Beds	22	223
Ventilators	22	103

Detailed facility-wise information on private hospitals, private clinics, and government institutions is provided in Table No.2 in the Annexure.

Healthcare Education & Training Institutions

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

Table 8:Healthcare Education & Training Institutions				
Category of Institution	Govt	Private	AYUSH	Total
Medical Colleges	1	0	1	2
Nursing Colleges	2	5	0	0
Dental Colleges	0	1	0	0
Para-medical / Allied Health	2	2	0	0
Pharmacy Colleges	0	2	0	0

Detailed facility-wise information provided in the Annexure.

Specialised 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 the Government, Private, and AYUSHsectors.

Table No. 9 Specialised Services

Item	Govt	Private	AYUSH	Total
Hospital beds	1348	2059	205	3612
Oxygen-generating systems(Y/N)	4	0	0	4
Oxygen-supported beds(Numbers)	209	569	0	778
Ventilator-supported beds	22	103	0	125
ICU beds	22	223	0	245
Burns units	3	11	0	14
Blood centres	3	6	0	9
BLS ambulances	18	25	0	43
ALS ambulances	4	5	0	9
Dialysis facilities	7	8	0	15

Dispensaries	435	0	92	527
Medical store	40	387	67	494
Industrial establishments(Medium-scale industries/small-scale industries establishments to whom we can depend in a worst-case scenario)	I	4	0	5

Oxygen & Diagnostic Capacity

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

Table No.10 :Oxygen & Diagnostic Capacity							
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							
DH Kanhangad	Yes	Yes	Yes	Yes	Yes	Yes	Yes
W and C Kanhangad	No	No	Yes	Yes	No	No	No

GH Kasaragod	Yes	Yes	Yes	Yes	Yes	No	Yes
THQH Nileswaram	No	Yes	Yes	No	Yes	No	No
FHC Thaiikkadappuram	No	No	No	No	No	No	No
UPHC Kasaragod	No	No	Yes	No	No	No	No
THQH Mangalpady	Yes	Yes	Yes	No	Yes	No	No
CHC Manjeshwar	No	No	Yes	No	No	No	No
FHC Meenja	No	No	Yes	No	No	No	No
FHC Bayar	No	No	Yes	No	No	No	No
FHC Vorkady	No	No	Yes	No	No	No	No
BFHC Muliya	No	Yes	Yes	No	No	No	No
FHC Adoor	No	No	Yes	No	No	No	No
FHC Mulleria	No	Yes	Yes	No	No	No	No
FHC Mogralputhur	Yes	Yes	Yes	No	No	No	No

FHC Chengala	No	No	Yes	No	No	No	No
TH Bedadka	Yes	Yes	Yes	No	Yes	No	Yes
FHC Bandadka	No	No	Yes	No	No	No	No
FHC Chattanchal	No	Yes	Yes	No	No	No	No
FHC Kalanad	No	No	Yes	No	No	No	No
FHC Ennappara	Yes	Yes	Yes	No	No	No	Yes
FHC Uduma	No	Yes	Yes	No	No	No	No
FHC Madikai	Yes	Yes	Yes	No	No	No	No
FHC Panathur	No	No	yes	No	No	No	No
CHC Kumbla	No	Yes	Yes	No	No	No	No
FHC Arikkady	No	Yes	Yes	No	No	No	No
FHC Puthige	No	No	Yes	No	No	No	No
FHC Angadimogar	No	No	Yes	No	No	No	No

Private Healthcare Facilities							
Kanhangad Nursing Home	No	No	Yes	No	Yes	No	No
Aishal	No	Yes	Yes	Yes	Yes	Yes	No
Co- Operative Hospital	No	Yes	Yes	No	Yes	No	No
Deepa Hospital	No	Yes	Yes	Yes	Yes	No	No
Laxmi Meghan	Yes	Yes	Yes	Yes	Yes	yes	No
Arimala	No	Yes	Yes	Yes	Yes	Yes	No
United Medical Centre	No	Yes	Yes	Yes	Yes	No	Yes
Co.Op.Hospital Odayamchal	Yes	Yes	Yes	No	No	No	Yes
Santhawanam Medicity Parappally	Yes	Yes	Yes	No	Yes	No	Yes
Janardan Hospital	No	No	Yes	Yes	Yes	Yes	No
Wintouch Multi Speciality Hospital	Yes	Yes	Yes	Yes	Yes	Yes	No
Carewell Hospital & Research Centre pvt. ltd Kasaragod	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Chaithra Medical Centre	No	Yes	Yes	Yes	Yes	No	No

K S Abdullah Hospital	No	No	Yes	Yes	Yes	No	No
KIMS	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Dia Life Hospital	No	Yes	Yes	Yes	Yes	No	No
Mallya City Hospital	No	No	Yes	Yes	Yes	No	No
Society Hospital Bayar	No	No	Yes	No	No	No	No
KNH Hospital	No	No	Yes	Yes	Yes	No	No
Doctors Hospital Kaikamba	No	No	Yes	No	No	No	No
C M Healing hands multispecialty hospital , Cherkala	No	Yes	Yes	Yes	Yes	Yes	No
CMC Mulleria	No	Yes	Yes	Yes	Yes	No	No
ASTER MIMS	Yes	Yes	Yes	Yes	Yes	Yes	Yes
E K Nayanar Hospital	No	Yes	Yes	Yes	Yes	Yes	No
Uduma Nursing Home	No	No	Yes	Yes	Yes	No	No
Indiana Hospital	No	No	Yes	No	Yes	No	No
Carewell Polyclinic Malakkallu	No	No	Yes	Yes	Yes	No	No

Weicare Lab	No	No	Yes	No	No	No	No
HRS Hospital	No	No	Yes	No	No	No	No

Diagnostics facility mapping at the district level

The diagnostic capacity of the district 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.

Table No.11 Diagnostics facility mapping at the District level				
Item	Govt	Private	AYUSH	Total
General labs	43	124	42	209
Microbiology labs	2	4	0	6
RT-PCR labs	6	4	0	10
USG units	22		0	22
CT/MRI units	12		0	12
Research labs	1		0	1

Labs of other departments that can be repurposed	1	0	1
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Laboratory Identification & Basic Details

A strong district-level laboratory infrastructure is a cornerstone of effective pandemic preparedness and response. It enables early detection of infectious diseases through rapid and reliable diagnostic testing. This early identification helps in timely isolation of cases and prevents further spread of infection in the community. District laboratories also support routine surveillance activities by continuously monitoring disease trends and reporting data to systems like the IDSP.

During outbreaks or pandemics, district labs play a crucial role in ensuring quick confirmation of suspected cases. This reduces dependence on higher-level state or national laboratories and significantly decreases turnaround time for test results. Faster diagnosis helps healthcare providers initiate appropriate treatment promptly, improving patient outcomes and reducing mortality.

In addition, laboratory data supports evidence-based public health decision-making. Authorities use test results to identify hotspots, allocate resources such as beds and oxygen, and implement control measures like containment zones or targeted testing. This makes the overall response more efficient and scientifically guided.

Table No:12 Laboratory Identification & Basic Details	
Private labs	124
Govt Labs	49
24*7 Labs	20
NABL Labs	119

Details of major laboratories and diagnostic centres are provided in Table No.10 in the Annexure

Social and Community Infrastructure for the surge plan

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

Table NO:13 Category	Total Count
Educational Institutions	
Anganwadi	1340
Schools	688
Colleges	37
Healthcare Educational Institutions	
Medical colleges (Govt/Private)	1 Govt 1 AYUSH private
Nursing colleges (Govt/Private)	2 Govt 5 Private
Dental colleges (Govt/Private)	1 Private

Paramedical institutes (Govt/Private)	4
Community Gathering Spaces	
Community halls/Auditoriums	191
Religious buildings	132
Vulnerable Group Support Facility	
Destitute homes	1
Elderly homes	2
District owned other buildings	1
Mass Fatality Management (MFM) Infrastructure	
Mortuary	12
Crematorium	118

The details of each facility under the community infrastructure are attached in Annexure

3. Human resources

This section focuses on the human capital available within the District. 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. A detailed directory with the contact numbers of all workers is given (Annexure Table).

Table No:14 Human resources

Cadre	Govt (No.)	Private (No.)	Total
Doctors—Modern Medicine	343	215	558
Doctors – AYUSH	399	120	519
Doctors – Veterinary	153	7	160
Doctors – Dental	19	48	67
Nursing officers	367	321	688
Lab technicians	65	60	125
Optometrist	19	17	36

Pharmacists	94	64	158
Psychologists	1 NHM& 1 Govt	4	6
Counsellors	6 Govt & 11 NHM	9	20

Public Health & Field-Level Workforce

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

Table No:15 Public Health & Field-Level Workforce				
Cadre	Health services	Municipal services	common	Total
HS (Health Supervisors)	5	3		8
HI (Health Inspectors)	33	4		37
LHS (Lady Health Supervisor)	4	0		4
LHI (Lady Health Inspectors)	41	0		41
JPHN (Jr Public Health Nurses)	249	3		252
JHI (Jr Health Inspectors)	161	9		170

MLSP (Mid-Level Service Providers)	223	0	223
Palliative Nurses	53	0	53
RBSK Nurses	52	0	52
PRO	15	0	15
Epidemiologist	7	0	7
Data Manager	8	0	8
Entomologist	1	0	1

Community & Support Cadre

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

Table No:16 Community & Support Cadre	
Cadre	Number
ASHA Workers	932
AWW (Anganwadi Workers)	1340

Emergency Medical Volunteers (Trained)	1234(IMA Data)
Kudumbashree	176272
MNREGS(No. of HH issued job cards)	121569
Purusha Swayam Sahaya Sangham	4733

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 (DISTRICT). These groups enhance grassroots mobilization, resource distribution, and support networks crucial for pandemic response and community resilience.

Table No: 17 Community Organizations	
Category	Total Count
NGOs	295
Religious based organizations	135
Foreign based organizations	26
Sports Club/youth clubs	794

Kudumbashree SHGs	11909
Ayalkootams	11909
Political organizations	131
Residential organizations	89

Administrative & Emergency Services

This section outlines the availability of key non-health emergency support services and infrastructure within the DISTRICT, 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.

Table No:18 Administrative & Emergency Services		
Category	Total Count	Contact details
Police Stations	32	9400069723
Fire & Rescue Stations	5	9497920260
Water Pumping Points	6	04672204080
Public Distribution System (PDS)	391	04672204044

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.

Table No: 19 Supportive resources	
Means of transportation	Total Count
JCB	275
Crane	42
Heavy Trucks	249
Tractor	116
Ambulances	95
Mobile mortuaries	11
Boats	217
Taxi service	1013

For specific details regarding vehicle owners and contact information, please refer to Annexure

4. One Health and Environmental Surveillance

The One Health approach integrates human, animal, and environmental health to enable proactive and comprehensive pandemic preparedness. At the district level, strengthening surveillance systems is essential for the early detection and control of zoonotic and environmentally transmitted diseases. This requires systematic assessment of animal populations, evaluation of veterinary infrastructure, and regular monitoring of poultry farms and slaughter facilities.

Effective implementation also depends on strong intersectoral coordination between the health, veterinary, and environmental departments. The use of advanced tools such as GIS-based mapping based on previous outbreaks—enhances predictive capacity and early warning systems. Additionally, ward-level risk assessment and targeted sampling in high-risk areas support timely interventions, thereby improving preparedness and response to potential public health threats.

Animal & Bird Population

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

Table No: 20 Animal & bird population			
Category	Item	Estimated Population	Wards
Animal Population	Livestock (Cattle/Goats/Buffalo)	62589	All Wards
	Pet Animals (Dogs/Cats)	44900	All Wards

	Stray Dog Population	3070	All Wards
	Pig Farms (Number of heads)	1252	All Wards
	Small Units (Sheep / Goats – clustered)		All Wards
Bird Population	Poultry Units (Birds) Number of Poultry farms	235 Farms	All Wards
	Poultry- (FOWL)		All Wards
	Wild/Migratory Birds (Observed)	42 Species	Kanhangd,PaivalikeC hitatri area
	Crow Mortality Events (Reported)	Nil	Nil

The main risk of zoonotic diseases in the district is will be concentrated in those LSGs which is have high density of pig farms, cattle congregation areas, and poultry units. The stray dog population in market areas, fish landing sites, and bus stations remains a substantial challenge for rabies surveillance and bite prevention. There is a considerable risk of avian influenza introduction and amplification during November - December due to the seasonal presence of migratory and resident water birds near ponds/canals/rivers/backwaters/paddy fields. Clusters of pig farms and animal shelters vulnerable to flooding further raise the risk of leptospirosis and other zoonoses mediated by the environment, especially during monsoon floods. In Case of Kasargod pig frams, Migratory and resident waterbird populations were very less while comparing other districts. Stary gog population is high and lsgd were palnning to conduct ABC campaigns and shelter homes for stray dogs

Veterinary Infrastructure

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

Veterinary Infrastructure			
Facility Type	No of Facility	Ownership Govt / Pvt	Location(Ward No)
Veterinary Dispensary	34	Government	Entire district- (Details attached -Annexure Table No-3)
Veterinary Hospital/ Polyclinic	6	Government	VH Kanhangad,VH Nileshtar,VH Trikaripur,VH Manjeshwar,VH Konnakad,VH Uduma
Private Veterinary Clinics	8	Private	Padenakkad,Cherkala,Chengala,Charavathur,Badiyadka,Kumbala,Uliyathaduka,Palakunnu
Mobile/EmergencyVet Service	6	Government	VH Kanhangad,VH Nileshtar,VH Trikaripur,VH Manjeshwar,VH Konnakad,VH Uduma
Pet Homes /Animal Shelters	0	0	

Slaughterhouse	46	Pvt	
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Details of Veterinary Institutions given in Table No. 3& 11 in annexure

Veterinary Doctors & Supporting 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 DISTRICT systems—especially during zoonotic outbreaks and pandemic-prone situations—a clearly defined veterinary workforce enhances One Health surveillance.

Table No.22 Veterinary Doctors & Supporting Workforce			
Category	Number Available	Type (Govt/Pvt)	Contact number
Government Veterinary Doctors	39	Govt	ADCP Kasaragod 8606028878
Private Veterinary Doctors	10	Prvt	Dr.Avinash 9633699166
Livestock Inspectors	108	Govt	Pradeep Kumar PP 9961345165 Nileswar
Para-veterinary Staff/ Attenders	52	Govt	Vinod Kanth 9497333893

Contract/ On-call Veterinary Support (if any)	1	Govt	Dr.Gokul 7907483372	Murali
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High-Risk Interface Points (Surveillance Sites)

High-risk interface points for zoonotic disease such as Leptospirosis in Kasaragod are evident across multiple Local Self-Government Institutions (LSGs), with notable variation in case distribution. Higher case loads have been reported in Neeleswaram and Kasaragod municipality areas indicating priority areas for intensified surveillance and intervention. Moderate case burden is observed in Chenkala and Kinanur-Karinthalam suggesting emerging risk zones that require close monitoring.

These patterns may be attributed to factors such as waterlogging, livestock exposure, poor waste management, and population density, particularly during the monsoon season. The presence of such hotspots highlights the need for targeted, area-specific interventions under the One Health framework, including strengthened surveillance, environmental sanitation, rodent control, and community awareness activities. Incorporating these high- and moderate-risk areas into the Pandemic Preparedness Plan (PPP) will enable more effective resource allocation and timely response to zoonotic disease threats. These are the primary surveillance sites where zoonotic spill over risks are elevated.

Table No. 23 High-Risk Interface Points

Type of Habitat	Type of High risk interface	Geographical vulnerability
Wetlands & Backwaters	Moderate	Valiyaparamba , Chittari
Backyard Poultry Farms	Nil	
Cattle Sheds near Water Bodies	Nil	
Fish & Meat Markets	Mild	

Community Slaughter Sites	Nil	
Migratory Bird Congregation Areas	mild	Chittari,Chemmatm vayal, kaniyada
Rodent-Infested Grain Storage	Mild	FCI

Table No. 24 High-Risk Area		
Category	Total Count	Key Locations (LSGs)
Poultry Farms	235	Kodom-Belur,EastEleri, Chengala,Badiyaduka
Backyard / Clustered Poultry Units	Nil	
Duck Rearing Units (open water access)	Nil	
Slaughterhouses/ Slaughter Points	46	Balal.Kodom Belur,East Eleri, Neeleswaram,Pilicode,Kanghangad(M)
Meat/Fish Markets	9	cheruvathur ,Nileswar, Kanchangad, Kumbala Kasargod, Manjeswar, Uppala , Uduma , Thrikkarippur

Live Bird Sale Points	0	
Cattle Markets / Weekly Animal Fairs	0	
Pet Shops / Breeders	3	
Animal Shelters / Pet Homes	0	
Waste Disposal Sites near Animal Units	0	

Environmental Risk Mapping

Environmental risk mapping identifies monsoon- and flood-prone hotspots for vector-borne (dengue, chikungunya) and waterborne (leptospirosis, diarrhoea) diseases, as well as zoonotic diseases. 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 spill over opportunities.

Risk Factor	High-Risk LSG	Key Locations	Risk Level (High/Med/Low)
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Pandemic Management plan

Flood-prone areas	Cheruvathur, Kumbla, Madhur, Muliya, Padanne, Pullur Periya, Pallikkra .Ajanur	Valiya paramba, Madhur town, Pallikara Bekal ,Ajanur Kadappuram , Chittari	Low
Water bodies/wetlands	Nil		
Solid waste accumulation	Nil	Nil	
Animal waste disposal issues	Nil	Nil	Nil
Rodent infestation zones	Nil		
Industrial effluent discharge	Ice factory- 1	Kadappuram Punchavi	
Construction sites/abandoned buildings	Highway Construction Sites are there in Kasrgod District -Predominatly at Pullur-Periya panchayat Municipality area Padannakkad		
Poor drainage/blocked canals	Kasaragod Municipality (6,33,21)	Near KIMS Hospital, Beeranthavayal, Near Korakkode anganwadi	
Drinking water source contamination risk	Kasaragod Municipality (33,21)	Beeranthavayal,Near Korakkode anganwadi	

Disease Seasonality Mapping

Table No. 25 Disease Seasonality Mapping				
Sl. No	Risk Factor	Description	Public Health Impact	risk in district
1	Flooding & Water logging	Monsoon-related flooding and stagnant water accumulation in low-lying areas	Increases risk of Leptospirosis, malaria, Filarial and diarrhoeal diseases	high
2	Migratory Bird Influx (Nov–Feb)	Seasonal movement of migratory birds to wetlands, paddy fields, and water bodies	Raises risk of avian influenza transmission	low
3	Mosquito Breeding Cycles	Stagnant water during monsoon promotes mosquito breeding	Leads to peaks in dengue, Chikungunya, and other vector-borne diseases	high
4	Agricultural Practices	Paddy cultivation and close human–animal–environment interaction	Enhances risk of zoonotic disease transmission	high

Surveillance Activities for Environmental Risk

Table No.26 activities for environmental risk					
Disease	Peak Season	Risk	Key Drivers	High-Risk Locations	Surveillance Focus
Avian Influenza	Winter			NA	Poultry surveillance
Leptospirosis	August September October			NA	Environmental
Dengue/Chikungunya	June			NA	Environmental
Acute Diarrheal Diseases	Summer			NA	Water Quality
Rabies	No Fixed			NA	Animal Surveillance
Anthrax (rare)	Summer			NA	Animal Surveillance

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

Table No.27 Vulnerability Mapping

Sl. No	Vulnerability Factor	High-Risk Areas	Key Groups	Risk Level(District)
1	Flood-prone households	Coast& low-lying areas (Kumbla, Mogral, coastal belt)	Waterlogged and wetland-adjacent communities	High
2	Backyard poultry	Rural midland & highland areas	Poultry and small-scale bird rearing households	Low
3	Livestock-rearing households	Panathady, Kodom-Belur, Balal	Cattle and livestock-rearing households	Moderate
4	Slaughterhouse & meat market workers	Kasaragod, Kanhangad	Slaughtering, meat processing workers	High
5	Fisherfolk & fish market workers	Coastal belt(Manjeshwaram, Cheruvathur)	Fishing communities and workers	High
6	Sanitation workers	Urban & municipal areas	Waste management and sanitation workers	Moderate
7	Daily wage / migrant workers	Border and semi-urban areas	Interstate and informal sector workers	Moderate
8	Limited safe water & sanitation	Remote highland & tribal areas	Communities using untreated water	High

5 Epidemiological Status and Disease Trend Analysis

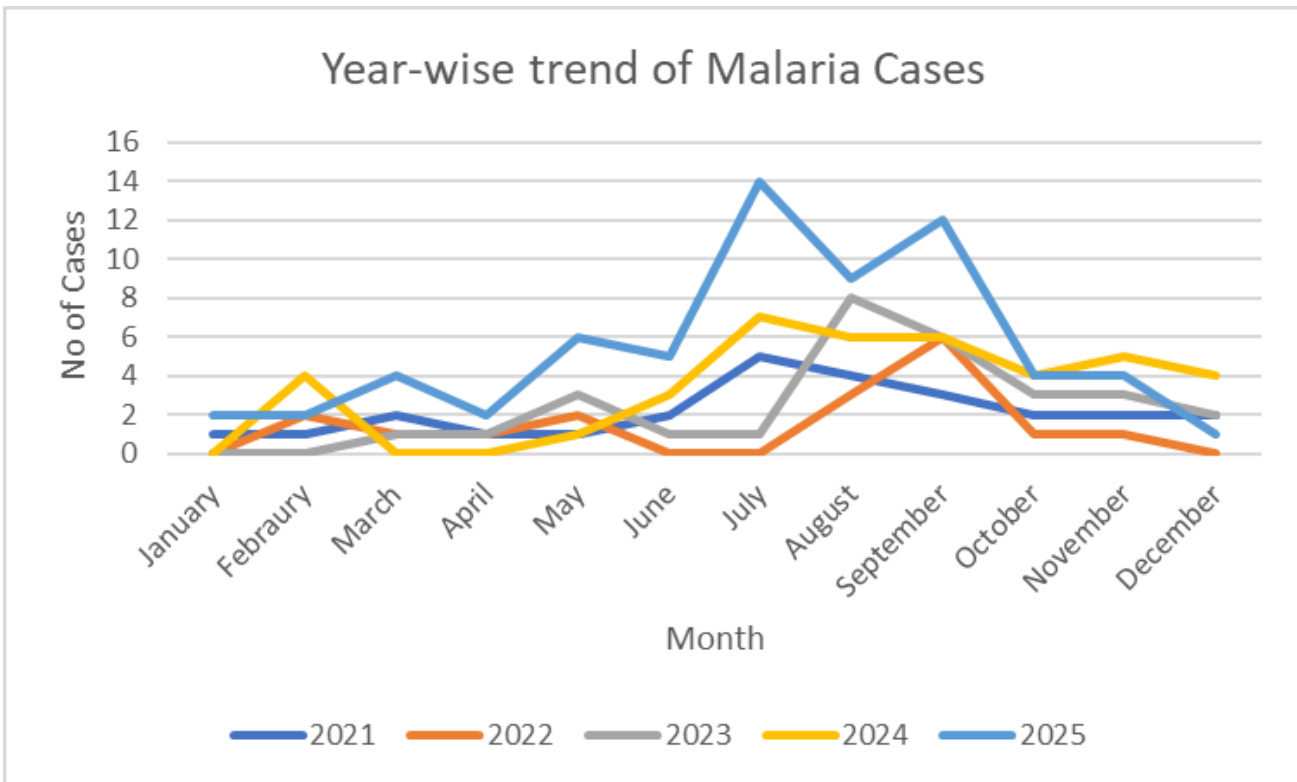
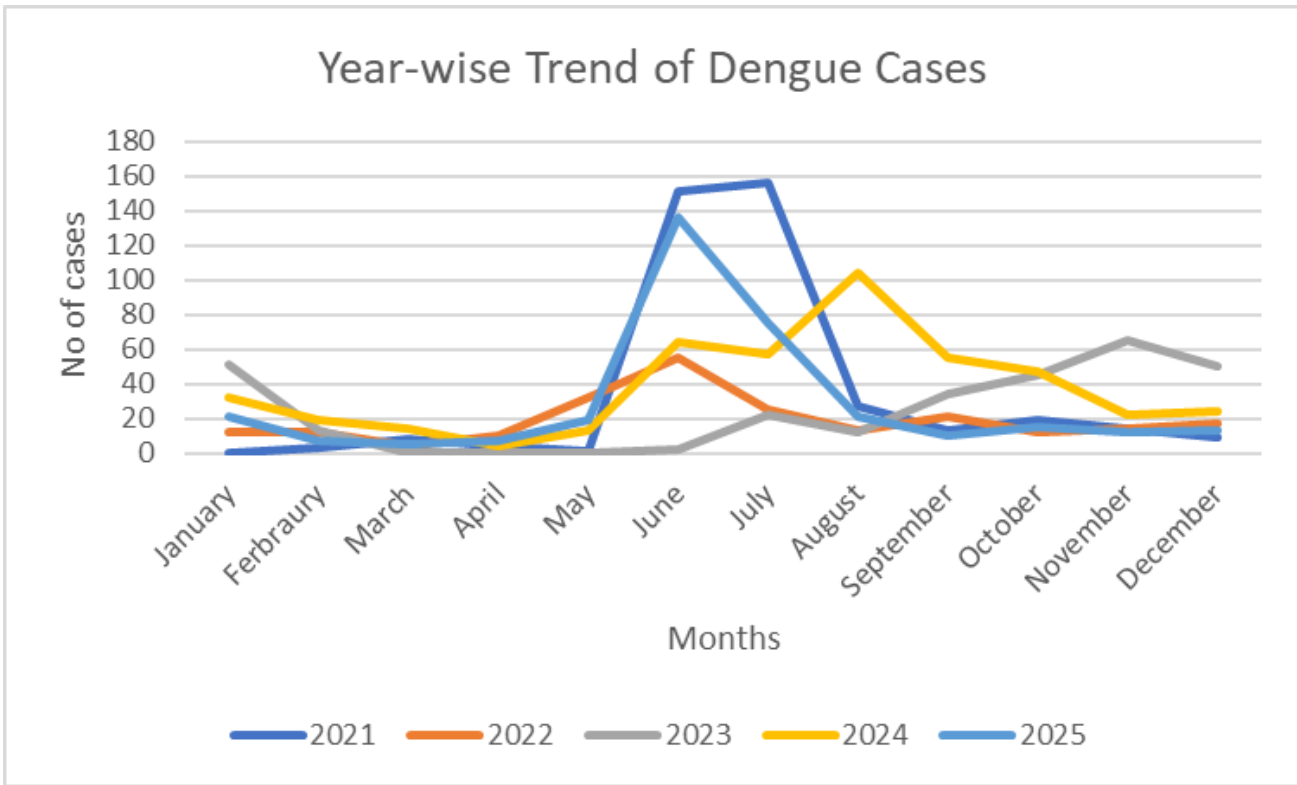
Disease surveillance is the systematic collection, analysis, and interpretation of health data for planning, implementation, and evaluation of public health practice. This section presents the disease surveillance profile of the District based on routine reporting systems and outbreak investigations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

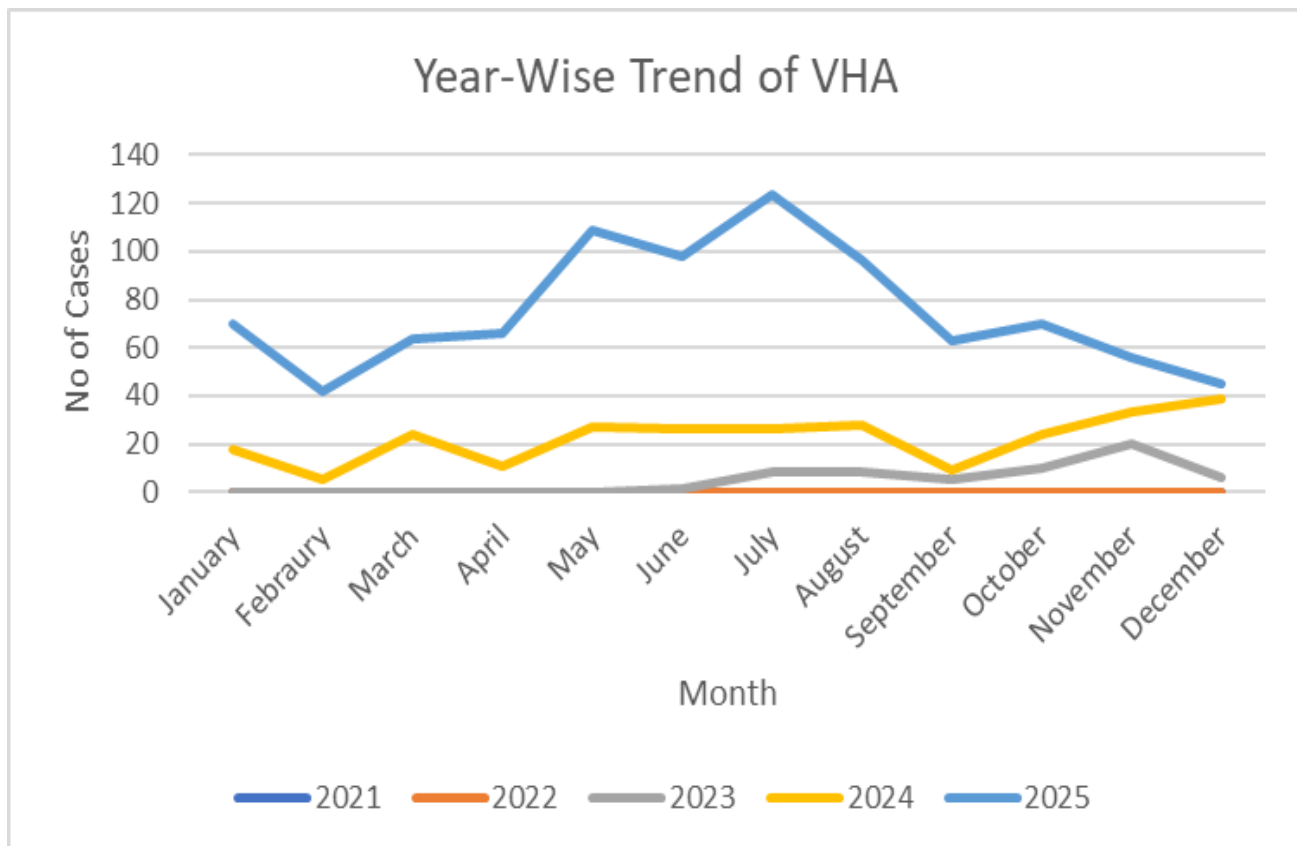
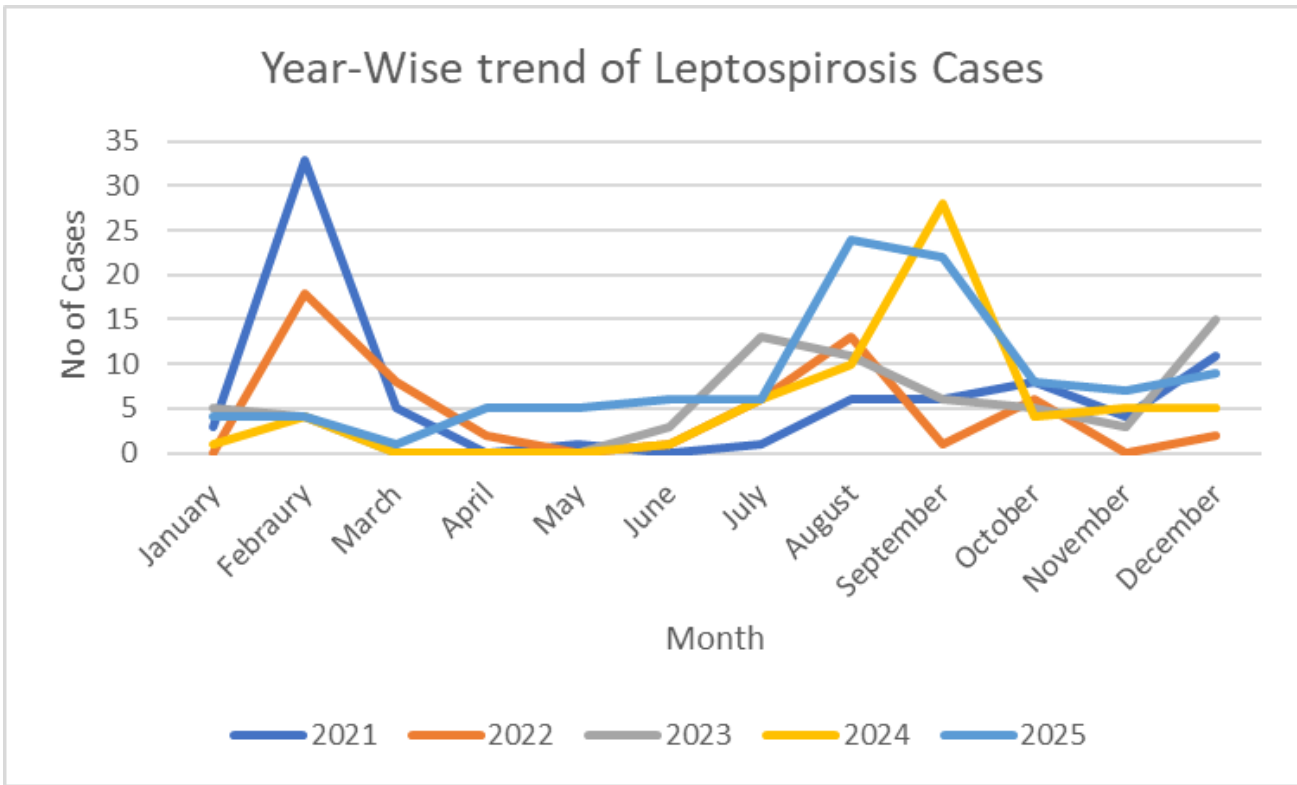
Disease Burden among human beings (Last 5 Years)

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	428	227	295	455	341	Stable (Fluctuating)
Leptospirosis	78	57	65	64	101	Increasing
Hepatitis A	0	0	58	270	903	Strongly increasing
Malaria	26	17	29	40	65	Increasing
Scrub Typhus	1	4	9	20	19	Increasing (slight drop in 2025)
Typhoid	0	5	2	0	3	Low incidence
H1N1	0	8	55	51	6	Decreasing

H3N2	0	0	3	4	7	Increasing
ADD	12770	20973	29141	29412	30929	Increasing
Mumps	24	32	73	7717	1808	Increasing
Measles	0	2	20	2	4	Stable (sporadic cases)
Hepatitis B	0	7	13	20	0	Decreasing (possible under-reporting)
Hepatitis C	0	0	0	5	0	Stable (very low cases)
Tuberculosis	728	836	922	818	770	Decreasing
Leprosy	21	22	23	20	30	Stable
COVID-19	119545	25082	1284	21	16	Decreasing





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.

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

Name of the LSGD	Dengue – LSG-wise Yearly Distribution					
	2021	2022	2023	2024	2025	Total
Ajanur	28	10	12	12	3	65
Pullur Periyē	82	10	11	26	15	144
Pallikare	31	6	10	17	22	86
Bedadka	29	4	10	9	3	55
Chemmanad	15	8	15	20	29	87
Kuttikkol	20	9	4	5	2	40

Uduma	3	3	15	6	13	40
Kodom Belur	42	11	3	6	18	80
Balal	15	9	1	1	4	30
Panathady	15	32	1	2	4	54
Madikai	23	9	7	8	16	63
Kallar	18	10	0	6	4	38
Bellur	0	1	0	0	1	2
Badiadka	1	7	11	8	18	45
Enmakaje	0	1	0	6	31	38
Kumbadaje	1	1	0	4	1	7
Kumbala	6	5	25	20	10	66
Puthige	0	1	2	9	5	17
Madhur	4	3	14	19	6	46

Chengala	13	11	18	27	10	79
Delampady	10	0	0	9	7	26
Karadka	1	3	3	9	26	42
Muliyar	6	2	13	47	6	74
Mogralputhur	3	1	9	14	5	32
Cheruvathur	1	2	0	3	3	9
East Eleri	4	2	6	2	6	20
Kayyur Chemini	2	3	3	4	20	32
Kinanoor Karindalam	17	1	4	0	2	24
Pilicode	0	1	1	0	3	5
Trikaripur	0	0	2	4	1	7
Valiyaparamba	0	1	0	0	0	1

Padne	0	0	3	5	0	8
West Eleri	13	4	3	1	1	22
Mangalpady	0	1	19	53	7	80
Manjeswaram	0	1	9	17	0	27
Meenja	0	0	8	13	6	27
Paivalike	0	0	7	18	6	31
Vorkady	1	0	0	6	1	8
Nileswaram	7	1	7	3	3	21
Kanhangad	13	30	7	12	12	74
Kasaragod	4	23	31	24	11	93

LEPTOSPIROSIS

Leptospirosis cases are closely linked to monsoon rains, flooding, and occupational exposure, particularly in low-lying and waterlogged areas Peak season is June - August

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

Name of the LSGD	Leptospirosis – LSG-wise Yearly Distribution
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Pandemic Management plan

	2021	2022	2023	2024	2025	Total
Ajanur	4	3	0	0	5	12
Pullur Periyē	1	1	0	0	4	6
Pallikare	0	0	0	2	2	4
Bedadka	0	1	0	1	2	4
Chemmanad	1	1	3	4	5	14
Kuttikkol	4	1	1	1	2	9
Uduma	0	0	0	0	3	3
Kodom Belur	4	3	0	1	7	15
Balal	6	1	1	1	2	11
Panathady	2	3	0	0	3	8
Madikai	2	2	0	0	3	7
Kallar	5	1	0	0	1	7

Bellur	0	1	0	0	2	3
Badiadka	0	0	4	0	1	5
Enmakaje	0	0	0	1	1	2
Kumbadaje	0	0	0	0	0	0
Kumbala	0	0	3	0	2	5
Puthige	1	0	0	1	1	3
Madhur	1	1	11	1	3	17
Chengala	3	0	15	3	4	25
Delampady	1	0	2	0	2	5
Karadka	1	0	3	0	1	5
Muliyar	1	0	2	7	0	10
Mogralputhur	0	0	1	0	2	3
Cheruvathur	1	0	0	0	3	4

East Eleri	2	0	0	1	3	6
Kayyur Chemeni	0	0	0	2	4	6
Kinanoor Karindalam	4	14	0	0	1	19
Pilicode	0	0	0	2	1	3
Trikaripur	0	0	0	3	1	4
Valiyaparamba	0	0	0	0	0	0
Padne	0	0	0	0	1	1
West Eleri	3	3	0	0	0	6
Mangalpady	0	3	4	0	6	13
Manjeswaram	0	0	4	2	4	10
Meenja	0	0	0	1	2	3
Paivalike	0	1	1	1	5	8
Vorkady	0	0	0	0	4	4

Nileswaram	29	12	0	0	1	42
Kanhangad	1	4	0	6	4	15
Kasaragod	1	1	10	23	3	38

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 – LSG-wise Yearly Distribution (2021–2025)

Name of the LSGD	Hep A – LSG-wise Yearly Distribution					
	2021	2022	2023	2024	2025	Total
Ajanur	0	0	2	6	39	47
Pullur Periyē	0	0	2	5	27	34
Pallikare	0	0	2	10	90	102
Bedadka	0	0	2	2	13	17
Chemmanad	0	0	1	14	43	58

Pandemic Management plan

Kuttikkol	0	0	0	1	10	11
Uduma	0	0	1	6	24	31
Kodom Belur	0	0	0	3	23	26
Balal	0	0	0	3	6	9
Panathady	0	0	1	2	51	54
Madikai	0	0	1	2	15	18
Kallar	0	0	1	4	20	25
Bellur	0	0	0	0	2	2
Badiadka	0	0	3	6	10	19
Enmakaje	0	0	2	7	8	17
Kumbadaje	0	0	0	3	4	7
Kumbala	0	0	2	16	44	62
Puthige	0	0	0	5	8	13

Madhur	0	0	1	26	53	80
Chengala	0	0	1	61	93	155
Delampady	0	0	1	2	1	4
Karadka	0	0	0	3	14	17
Muliyar	0	0	0	22	28	50
Mogralputur	0	0	1	8	52	61
Cheruvathur	0	0	0	3	0	3
East Eleri	0	0	0	2	7	9
Kayyur Chemeni	0	0	3	2	3	8
Kinanooor Karindalam	0	0	1	8	4	13
Pilicode	0	0	0	3	0	3
Trikaripur	0	0	1	0	2	3
Valiyaparamba	0	0	0	0	0	0

Padne	0	0	0	2	2	4
West Eleri	0	0	1	0	3	4
Mangalpady	0	0	8	6	31	45
Manjeswaram	0	0	3	0	15	18
Meenja	0	0	4	1	15	20
Paivalike	0	0	7	0	7	14
Vorkady	0	0	0	0	2	2
Nileswarm	0	0	0	3	18	21
Kanhangad	0	0	5	5	81	91
Kasaragod	0	0	0	18	34	52

CHIKUNGUNIYA – Disease distribution of District

Name of the LSGD	Chikunguniya – LSG-wise Yearly Distribution					
	2021	2022	2023	2024	2025	Total

Pandemic Management plan

Ajanur	0	0	0	0	0	0
Pullur Periyē	0	0	0	0	0	0
Pallikare	0	0	0	0	0	0
Bedadka	1	0	0	0	0	1
Chemmanad	0	0	0	0	0	0
Kuttikkol	0	0	0	0	0	0
Uduma	0	0	0	0	0	0
Kodom Belur	2	0	0	0	0	2
Balal	0	0	0	0	0	0
Panathady	0	0	0	0	0	0
Madikai	1	0	0	0	0	1
Kallar	0	0	0	0	0	0
Bellur	0	0	0	0	0	0

Pandemic Management plan

Badiadka	0	0	0	0	0	0
Enmakaje	0	0	0	0	0	0
Kumbadaje	0	0	0	0	0	0
Kumbala	0	0	0	0	0	0
Puthige	0	0	0	0	1	1
Madhur	0	0	0	0	0	0
Chengala	0	0	0	0	0	0
Delampady	0	0	0	0	0	0
Karadka	0	0	0	0	0	0
Muliyar	0	0	0	0	0	0
Mogralputhur	0	0	0	0	0	0
Cheruvathur	0	0	0	0	0	0
East Eleri	1	0	0	0	0	1

Pandemic Management plan

Kayyur Chemeni	0	0	0	0	0	0
KinanoorKarindalam	1	0	0	0	0	1
Pilicode	0	0	0	0	0	0
Trikaripur	0	0	0	0	0	0
Valiyaparamba	0	0	0	0	0	0
Padne	0	0	0	0	0	0
West Eleri	0	0	0	0	0	0
Mangalpady	0	0	0	0	0	0
Manjeswaram	0	0	0	0	0	0
Meenja	0	0	0	0	0	0
Paivalike	0	0	0	0	0	0
Vorkady	0	0	0	0	0	0
Nileswaram	1	0	0	0	0	1

Kanhangad	0	0	0	0	0	0
Kasaragod	0	0	0	0	0	0

MALARIA - Disease distribution of District

Kasaragod district, being a border district of Kerala sharing boundaries with Karnataka, has a higher vulnerability to malaria transmission in its border regions. Areas close to interstate movement experience sporadic malaria cases, mainly due to migrant labour movement and population mobility.

Name of the LSGD	Malaria – LSG-wise Yearly Distribution					
	2021	2022	2023	2024	2025	Total
Ajanur	3	1	0	1	1	6
Pullur Periy	1	1	1	0	1	4
Pallikare	0	0	0	4	1	5
Bedadka	0	0	0	1	0	1
Chemmanad	0	0	1	1	2	4
Kuttikkol	0	1	0	0	1	2
Uduma	0	0	0	0	3	3

Pandemic Management plan

Kodom Belur	1	1	0	1	3	6
Balal	0	0	0	0	0	0
Panathady	0	0	0	0	1	1
Madikai	0	0	1	0	0	1
Kallar	0	1	0	0	1	2
Bellur	0	0	0	1	0	1
Badiadka	0	0	0	0	0	0
Enmakaje	0	0	0	0	0	0
Kumbadaje	0	0	0	0	0	0
Kumbala	2	3	4	1	7	17
Puthige	0	1	0	0	3	4
Madhur	0	0	0	1	1	2
Chengala	1	3	1	1	1	7

Pandemic Management plan

Delampady	0	0	0	1	1	2
Karadka	0	0	0	0	2	2
Muliyar	0	0	1	0	2	3
Mogralputhur	0	0	0	1	1	2
Cheruvathur	0	1	0	0	0	1
East Eleri	0	0	0	0	0	0
Kayyur Chemeni	0	0	0	1	1	2
KinanoorKarintalam	2	1	0	0	0	3
Pilicode	0	0	0	0	1	1
Trikaripur	1	0	0	0	1	2
Valiyaparamba	1	0	0	0	3	4
Padne	0	0	0	1	2	3
West Eleri	0	1	1	0	0	2

Mangalpady	7	0	4	6	11	28
Manjeswaram	2	0	3	3	0	8
Meenja	1	0	0	1	2	4
Paivalike	0	0	0	5	1	6
Vorkady	0	0	0	2	0	2
Nileswaram	1	0	2	2	1	6
Kanhangad	3	1	0	1	1	6
Kasaragod	0	0	2	2	3	7

H1N1- Disease distribution of District

H1N1 (Swine Flu) cases in Kasaragod district are generally sporadic and occur mainly during seasonal peaks

Name of the LSGD	H1N1 – LSG-wise Yearly Distribution					
	2021	2022	2023	2024	2025	Total
Ajanur	0	1	0	3	1	5

Pandemic Management plan

Pullur Periyē	0	2	2	2	0	6
Pallikare	0	0	2	2	0	4
Bedadka	0	0	1	0	0	1
Chemmanad	0	0	2	2	0	4
Kuttikkol	0	0	0	1	0	1
Uduma	0	0	0	7	0	7
Kodom Belur	0	0	2	1	0	3
Balal	0	0	4	2	1	7
Panathady	0	0	11	0	0	11
Madikai	0	0	3	1	0	4
Kallar	0	1	4	1	0	6
Bellur	0	0	0	0	0	0
Badiadka	0	0	0	0	0	0

Pandemic Management plan

Enmakaje	0	0	0	0	0	0
Kumbadaje	0	0	0	0	0	0
Kumbala	0	0	1	0	0	1
Puthige	0	0	0	1	0	1
Madhur	0	0	1	1	0	2
Chengala	0	0	2	1	0	3
Delampady	0	0	0	0	0	0
Karadka	0	0	0	0	0	0
Muliyar	0	0	4	3	0	7
Mogralputhur	0	0	0	0	0	0
Cheruvathur	0	0	1	3	0	4
East Eleri	0	0	0	0	0	0
Kayyur Chemeni	0	0	0	3	0	3

Pandemic Management plan

Kinanooor Karindalam	0	1	5	0	0	6
Pilicode	0	0	0	0	0	0
Trikaripur	0	1	0	0	0	1
Valiyaparamba	0	0	0	0	0	0
Padne	0	1	0	0	0	1
West Eleri	0	1	2	0	0	3
Mangalpady	0	0	0	1	0	1
Manjeswaram	0	0	0	4	1	5
Meenja	0	0	0	0	1	1
Paivalike	0	0	0	0	0	0
Vorkady	0	0	0	0	1	1
Nileswaram	0	0	4	3	0	7
Kanhangad	0	0	3	6	0	9

Kasaragod	0	0	1	1	1	3
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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	426	2
Water Borne Diseases	31835	2
Air Borne Diseases	3298	1
Blood Borne Diseases	0	0
Food Borne Diseases	569	0

Vector-Borne Disease

Disease	No. of Cases	No. of Deaths
Dengue	341	2

Malaria	65	0
Chikungunya	1	0
Scrub Typhus	19	0
Total	426	2

Water Borne Disease

Disease	No. of Cases	No. of Deaths
Cholera	0	0
Typhoid	3	0
Hep- A	903	2
ADD	30929	0
Total	31835	2

Air Borne Disease

Disease	No. of Cases	No. of Deaths
Influenza	18	1

H1N1	6	0
TB	770	76
Chickenpox	1462	0
Measles	4	0
Covid-19	16	0
Pertussis	0	0
Mumps	1808	0

Blood-Borne Disease

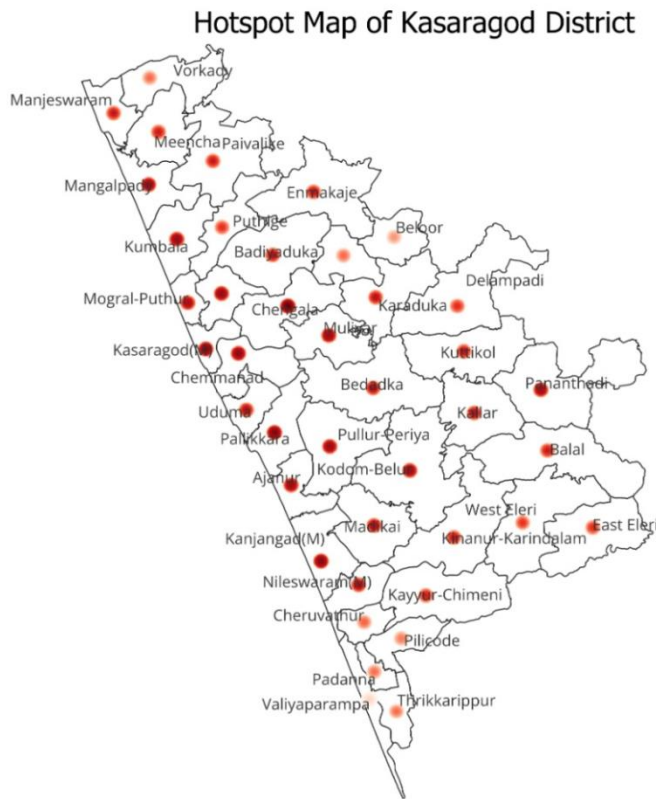
Disease	No. of Cases	No. of Deaths
AIDS	0	0
Hep- B	0	0
Hep- C	0	0

Zoonotic Disease

Disease	No. of Cases	No. of Deaths
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Rabies	0	0
Leptospirosis	101	5
Avian influenza	0	0
West Nile	0	0
Anthrax	0	0
Nipah	0	0
Scrub Typhus	19	0

Integrated Disease Hotspot Map (2021–2025)



(Data Source-IDSP)

Data Table			
LSG Name	Dengue Total (2021-25)	Leptospirosis Total (2021-25)	Hepatitis A Total (2021-25)
Ajanur	65	12	47
Pullur Periye	144	6	34
Pallikare	86	4	102

Pandemic Management plan

Bedadka	55	4	17
Chemmanad	87	14	58
Kuttikkol	40	9	11
Uduma	40	3	31
Kodom Belur	80	15	26
Balal	30	11	9
Panathady	54	8	54
Madikai	63	7	18
Kallar	38	7	25
Bellur	2	3	2
Badiadka	45	5	19
Enmakaje	38	2	17
Kumbadaje	7		7

Pandemic Management plan

Kumbala	66	5	62
Puthige	17	3	13
Madhur	46	17	80
Chengala	79	25	155
Delampady	26	5	4
Karadka	42	5	17
Muliyar	74	10	50
Mogralputhur	32	3	61
Cheruvathur	9	4	3
East Eleri	20	6	9
KayyurChemeni	32	6	8
Kinanoor Karindalam	24	19	13
Pilicode	5	3	3

Pandemic Management plan

Trikaripur	7	4	3
Valiyaparamba	1		0
Padne	8	1	4
West Eleri	22	6	4
Mangalpady	80	13	45
Manjeswaram	27	10	18
Meenja	27	3	20
Paivalike	31	8	14
Vorkady	8	4	2
Nileswaram	21	42	21
Kanhangad	74	15	91
Kasaragod	93	38	52

6. Assessing Core Capacities

Pandemic preparedness requires a systematic assessment of core public health capacities to ensure an effective and timely response to emerging health threats. Evaluating existing capacities helps identify strengths, gaps, and priority areas for strengthening the health system.

Core capacities encompass critical domains such as surveillance systems, laboratory access, clinical surge capacity, supply chain management, risk communication, logistics, and social support mechanisms. Strengthening these components ensures early detection of outbreaks, efficient case management, uninterrupted essential services, and effective community engagement during public health emergencies.

This section outlines the current status of key capacities in the district, along with strategies to enhance preparedness, improve coordination among stakeholders, and build a resilient health system capable of responding to pandemics in a timely and efficient manner.

6.1. Core Capacity Domains

The district focuses on strengthening the following core domains:

- a) Surveillance systems
- b) Laboratory access and diagnostic capacity
- c) Clinical surge capacity (beds, oxygen, ICU, ventilators)
- d) Supply chain and logistics management
- e) Risk communication and community engagement
- f) Social support systems (volunteers, NGOs, welfare schemes)
- g) Mapping of existing plans, committees, and coordination platforms

6.1.1 Surveillance and Data Systems

The Integrated Disease Surveillance Programme (IDSP) serves as the primary surveillance mechanism in the district.

Key activities include:

- Daily reporting (Syndromic, Presumptive, Laboratory) from all public and private health facilities
- Inclusion of laboratories and Local Self Government Institutions (LSGs) in reporting

- Preparation of line lists of non-reporting institutions
- Conduct of regular IDSP review meetings at block and district levels
- Event-based surveillance for early detection of unusual health events
- Strengthening of community-based surveillance through ASHA workers, Junior Health Inspectors (JHI), and Anganwadi workers
- Monitoring of laboratory turnaround time

Ward-level surveillance indicators such as Influenza-Like Illness (ILI), Severe Acute Respiratory Infection (SARI), and mortality alerts are monitored, supported by Standard Operating Procedures (SOPs) for field verification and response

6.1.2 Laboratory Capacity

The district ensures adequate laboratory support through:

- Strengthening sample collection and transport mechanisms
- Maintenance of cold chain systems
- Defined sample transport schedules and logistics
- Linkages with district and nearby tertiary care laboratories
- Monitoring of turnaround time for timely diagnosis

6.1.3 Clinical Surge Capacity

Preparedness for surge in cases includes:

- Mapping of available beds across all levels of healthcare facilities
- Identification of oxygen-supported beds, ICU beds, and ventilators
- Pre-identification of expansion facilities such as hostels, schools, and auditoriums
- Strengthening of paediatric and obstetric care services

6.1.4 Supply Chain and Logistics

The district maintains a resilient supply chain system through:

- Maintenance of minimum 30-day buffer stock of essential supplies
- Pre-positioning of PPE, medicines, and diagnostics
- Inventory management with defined re-order levels
- Promotion of local production through Kudumbashree and Self-Help Groups
- Establishment of emergency procurement mechanisms

6.1.5 Risk Communication and Community Engagement

Risk communication strategies include:

- Development of multilingual IEC materials (Malayalam, Kannada, Tulu)
- Conduct of community-level awareness programmes through LSGs
- Engagement of Kudumbashree, NHGs, and local committees
- Establishment of rumour monitoring and response mechanisms

6.1.6 Social Support Systems

Social support mechanisms are strengthened through:

- Mobilization of trained volunteers (Kudumbasree, NGOs, Arogya Sena)
- Provision of essential services to vulnerable populations
- Distribution of home care kits and essential supplies

6.1.7 Vulnerable Population Mapping

The following high-risk groups and areas are identified:

- High-density settlements
- Migrant labour clusters
- Coastal and flood-prone areas
- Institutional settings (schools, hostels, old age homes)
- High-risk Panchayat based on previous outbreak history

6. 2.Mapping of existing plans and committees

Effective pandemic preparedness requires strong coordination mechanisms and clearly defined institutional structures. Mapping existing plans, committees, and coordination platforms helps ensure that roles and responsibilities are well defined and that response action can be implemented efficiently during public health emergencies. As part of strengthening district preparedness, existing disaster management and health response committees can be harmonised and integrated under a unified District Pandemic Emergency Operations Centre (EOC) structure

6.2.1 Intersectoral Coordination

The effective management of pandemics at the local level requires strong coordination, clear communication systems, and well-defined roles among various departments. The integration of the Local Self Government Disaster Management Committee (LDMC) with the Pandemic Task Force ensures a unified response. Structured reporting mechanisms through the Health Emergency Operations Centre (HEOC), regular data sharing under IDSP, simplified Standard Operating Procedures (SOPs), and resource-sharing agreements between neighbouring LSGs further strengthen preparedness and response during public health emergencies.

6.2.1.1 Establishing District Pandemic Emergency Operations Centre (HEOC) Structure

The District Emergency Operations Centre (EOC) functions as the central coordination hub for planning, monitoring, and responding to pandemic and other public health emergencies at the district level. It plays a critical role in ensuring a structured and timely response during outbreaks by integrating efforts across multiple sectors and administrative levels.

The EOC facilitates seamless coordination between government departments, healthcare institutions, and field-level response units. It ensures efficient information flow, supports evidence-based decision-making, and enhances the overall effectiveness of emergency response mechanisms.

Key Functions of the District EOC

- **24×7 Monitoring and Surveillance**
Continuous monitoring of the pandemic situation, including case trends, transmission patterns, and emerging hotspots, to enable early detection and prompt response.
- **Interdepartmental Coordination**
Ensures coordination among health, revenue, police, local self-government institutions, and other relevant departments for unified action.
- **Information Management and Reporting**
Collection, analysis, and dissemination of real-time data and situation reports to the State Emergency Operations Centre (SEOC) and other higher authorities.
- **Resource Mobilisation and Logistics**
Identification, allocation, and distribution of essential resources such as medical supplies, human resources, transport, and emergency equipment.
- **Coordination of Public Health Interventions**
Supports implementation of surveillance, containment strategies, quarantine measures, vaccination drives, and risk communication activities.
- Rapid activation of response systems during outbreaks
- Efficient deployment of resources and personnel
- Real-time situational awareness
- Strengthened communication between all stakeholders
- Effective implementation of containment and mitigation strategies

District HEOC Structure		
EOC Position	Designated Officer	Key Functions
EOC Director	District Collector / District Magistrate	Overall command, leadership, and supervision of pandemic preparedness and response activities
EOC Operations Coordinator	District Disaster Management Officer	Coordination of field operations, rapid response teams, and inter-departmental activities
Health Operations Lead	District Medical Officer	surveillance, case reporting, clinical management, and coordination of health services
Surveillance & Data Management Officer	District Surveillance Officer along with District Surveillance Unit	Data collection, case tracking, outbreak investigation, and preparation of situation reports
Logistics & Supply Coordinator	Deputy Collector / District Supply Officer / Store Verification Officer with Drug Controller	Procurement, storage, and distribution of PPE/medicines, vaccines, and medical equipment
Communication & Media Officer	District Information & Health Education/Media Officer	Public awareness, media briefing, IEC activities, and risk communication (multilingual)

Law & Order Coordinator	Superintendent of Police	Enforcement of containment measures, quarantine, and movement restrictions
Volunteer & Community Support Coordinator	Kudumbasree / NGO Representative	Mobilisation of volunteers, community engagement, and support to vulnerable groups
Essential Services Coordinator	Civil Supplies Department	Ensuring uninterrupted supply of food and essential commodities
Documentation & Reporting Officer	District Planning Officer	Preparation of daily reports, documentation, and monitoring of response activities

Establishing District Pandemic Incident Command Structure (ICS)

The Incident Command System (ICS) provides a standardised and flexible management framework for coordinating multi-sectoral response during public health emergencies in Kasargod District. It ensures clear lines of authority, rapid decision-making and efficient utilisation of resources during pandemic situations. At the district level, the ICS facilitates effective coordination between administrative authorities, the health department, disaster management agencies, law enforcement, and other essential service providers, especially considering the district's geographical diversity and interstate dynamics

District Pandemic Incident Command Structure (ICS)		
Position / Authority	Designation in Pandemic ICS	Key Responsibilities
District Collector / District Magistrate	Incident Commander	Overall command, strategic decision-making, and coordination with the State Government
District Medical Officer (DMO)	Technical Advisor – Health	Provides epidemiological guidance, surveillance strategies, and clinical protocols
Additional District Magistrate / RDO	Deputy Incident Commander	Assists Incident Commander and coordinates interdepartmental operations
District Information Officer	Public Information Officer	Risk communication, media briefing, and dissemination of public advisories
District Police Chief / Superintendent of Police	Safety & Security Officer	Enforcement of containment measures, quarantine, and movement control
District Disaster Management Officer / Deputy Collector (DM)	Liaison Officer	Coordination with DDMA, NGOs, interstate agencies, and other external stakeholders

Strengthening Local Pandemic Governance & Coordination

The Local Self-Government Disaster Management Committee (LDMC) plays a crucial role in implementing pandemic preparedness and response measures at the grassroots level. The committee functions as the local operational unit for coordinating surveillance, community engagement, and

essential services during public health emergencies. The LDMC ensures effective coordination between Local Self-Government Institutions (LSGs), the Health Department, district administration, and community organisations. It supports early detection, reporting of cases, implementation of containment measures, and provision of essential services to the community

Committee Harmonization (LDMC → Pandemic Task Force)

LDMC Member	Pandemic Task Force Role	Key Responsibilities
Panchayath President	Chairperson	Overall leadership, decision-making, interdepartmental coordination
Health Standing Committee Chairperson	Co-Chair	Supervision of health interventions and outbreak response
Medical Officer (FHC)	Technical Lead	Surveillance, case management, reporting
Health Inspector / JHI	Field Surveillance Lead	Active surveillance, contact tracing, field monitoring
ICDS Supervisor	Vulnerable Group Coordinator	Monitoring children, pregnant women, elderly
Kudumbashree CDS Chairperson	Community Mobilisation Lead	Volunteer mobilisation, home support, awareness
Ward Members	Ward-Level Coordinators	Local coordination, reporting signals from ward level

School Headmaster	IEC & Awareness Lead	Health education, school-based surveillance
NGO Representative	Support & Outreach	Community support, logistics assistance

HEOC Integration:

Ward Volunteer/ASHA/Anganwadi → Ward Member → Health Inspector/JHI → Medical Officer (PHC/FHC) → Block Medical Office → District Surveillance Unit → District Health Emergency Operations Centre (EOC)

Sector Wise Approach

A multi-sectoral approach is essential for effective pandemic preparedness and response. Various sectors including health, law enforcement, local self-government, and social welfare work together to ensure coordinated action at all levels. Each sector has defined roles ranging from disease control and essential service delivery to community support and risk communication, enabling a comprehensive and resilient response system in Kasaragod district.

Pandemic Management plan

Sector	Lead Department	Key Roles & Responsibilities
Public Health & Medical Care	Health Department	Disease surveillance, testing, case management, treatment, vaccination, and outbreak investigation
Law Enforcement	Police Department	Enforcement of quarantine and isolation measures, lockdown implementation, and crowd control
Local Self-Government	Panchayats / Municipalities	Community-level surveillance, sanitation activities, waste management, and public awareness campaigns
Food & Essential Supplies	Civil Supplies Department	Ensuring uninterrupted supply of essential commodities, ration distribution, and price regulation
Water, Sanitation & Hygiene (WASH)	Water Authority / LSG	Provision of safe drinking water, sanitation services, and solid & liquid waste management
Education	Education Department	Implementation of school closure protocols, online education support, and health awareness among students
Social Welfare	Social Justice Department	Support services for elderly, persons with disabilities, and other vulnerable groups
Women & Child Welfare	ICDS Department	Monitoring of pregnant and lactating women, child nutrition programs, and Anganwadi services
Animal Husbandry	Veterinary Department	Surveillance and control of zoonotic diseases and animal health monitoring
Transport & Mobility	Transport Department	Regulation of public transport services and enforcement of movement restrictions

Information & Communication	Information & Public Relations Department	Public awareness campaigns, media management, and dissemination of accurate information
Volunteer & Community Support	NGOs / Red Cross / NSS / NCC	Volunteer mobilisation, relief activities, community support, and awareness generation
Disaster Management	District Disaster Management Authority (DDMA)	Overall coordination, inter-sectoral convergence, and monitoring of pandemic response

Health Signal Reporting and Escalation Mechanism

The health signal reporting and escalation mechanism ensures timely detection, verification, and response to potential public health threats within the district. By establishing clear roles and responsibilities at each level—from community volunteers and frontline health workers to block and district surveillance units—the system enables early identification of unusual health events and ensures rapid information flow.

Level	Responsible Unit	Action
1. Signal Detection	Community members, schools, institutions / CBO volunteers	Report unusual illness clusters, symptoms, or deaths
2. Initial Field Reporting	ASHA / Anganwadi Workers / Ward Health Volunteers	Notify JHI / JPHN / concerned health staff

Pandemic Management plan

3. Field Verification	Junior Health Inspector (JHI) / Health Staff	Conduct preliminary field investigation and verify the signal
4. Medical Reporting	FHC Medical Officer	Record cases and alert Block Health Authorities
5. Surveillance Reporting	Block Public Health Unit	Compile and forward report to District Surveillance Unit (DSU)
6. District Analysis	District Surveillance Unit (DSU)	Analyse trends, validate data, and confirm alerts
7. Emergency Activation	District Health Emergency Operations Centre (HEOC)	Activate Rapid Response Teams (RRTs) and initiate containment measures

Reporting and Escalation Pathway



Health Signal Reporting and Escalation Mechanism



Ensures timely detection, verification, and response to public health threats through a structured reporting and escalation system across all levels.

HEALTH SIGNAL COMMUNICATION FLOW



CONFIRMED ALERT → RESPONSE ACTIVATION



KEY BENEFITS OF THE MECHANISM

- | | |
|-------------------------------------|----------------------------------|
| ✓ Early Detection of Health Threats | ✓ Rapid Response & Containment |
| ✓ Timely Verification & Reporting | ✓ Evidence-Based Decision Making |
| ✓ Strengthened Disease Surveillance | ✓ Effective Risk Communication |

This mechanism ensures a timely, transparent, and accountable health signal reporting system, enabling quick action to protect public health and prevent outbreaks.

IDSP Laisoning Mechanism

Identification of the specific Reporting Officer/Nodal Person responsible for sending daily data to the Integrated Disease Surveillance Programme.

Component	Details
Reporting Officer	Medical Officer (PHC/FHC)
Supporting Staff	Health Inspector / JHI, Staff Nurse, Lab Technician
Reporting System	Integrated Disease Surveillance Programme (IDSP Portal)
Type of Reporting	Syndromic (S), Presumptive (P), Laboratory Confirmed (L)
Reporting Frequency	Daily (routine) + Immediate alert for unusual events
Data Sources	OP/IP registers, lab reports, field surveillance (ASHA/JHI)
Key Responsibilities	Data compilation, validation, timely submission, outbreak alert reporting
Escalation Level	Block → District Surveillance Unit → State

SOP Adaptation (COVID-19 Learning)

SOP Area	Adaptation at Local Level	Purpose
Home Quarantine	Simplified guidelines in Malayalam/Kannada/Tulu	Improve compliance

Institutional Isolation	Standardised admission & discharge protocol	Ensure uniform care
DeadBody Management	Culturally sensitive, simplified SOP	Safe & dignified handling
Infection Control Practices	Hand hygiene, mask use, distancing	Reduce transmission
PPE Usage	Training for health staff & volunteers	Protect frontline workers
Containment Zone	Micro-containment strategy at ward level	Limit spread
Vaccination	Awareness materials in local language	Increase coverage
Risk Communication	IEC through local channels (LSG, Kudumbashree)	

6.4 Patient Care Pathway during Pandemic

An organised patient care pathway is essential during a pandemic to ensure appropriate clinical management while preventing overcrowding of higher-level healthcare facilities. The district follows a tiered system of care, where patients are managed based on severity. Mild cases are managed at home with community monitoring, while moderate and severe cases are referred to higher centres such as Local Treatment Centres / first line Treatment Centres (LTC/FLTC) Advanced /Secondary Level Treatment Centre (ALTC/SLTC), secondary care hospitals, and tertiary care institutions. This structured referral mechanism ensures optimal utilisation of healthcare resources, early detection of complications, and timely escalation of care.

a. Home Isolation (Mild Cases)

Home isolation is recommended for patients with mild symptoms who do not require hospitalisation, thereby reducing the burden on health facilities while ensuring safe monitoring.

Eligibility Criteria

Criteria	Description
Clinical Condition	Mild symptoms (fever, cough, mild respiratory symptoms)
Oxygen Saturation	≥ 94% on room air
Co morbidities	No high-risk co morbid conditions
Home Environment	Adequate isolation facility available

Monitoring Mechanism

Monitoring Component	Details
Tele -consultation	Daily follow-up via phone/telemedicine by Medical Officer
Field Supervision	Monitoring by ASHA, JHI, JPHN
Self-Monitoring	Patient tracks temperature, SpO ₂ , and symptoms

Reporting	Daily status update to PHC/FHC
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Escalation Criteria

Warning Signs	Action
Persistent fever	Refer to LTC / higher facility
SpO ₂ < 94%	Immediate referral
Breathlessness	Emergency referral
Worsening symptoms	Shift to higher level care

b. Isolation Facility / Local Treatment Centre/First Line Treatment centre (LTC/FLTC)

LTCs function as intermediate care facilities for patients who cannot be managed at home but do not require advanced hospital care.

Indications for Admission

Category	Description
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Mild cases	Without adequate home isolation
Moderate risk	Elderly or with mild co morbidities
Social reasons	Overcrowded households

Core Functions of LTC

Function	Description
Clinical Monitoring	Regular vitals monitoring and symptom assessment
Basic Treatment	Symptomatic treatment and supportive care
Referral	Identification and transfer of worsening cases
Infection Control	Strict IPC measures

c. Secondary level LTC (SLTC) / Advanced level Treatment centre

Level	Role
SLTC	Managing moderate cases and post-hospital recovery

Taluk District Hospitals	Oxygen support, inpatient care, basic critical care
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d. Tertiary Care Centres

Tertiary care facilities play a critical role in managing severe and critical cases during a pandemic. These centres are equipped with advanced medical infrastructure, specialised human resources, and intensive care capabilities required for life-saving interventions. In the district context, tertiary care support is provided through district hospitals and referral linkages with higher institutions, including centres in nearby regions such as Mangaluru when required.

Tertiary Care Centres	
Available Facility	Description
Intensive Care Units (ICU)	Critical care management for severely ill patients
Advanced Oxygen Therapy	High-flow oxygen systems and respiratory support
Ventilator Support	Mechanical ventilation for patients with respiratory failure
Specialist Care	Multidisciplinary team including physicians, anaesthetists, and specialists

Clinical Triage Plan:

A mapped pathway for how a patient moves from Home Isolation to a Primary Health Centre to a "District Hospital Or Medical College / Tertiary hospital .The Clinical Triage Plan is a key component of district pandemic preparedness that ensures systematic classification and prioritization of patients based on the severity of illness. Its main purpose is to ensure optimal utilization of limited

healthcare resources such as hospital beds, oxygen supply, ICU facilities, and ventilators during outbreaks or pandemics. Triage is implemented at all entry points of health facilities including outpatient departments, emergency rooms, fever clinics, and screening areas

Under this system, patients are categorized into mild, moderate, and severe cases based on clinical symptoms, vital signs, oxygen saturation, and associated risk factors. Mild cases are managed at home isolation or community care centers with regular monitoring, while moderate cases requiring oxygen support are admitted to general wards or high-dependency units. Severe and critical cases showing respiratory distress or organ failure are immediately referred to ICU for advanced and intensive management.

The Clinical Triage Plan also emphasizes infection prevention and control measures to reduce hospital transmission. Separate triage zones are established for suspected infectious patients, and healthcare workers follow strict PPE protocols and screening procedures. Overall, this system improves patient flow management, reduces overcrowding, and ensures timely treatment, thereby strengthening the district’s capacity to respond effectively during health emergencies.

Oxygen and Life Support Preparedness

Adequate oxygen supply and life-support infrastructure are critical components of pandemic preparedness, particularly during respiratory disease outbreaks. The district maintains an Oxygen and Life Support Log, which includes a verified, list of oxygen suppliers, refilling stations, and healthcare facilities with oxygen-supported for better access to life-saving respiratory support during sudden increases in patient load. The log is regularly updated and integrated into the District Health Emergency Operations Centre (HEOC) to facilitate efficient resource allocation, emergency logistics planning, and uninterrupted oxygen supply to healthcare facilities. Oxygen & Life Support Log

a. Hospital Bed and Critical Care Capacity

Hospital / Facility	Category	Oxygen-Supported Beds	ICU Beds with Oxygen	Ventilators	Remarks
District Hospital, Kanhangad	Secondary Care Hospital	71	5	8	Major government hospital in district

General Hospital, Kasargod	Secondary Care Hospital	8	8	5	Key referral hospital for northern area
Medical College Hospital, Pariyaram (nearby referral support)	Tertiary Care Centre	300	60	40	Major referral tertiary support facility
Taluk / CHC Hospitals (various)	Secondary/CHC Level	200(combined)	0	Nil– Few	Distributed care facilities across district
COVID/ Isolation Centres	Isolation Facilities	100	0	Nil	For mild and moderate cases

b. Rapid Oxygen Escalation Protocol

The district follows a structured Rapid Oxygen Escalation Protocol to manage sudden surges in respiratory illness or pandemics. During increased oxygen demand, hospitals coordinate with district health authorities to redistribute oxygen based on patient severity and bed occupancy levels. Emergency procurement mechanisms are activated when required to ensure uninterrupted supply.

In case of cylinder shortage or liquid oxygen disruption, backup supply chains from nearby districts and state-level reserves are mobilized. PSA oxygen plants (where available) are operated at maximum capacity to ensure in-house oxygen generation. This system ensures continuous oxygen availability across critical care and emergency units.

c. Oxygen & Life Support Logistics Network (Kasargod District)

Sl. No	Facility / Supplier Name	Type	Location	Key Resources Available
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1	District Medical Gas Suppliers	Oxygen Supplier	Kasargod Town	Oxygen cylinders, refilling services
2	Kanhangad Medical Equipment Stores	Equipment Supplier	Kanhangad	Oxygen concentrators, hospital equipment
3	Private Ambulance Oxygen Services	Emergency Support	District-wide	Oxygen cylinders, ambulance support
4	Kannur Oxygen Suppliers	Regional Supplier	Kannur	Liquid oxygen, bulk supply
5	Government Supply Chain / HLL & KMSCL	State Supply Agency	Kerala	Medical oxygen, consumables

6.5 Surveillance & Laboratory Systems:

Effective pandemic preparedness depends on strong surveillance and laboratory systems that ensure early detection and timely response. Collaborative surveillance under a One Health approach enables coordination between human, animal, and environmental sectors through verification and rapid response teams, with continuous data synthesis for informed action. Accessible laboratory networks with proper specimen transport, bio safety measures, and integrated reporting systems are essential for accurate diagnosis. Additionally, multi-source data including hospital capacity, supply chain status, pandemic monitoring, and disaster risk information supports comprehensive decision-making during health emergencies. In Kasaragod District, a structured laboratory logistics plan is established to ensure seamless coordination for sample collection, transportation, testing, and reporting through integration with health facilities, laboratories, and the Integrated Disease Surveillance Programme (IDSP).

The system ensures daily sample collection schedules, strict cold-chain maintenance, and clear communication channels between collection centres and designated laboratories. This integrated approach minimizes testing delays and supports rapid public health decision-making.

Key Objectives of the Laboratory Logistics System

1. Ensure daily and timely sample collection and transport schedules
2. Maintain cold-chain integrity for all biological samples
3. Establish clear contact points for laboratories and transport/courier services
4. Integrate laboratory reporting with the Integrated Disease Surveillance Programme (IDSP)- Laboratory Logistics Plan

A robust laboratory logistics system is critical for early detection, diagnosis, and surveillance of infectious diseases. In Kasargod district, the framework integrates:

- Primary Health Centres (PHC/FHC s)
- Taluk Hospitals and District Hospital
- Private healthcare facilities and laboratories
- Mobile and community testing units

These are linked with designated district laboratories and state/national reference laboratories for confirmatory testing.

5. The system emphasizes daily sample collection schedules, proper packaging and cold-chain maintenance, and clearly defined communication channels between collection centres and designated laboratories. Peripheral health institutions such as PHCs, Taluk Hospitals, and private facilities are linked to district and state-level laboratories, ensuring smooth referral and testing pathways.
6. Additionally, laboratory reporting is integrated with IDSP to enable real-time data sharing, trend analysis, and outbreak alerts. This coordinated approach minimizes delays in diagnosis, strengthens surveillance, and enhances evidence-based decision-making during public health emergencies.

Laboratory Logistics and Sample Transport Framework		
Component	Description	Responsible Unit
Sample Collection	Collection from PHCs, hospitals, and community-level testing units following standard protocols	Health Workers / PHC Staff
Packaging & Labelling	Proper labelling and triple-layer packaging as per bio safety guidelines	Laboratory / Health Staff
Transport System	Daily transport through designated routes using cold boxes/vaccine carriers	Block Health Authorities
Cold-Chain Maintenance	Use of ice packs and temperature-controlled carriers during transit	Transport Team / Health Staff
Laboratory Testing	Testing at designated district/state laboratories	Authorized Laboratories
Reporting Mechanism	Entry and reporting of results through IDSP portal	District Surveillance Unit
Communication & Feedback	Rapid sharing of results and alerts to field units for action	DSU / HEOC

A schedule for sample collection and transport, including the contact details of the nearest designated testing lab and courier collected at District Level.

The following table outlines the key collection points, responsible personnel, and transport arrangements

Outlines the key collection points

Pandemic Management plan

Sl. No	Collection Point	Responsible Officer	Sample Collection Time	Transport Mode	Destination Laboratory	Courier Transport Contact
1	Primary Health Centres (PHCs)	Medical Officer / JHI	9:00 AM – 11:00 AM	Cold-chain transport box	District Public Health Laboratory	District Surveillance Vehicle
2	Taluk Hospitals	Microbiologist / Lab Technician	9:00 AM – 12:00 PM	Dedicated medical courier	Medical College Laboratory	District Health Courier
3	Private Hospitals	Hospital Lab Technician	10:00 AM – 12:00 PM	Approved courier service	District Public Health Laboratory	Authorised diagnostic courier
4	Fever Clinics / Mobile Units	Rapid Response Team	8:00 AM – 10:00 AM	Ambulance / Health Dept vehicle	Medical College Laboratory	Emergency transport service
5	Community Testing Camps	Field Health Staff	8:00 AM – 11:00 AM	Insulated transport kit	Designated testing laboratory	District Health Logistics Unit

Sample Transport Protocol

Step	Action	Responsible Authority
1	Sample collection using PPE and VTM	Health staff / Lab technician
2	Proper labelling and barcode	Sample collection centre
3	Triple-layer packaging	Laboratory technician

4	Cold-chain transport (2–8°C)	District courier vehicle
5	Receipt and logging	Laboratory supervisor

Emergency Sample Transport Arrangement

During surge situations, additional transport mechanisms such as deployment of extra vehicles, emergency courier services, and coordination with nearby laboratories will be activated.

Scenario	Action	Responsible Unit
High sample volume	Deploy additional vehicles	District Health Office
Urgent testing	Direct transport to Medical College	Rapid Response Team
Night collection	Emergency ambulance courier	District Control Room
Lab overload	Divert to nearby labs	State Health Department

6.7 Supply Chain Buffer:

Maintaining adequate stocks of essential medicines, personal protective equipment (PPE), and infection-control supplies is critical for ensuring uninterrupted healthcare services during pandemic situations. Sudden increases in patient load can place significant pressure on health facility inventories, making advance planning of medical supplies essential.

To address this, a 30-day Minimum Stock Level (MSL) will be maintained at district health facilities. This buffer stock will support continuous treatment of patients, protect healthcare workers, and ensure that essential medical supplies remain available during periods of increased demand or supply chain disruptions.

Objectives

- Prevent stock-outs during a sudden surge in cases.
- Maintain continuous treatment capacity at hospitals and primary health centres.
- Allow sufficient time for procurement and resupply.

Sl. No	Category	Item	Minimum Stock (30 Days)	Buffer Stock (15 Days)	Total Stock Required	Storage Point
1	Essential Medicines	Antipyretic Tablets	10,000 tablets	5,000 tablets	15,000 tablets	District Medical Store
2	Essential Medicines	Antibiotics	5,000 courses	2,500 courses	7,500 courses	District Store & Hospitals
3	Essential Medicines	IV Fluids (NS/RL)	2,000 units	1,000 units	3,000 units	District Hospital
4	Essential Medicines	Antipyretic Syrups	500 bottles	250 bottles	750 bottles	PHCs
5	PPE	N95 Masks	5,000 units	2,500 units	7,500 units	Central PPE Store
6	PPE	Surgical Masks	20,000 units	10,000 units	30,000 units	Hospitals & PHCs
7	PPE	Disposable Gloves	50,000 pairs	25,000 pairs	75,000 pairs	All Facilities
8	PPE	PPE Kits	1,500 units	750 units	2,250 units	Isolation Wards
9	Infection Control	Hand Sanitizers	1,000 bottles	500 bottles	1,500 bottles	Hospitals
10	Infection Control	Surface Disinfectant (1% Sodium Hypochlorite)	500 litres	250 litres	750 litres	Hospitals
11	Infection Control	Alcohol Swabs	20,000 units	10,000 units	30,000 units	Labs & Wards

Supply Monitoring Mechanism

The district health administration will implement a structured monitoring system to track inventory and identify shortages in advance. Measures include monthly stock audits, weekly reporting during outbreaks, and maintaining buffer stock at District Medical Store, District Hospital pharmacy, and selected block PHCs.

Replenishment Strategy

Procurement will be carried out through the Kerala Medical Services Corporation Limited (KMSCL). Emergency procurement may be authorised by the District Medical Officer if stock falls below the 15-day threshold. Additional supplies may be sourced from approved private suppliers during surge situations. A digital inventory system may be used for real-time monitoring, automatic alerts, and facility-wise reporting. Possible platforms include E-Health Kerala Hospital Information System and district supply chain dashboards

6.7 Industrial Support Network for Emergency Production of PPE, Sanitizers, and Medical Supplies

Industrial establishments play a vital role in supporting the healthcare system during public health emergencies. During pandemics, industries can contribute by manufacturing or supplying essential infection-control products such as hand sanitizers, personal protective equipment (PPE), masks, and disinfectants. Effective collaboration between the health sector and industrial units ensures the uninterrupted availability of critical protective supplies for healthcare workers and the general public.

To strengthen preparedness, a network of industrial establishments and suppliers has been identified as potential sources for the supply of sanitizers, PPE kits, and related infection-control materials during emergency situations.

Additional Industrial Support Network

In addition to the identified establishments, several industrial sectors have the capacity to support pandemic response by producing essential medical and hygiene supplies. These industries can rapidly adapt their production lines during emergency situations.

Additional Industrial Support Network		
Sector	Examples	Role in Pandemic Response
Pharmaceutical Industries	Regional Pharma companies	Production of medicines and sanitizer formulations
Garment Manufacturing Units	Textile, khadi and apparel industries	Rapid conversion to PPE and coverall production

Chemical Industries	Sanitizer and chemical manufacturers	Bulk production of alcohol-based sanitisers and disinfectants
Safety Equipment Suppliers	PPE distributors and vendors	Supply of masks, gloves, face shields, and safety gear

Significance

This industrial support network ensures:

- Uninterrupted supply of essential infection-control materials
- Rapid scaling up of production during emergencies
- Reduced dependency on external supply chains
- Strengthened local preparedness and response capacity

Local Industrial Conversion Plan

Local industries play a crucial role in supporting pandemic preparedness by converting their production capacities to meet emergency health needs. Pharmaceutical units, textile and garment sectors, chemical industries, plastic manufacturers, and packaging u. This strategy enables the district to rapidly scale up production and reduce dependence on external supply chains nits can be mobilized to produce essential items such as sanitizers, PPE kits, and medical supplies. Coordinated by departments like Health, Excise, and District Industries Centre, this system ensures rapid scaling of critical resources during public health emergencies in Kasargod district.

Emergency Manufacturing Support during Pandemic

The district has identified various industries with the potential for rapid production conversion during public health emergencies. These industries can shift their regular manufacturing processes to produce essential medical supplies such as PPE kits, masks, sanitizers, disinfectants, face shields,

and other critical equipment. This strategy ensures immediate availability of emergency supplies during outbreaks and reduces dependence on external supply chains, thereby strengthening local resilience and response capacity.

A structured activation mechanism is followed to ensure timely mobilisation of industrial resources. Industries are first identified during the preparedness stage, followed by advisory issuance during the alert stage, emergency production activation during outbreak situations, and gradual return to normal operations during the recovery phase. Coordination between the District Industries Centre, District Disaster Management Authority, Health Department, and KMSCL ensures smooth production, procurement, and distribution of essential materials.

Emergency Industrial Conversion Support

The industrial conversion framework ensures rapid scaling of essential medical supply production, efficient utilisation of local industrial capacity, and reduced dependency on external procurement during pandemics and public health emergencies.

6.8 Volunteer Force and District Resource Inventory for Pandemic Management

Community participation plays a crucial role in effective pandemic preparedness and response. In addition to formal healthcare workers, a wide range of community volunteers, government departments, and local institutions contribute significantly to emergency response activities. Maintaining a structured inventory of available resources enables the district administration to rapidly mobilise personnel and infrastructure when required.

A registered database of trained volunteers shall be maintained, including members from Kudumbashree, Arogya Sena, NSS, NCC, and other community organisations. Volunteers will be categorised based on their skills such as nursing assistance, food preparation, logistics support, data management, and driving. This classification ensures efficient and need-based deployment during emergencies.

a. District Resource Inventory for Pandemic Management

Resource Category	Resource Type	Estimated Availability	Responsible Department
Health Workforce	Doctors, Nurses, Paramedical Staff	District Hospitals, Taluk Hospitals, PHCs	Health Department
	Health Inspectors / JHIs	Field surveillance teams	Health Department

Pandemic Management plan

Community Health Volunteers	ASHA Workers	Community outreach	National Health Mission
	Anganwadi Workers	Maternal & child health monitoring	ICDS Department
Community Support Groups	Kudumbashree Workers	Large community network	Local Self Government Department
	SHGs / Ayalkoottam	Local volunteer network	Kudumbasree Mission
Youth & Volunteer Forces	NSS Volunteers	Educational institutions	Higher Education Department
	NCC Cadets	Schools and colleges	Education / Defence
	Red Cross Volunteers	Emergency support	Red Cross Society
Government Institutions	Hospitals & Health Centres	District and Taluk level	Health Department
	Educational Institutions	Schools and colleges	Education Department
Infrastructure Resources	Ambulances	Emergency transport	Health Department
	Community Halls / Schools	Temporary isolation centres	LSGs
Essential Services	PDS Ration Shops	Food supply network	Civil Supplies Department
	Water Supply Systems	Safe drinking water	Water Authority / LSG

Security & Emergency Services	Police Stations	Law enforcement	Police Department
	Fire & Rescue Stations	Emergency response	Fire & Rescue Services

b. Volunteer Force Registry

Community-based volunteer networks significantly strengthen district response capacity during health emergencies. These volunteers support patient care, logistics, food distribution, surveillance, and community outreach.

Sl. No	Volunteer Category	Organisation	Key Skills	Estimated Availability	Deployment Role
1	Community Health Volunteers	Kudumbasree Mission	Outreach, food distribution	500	Support quarantine centres, community kitchens
2	Health Support Volunteers	Arogya Sena	Basic nursing care, awareness	150	Assist hospitals and isolation centres
3	Disaster Response Volunteers	Trained community volunteers	Rescue, logistics, crowd control	50	Emergency operations support
4	Data Management Volunteers	NSS / Youth Volunteers	Data entry, surveillance reporting	100	District Control Room support

5	Transport Volunteers	Drivers' Associations	Driving, logistics support	80	Patent transport, supply movement
6	Community Kitchen Volunteers	SHGs / Women Groups	Cooking, food distribution	200	Support relief camps and isolation centres

Skill-Based Volunteer Classification		
Skill Category	Typical Tasks	Deployment Location
Nursing / Health Support	Patient care, vital monitoring	Hospitals / Isolation centres
Food Preparation	Cooking and food distribution	Community kitchens
Data Management	Reporting, helpline support	District Control Room
Driving / Logistics	Transport of supplies and patients	Supply chain operations
Community Outreach	Awareness campaigns	Local wards

c. Volunteer Activation Protocol

Stage	Action	Responsible Authority
Preparedness	Maintain updated volunteer database	District Disaster Management Authority
Alert Stage	Verify volunteer availability	District Control Room

Emergency Stage	Deploy volunteers based on skill category	District Medical Officer
Recovery Stage	Support rehabilitation activities	District Administration

Volunteer Coordination Structure	
Agency	Role
Kudumbashree Mission	Community mobilisation and food distribution
National Disaster Management Authority	Disaster management guidelines
National Disaster Response Force	Emergency rescue and technical support
District Disaster Management Authority	Overall coordination and deployment

Volunteer Training & Capacity Building Plan					
Sl. No	Training Module	Target Group	Training Agency	Frequency	Key Skills Developed
1	Infection Prevention & Control	Community volunteers	Health Department	Quarterly	PPE use, hygiene

Pandemic Management plan

2	Patient Care & Basic Nursing	Health volunteers	Government Hospitals	Twice a year	Patient care
3	Emergency Response	Disaster volunteers	NDRF Trainers	Annual	Rescue, evacuation
4	Data Reporting & Surveillance	Youth volunteers	District Surveillance Unit	Quarterly	Data entry, reporting
5	Food Safety & Kitchen Management	SHGs	Kudumbasree Mission	Annual	Safe food practices
6	Psychological First Aid	Social workers	Health Dept / NGOs	Annual	Mental health support

d. Volunteer Deployment Matrix

Level	Volunteer Category	Primary Role	Supervising Authority
Ward Level	Community volunteers, SHGs	Awareness, supply distribution	Ward Health Committee
Ward Level	Youth volunteers	Data collection, reporting	Health Inspector
PHC Level	Health support volunteers	Assist medical staff	Medical Officer
PHC Level	Logistics volunteers	Supply transport	PHC Administration
Taluk Level	Disaster response volunteers	Emergency support	Taluk Control Room

District Level	Specialized volunteers	Helpline, data management	District Control Room
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Significance

This structured volunteer and resource system ensures:

- Rapid mobilisation of human resources during emergencies
- Efficient utilisation of community participation
- Strengthened coordination between departments and volunteers
- Improved response capacity at all administrative levels
- Strengthened district-level pandemic preparedness

7. Build &organise critical capacities

Developing strong operational capacities is essential for an effective pandemic response. The district will focus on strengthening surveillance systems, early warning mechanisms, risk communication strategies, and rapid response capabilities. These capacities enable timely detection of outbreaks, informed decision-making, and coordinated response actions.

7.1. Surveillance and Data Management

The objective of surveillance and data management during a pandemic is to ensure early detection of cases, timely reporting, monitoring of disease trends, and evidence-based decision-making. A strong surveillance system allows public health authorities to identify outbreaks quickly and implement control measures to prevent further transmission.

Pandemic surveillance in the district will function through an integrated system combining facility-based, laboratory-based, and community-based surveillance under the framework of the Integrated Disease Surveillance Programme (IDSP).

a) Indicator-Based Surveillance (IBS)

Routine surveillance will be carried out through all government and private health institutions, reporting suspected and confirmed cases of epidemic-prone diseases on a daily or weekly basis.

Data collected includes:

- Number of suspected cases
- Laboratory-confirmed cases
- Hospital admissions and deaths
- Demographic details and geographic location

b) Event-Based Surveillance (EBS)

Information on unusual health events will be captured through multiple sources:

- Media monitoring
- Community reports
- Local self-government institutions
- Field-level health workers (ASHA, JHI, Anganwadi workers)

c) Community-Based Surveillance

Community networks such as Kudumbasree units, volunteers, youth clubs, and NGOs will support early identification of illness clusters and unusual health events at the local level.

d) Sentinel Surveillance

Selected hospitals and laboratories will function as sentinel surveillance sites to monitor:

- Disease trends
- Severity of illness

- Complications associated with the disease

7.2. Laboratory Surveillance

Laboratory networks play a crucial role in early diagnosis and confirmation of pathogens.

Key components include:

- District and state public health laboratories
- Accredited private laboratories
- Rapid diagnostic testing facilities
- Sample collection and transport systems

Laboratories will report test results promptly to the District Surveillance Unit (DSU) for integration into the surveillance database.

7.3. Data Collection and Reporting

Health facilities will report surveillance data using standardised formats under the IDSP platform. Reporting occurs at multiple administrative levels:

Level	Responsibility
Health Facility	Daily reporting of cases and deaths
Block / Taluk	Compilation and verification of data
District Surveillance Unit	Data analysis and district situation reports
State Surveillance Unit	Monitoring and policy guidance

7.4. Data Analysis and Interpretation

The district surveillance team will conduct regular analysis to identify trends and emerging risks.

Key focus areas:

- Disease trends and transmission patterns
- Emerging hotspots or clusters
- High-risk populations and vulnerable areas
- Burden on healthcare facilities

Analytical tools used:

- Epidemic curves
- Geographic mapping
- Statistical trend analysis

7.5. Information Dissemination

Timely dissemination of surveillance information ensures coordinated response.

Mechanisms include:

- Daily situation reports to district administration
- Weekly surveillance bulletins
- Alerts to health institutions during outbreaks
- Public communication through official channels

7.6. Data Quality and Governance

Maintaining high-quality surveillance data is essential for reliable decision-making.

Key principles:

- Accuracy and completeness of reporting
- Standardised case definitions
- Data validation at district level
- Protection of patient confidentiality
- Secure digital storage and restricted access

A robust surveillance and data management system enables the district to:

- Detect outbreaks at an early stage
- Initiate rapid containment measures
- Allocate healthcare resources efficiently
- Monitor effectiveness of interventions
- Provide evidence-based guidance to policymakers

7.7. Early Warning System and Risk Communication

The Early Warning System aims to detect potential outbreaks at the earliest stage and provide timely alerts to authorities and the public. Early detection enables rapid implementation of control measures and helps prevent widespread transmission during a pandemic.

Early warning will be strengthened through the surveillance network operating under the Integrated Disease Surveillance Programme (IDSP) and the Integrated Health Information Platform (IHIP).

Early Warning Mechanisms

7.7.1 Health Facility Reporting

Health facilities serve as the primary source of surveillance data. All Government and Private Hospitals, Primary Health Centres (PHCs), and Clinics will actively participate in routine reporting of cases. Special attention will be given to identifying unusual increases in:

- Fever clusters
- Respiratory infections
- Gastrointestinal illnesses
- Unexplained or unusual deaths

Daily reporting through standardised formats ensures that abnormal trends are detected at the earliest stage. This continuous flow of data allows health authorities to identify emerging patterns and initiate timely investigations.

7.7.2 Community-Level Alerts

Community-based surveillance plays a critical role in early detection, especially in rural and hard-to-reach areas. Frontline workers and community networks act as the first point of contact for identifying unusual health events.

Key contributors include:

- ASHA workers
- Junior Health Inspectors (JHI)
- Anganwadi workers
- One Health volunteers
- Kudumbasree networks
- Local Self-Government Institutions (LSGIs)

These stakeholders are trained to identify and report clusters of illness, sudden deaths, or unusual health events to the nearest health facility. Their involvement ensures that even minor signals from the community are captured and escalated promptly.

7.7.3 Media and Event Monitoring

Event-based surveillance complements routine reporting by capturing informal and non-traditional sources of information. The district will actively monitor:

- Print and electronic media reports
- Social media alerts and trends
- Public complaints and helpline inputs
- School and workplace absenteeism patterns

Such signals often serve as early indicators of emerging outbreaks. The District Surveillance Unit (DSU) will verify these alerts through field validation and cross-checking with health facility data.

7.7.4 Environmental and Seasonal Monitoring

Environmental and seasonal factors significantly influence disease patterns. The district will monitor:

- Monsoon-related diseases (e.g., vector-borne and water-borne diseases)
- Heat waves and associated health risks
- Water scarcity and sanitation issues

This proactive monitoring helps anticipate outbreaks and enables pre-emptive measures such as vector control, water safety interventions, and public advisories.

7.8 Alert and Response Mechanism

Once an early warning signal is detected, a structured and time-bound response mechanism will be activated to ensure rapid containment.

The District Surveillance Unit (DSU) acts as the nodal agency for coordinating response activities in collaboration with Rapid Response Teams (RRTs) and field health staff.

Response Process

1. Signal Verification
All reported signals are verified by the DSU using available data sources and preliminary field inputs to confirm their validity.

2. Field Investigation
Rapid Response Teams are deployed to the affected area to conduct epidemiological investigations, identify the source of infection, and assess the extent of spread.

3. Immediate Preventive Action
Based on findings, immediate control measures are implemented, including:
 - o Testing and sample collection
 - o Isolation of suspected and confirmed cases
 - o Contact tracing and quarantine
 - o Infection prevention and control measures

4. Alert and Advisory Issuance
Timely alerts and advisories are issued to:
 - o Health institutions
 - o Local Self-Government bodies
 - o General public

These actions ensure a coordinated and effective response, minimising the risk of large-scale transmission.

7.9 Strengthening IDSP and Surveillance System

Governance and Monitoring

Effective governance is essential for a strong surveillance system. The district will:

- Conduct regular IDSP review meetings at district and block levels

- Monitor the frequency, participation, and outcomes of these meetings
- Maintain an updated line list of non-reporting institutions, including:
 - Government health facilities
 - Private hospitals and clinics
 - Laboratories
 - Local Self-Government Departments

This ensures accountability and improves reporting compliance across all sectors.

Surveillance Performance Monitoring

To enhance efficiency, key performance indicators will be regularly monitored:

- Laboratory Turnaround Time (TAT) for sample testing
- Completeness and timeliness of reporting
- Accuracy and consistency of surveillance data

Periodic reviews will help identify gaps and implement corrective measures.

Ward-Level Surveillance Indicators and SOPs

Simple and actionable indicators will be defined at the ward level to facilitate early detection:

- Influenza-Like Illness (ILI) clusters
- Sudden increase in mortality
- Unusual disease patterns

Standard Operating Procedures (SOPs) will be developed for:

- Field verification of alerts

- Rapid response and containment
- Reporting and escalation protocols

This standardisation ensures uniformity and efficiency in response actions.

7.10 Community-Based Surveillance

Community-based surveillance strengthens the formal health system by ensuring early detection at the grassroots level. Frontline workers such as ASHA, Anganwadi workers, and JHIs will be actively engaged in:

- Identifying suspected cases
- Reporting unusual health events
- Supporting contact tracing and follow-up

Community ownership and participation are critical for the success of surveillance activities.

7.11 Vaccination and Cold Chain Management

Vaccination remains a key strategy in pandemic control. The district will:

- Ensure high vaccination coverage across eligible populations
- Maintain cold chain integrity during storage and transport
- Conduct regular monitoring, supervision, and audits of cold chain systems

This ensures vaccine effectiveness and uninterrupted immunisation services.

7.12 Risk Communication

Effective communication strategies for pandemic preparedness emphasize strong community participation and decentralized engagement. Ward-level Rapid Response Teams (RRTs), Grama Sabhas, and identified vulnerability groups play an active role in planning and implementing pandemic response activities, including identifying local issues related to prevention, preparedness, response, and recovery. Local community leaders are also actively involved to strengthen trust and

coordination at the grassroots level. Specially trained informants within vulnerable groups, along with multilingual workers, support effective communication across diverse populations.

. The district will:

- Disseminate accurate, timely, and transparent information
- Address misinformation and rumours
- Promote preventive practices such as hygiene, mask use, and vaccination

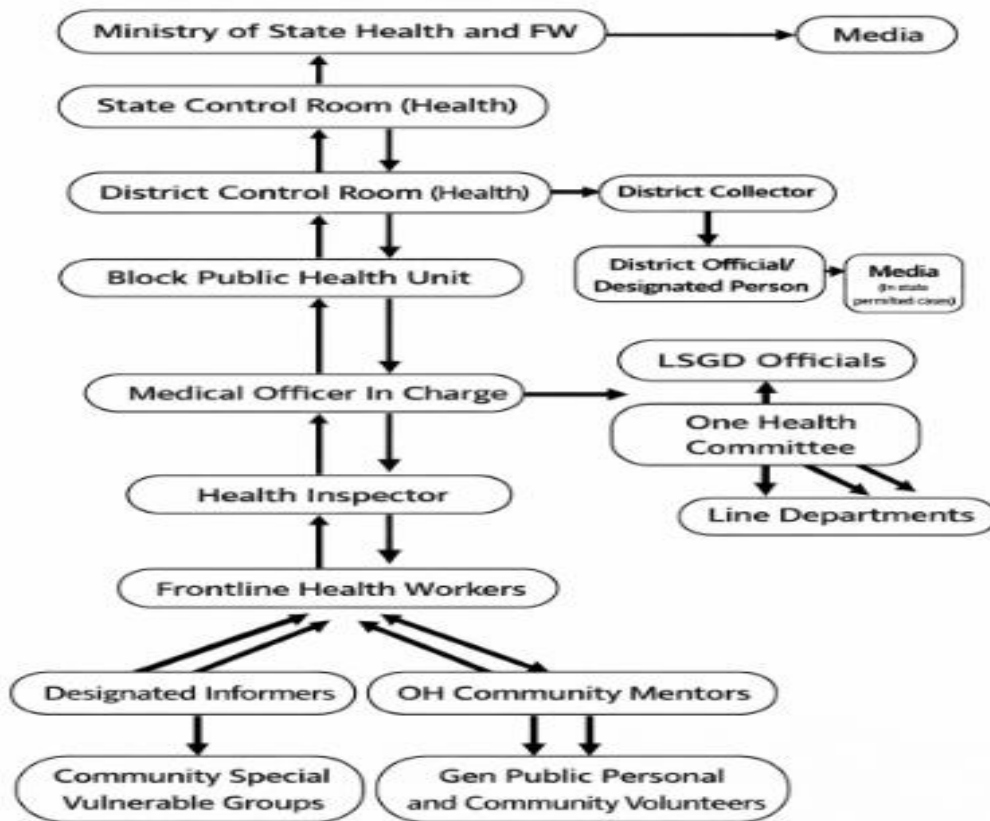
Communication strategies will be tailored to local contexts and delivered through multiple channels.

Communication Strategies

Non-governmental organizations (NGOs) and Resident Associations further contribute to community outreach and coordination efforts. A simplified public reporting system, including platforms such as IHIP or other mobile applications with features like photo-based reporting and messaging, enhances timely information flow. Additionally, members of the public are engaged in home isolation monitoring to support community-based surveillance and care.

These communication strategies provide several key benefits. They enhance sustainability by ensuring locally owned and community-driven solutions. They enable faster response through strong local networks that support early detection and action. They also build trust and collaboration between communities and external agencies, thereby strengthening the overall effectiveness of pandemic preparedness.

COMMUNICATION PLAN FLOW CHART



7.13. Community Engagement and Intersectoral Coordination

Strong community engagement enhances the effectiveness of pandemic response. The district will actively involve:

- Rapid Response Teams (RRTs)
- Kudumbasree networks
- One Health volunteers

Regular community-level meetings will be conducted through:

- Neighbourhood groups

- Ward Health Sanitation and Nutrition Committees (WHSNC)
- Jan Arogya Samiti (JAS)
- Mahila Arogya Samiti (MASI)

This approach fosters trust, improves awareness, and ensures community participation in response activities

Community Engagement and Intersectoral Coordination				
Category	High-Risk Areas / LSGs in Kasaragod	Key Vulnerable Groups / Locations	Risk Factors	Priority Actions
High-Density Settlements	Coastal panchayats such as Kumbbla, MogralPuthur, Cheruvathur; Urban areas of Kasaragod Municipality	Slum-like clusters, fishing communities, crowded wards	Overcrowding, poor sanitation, shared facilities	Intensified surveillance, sanitation drives, community awareness, ward-level monitoring
Migrant Clusters	Industrial and construction areas in Uppala, Kanhangad, Manjeshwar	Interstate migrant workers, daily wage labourers	Language barriers, limited healthcare access, high mobility	Mobile health clinics, multilingual IEC, targeted vaccination, registration and tracking
Major Workplaces	Industrial units, markets (e.g., fish markets, wholesale markets), construction hubs	Workers in factories, markets, transport hubs	Close contact, enclosed workspaces, high interaction rate	Workplace surveillance, screening camps, enforcement of IPC measures, employer coordination
Institutions	Schools, hostels, madrassas, anganwadis, old age homes across district	Students, children, elderly, institutionalized populations	Congregate settings, shared living/dining	Routine health screening, vaccination, outbreak SOPs, isolation facilities

<p>High-Risk Panchayats (Outbreak/Hazard Prone)</p>	<p>Panathady, Kallar, West Eleri (hilly/tribal); Coastal flood-prone areas; areas with past dengue outbreak/ Area with past Leptospirosis cases/ Deaths</p>	<p>Tribal populations, remote households, flood-affected communities/ Paddy fields Workers</p>	<p>Limited access to care, vector breeding sites, environmental risks</p>	<p>Strengthen IDSP, RRT activation, vector control, pre-positioning supplies, early warning systems</p>
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Core Capacities vs Vulnerable Groups – Kasaragod District

Core Capacities

Health System Preparedness

- Surveillance System**
 • IDSP & Ward-level Reporting
- Laboratory Capacity**
 • District Public Health Lab
- Clinical Surge Capacity**
 • ICU Beds & Oxygen Support
- Supply Chain & Logistics**
 • Essential Medicines & PPE
- Risk Communication**
 • Multilingual IEC Campaigns
- Rapid Response Teams (RRTs)**
 • Outbreak Investigation
- Community Engagement**
 • ASHA & Local Volunteers
- Vaccination Drives**
 • Routine & Emergency Immunization

Vulnerable Groups

At-Risk Populations

- High-Density Settlements**
 • Coastal Slums & Urban Clusters
- Migrant Workers**
 • Uppala & Manjeshwar Area
- Major Workplaces**
 • Markets & Industrial Units
- Institutional Settings**
 • Schools & Old Age Homes
- High-Risk Panchayats**
 • Panathady, Kallar, West Eleri
- Tribal & Remote Populations**
 • Hilly & Tribal Areas
- Elderly & Comorbid**
 • Senior Citizens & Sickly
- Children & Pregnant Women**
 • Vulnerable Mothers & Kids

KASARAGOD DISTRICT

Strengthen Health System & Response

Protect Vulnerable Populations

8. Governance & Structure

An effective pandemic response requires a well-defined governance structure with clearly delineated roles and responsibilities at each administrative level. In Kerala’s decentralized governance system, strong coordination between district authorities, the health department, local self-government institutions, and community networks is essential for timely decision-making and effective implementation of public health measures.

In Kasaragod District, this coordination is particularly important due to its unique geographic and demographic characteristics, including coastal areas, hilly and tribal regions, and interstate population movement across the Karnataka border. These factors necessitate a responsive and well-integrated governance mechanism.

The governance structure for pandemic preparedness extends from the district level down to the taluk, panchayat, ward, and community levels, ensuring coordinated action, efficient communication, and accountability across all tiers of administration. This multi-level framework enables strategic decisions taken at the district level to be effectively translated into field-level actions through local self-government institutions and community-based networks, thereby strengthening the overall preparedness and response system.

Defining Roles – Governance Levels			
Level	Key Authority	Structure Used	Roles & Responsibilities
District Level	District Collector (DDMA Chair)	District Management Authority (DDMA) + Disaster Authority Pandemic Task Force	Overall leadership, policy decisions, incident command, interdepartmental coordination, activation of emergency response

Task Force (District)	District Medical Officer (DMO) & Line Departments	Health, Revenue, Police, LSG, Animal Husbandry, ICDS, Education, Transport	Multi-sectoral coordination, outbreak management, surveillance strengthening, logistics and resource allocation
Taluk / Block Level	Tahsildar	Taluk Disaster Management Committee	Coordination between district and panchayats, supervision of field activities, reporting consolidation
Panchayat / Municipal Level	Panchayat President / Municipal Chairperson	LSG + Arogya Jagratha Samithi	Local planning, implementation of control measures, monitoring surveillance, ensuring essential services
Ward Level	Ward Member	Ward Health & Sanitation Committee	Field-level surveillance, case identification, community monitoring, support for isolation/quarantine
Community Level	Volunteers, Kudumbasree, NGOs	Community networks	Awareness generation, compliance support, assisting vulnerable populations
Cross-cutting Principle	—	Existing DM + LSG Structures	Use of existing systems ensures faster activation, accountability, and decentralized response

The committee, led by the Panchayath President- LSGD/Block/District, includes health officials, ASHA workers, ICDS representatives, and other line departments, each with clearly defined responsibilities. It oversees surveillance, quarantine monitoring, awareness activities, and support for

vulnerable populations. The Samithi also ensures effective communication between the community and higher authorities, facilitates resource mobilization, and monitors implementation of public health measures at the grassroots level, thereby strengthening the overall response system

Responsibility Matrix – Panchayat Level (Arogya Jagratha Samithi)			
Function	Lead Responsibility	Supporting Members	Key Activities
Surveillance	Medical Officer (PHC)	JPHN, JHI, ASHA	Fever survey, ILI/SARI tracking, reporting to higher levels
Home Isolation Monitoring	Health Inspector	ASHA, Ward Volunteers	Daily follow-up, compliance monitoring, escalation of severe cases
Quarantine Management	Panchayat President	Health Team, LSG Staff	Identification of facilities, supervision, basic services
IEC & Risk Communication	ICDS Supervisor	Kudumbasree, Education Dept	Awareness campaigns, multilingual IEC (Malayalam, Kannada, Hindi)
Essential Services	Panchayat Secretary	Volunteers, LSG Staff	Food supply, medicines, elderly and vulnerable support

Outbreak Response	Rapid Response Team (RRT)	Panchayat + Health Officials	Containment zones, disinfection, emergency response
Migrant Monitoring	Health Inspector	LSG,Volunteers	Registration, screening, follow-up
Data Reporting	Medical Officer	JPHN, Data Assistants	Daily reporting to block/district, data validation

8.1 Planning Principles & Legal Considerations

Institutional Roles and Responsibilities

Each administrative level has specific responsibilities to ensure coordinated pandemic preparedness, surveillance, and response activities.

Key Authorities& respective role			
Level	Key Authority/Body	Composition	Key Responsibilities
District Level	District Disaster Management Authority (DDMA),chaired by the District Collector	District Collector, District Medical Officer, Police, Revenue, LSGD, Animal Husbandry, ICDS, Education, Transport, Fire & Rescue	Overall pandemic preparedness and response, policy decisions, inter-department coordination, resource allocation, and monitoring

District Public Health Emergency & Pandemic Task Force	Under DDMA	Health Department, Epidemiologists, Surveillance Officers, Disaster Management Officials	Technical guidance, surveillance review, outbreak investigation, containment strategy
Taluk/Block Level	Taluk Disaster Management Committee	Tahsildar, Block Medical Officer, Police, Panchayat representatives	Coordinate field response, supervise PHCs, ensure supply chain and reporting
Panchayat / Municipality Level	Local Self-Government (LSG) Pandemic Control Committee	Panchayat President/ Chairperson, Medical Officer PHC, Health Inspector, ICDS Supervisor, Kudumbasree representatives	Implement containment measures, monitor home isolation, ensure essential services, and community engagement
Ward Level	Ward Health & Sanitation Committee/Ward Rapid Response Team	Ward Member, JHI/JPHN/ASHA, Angan wadi Worker, Volunteers	Community surveillance, contact tracing support, IEC activities, and monitoring quarantined households

8.2 Coordination Mechanism

Coordination between different administrative levels is essential for effective pandemic management. Information and directives flow from the district administration to local self-government institutions, while surveillance data and field reports move upward from the community level to the district authorities. The two-way communication system ensures timely reporting of health events, efficient resource mobilisation, and coordinated implementation of containment measures across the district. At the Panchayat level, Local Self-Government Institutions play a crucial role in pandemic preparedness and response.

Health Vigilance Committee / Arogya Jagratha Samithi

The Arogya Jagratha Samithi (Health Vigilance Committee) serves as the primary coordination mechanism at the Panchayat level for strengthening public health surveillance, ensuring early detection of disease outbreaks, and supporting the implementation of health department

interventions. The committee works in close coordination with Primary Health Centres (PHCs), frontline health workers, Kudumbashree units, and community stakeholders to enhance community-level preparedness, risk communication, and response capacity, particularly for vulnerable populations.

Panchayat Level Responsibility Matrix			
Function Area	Lead Agency	Supporting Members	Key Activities
Surveillance & Case Detection	Health Inspector	JHI, ASHA	Community surveillance, symptom reporting, line listing
Home Isolation Monitoring	JPHN	ASHA, Ward Volunteers	Daily follow-up of isolated individuals
Contact Tracing Support	Medical OfficerPHC	Health staff, volunteers	Identify contacts and monitor symptoms
Quarantine Management	Panchayat Secretary	Health Department	Identify quarantine centres, ensure facilities
Risk Communication (IEC)	Medical Officer	Kudumbasree, Ward Members, Health staff	Awareness campaigns, community announcements
Essential Services Support	Panchayat Committee	Kudumbasree Units	Food, medicines, and essential supplies to quarantined families
Sanitation & Waste Management	Health Inspector	Haritha KarmaSena	Biomedical waste handling and sanitation drives
Volunteer Coordination	Ward Member	Youth Clubs, NGOs	Mobilise volunteers for emergency response
Vulnerable Population Support	ICDS Supervisor &Health	Anganwadi Workers	Support the elderly, children, and special groups

Panchayat Level Committee Structure

To ensure coordinated response and decision-making during public health emergencies, multiple committees function at the Panchayat level under the leadership of the Local Self-Government Institution. These committees bring together representatives from the health department, ICDS, community organisations, and local administration.

The following table outlines the key committees and their roles in pandemic preparedness and response

Committee	Lead	Members	Role
Arogya Jagratha Samithi	Panchayat President	Medical Officer, Health Inspector, ICDS Supervisor, Kudumbashree	Overall health vigilance and pandemic monitoring
Ward Level Health Committee	Ward Member	ASHA, Anganwadi Worker, Volunteers	Household-level surveillance and awareness
Rapid Response Support Team	Medical Officer/ Health Inspector	Healthstaff, volunteers	Immediate response to suspected outbreaks

These committees work in coordination with the District Health Department and Primary Health Centres to ensure effective implementation of public health measures.

8.3 Planning Principles & Legal Considerations

Pandemic preparedness planning must be guided by clear principles and supported by appropriate legal frameworks. These principles ensure that response measures remain ethical, inclusive, and aligned with national and international public health standards.

Principles

Pandemic response planning should follow key public health and governance principles to ensure fairness, effectiveness, and community trust.

- Equity in access to healthcare services and resources

- Gender sensitivity and protection of vulnerable populations
- Respect for human rights and dignity
- Inclusiveness and community participation
- Coherence and coordination between government agencies
- Balancing public health measures with individual rights

8.4 Legal and Policy Considerations

Pandemic preparedness and response must operate within established legal and policy frameworks that define responsibilities and ensure accountability.

- Legislative frameworks for public health emergency preparedness and response
- Clearly defined roles and responsibilities of government agencies and technical advisory groups
- Compliance with the International Health Regulations (2005) for global health security
- Policies governing data sharing, research, and innovation during public health emergencies
- Ethical guidelines for surveillance, quarantine, and public health interventions
- prioritisation of life-saving interventions during emergency

Principles and Policy Framework in Pandemic Preparedness

Pandemic preparedness planning must be guided by a set of core principles and supported by a strong legal and policy framework. These principles ensure that response actions remain ethical, inclusive, and aligned with national and international public health standards.

A well-defined policy framework also clarifies the roles and responsibilities of institutions involved in pandemic response and facilitate coordinated action across sectors.

Key Ethical Principles in Public Health Response

- **Human Rights:**
Protect dignity, privacy, freedom, and ensure ethical treatment during quarantine, surveillance, and medical care.
- **Inclusiveness:**
Ensure participation and protection of vulnerable groups such as the elderly, migrants, persons with disabilities, and marginalized communities.
- **Coherence:**
Align policies and actions across sectors including health, local governance, disaster management, and social welfare.
- **Balancing Rights & Public Safety:**
Implement necessary public health measures while safeguarding individual rights and civil liberties.
- **Setting Priorities:**
Allocate limited resources (e.g., vaccines, ICU beds, medicines) based on risk, severity, and vulnerability.
- **Equitable Access to Life-Saving Measures:**
Ensure universal and fair access to vaccines, diagnostics, treatment, and protective measures for all sections of the population.

Adhering to these principles helps ensure that pandemic response measures remain ethical, transparent, and socially acceptable.

Legal and Policy Framework for Pandemic Preparedness

Effective pandemic management requires supportive legal frameworks and clear institutional mandates. National and state policies provide the legal authority for implementing public health measures such as quarantine, surveillance, and movement restrictions. Legal and Policy Framework for Pandemic Preparedness . It operate through a multi-level governance system, linking global health regulations with national, state, district, and community-level implementation.

This layered policy structure ensures that international health obligations are translated into practical public health actions at the local level.

Legal and Policy Framework for Pandemic Preparedness

Component	Description
Legislative Frameworks	National and state laws enabling emergency response, disease control, quarantine, and movement restrictions
Defined Roles & Responsibilities	Clear responsibilities for government agencies, local self-governments, health departments, and technical advisory bodies
Technical Advisory Groups	Expert committees providing scientific guidance on surveillance, treatment, vaccination, and risk assessment
Compliance with International Health Regulations (2005)	Ensures international reporting, coordination, and response to public health emergencies
Data Sharing Policies	Mechanisms for timely sharing of surveillance data between institutions, states, and international agencies
Research & Innovation Policies	Support for vaccine development, diagnostics, public health research, and digital surveillance tools
Legal and Policy Framework for Pandemic Preparedness	
Component	Description
Legislative Frameworks	National and state laws enabling emergency response, disease control, quarantine, and movement restrictions

Defined Roles & Responsibilities	Clear responsibilities for government agencies, local self-governments, health departments, and technical advisory bodies
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Data Sharing Policies	Mechanisms for timely sharing of surveillance data between institutions, states, and international agencies
Research & Innovation Policies	Support for vaccine development, diagnostics, public health research, and digital surveillance tools

Plan Development and Approach

The development of a pandemic preparedness plan requires a systematic and participatory approach. The planning process should involve multiple stakeholders and include an analysis of existing health system.

Components of Plan Development		
Component	Key Elements	Description / Purpose
Development Methods	Planning Committee – Terms of Reference	Defines roles, responsibilities, decision-making authority, and accountability of the planning committee responsible for preparing the pandemic preparedness plan

	Multisector & Multilevel Consultations	Engages stakeholders from health, local self-government, disaster management, education, police, civil supplies, private sector, NGOs, and community representatives at district, block, and panchayat levels
	Analysis of Existing Systems	Reviews current health systems, surveillance mechanisms, workforce capacity, logistics, emergency response structures, and lessons learned from previous outbreaks
Approach	Needs-Based Planning	Identifies gaps and prioritises interventions based on local risk, vulnerability, and available resources
	Scalable Strategy	Ensures the preparedness plan can expand or contract depending on the severity and spread of the pandemic
	Integrated Systems	Aligns pandemic preparedness with disaster management plans, health system strengthening, and existing surveillance programs
	Regular Updates	Provides for periodic revision of the plan based on new evidence, simulation exercises, and emerging threats
Indicators & Milestones	—	Establishes measurable indicators (e.g., response time, laboratory capacity, stock levels, vaccination coverage) to track preparedness progress
Operational Stages	Planning Assumptions	Defines possible outbreak scenarios, transmission patterns, and resource requirements

	Funding Mechanisms	Identifies financial sources, including government budgets, emergency funds, and partner support for preparedness activities
	National & Sub-National Considerations	Ensures alignment with national guidelines while adapting strategies to district and local contexts

A proactive and effective pandemic preparedness plan is developed through a systematic and phased approach to ensure timely and coordinated response. It begins with defining planning assumptions based on risk scenarios, followed by mobilizing financial and material resources. Appropriate committees are then formed to ensure multi-sectoral coordination, and a detailed system and gap analysis is conducted to identify weaknesses

Stakeholder consultations help in aligning all sectors, after which the plan is drafted and integrated with existing systems. Clear indicators and milestones are established to track progress, and capacity building along with simulation exercises are carried out to strengthen preparedness. Finally, the plan is reviewed, updated, and fully operationalized to ensure readiness for any public health emergency.

Format for Evaluation of Pandemic Preparedness Plan Preparation			
Operational Stage	Process Started / Not	Date to be completed	Current status
Planning Assumptions			
Funding & Resource Mobilisation			
Committee Formation			

System & Gap Analysis			
Stakeholder Consultations			
Plan Drafting & Integration			
Indicators & Milestones Setup			
Capacity Building & Simulation			
Plan Review & Update			
Full Operationalization			

8.5 State Systems & Emergency Coordination

Effective pandemic preparedness requires a well-coordinated governance and operational framework that connects state, district, and local health systems. Emergency coordination mechanisms ensure that decision-making, resource allocation, and operational response are streamlined across departments and administrative levels. These systems enable rapid communication, mobilisation of human resources, and integration of health services with other sectors such as disaster management, transport, police, and local self-governments.

The State Health Department, in coordination with the State Disaster Management Authority and the Integrated Disease Surveillance Programme (IDSP), provides technical guidance, resource support, and policy direction to districts during public health emergencies. At the district level, these directives are operationalised through the District Disaster Management Authority (DDMA) and the District Health Administration, ensuring timely response, effective containment strategies, and efficient use of available resources.

8.6 Surveillance & Laboratory Systems

Strengthening Laboratory-Based Surveillance

Laboratory-based surveillance is essential for the early detection, confirmation, and monitoring of infectious diseases during a pandemic. Strengthening the laboratory system enables timely diagnosis, rapid public health response, and evidence-based decision-making.

This can be achieved by expanding the laboratory network, standardising sample collection and transport procedures, reducing diagnostic turnaround time, integrating laboratory data with the Integrated Disease Surveillance Programme (IDSP), and ensuring robust quality assurance systems. Strengthening these components enhances the timely detection of emerging infections and supports an effective and coordinated outbreak response.

Strengthening Laboratory-Based Surveillance – Key Strategies	
Component	Key Strategies / Actions
Expand Laboratory Network	Strengthen coordination between government, private, and medical college laboratories. Identify designated referral labs for confirmatory testing. Establish district-level laboratory hubs to improve access and reduce delays.
Sample Collection & Transport	Standardise sample collection protocols across all facilities. Ensure availability of sample collection kits and VTM. Develop a dedicated specimen transport system with cold chain maintenance.
Turnaround Time (TAT)	Ensure rapid testing and reporting (≤ 24 hours for priority pathogens, ≤ 48 hours for confirmatory tests). Implement real-time electronic reporting systems linked with surveillance units. Monitor full TAT components: collection, transport, processing, analysis, and reporting.

Reporting & Data Integration	Integrate laboratory reporting with IDSP and district surveillance units. Ensure daily reporting of positive, negative, and pending samples. Monitor non-reporting laboratories for compliance.
Quality Assurance & Biosafety	Implement internal and external quality assurance systems. Ensure compliance with biosafety and biosecurity guidelines. Conduct regular training on infection control and testing protocols.
Capacity Building	Train laboratory staff in molecular diagnostics, sample handling, and outbreak investigation. Maintain a trained surge workforce for emergencies.
Logistics & Supply Chain	Maintain adequate stocks of reagents, consumables, PPE, and testing kits. Establish buffer stock systems to prevent shortages during surges.
Genomic & Advanced Surveillance	Enable genomic sequencing for detection of variants. Coordinate with regional and national reference laboratories for advanced testing support.
Monitoring & Evaluation	Monitor indicators such as sample rejection rate, turnaround time, testing capacity utilization, and reporting compliance. Conduct regular performance reviews.

8.7 Collaborative Surveillance

Collaborative surveillance is a coordinated approach that involves multiple sectors, levels of government, and community stakeholders in sharing data, resources, and responsibilities. This integrated system strengthens early detection of disease outbreaks and supports a more effective and timely public health response.

Collaborative Surveillance

Collaboration between health departments, laboratories, veterinary services, environmental agencies, and community networks enhances the overall surveillance system by ensuring comprehensive

information flow and coordinated action. This multisectoral engagement improves pandemic preparedness, enables rapid identification of emerging health threats, and supports efficient containment and response measure

8.9 Community Protection& Communication

Community protection and effective risk communication are essential components of pandemic preparedness and response. They help reduce disease transmission, ensure public cooperation with health measures, and maintain social stability during health emergencies. A well-informed community is better equipped to adopt preventive behaviours and support containment efforts.

Community Protection & Risk Communication in Pandemic	
Component	Key Strategies / Actions
Infection Prevention	Promote handwashing with soap/alcohol sanitizers. Encourage proper mask use in high-risk settings. Implement physical distancing in public spaces, workplaces, and schools. Regular disinfection of frequently touched surfaces and community areas.
Vaccination	Organise mass vaccination drives and mobile units for remote areas. Prioritise high-risk groups (elderly, healthcare workers, comorbidities). Maintain cold chain systems and real-time coverage tracking. Address vaccine hesitancy through community outreach and trusted leaders.
Personal Protective Equipment (PPE)	Provide PPE to frontline workers and vulnerable populations. Train users on correct usage and disposal. Monitor stock levels to avoid shortages during surges.
Social Welfare Measures	Ensure food distribution, cash support, and shelter for affected/quarantined families. Coordinate with NGOs, community kitchens, and volunteers. Provide psychosocial support for stress and isolation.

Essential Services Continuity	Maintain healthcare, water, sanitation, and power supply. Develop contingency plans for service disruptions. Ensure safe access to markets, pharmacies, and banks during restrictions.
Two-way Communication	Establish hotlines, SMS alerts, and digital platforms for queries and reporting. Enable community feedback for local problem-solving.
Community Engagement	Involve local leaders, religious figures, teachers, and volunteers as trusted messengers. Conduct awareness campaigns, door-to-door visits, and community meetings.
Media Outreach	Use TV, radio, newspapers, social media, and mobile apps for updates. Disseminate clear messages on symptoms, prevention, treatment, and services.
Language & Cultural Adaptation	Translate messages into local languages and dialects. Use culturally appropriate formats such as visuals, storytelling, and infographics.
Misinformation & Infodemic Management	Monitor rumours and fake news through social media tracking and community reports. Establish fact-checking units. Promote awareness on reliable sources and vaccine facts.
Travel & Trade Risk Communication	Issue travel guidelines on vaccination, testing, and quarantine. Communicate screening protocols at transport hubs. Provide updates on safe trade practices and movement of essential goods.

8.10 Clinical Care & Essential Services in Pandemic Response

Clinical care and the continuity of essential services are critical components of pandemic response. Health systems must ensure timely diagnosis and treatment of patients while maintaining uninterrupted functioning of essential public services. This requires coordinated action between healthcare institutions, public health authorities, and supporting sectors to ensure service delivery, patient safety, and system resilience during outbreak

Clinical Care and Essential Services– Responsibilities		
Domain	Key Activities	Defined Responsibilities
Clinical Care – Scaling Facilities	Expand bed capacity and treatment centres	Hospital administrators expand bed capacity; district health officials coordinate temporary treatment centres
Diagnostics	Testing and laboratory services	Labs ensure timely testing; clinicians request and interpret tests; supply chain ensures availability of kits
Case Management	Patient treatment and monitoring	Doctors and nurses manage treatment plans, follow protocols, and monitor outcomes
Telemedicine	Remote healthcare delivery	Health IT teams establish platforms; clinicians provide virtual consultations
Safe Burials	Management of burial protocols	Public health teams supervise procedures; local authorities enforce guidelines

Waste Management	Biomedical waste disposal	Infection control teams manage waste; municipal systems ensure safe disposal
Essential Services – Maintenance	Continuity of utilities and infrastructure	Facility teams ensure uninterrupted utilities, equipment, and supplies
Workforce Supplementation	Staffing support and training	HR and health authorities recruit temporary staff; training teams orient new workers
Monitoring & Reporting	Service and resource tracking	Health administration monitors patient flow, service delivery, and resource availability
Recovery Planning	Post-outbreak rehabilitation	Public health planners coordinate recovery; community services support affected populations
Infection Control (Clinical Protection)	Hospital infection prevention	Infection control teams enforce hygiene, PPE use, and isolation protocols
WASH (Water, Sanitation, Hygiene)	Hygiene and sanitation services	Local governments ensure safe water, sanitation, and hygiene facilities
Health Worker Safety	Workforce protection measures	Administration provides PPE, vaccination, mental health support, and training

Sectoral Continuity Planning	Cross-sector preparedness	Each sector (education, transport, food, etc.) develops continuity and safety plans
District-Level Responsibilities		
Activity	District-Level Responsible Officer/Team	Oversight Role / Domain
Scaling Facilities	District Medical Officer (DMO)	Monitor capacity, coordinate temporary centres, ensure surge readiness (Clinical Care)
Diagnostics	DMO & District Lab Coordinator	Ensure lab functioning, testing, supply chain, and reporting (Clinical Care)
Case Management	DMO & Senior Clinician Committee	Supervise treatment protocols and patient outcomes (Clinical Care)
Telemedicine	DMO & District Health IT Coordinator	Ensure telemedicine system functionality and access (Clinical Care)
Safe Burials	DMO & Public Health Inspector	Oversee burial guidelines and coordination with local bodies (Clinical Care)
Waste Management	DMO & District Infection Control Team	Ensure biomedical waste compliance and safe disposal (Clinical Care)

Facility Maintenance	DMO & District Facility Management Unit	Ensure utilities, equipment, and essential supplies (Essential Services)
Workforce Supplementati on	DMO & HR/Training Unit	Coordinate staffing, deployment, and rapid training (Essential Services)
Monitoring & Reporting	DMO & District Surveillance Team	Track patient flow, resources, and report to authorities (Essential Services)
Recovery Planning	DMO & District Planning Team	Coordinate post-outbreak recovery with local bodies (Essential Services)
Infection Control	DMO & District Infection Control Team	Supervise PPE use, audits, and training (Protection)
WASH Services	DMO & District WASH Officer	Ensure sanitation, hygiene, and safe water systems (Protection)
Health Worker Safety	DMO & HR/Occupational Safety Team	Ensure PPE, vaccination, and mental health support (Protection)
Sectoral Coordination	District Collector & DMO	Coordinate cross-sector response (education, transport, food, etc.) (Protection)

Access to Countermeasures

Ensuring equitable access to vaccines, diagnostics, therapeutics, and PPE is essential for effective pandemic preparedness. This includes maintaining essential stockpiles, strengthening procurement and distribution systems, supporting regulatory approvals for emergency use, and building resilient

supply chains. Research and innovation should be encouraged to develop new and effective countermeasures during health emergencies.

Plan Activation & Operational Triggers

A clearly defined activation mechanism ensures rapid implementation of pandemic response plans when early warning signals are detected. Activation involves designated decision-making authorities, defined stakeholder roles, and clear communication protocols

Pandemic response typically follows three stages:

This flowchart illustrates the three key stages of public health emergency management: prevention



and preparedness, response, and recovery. The first stage, *Prevent & Prepare*, focuses on strengthening surveillance systems, conducting risk assessments, and ensuring preparedness planning to reduce the likelihood and impact of outbreaks. The second stage, *Respond*, involves timely outbreak detection, implementation of containment measures, and mitigation strategies to control the spread of disease. The final stage, *Recover*, emphasizes the transition from emergency response to long-term system strengthening, including rehabilitation and capacity building. Together, these stages form a continuous cycle that enhances the resilience and effectiveness of the health system in managing public health emergencies.

8. Health system Surge

Health system surge capacity refers to the ability of the healthcare system to rapidly expand beyond normal services to meet increased demand during public health emergencies such as pandemics. A

strong surge plan ensures that health care facilities can manage a sudden increase in patient load while maintaining essential services and protecting healthcare workers.

Health System Surge Capacity

Health system surge capacity refers to the ability of the healthcare system to rapidly expand beyond routine service levels to manage a sudden increase in patient load during public health emergencies such as pandemics. A strong surge capacity plan ensures that healthcare facilities can accommodate excess demand while maintaining continuity of essential services and protecting healthcare workers.

Surge planning includes expansion of hospital infrastructure, mobilisation of additional human resources, strengthening referral and transport systems, and ensuring uninterrupted availability of oxygen, medicines, and critical equipment. Effective surge management requires coordinated planning between hospitals, district administration, local self-government institutions, and community networks.

Surge Capacity Assessment and Gap Analysis

A comprehensive gap analysis is essential to identify limitations in the existing health system and estimate additional resources required during a pandemic. District health administrations should periodically assess infrastructure, workforce, and supply readiness to ensure rapid scalability during emergencies.

Building on this, a structured surge capacity assessment should be undertaken to evaluate the system’s ability to expand services in response to increased demand. This includes reviewing the availability of hospital beds (general, oxygen-supported, and ICU), isolation and treatment facilities, and critical equipment such as ventilators and oxygen supply systems. In parallel, an assessment of human resources—doctors, nurses, paramedical staff, and support personnel—should be carried out to identify shortages and scope for rapid redeployment or task shifting. Supply chain readiness, including essential medicines, diagnostics, and personal protective equipment, must also be examined. The identified gaps should be quantified and aligned with projected outbreak scenarios to guide contingency planning, resource allocation, and inter-facility coordination for effective emergency response.

Key Assessment Areas		
Domain	Key Assessment Components	Purpose

Hospital Bed Availability	General beds, isolation beds, ICU beds	To assess capacity to manage increased patient load
Oxygen & Critical Care Infrastructure	Oxygen plants, concentrators, ventilators, ICU readiness	To ensure life-saving respiratory support
Pediatric & Obstetric Care Capacity	Neonatal ICU, pediatric ICU, labour rooms, maternal care facilities	To ensure continuity of maternal and child health services
Referral & Emergency Transport Systems	Ambulance availability, GPS tracking, dispatch systems	To ensure timely patient transfer and emergency response
Availability of Trained Health Workers	Doctors, nurses, ICU staff, technicians, support staff	To ensure adequate workforce for surge demand

Planning for Expansion Beds

Pre-planning for expansion beds using existing infrastructure enables rapid response during patient surges.

Key Actions:

- Identification of facilities such as hostels, auditoriums, sports complexes, and community halls for temporary treatment centres
- Planning separate entry and exit routes for ambulances and patients
- Ensuring adequate sanitation, ventilation, water supply, and electricity
- Installation of oxygen supply systems and basic medical equipment where required

Specialised Care Capacity Audit

A specialised audit ensures continuity of care for vulnerable groups such as pregnant women, children, and critically ill patients.

Audit Measures:

- Assess availability of neonatal ventilators in district hospitals
- Evaluate pediatric ICU beds for infectious respiratory disease management
- Identify isolation-capable labour rooms for infectious obstetric cases
- Strengthen referral pathways for high-risk maternal and neonatal cases

Oxygen Supply & Critical Care Readiness

Oxygen is a critical resource during respiratory pandemics, requiring careful planning and monitoring.

Oxygen Autonomy Calculation:

- Estimate total oxygen production capacity (PSA plants, concentrators)
- Compare with projected demand (e.g., % of active cases requiring oxygen support)
- Maintain buffer stock of oxygen cylinders and emergency refill systems

Infrastructure Planning:

- Ensure functional PSA oxygen plants in major hospitals
- Maintain uninterrupted supply of oxygen cylinders and liquid medical oxygen (LMO)
- Develop inter-hospital oxygen redistribution systems during peak demand

Secondary Infrastructure Mapping

To manage large outbreaks, non-hospital facilities may be converted into care centres.

Expansion Bed Mapping:

- Identify hostels, auditoriums, sports complexes, and community halls
- Prepare floor plans for patient care, triage, and staff zones
- Ensure separate entry/exit routes to prevent infection spread
- Guarantee water supply, sanitation, electricity, and waste management

These facilities can function as step-down care centres or isolation wards during peak load periods.

Referral Transport & Emergency Response System

Efficient referral systems ensure timely movement of patients across facilities.

Referral Transport Matrix:

- Type A – Basic Life Support (BLS): Basic transport with oxygen and first aid
- Type B – Advanced Life Support (ALS): Equipped with ventilators and monitoring systems

Additional Measures:

- Pre-negotiated fuel arrangements for ambulances
- Dedicated ambulance dispatch coordination centres
- GPS-based tracking systems for real-time monitoring

Surge Staffing & Human Resource Planning

Human resources are often the most limiting factor during health emergencies.

Staff-to-Bed Ratio Analysis:

- Nurse-to-patient ratio planning
- Availability of respiratory therapists and ICU specialists
- Requirement of technicians, ward assistants, and support staff

Surge Workforce Strategies:

- Temporary recruitment of healthcare workers
- Deployment of interns and trainees
- Mobilisation of retired healthcare professionals
- Training of volunteers and community health workers

Standardised Triage, Cohorting & Infection Prevention

Standardised protocols reduce transmission within healthcare facilities.

Cohorting Zones:

- Green Zone: Non-infectious patients
- Yellow Zone: Suspected cases (triage area)
- Red Zone: Confirmed infectious cases

Door-to-Bed Triage Protocol (≤ 3 minutes):

- Respiratory rate assessment
- SpO₂ measurement
- Fever and symptom screening
- Travel/contact history check

- Immediate routing to appropriate zone

Training, IPC Monitoring & Workforce Protection

On-Site Training:

- Shadow training programs in hospitals and PHCs
- Ventilator and oxygen therapy training
- PPE usage and infection prevention demonstrations

IPC Monitoring:

- Daily safety audits for hand hygiene and PPE use
- Biomedical waste segregation checks
- Environmental cleaning supervision

Healthcare Worker Protection:

- Regular health monitoring and vaccination
- Mental health support services
- Rotational duty schedules to reduce burnout

Supply Chain Strengthening for Surge Response

A resilient logistics system ensures uninterrupted availability of essential supplies.

Key Components:

- Procurement and stock management systems
- Adequate storage of medicines, PPE, and consumables

- Efficient transport and distribution networks
- Buffer stock mechanisms for emergency situations

District–Community Logistics System

The district–community logistics system operates through a multi-tier structure involving district administration, block/taluk authorities, local self-government institutions (LSGs), and ward-level community networks. Each level has defined roles in planning, procurement, storage, monitoring, and distribution of essential supplies. Effective coordination across these levels ensures timely response to demand surges and prevents stock-outs during emergencies.

To strengthen this system, clear standard operating procedures (SOPs) and communication channels should be established across all tiers to enable seamless information flow and rapid decision-making. Digital inventory management systems and real-time stock monitoring at district and facility levels can enhance transparency and accountability. Buffer stocks of essential medicines, vaccines, personal protective equipment, and emergency supplies should be maintained based on risk assessment and consumption patterns. Additionally, capacity building of local stakeholders, including LSG representatives and community volunteers, is crucial for last-mile delivery and demand generation. Regular review meetings, mock drills, and intersectoral coordination with departments such as civil supplies, transport, and disaster management further ensure the resilience and responsiveness of the logistics system during public health emergencies.

Logistics and Supply Chain Roles				
Logistics Function	District Administration / DDMA	Block / Taluk Level	Panchayat Municipality (LSG)	Ward / Community Level
Planning & Coordination	Develop district logistics plan; allocate resources; coordinate departments	Consolidate block requirements; coordinate PHCs and LSGs	Prepare micro-plans based on population and risk groups	Identify vulnerable households and local needs

Stock Procurement	Bulk procurement of PPE, medicines, oxygen, diagnostics, equipment	Receive and distribute supplies to health institutions	Procure locally permitted items under emergency rules	Support distribution of locally produced items via volunteers
Storage & Warehousing	Maintain district warehouses and oxygen storage facilities	Maintain block-level storage and supply PHCs/CHCs	Maintain emergency buffer stock at LSG offices/health facilities	Provide temporary local storage and distribution points
Consumption Monitoring	Establish norms and track district-wide consumption	Monitor stock usage in PHCs and hospitals	Maintain daily stock registers for kits and medicines	Report shortages and demand fluctuations
Diagnostics & Cold Chain	Ensure supply of diagnostic kits and cold chain equipment	Monitor lab capacity and reagent stocks	Maintain refrigeration and temperature logs	Assist in safe transport of samples and kits
Home-Care Kit Distribution	Define kit standards and allocate funds	Supply kits to PHCs and LSGs	Maintain and distribute kits to households under home isolation	Support delivery and guidance through ASHA/volunteers
Local Production & Vendors	Issue quality standards and approvals	Identify local suppliers	Maintain MSME/SHG registry (e.g., Kudumbashree)	Support SHGs and community production units

Transportation & Last-Mile Delivery	Arrange ambulances, logistics transport, oxygen tankers	Coordinate transport to facilities	Arrange local vehicles for supply movement	Volunteer-based household delivery support
Emergency Procurement	Declare emergency procurement and release funds	Facilitate rapid approvals and monitoring	Purchase essential goods from local vendors	Assist in identifying reliable suppliers
Monitoring & Reporting	District dashboard for supply chain monitoring	Weekly review of stock and gaps	Submit stock and consumption reports	Real-time reporting by volunteers and health workers

Supply Chain Contingency Planning

Supply chain disruptions may occur due to lockdowns, natural disasters, or transport restrictions. Contingency planning ensures uninterrupted availability of essential supplies.

Component	Description	Key Actions	Responsible Level
Contingency Routing Maps	Alternate transport routes for emergency supply movement	Map primary/secondary routes; coordinate with police, transport, disaster management; update regularly	District Administration, Transport Department, Health Department
Replenishing stock / Emergency Inventory	Pre-agreed supplier contracts to ensure stable supply and pricing	Fix rates for PPE, medicines, oxygen; empanel multiple vendors; prevent price escalation	District Procurement Committee, Health Department, SVO

Simplified Digital Ledger	Real-time inventory tracking system	digital stock entry system; integrate with district dashboard	District Health Office, IT Support Team
Buffer Stock Trigger Points	Minimum stock levels for critical supplies	Define thresholds - initiate replenishment	District Warehouse, Health Logistics Team
Volunteer Network	Community-based delivery system for remote households	Train volunteers; link with ASHA workers; provide IDs and safety kits	Panchayat, Community Volunteers, Health Workers

10. Preparedness and Response Protocol at District Level

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

Constitution of One Health Committee

The District One Health Committee, comprising the District Collector, Medical Officers (Modern Medicine, AYUSH, and Veterinary) and representatives from the Education, Veterinary, Fisheries, ICDS, and all line departments, convened a meeting on December 12, 2025, at the Collectorate Office in the presence of former District Collector Imbasekhar IAS. Objective: The One Health Committee coordinates human, animal, and environmental health to prevent and control pandemics.

Committee Structure			
Sl No	Designation	Department/Institution	Role
1	District Collector	District Administration	Chairperson
2	District Medical Officer (Health)	Health Dept	Member Secretary
3	District Animal Husbandry Officer	Animal Husbandry	Member
4	Deputy Director Panchayats	LSGD	Member
5	District Agriculture Officer	Agriculture Dept	Member
6	District Fisheries Officer	Fisheries Dept	Member
7	District Forest Officer	Forest Dept	Member

8	District Food Safety Officer	Food Safety Dept	Member
9	District Surveillance Officer	Health/IDSP	Member
10	District NKKP2 Nodal Officer	PRD	Member
11	Civil Society Representative	NGO/Community Org	Member
12	Line Department Reps	Police, Education, ICDS, Transport, Disaster Mgmt	Member

Key Responsibilities

Review human and animal surveillance data, conduct ward-wise risk mapping, approve quarantine/isolation centres, coordinate PPE/oxygen/ambulance resources, monitor surge capacity (beds, oxygen, HR), approve risk communication strategies, ensure protection of vulnerable groups, conduct mock drills, and monitor equity measures.

Meeting Schedule

Quarterly (normal), Weekly (alert), Daily (pandemic phase)

District One Health Committee – Members				
Sl No	Name	Designation	Department	Role
1	Sri Arjun Pandian IAS	District Collector	District Administration	Chairperson
2	Dr. Ramdas A V	District Medical Officer (Health)	Health Department	Member Secretary

3	Dr. Nagaraj P	District Animal Husbandry Officer	Animal Husbandry Department	Member
4	Mr. Haridas	Deputy Director Panchayats	LSGD	Member
5	Raghavendra P	District Agriculture Officer	Agriculture Department	Member
6	Sri Labeeb K. A	District Deputy Director Fisheries	Fisheries Department	Member
7	Shri Vinod Kumar C V	Range Forest Officer, Kasaragod Range	Forest Department	Member
8	Shri Rahul K	Range Forest Officer, Kanhangad Range	Forest Department	Member
9	Shri Sabu K B	District Food Safety Officer	Food Safety Department	Member
10	Dr. Santhosh B	District Surveillance Officer	Health Department	Member
11	District NKKP2 Nodal Officer	Mr Madhusoodanan K P	District Information Officer PRD	Member

12	Dr. Ramesh D G	Civil Society Representative (Secretary, IMA)	IMA / NGO	Member
13	Line Department Representatives	Various Departments	Multiple Departments	Member

Key Responsibilities

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

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.

Pandemic Workforce and Team			
Team Name	Composition	Key Responsibilities	Team Leader
Surveillance and Contact Tracing	HI, JHI, JPHN, ASHAs and Volunteers at LSGE level and DSO and IDSP team at District	Case detection, contact listing, home visits, reporting	HI/ DSO
Case Management Team	Doctors, Nurses, MLSP, Palliative Nurses,	Patient care & referral	Doctor/ Supdt
Quarantine & Isolation Team	District Govt staff, LSGD team,.Volunteers	Facility management	JHI/ TA
Psychosocial support	Psychologist, Psychiatrist, DMHP team. D	Psychosocial support	Psychiatrist/ Mental Health Nodal Officer
Logistics & supply	District staff,	Supplies &	Ward Member

chain Team	Storekeepers, Drivers	transport [PPE, medicines, oxygen, transport, waste management]	(local), Store verification officer in District
Communication Team	Wardmembers, Kudumbashree, Youth clubs,AWW workers and other self help groups	IEC, community meetings, countering misinformation	M.O in charge
Transportation	KSRTC,educati onal institutional buses		PRO
Media Surveillance	Mass Media team, TA HI, HS	Surveillance	Mass Media Officer
Intersectoral coordination and convergence	District Panchayath, Block Panchayath, Secretaries team	Coordination and Collaboration	Nodal Team - District Panchayth Presidentand DMO

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.

The governance framework clearly defines leadership and operational roles from the District Collector to ward-level volunteers by integrating existing Disaster Management Authority and Local Self Government (LSG) structures to ensure coordinated pandemic preparedness and response.

At District Level Notify and strengthen a District Public Health Emergency and Pandemic Task Force under the District Disaster Management Authority (DDMA), integrating Health, Revenue, LSG, Police, Animal Husbandry, ICDS, Education, and Transport departments. Define incident management systems including trigger points for activation, functioning

of Health Emergency Operations Centre (HEOC)/control room, reporting mechanisms, decision-making authority, and linkage with State Incident Response Team (IRT) and State HEOC.

At Panchayat / Urban Local Body (ULB) Level Reactivate or formalise Arogya Jagratha Samithis / Health Vigilance Committees as local pandemic committees, chaired by the LSG President with the Medical Officer of the Primary Health Centre (PHC) as convenor. Clearly define micro-level responsibilities including home isolation support, community surveillance, risk communication, and intersectoral coordination for ensuring uninterrupted delivery of essential services, including food, medicines, and psychosocial support to affected households.

Pandemic Preparedness Capacity Building & Training Plan

Capacity building is a key component of the pandemic preparedness plan, as pandemics pose serious threats to public health, safety, and livelihoods. Effective preparedness requires skilled human resources across all sectors to ensure a coordinated, timely, and effective response. Strengthening capacity at the district level is critical for early detection, rapid containment, and efficient management of outbreaks. The objectives of capacity building include strengthening the readiness of health and allied sectors, improving early detection, reporting, and response systems, ensuring effective inter-departmental coordination, protecting frontlineworkers and the community, and maintaining essential services during pandemics.

Target Groups for Training		
Sector	Target Groups	Roles / Responsibilities
Health Sector (Government & Private)	Doctors (all specialties), Nurses & paramedical staff, Laboratory technicians, Public health staff, ASHA workers & JPHNs, Private hospital staff	Clinical management, surveillance, diagnosis, field-level public health activities, patient care, and infection control

Police & Emergency Services	Kerala Police & Traffic Police, Home Guards, Fire & Rescue Services, Ambulance drivers & EMTs	Crowd control, quarantine enforcement, emergency response, evacuation, and transport of patients
Local Administration & Governance	District administration, Municipalities & Panchayats, Revenue Department, Public Works Department	Logistics management, establishment of containment zones, coordination of essential services, infrastructure support
Education & Community Groups	School & college teachers, Students & NSS/NCC volunteers, Kudumbashree units, Community-based organizations, Religious & community leaders	Community awareness, risk communication, volunteer support, community engagement, and social mobilization

Modes and Methods of Training

Modes of Training

- Classroom/workshop-based training
- On-site/hands-on training
- Online & virtual training modules
- Simulation exercises & mock drills
- Peer learning & cascade training
- Awareness campaigns
- Online media and social groups

Training Methods

- Lectures & interactive sessions

- Demonstrations & skill stations
- Case studies & role plays
- Table-top exercises
- IEC material & SOP dissemination

Key Training Topics

General Topics

- Disease surveillance & reporting
- Infection prevention & control (IPC)
- Use of personal protective equipment (PPE)
- Sample collection & transport
- Risk communication & community engagement

Advanced & Sector-Specific Topics

- Hospital surge capacity management
- Quarantine & isolation management
- Psychosocial care & stress management
- Waste management during pandemics
- Law & order and ethical issues

Institutional & Resource Support

- District Medical Office
- Kerala Health Services

- State Disaster Management Authority
- Medical colleges & training institutes
- Police Training College

Monitoring & Evaluation

- Pre- and post-training assessment
- Feedback mechanisms
- Periodic refresher trainings
- Mock drill evaluations
- Documentation & reporting

The training schedule is designed to align preparedness and capacity-building activities with seasonal climate variations and disease patterns, ensuring timely and context-specific interventions. The expected outcomes of this approach include improved district-level preparedness, a skilled and confident workforce, effective inter-sectoral coordination, and a reduction in morbidity and mortality during public health emergencies. In conclusion, a comprehensive communication and capacity-building plan is essential for effective pandemic preparedness and response. Strengthened community engagement, targeted training programs, and continuous monitoring and evaluation together enhance resilience and ensure sustainability in managing public health emergencies

Training Calender	Jan-Mar	Apr-Jun	Jul-Sept	Oct-Dec
Climate events	Cool	Hot	Rainy, Flood	Cold
Disease events	ILI	RTI, Hep A	Avian Influenza, Dengue	ILI, RTI

Pandemic Management plan

Training for HCWs	ILI case management, surveillance & reporting	Heat-related illness management, waterborne disease control	Vector-borne disease management, outbreak response, flood-related health issues	Respiratory infection management, vaccination preparedness
Training for Public	Respiratory hygiene, early care-seeking	Safe water, food hygiene, heat protection	Mosquito control, sanitation, flood safety	Cold protection, respiratory illness prevention
Budgeting	Annual planning & allocation	Mid-term review & reallocation	Emergency funds utilization	Next-year budget planning
Monitoring & Evaluation	Baseline assessment	Mid-term monitoring	Outbreak/flood response review	Annual evaluation & reporting

11. Pre-Pandemic Preparedness and Pandemic Response Measures

11.1 PHASE 1 - Alert / Preparation

Surveillance and Reporting

Enhanced Syndromic Surveillance

- Monitor symptom-based reporting through health facilities, field workers, and community reporting systems.
- Integrate data from outpatient departments, emergency rooms, PHCs, and community health workers.
- Strengthen early warning signals for unusual clusters of symptoms such as fever, respiratory illness, or gastrointestinal outbreaks.

Data Sources for Surveillance

- Primary Health Centres (PHCs) and hospitals
- ASHA, JPHN, and field-level reports
- Laboratory reporting systems
- IDSP and district surveillance units
- Community-based reporting mechanisms
- Private healthcare facilities

Event-Based Triggers

- Sudden increase in fever/ILI/SARI cases
- Unusual clustering of similar symptoms in a locality
- Reports of unexplained deaths or severe illness
- School, workplace, or institutional outbreaks

- Alerts from community leaders or local bodies
- Laboratory confirmation of emerging pathogens

Zoonotic and Animal Health Surveillance

- Continuous monitoring of animal morbidity and mortality
- Reporting of unusual illness or deaths in livestock or wildlife
- Coordination between Animal Husbandry Department and Health Department under One Health approach
- Early detection of zoonotic spillover risks

Logistics and Stock Preparedness

- Identify and empanel local vendors as per District and Health Department procurement norms
- Establish emergency procurement mechanisms for rapid response
- Prepare and maintain essential logistics checklist covering medicines, consumables, PPE, and equipment
- Pre-identify secure storage locations for emergency stock
- Maintain updated stock registers with regular verification
- Finalise emergency transport arrangements, including vehicle availability and designated drivers
- Designate a Logistics Nodal Officer for coordination and decision-making

Minimum Buffer Stock Monitoring

- PPE kits – 120 numbers(~4 per day × 30 days buffer)
- Pulse oximeters – 12 numbers(OP + ward + field use reserve)
- Hand sanitizers – 25 litres(~800–900 ml/day usage buffer)
- Masks, gloves, disinfectants – adequate quantity (minimum 1-month consumption buffer)
- Identify critical gaps and communicate immediately to Block and District authorities
- Monitor expiry dates and ensure proper stock rotation (FIFO/FEFO principles)

Identification of Quarantine and Isolation Facilities

- Identify suitable buildings such as schools, hostels, and community halls
- Categorise facilities based on case severity and care requirements
- Maintain facility readiness checklist (beds, toilets, ventilation, water supply, electricity)
- Identify alternate facilities in case primary sites are unavailable
- Assign facility managers and support staff
- Prepare SOPs for:
 - Admission and discharge
 - Food, water, sanitation
 - Infection prevention and control
 - Waste management
- Ensure rapid activation plan for surge situations

Risk Communication and Community Preparedness

- Disseminate early warning messages on symptoms, prevention, and reporting mechanisms

- Display IEC materials in English and local language in public places
- Sensitise elected representatives and community leaders
- Establish rumour tracking and misinformation response system
- Engage trusted community figures (ward members, ASHA workers, religious leaders, teachers, volunteers)
- Develop targeted IEC materials for:
 - Schools
 - Markets
 - Work sites and labour settings
- Conduct ward-level community sensitisation meetings

Protection of Vulnerable Groups

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

Clinical Dependency Mapping

- Develop ward-wise dependency maps for vulnerable households
- Ensure continuity of essential services including:

- Dialysis services (facility mapping and transport support)
- Continuity of TB, HIV, and chronic disease treatment
- Mental health and psychosocial support services
- Establish delivery mechanisms for:
 - Medicines
 - Food and essential commodities
- Coordinate through ASHAs, JPHNs, Kudumbashree, volunteers, and local administration

11.2 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, in accordance with disease-specific SOPs and IDSP guidelines.

Field Staff Involved

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

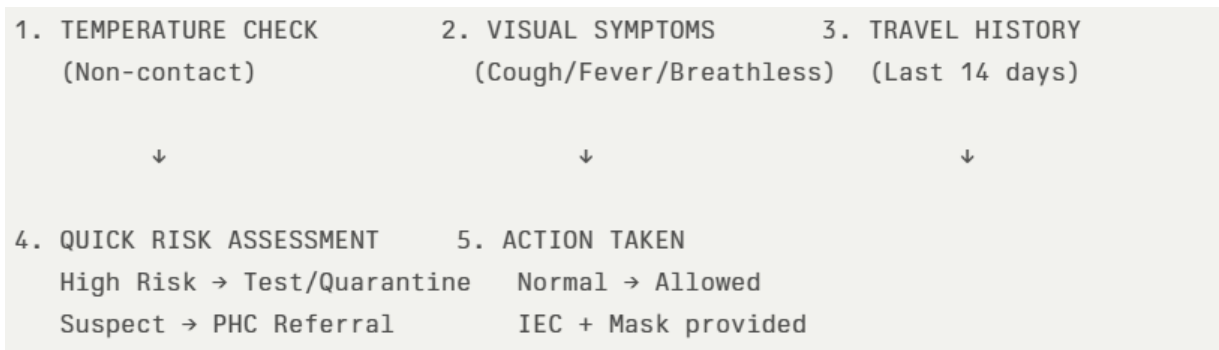
2. Screening Checkpoints

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

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

Location	Type (Bus stand/Jetty/Market/Railway)	Staff Deployed (ASHAs/Volunteers)	Screening Method	Reporting authority
Busstand	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
Border Check Post	Interstate/district border	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 centre for real-time coordination, data aggregation, decision support, and communication during outbreaks. It consolidates information from all District teams, health facilities, and community sources to enable rapid decision-making.

Control Room Infrastructure and Location

Primary Location: District Medical Office Conference Hall at Kanhnagad Kasaragod

Backup Location: Jilla Panchayath Hall at Kasargod Under Kasaragod District Panchayath

The Pandemic Control Room (PCR) is a centralized coordination mechanism designed to ensure effective and timely response during public health emergencies. It functions through seven key pillars that collectively support surveillance, response, logistics, and coordination activities. Each pillar plays a distinct role in ensuring that no component of outbreak management is overlooked.

The Rapid Response Team (RRT) forms the frontline operational unit of the system by providing immediate intervention during emergencies, outbreak clusters, and field-level alerts. It is responsible for conducting case investigations, initiating contact tracing, ensuring isolation of cases, and coordinating inter-facility referrals for advanced care when required.

Supporting this operational core are the Data Management & Analytics Team, Human Resource Deployment Team, Laboratory Surveillance Team, and Vaccination Cell (if required). These units ensure effective data-driven decision-making, adequate workforce allocation, timely testing and reporting, and implementation of vaccination activities during outbreak situations.

In addition, the Infrastructure & Patient Occupancy Team and Biomedical Waste Management (BMWM) unit ensure that health facilities remain functional, well-equipped, and safe. They monitor bed availability, ICU capacity, oxygen resources, and ensure proper waste disposal practice.

Functional Components of PCR

Unit / Team	Key Functions
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.
Surveillance Committee	Monitors disease trends, outbreak alerts, and field-level reporting. Supports early warning systems and epidemiological investigations.
Data Management & Analytics Team	Collection, compilation, analysis, and visualization of surveillance data for decision-making and reporting.
Human Resource Deployment Team	Manages staffing needs, duty rosters, deployment of health workers, and surge workforce allocation.
Laboratory Surveillance Team	Coordinates sample collection, testing, result reporting, and laboratory network integration.
Sample Transportation & Testing Coordination	Ensures safe transport of biological samples, cold chain maintenance, and timely testing and reporting.
Vaccination Cell (If Required)	Plans and implements vaccination drives, monitors coverage, and manages

	vaccine logistics.
Infrastructure & Patient Occupancy Team	Monitors bed availability, ICU occupancy, oxygen beds, and facility readiness.
Biomedical Waste Management (BMWM)	Ensures safe segregation, collection, transport, and disposal of biomedical waste.
Communication Team	Manages public communication, risk messaging, and coordination with media and stakeholders.
Logistics & Supply Chain Team	Ensures availability and distribution of PPE, medicines, consumables, and emergency supplies.
Transportation (Inter-facility & Emergency Transport)	Manages ambulance services, patient transfers, and emergency evacuation logistics.
Media Surveillance & Call Centre	Monitors media reports, rumor control, public queries, and hotline/call center support.
Management of the Deceased	Handles dignified and safe management of deceased cases following protocols.
Intersectoral Coordination & Convergence	Coordinates with departments like police, LSG, revenue, animal husbandry, and disaster management.
Contact Tracing & Line List Management	Identifies contacts, maintains line lists, and monitors exposed individuals.

Patient Transport Management	Coordinates safe shifting of patients between facilities and isolation centers.
Materials & Logistics Management	Tracks inventory, procurement, and distribution of essential materials.
IEC & Media Management	Develops and disseminates IEC materials and manages awareness campaigns.
Data Analysis Team	Performs epidemiological analysis and supports forecasting and decision-making.
Psychological Support Team	Provides mental health and psychosocial support to patients, families, and frontline workers.
Field Level Activity Monitoring	Supervises field response activities and ensures compliance with protocols.
Infection Control & Training Team	Conducts IPC training, audits, and ensures adherence to infection control practices.
Private Hospital Coordination	Ensures integration and coordination with private healthcare facilities.
Welfare Committee	Addresses social support, vulnerable population assistance, and community welfare measures.
Animal Surveillance Team	Monitors zoonotic disease risks in domestic animal populations.

Wildlife Surveillance Team	Tracks disease risks in wildlife and supports One Health approach.
Telemedicine Unit	Provides remote consultation services and reduces hospital burden.
IT Support Team	Manages digital platforms, surveillance systems, reporting tools, and data systems.

Key Control Room Team

The Control Room Team coordinates all pandemic response activities within the district 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

SOP for alert escalation/trigger point with mapping of responsibilities.

The Standard Operating Procedure (SOP) for alert escalation and trigger points defines a structured mechanism for early detection and coordinated response during public health emergencies. It establishes clear thresholds for activation and escalation based on surveillance indicators such as new cases, clusters of unusual illness, increased quarantine numbers, or rising hospital admissions and bed occupancy. Once these trigger points are reached, alerts are immediately escalated to the appropriate response levels, ensuring timely action and containment.

The Control Room functions as the central coordination hub for all response activities. It is staffed with a designated In-Charge, data entry personnel, and communication staff, each with clearly defined roles and responsibilities. Shift arrangements are maintained to ensure 24/7 functionality during activation periods. This structured staffing ensures uninterrupted monitoring, reporting, and coordination across all operational levels.

The Control Room continuously maintains updated records on key daily monitoring indicators, including new cases, individuals under active quarantine, hospital bed occupancy, ICU availability, and other relevant public health parameters. These data are systematically compiled and analyzed to support evidence-based decision-making and early identification of risk trends.

All reports and situation updates generated by the Control Room are shared daily with the Block and District Surveillance Units. This ensures vertical integration of surveillance data and facilitates

timely public health action at higher administrative levels. The Control Room also serves as a single point of contact for coordination with Rapid Response Teams, health institutions, and other allied departments, thereby ensuring streamlined communication during emergencies.

To enhance operational efficiency, the contact details of the Control Room are widely disseminated among field staff, health workers, and relevant stakeholders during activation. This ensures rapid communication, quick reporting of alerts, and effective coordination during outbreak situations.

Control Room Mandates

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.

- Control room will be operational 24*7 managed by floor managers in rotation
- Control room access is authorised only to those engaged in control room activities
- Identity proof is mandatory
- In and out movement is written in log logbook
- Food items are not permitted inside the control room
- Team members of different groups have to work in their assigned areas
- Review meetings will be held in the mornings and evenings
- Minimum two members from all groups will participate in review meetings
- Critical appraisal of group activity will be done in the meetings

- The documentation team will record minutes of all meetings
- Decisions taken in the meeting will be communicated to the respective groups
- Implementation status of the decisions taken will be monitored
- Emergency meetings will be informed by phone to the respective teams by the documentation team
- The single window communication system will be operated by the documentation team
- All sub-teams communicate with the control room via their own email ID.
- All communications between the teams were coordinated through the control room.
- All communications are well documented.
- Advances in information technology are well utilised for communication
- Communication to the media will be done only through the media management team
- Health bulletin release at 6 pm
- A departmental coordination meeting at 6 pm
- Press briefing at 7 pm

Activities of Various Teams		
Team	Sub-Category	Activities

Surveillance Team	Hospital Surveillance	<p>Closely monitor symptomatic patients admitted in isolation wards of hospitals</p> <p>Regular reporting of patient condition to surveillance team</p> <p>Analysis of hospital reports to identify trends, severity, and emerging risks</p>
Surveillance Team	Field Surveillance	<p>Follow-up of discharged patients by field health workers in respective PHC areas</p> <p>Monitoring of asymptomatic travellers and home-isolated contacts for 28 days</p> <p>Submission of reports to District Surveillance Officer (DSO)</p>
Laboratory Surveillance	Sample Coordination	<p>DSO and district nodal officers inform laboratory surveillance team prior to sample collection</p> <p>Coordination of sample collection activities across districts and collection points</p>
Laboratory Surveillance	Sample Processing & Verification	<p>Scrutiny of sample requisition forms before forwarding to designated laboratories (NIV Pune / Alappuzha / others)</p> <p>Ensuring proper documentation and safe transport of samples</p>

<p>Laboratory Surveillance</p>	<p>System Strengthening & Monitoring</p>	<p>Support and supervision of district-level surveillance activities</p> <p>Strengthening of IDSP disease surveillance system</p> <p>Daily LSG-wise monitoring from state level</p> <p>Detailed data monitoring at IDSP district unit Identification of inter-sectoral action areas and implementation of response steps</p> <p>Coordination with SMO (WHO) for system strengthening</p>
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24X 7 Call Centre management team

To Set-Up A control room call centre should be set up in the state as well as the district. The call centre is set up with 3 laptops and 3 mobile/landline telephone facilities. Each Call Centre Operator is assigned both a telephone and a computer. One outgoing mobile facility is also available for answering pending calls. Two WhatsApp numbers are also available in the disaster control management room. Depending on the configuration of the call center, each workstation has the following items:

Headset for hands-free answering.

- Reference materials (issued upon activation of call center operations);
- Item to be used to request assistance from the supervisor (Paper and pen/pencil, register etc)
- All phone/computer banks are set up in close proximity to power,telephone, and data sockets/ports.
- Call Center Supervisors are to utilize a sign-in/sign-out sheet to keep track of Call Center Operators.

Mandates for Call Centre

- Maintenance of discipline

- Time management
- Call centre will be operational 24*7
- Documentation of all the activities happening in call centre
- Daily consolidation report at 4.30 pm.
- Establishing call centre with sufficient connectivity
- Linkage with DISHA system
- To answer medical queries, logistics and administrative issues regarding health and health related problems
- Daily maintenance of second and third level call referral.
- Compilation format

Call Centre Reporting Format					
Total number of calls till today	No: of calls on the date--/--/2020	Total	Case follow up till today	Case reported on --/--/2020	Total fever
DISHA Calls					

HR management

- Human resource management mostly happens at the district level but at any point if the district needs any additional support the needs can be communicated to the state.
- The team should have a thorough knowledge of all district HR distribution.

- The team should also communicate with the district regarding the optimum redistribution policies according to the needs.
- HR details of the isolation facilities should be managed and timely decisions at state level if necessary, should be taken from the control room.
- The HR data of isolation facilities/nodal centres should be compiled daily and ensure there is no shortage in any category.

Training and awareness generation

The district should train all the necessary cohorts in a timely manner, and the data should be compiled at the state level. The state team has the responsibility for preparing the training materials according to the daily needs being discussed in the control room meetings. These training materials should be vetted by a group of experts and should be disseminated via control room mail id to all concerned (districts, agencies, groups, IMA, IAP etc)

- Identify the segments in the Government and Private sectors
- Prepare segment-specific relevant modules
- Preparation of training manuals
- Dissemination of the prepared IEC materials including audiovisual aids/training materials to health workers/volunteers/public/media
- Preparation of FAQ'S and its answers
- Online / Telephonic trainings for district level officers/health workers/volunteers as and when required
- Training to call centre duty staff
- Team of Master trainers
- Conduct of training and demonstration sessions

Format of HR deployment / Training Conducted/ Mock Drill					Date:
Sl No	Segment	Subject	Place/ Mode	date	Number of persons attended
	Govt sector				
	Doctors				
	Paramedical staff				
	Attendants				
	Private sector				
	Doctors				
	Paramedical Staff				
	Attendants				
	Others				
	ASHA				
	Line departments staff				
	LSGD representatives				

	Kudumbashree				
	Anganwadi Teachers				
	Ambulance Drivers				

Material management team

Material management should be done at the institution level using all possible resources under the control of the superintendent; however, there might be a higher degree of needs arising in certain situations. The district and state has a mechanism of supporting these institutions according to the arising needs. The needs and activities should be compiled in the districts and coordinated with the state team/KMSCL. The state team is expected to compile the activities and challenges on a day-to-day basis and present at the control cell meeting, including the following details.

Stock verification reporting format		Date & Institution		
Sl No	Items	Opening stock	Distribution	Balance

- The primary responsibilities of the material management team are:
- Prepare the list of items required at the Hospital for providing health care
- Monitor inventory position institution-wise wise
- Ensure the supply chain management of healthcare and other items requirement

Infrastructure (isolation ward and facilities) management team

- Identify an isolation place in each district for at least for 50 patients
- Ensure all the required things in the isolation ward of these facilities
- Set up a dedicated team in each district
- Train the dedicated team and other health functionaries
- Ensure that strict protocol of infection control is followed in each district
- Identify spatially all the field units fever clinics arrangements done in all districts
- Ensure and compile the referral of contacts from field/call centres /DISHA to isolation facilities in the district
- Verify and compile the needs of additional isolation place if the number is increasing in each district
- The data should be collected in the following format at the district level and compiled at the state level

Reporting Format For Isolation Facility Preparedness		
Date	Institution	
1	Whether isolation ward identified and all required things are set up	
2	Whether the specific teams have been identified and trained Number of Doctors Number of Paramedical staff Number of Attendants	

3	Whether stand by team identified and trained Number of Doctors Number of Paramedical Staff Number of Attendants	
	Duty roster prepared	
	Whether all inventory is ensured	
	Number of beds	
	Number of Patients admitted and their details	
	Infection control measures taken - Details	
	Bio medical waste disposal mechanism from Isolation ward	
	Institution requirements details	

Media Surveillance team

- Print, visual and social media surveillance with the support of the State and District team.
- Collection of information regarding demand and supply of logistics, Human resources etc. circulated in the media, and addressing the needs by bridging the gaps after validating the information.
- Validating the information collected from the media for negative outcomes and executing timely preventive and control measures.
- Reply queries to the general public regarding health related events and information through phone numbers circulated at the state level.

- District level compilation of media surveillance data should also happen timely

Reporting format of cyber space monitoring		
Sl no :	Description	Details
1	Whether any misinformation noticed	
2	Misinformation noticed (Give details in brief	
3	Whether reported to take action and case booked	
4	Cases booked today	
5	Total cases Booked till today	

Sample tracing Team

- The team should keep a watch on samples sent to each lab (NIV Pune/Alappuzha) from all districts and answer all queries regarding the sending of samples in coordination with the PH lab.
- The team should hand hold the district in transportation of samples, filling formats, collecting reports and intimate the authorities regarding the status of results Monitor sample collection and facilitate
- All sample test results to be reported to the respective Superintendent of MCH, District Collector, DHS, DME and on a daily basis.

Sample/Lab surveillance Format : Date				
Sl No	Description	Number	Results received	Positive

1	<p>Total Sample Collected</p> <p>Blood</p> <p>Urine</p> <p>Throat Swab</p>			
2	<p>Samples sent to NIV</p> <p>Blood</p> <p>Urine</p> <p>Throat swab</p>			
3	<p>Samples sent to Manipal Laboratory</p> <p>Blood</p> <p>Urine</p> <p>Throat swab</p> <p>CSF</p>			
4	<p>Samples sent to NIV Pune</p> <p>Blood</p> <p>Urine</p> <p>Throat Swab</p> <p>CSF</p>			

IEC/BCC and Media Management team

- Develop and distribute IEC materials on preventive and promotive measures for field-level implementation during pandemics. In situations like adverse climatic events or mass casualties, ensure localized IEC and regular status reporting to reduce public anxiety and disseminate accurate, factual information about the disease
- Dissemination of same in PRD, TV channels, AIR, social media etc
- Timely updating of website-DDMA/Health Dept with regard to IEC
- Preparation of daily reports for media
- Arrangements of press conferences as per direction
- To act as media spokesperson for DHS
- Review format

IEC/ BCC Report Format	
Press note	
Press brief	
Social media dissemination content	

Documentation team

- Ensure systematic documentation of all pandemic management meetings conducted at the Local, Taluk, and District levels, including key decisions, action points, and follow-up activities to ensure effective coordination and implementation
- Ensure proper communication of all decisions to district's and Public health institutions for implementation of the decisions made in meetings

- Proper communication to various teams of the control room regarding meetings, guidelines, SOPs, etc.
- Communication to the concerned teams for website and social media updates.
- Daily compilation of activity reports by various teams

Private hospital surveillance team

- The team should compile the data regarding the general public visiting private hospitals from all districts and suspect and identify any missed out contacts of contacts reaching the facilities.
- Good rapport should be ensured with the private hospitals/associations

Private hospital Reporting Format	
	Cumulative
Number of persons visited private hospitals	
Suspected cases/contacts identified from Jan 15 2020 onwards	

Expert study coordination team

Engagement and Coordination with Expert Agencies

Composition of the Designated Review Team

- The designated team shall be multidisciplinary in nature, following a One Health approach, and should include experts from: Animal Husbandry Department
- Veterinary Health Services
- Agriculture Department
- Health Department (Public Health)
- Microbiology / Laboratory Sciences
- Environmental Science
- Local Self Government Department (LSGD)
- Any other relevant technical or subject experts based on the situation

Roles and Responsibilities

The team shall coordinate with NHM administration to arrange and facilitate visits of expert agencies, subject to the following conditions:

Approval from the Head of the Institution of the visiting agency

Submission of an official letter to the Principal Secretary, Health & Family Welfare, for sanction

Availability of their own logistical support

Willingness to provide technical inputs and collaborate with State and District teams

The designated team shall:

Review the background, expertise, and credentials of the visiting agency

Assess relevance to the prevailing public health or pandemic scenario

Evaluate feasibility, advantages, and potential limitations

The team shall submit a detailed briefing to the Principal Secretary, Health & Family Welfare, including:

Feasibility of engagement

Expected benefits

Possible risks or constraints

Final recommendation for approval or rejection

Responsibilities

- Evaluate expert credentials
- Assess feasibility and relevance
- Brief higher authorities

Reporting Format

sl. No	Details
1	Expert / Expert Group
	Institution
	Government / Private
2	Names
3	Activities Undertaken

Transportation and ambulance management team

The teams should compile data on ambulance driver training, availability, and spacing, as well as on vehicles carrying patients from home isolation to hospital isolation facilities and back. It should be ensured that there should be continuous availability of vehicles 24 x 7 in all districts. The data should be compiled in the following format in all districts. All possible challenges at the district should be addressed there itself, and decisions taken at the state level could be compiled and addressed during the control room presentation.

Transportation and ambulance management team Reporting Format					
Sl. no	Vehicle number	Driver	From	To	Post trip sanitization

Inter-Departmental Coordination

Regular coordination with:

Local Self Government Department (LSGD)

Animal Husbandry

Police

Tourism

Kudumbashree

Suchitwa Mission

Ensure integrated response across sectors

Community-Level Volunteer Coordination

Functions

Field-level monitoring

Support to quarantined households

Food kit preparation and distribution

Responsibilities

Maintain database of contacts under quarantine

Coordinate with local bodies and community groups

Daily review by NHM officials

Daily Reporting Format

Sl. No	Description	Details
	Number of Contacts under Home Quarantine	
	Number of Kits Prepared and Distributed	
	Kit Stock Available	
	Kits Distributed	
	Kit Balance	

Psychological Support and Mental Health

- Establish district and field-level mental health teams

Functions

- Provide counselling to patients, families, and frontline workers
- Address stress, anxiety, and post-traumatic conditions
- Conduct outreach and awareness programmes

Monitoring, Review, and Reporting

- Daily control room meetings
- Regular reporting from all teams
- Gap identification and corrective action
- Escalation to State level when required

Psychological support team

The team should arrange a district /field team for managing posttraumatic stress-related events and stress during quarantine. The field-level activities should be compiled and presented during daily control room meeting

Data management

- Stat wing should utilise all Google tools to compile all the above data formats and assist the presentation of teams in the daily control room meeting.
- The technical support of MIS manager NHM should be utilized in the same.
- For all these parameters district district-specific sheets with auto-consolidated compilation sheets should be made
- The sheets should be dynamic, and compilation should be given access to all state team leaders, SMD and the principal secretary.
- Districts should be supported for a timely update in the sheet in the specified format

Finance and budgeting team

- The state team for finance should discuss and foresee various areas of fund requirement and pool resources for all possible needs arising from time to time.
- The decision regarding fund expenditure and necessary AS should be prepared timely so as not hinder any processes happening in the state and districts

Format for Coordination Team			
Sl .no	Name of team	Team Leader	Members
1	Over all coordination		
2	Surveillance team		
3	Call Centre management team		
4	HR management		
5	Training and awareness generation		
6	Material management team		
7	Infrastructure (isolation ward and facilities) management team		
8	Sample Tracing team		
9	Media Surveillance team		

10	IEC/BCC and Media Management team		
11	Documentation team		
12	Private hospital surveillance team		
13	Expert study coordination team		
14	Transportation and ambulance management team		
15	Inter departmental and coordination team		
16	Community level volunteer coordination team		
17	Psychological support team		
18	Data Compilation		
19	Budget and financing		

Daily Monitoring Indicators

To ensure timely decision-making and effective response, the following key indicators shall be monitored and updated daily 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.

Alert Findings		
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 the timely, accurate, and consistent dissemination of information during a pandemic. The Hub will operate under the coordination of the control room's Nodal officers and serve as the nodal point for public

communication, risk messaging, and community engagement. It will support the dissemination of official advisories, promote preventive behaviours, address rumours and misinformation, and ensure that messages reach all sections of the population through trusted local channels and leaders.

Key communicators

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

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

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

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

5. Coordination with District/State Authorities & Other Organisations

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

Reporting Schedule and Protocols:

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

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 DISTRICT 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 DISTRICT funds alongside state supplies.

Resource Inventory and Contacts

Resource Category	Source (District/State/Private)	Contact
PPE Kits/Masks/Gloves	KMSCL	0467-2206464, 9496006900
PPE Kits/Masks/Gloves	Local Vendors	04994220806
Oxygen Cylinders /Concentrators	KMSCL	0467-2206464, 9496006900
Medicines/Antivirals	KMSCL	0467-2206464, 9496006900
Medicines/Antivirals	Neethi Shops	7947423850,80445664 31

Test Kits (RTPCR/Rapid)	KMSCL	0467-2206464, 9496006900
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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.

Interdepartmental Coordination

Coordination among departments during a pandemic shall be ensured through regular review meetings convened by the DISTRICT 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
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Health (PHC)	Staff Nurse: Mini Vincent	Case management
Veterinary	Veterinary Surgeon: Dr Sajeev Kumar K A	Animal surveillance
ICDS	Supervisor: Sayahna Joshy	Nutrition support
Education	Head Teacher: HSS Hosdurg	School coordination
Police	CI Hosdurg	Containment enforcement
Water Authority	AE	Water supply
District Engineering	AE	Quarantine infrastructure

11. 3 PHASE - 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 District shall activate additional isolation facilities by repurposing identified community infrastructure such as community halls, auditoriums, schools, hostels, or other suitable buildings. Details of facility attached in Table No. 2 in Annexure

12. Recovery and rehabilitation phase

Recovery and Rehabilitation Phase

The recovery and rehabilitation phase focuses on restoring normalcy after a pandemic or public health emergency while strengthening the health system and community resilience.

Recovery Activities

- Conduct damage and impact assessment of health infrastructure, services, and community systems
- Restore essential health services, including routine OP care, immunization, and chronic disease management
- Rehabilitate affected populations through medical care, social support, and continuity of treatment
- Provide psychosocial and mental health support to individuals, families, and frontline workers
- Maintain disease surveillance during the recovery phase to detect secondary outbreaks
- Undertake environmental cleanup and sanitation activities to prevent post-outbreak infections
- Support livelihood restoration through convergence with local self-government and welfare programs
- Engage communities in rebuilding trust, awareness, and confidence in health systems

Post-Recovery Actions

- Conduct documentation and after-action review of response activities
- Identify lessons learned and best practices for future preparedness
- Strengthen health system capacity based on identified gaps
- Revise policies, protocols, and standard operating procedures for future outbreaks

- Promote research and evaluation studies to improve evidence-based planning and response

13. Conclusion

The District Pandemic Preparedness and Response Plan establishes a comprehensive, coordinated, and multi-sectoral framework to effectively prevent, detect, and respond to public health emergencies. It integrates the principles of the One Health approach by bringing together human health, animal health, environmental sectors, and local self-government institutions under a unified governance structure.

The plan ensures clearly defined roles and responsibilities from the district level to the ward level, enabling efficient decision-making, rapid resource mobilisation, and strong field-level implementation. Strengthened surveillance systems, robust logistics management, surge capacity planning, and effective risk communication mechanisms form the backbone of the response strategy.

Community participation, intersectoral coordination, and decentralised action through Panchayats and Urban Local Bodies ensure last-mile connectivity and timely service delivery, especially to vulnerable populations. The inclusion of dedicated response teams, call centre support, and structured reporting systems further enhances operational readiness and situational awareness during emergencies.

Overall, the plan aims to build a resilient health system capable of early detection, rapid containment, and effective management of outbreaks, thereby reducing morbidity, mortality, and socio-economic disruption during pandemics.

14. Recommendations

1. Strengthening Healthcare Infrastructure

- ❖ Establish primary health response units in high-risk Panchayats of Kasaragod with trained staff to manage early detection and response of outbreaks
- ❖ Ensure continuous availability of essential medical supplies such as masks, sanitizers, PPE kits, oxygen cylinders, and emergency drugs in PHCs, CHCs, and Taluk Hospitals in Kasaragod district.
- ❖ Develop strong referral linkages with tertiary care hospitals such as District Hospital Kasaragod and nearby medical colleges for timely emergency transport and advanced care support.

2. Community Awareness & Education

- ❖ Conduct regular awareness campaigns in Kasaragod focusing on coastal, migrant, and tribal populations to improve hygiene practices, vaccination coverage, and disease prevention.
- ❖ Utilize local communication channels including Malayalam, Kannada, and Tulu language-based messaging through community radio, WhatsApp groups, mosque/church announcements, and Panchayat notice boards for effective communication
- ❖ Train ward-level volunteers, Kudumbashree members, and local youth as health ambassadors to strengthen community-based surveillance and awareness.

3. Emergency Response & Coordination

- ❖ Form a District and Panchayat-level Pandemic Preparedness Committee in Kasaragod including health workers, ward members, ASHA workers, NGOs, and community leaders for coordinated response]
- ❖ Develop clear operational plans for containment zones, quarantine facilities, and distribution of essential services in densely populated and coastal areas of Kasaragod.

- ❖ Maintain a detailed database of vulnerable groups including elderly population, migrants (especially plantation and construction workers), persons with disabilities, and chronic disease patients for targeted support during outbreaks.

4. Supply Chain & Food Security

- ❖ Identify and strengthen local supply chains in Kasaragod through farmers, fisheries sector, and local vendors to ensure uninterrupted food availability during emergencies.
- ❖ Establish community kitchens in Panchayats with high vulnerability such as coastal and tribal regions to support food security during lockdowns or outbreaks.
- ❖ Maintain buffer stock of essential commodities through Panchayat-run outlets and Kerala Supplyco outlets to ensure availability during crisis situations

5. Digital Preparedness

- ❖ Promote telemedicine services through Kerala e-Health system to support remote and rural populations in Kasaragod, especially in hilly and coastal region
- ❖ Use Panchayat websites, social media platforms, and mobile alerts to disseminate real-time health advisories and outbreak updates.
- ❖ Strengthen online grievance redressal systems to reduce overcrowding in hospitals and government offices during emergencies.

6. Training & Capacity Building

- ❖ Conduct regular mock drills in Kasaragod district covering PHCs, schools, hospitals, and community spaces to improve outbreak preparedness.
- ❖ Train Panchayat staff, ASHA workers, Kudumbashree members, and volunteers in infection prevention, first aid, triage, and crowd management.
- ❖ Collaborate with District Medical Office (Health), Kerala Health Services, and NGOs for continuous capacity-building workshops and refresher training programs.

7. Long-Term Resilience

- ❖ Integrate pandemic preparedness as a core component in all Panchayat Development Plans (PDPs) across Kasaragod district.
- ❖ Allocate dedicated disaster and health emergency funds at Panchayat and District levels for rapid response activities.
- ❖ Promote strong community participation through Grama Sabha meetings, ensuring local ownership in planning, monitoring, and evaluation of preparedness measures.

15. Mock Drill Scenarios

Mock drills are a critical component of disaster and pandemic preparedness within the health system. They help assess the real-time readiness of healthcare facilities and emergency response teams to manage public health emergencies effectively. Through simulated scenarios, mock drills identify gaps in infrastructure, communication, logistics, and clinical response, allowing timely corrective actions.

They strengthen coordination among various departments such as health services, disaster management, police, and local self-government institutions, ensuring an integrated response during actual emergencies. Mock drills also improve the confidence and competence of healthcare workers by providing hands-on experience in triage, emergency care, infection control, and mass casualty management.

In addition, they enhance the efficiency of hospital incident command systems, improve decision-making under pressure, and ensure better utilization of available resources. Regular mock drills ultimately contribute to reducing response time, minimizing errors, and improving patient outcomes during real disaster or outbreak situations.

Scenario 1: Infectious Disease Outbreak	
Step	Activity
Step 1: Planning and Objective Setting	Define drill objectives (early detection, triage efficiency, isolation readiness, ICU preparedness). Assign Incident Commanders and Observers.
Step 2: Scenario Trigger	Simulated patient presents to Emergency with high fever and respiratory symptoms. Additional suspected cases reported from nearby areas.
Step 3: Triage and Isolation	Activate fever triage desk. Provide masks and shift patients to isolation wards. Initiate infection prevention protocols.
Step 4: Activation of Hospital Incident Command System	Inform Medical Superintendent. Alert Rapid Response Team (RRT). Notify District Surveillance Unit.

Step 5: Clinical Management and Sample Collection	Assess severity and start oxygen/medical management. Collect and dispatch samples following biosafety protocol.
Scenario 2: Landslide Disaster	
Step	Activity
Step 1: Planning and Objective Setting	Define objectives (mass casualty management, triage efficiency, emergency surgery readiness). Assign disaster management team and observers.
Step 2: Scenario Trigger	Information received about a landslide in a nearby area with multiple casualties. Ambulances begin transporting injured patients.
Step 3: Mass Casualty Triage Arrangements	Activate Disaster Triage Area outside Emergency. Set up triage zones (Red – Critical, Yellow – Moderate, Green – Minor). Deploy triage officers, tagging system, and patient registration desk. Ensure separate entry and exit routes for ambulances and patients.
Step 4: Emergency Response Activation	Activate Hospital Disaster Management Plan. Mobilize surgeons, anesthesiologists, nurses, blood bank, ICU beds, and OT teams. Ensure availability of emergency drugs, oxygen, and surgical supplies.
Step 5: Clinical Management and Stabilization	Provide emergency resuscitation and trauma care. Perform emergency surgeries and blood transfusion if required. Shift critical patients to ICU and HDU. Maintain continuous monitoring and documentation.

PANDEMIC PREPAREDNESS PLAN

KASARAGOD DISTRICT

GEOBIODIVERSITY – INFORMED | ONE HEALTH APPROACH

ARABIAN SEA COAST

WESTERN GHATS
(Biodiversity Hotspot)

KAVVUS & BACKWATERS
(Mangroves & Wetlands)

DISTRICT PROFILE

- Area: 1,996 km²
- Population: ~18 Lakhs
- Climate: Tropical | High Rainfall
- Terrain: Coastal Belt, Western Ghats, Forests, Backwaters

ONE HEALTH

Integrated Disease Surveillance & Response

SPICE & PLANT TATION ZONES

Cashew Arecanut Spices

High Risk Zones (Outbreak-Prone)

CORE STRATEGIES

SURVEILLANCE & EARLY WARNING

- ✓ IDSP + IHR Implementation
- ✓ Zoonotic & Vector Surveillance
- ✓ Event-Based Surveillance
- ✓ Lab Network Strengthening

HEALTH SYSTEM PREPAREDNESS

- ✓ Hospital & ICU Surge Capacity
- ✓ Oxygen & Critical Care Ready
- ✓ Trained Workforce & RRTs
- ✓ Telemedicine & E-Consultation

COMMUNITY & RISK COMMUNICATION

- ✓ IEC in Malayalam, Tulu & Beary
- ✓ Fisherfolk & Tribal Outreach
- ✓ School & Kudumbashree Networks
- ✓ Rumor Tracking & Infodemic Control

LOGISTICS & SUPPLY CHAIN

- ✓ PPE, Medicines, Oxygen Stockpiles
- ✓ Cold Chain & Vaccine Readiness
- ✓ Local Vendor & SHG Engagement
- ✓ Last-Mile Delivery via Panchayats

GEOBIODIVERSITY – BASED RISK CONSIDERATIONS

COASTAL AREAS

High Population Density & Fishing Harbors

→ Risk of Rapid Transmission

WESTERN GHATS & FORESTS

Zoonotic Spillover (Monkeys, Elephants, Rodents)

→ Strong Wildlife Surveillance

BACKWATERS & KAVVUS

Waterborne & Vector Diseases

→ WASH & Mosquito Control

PLANTATION BELTS

Migrant Worker Vulnerability

→ Mobile Clinics & Screening

OPERATIONAL FRAMEWORK

PREPAREDNESS
(Every Year)

- Mock Drills, Training & Stock Audit

ALERT
(Outbreak Detected)

- Activate Control Room & Intensified Surveillance

RESPONSE
(Cluster/Community Spread)

- Scale Up Hospital, RRT & IEC Operations

RECOVERY
(Post-Outbreak)

- Review, Reporting & Health System Strengthening

KEY STAKEHOLDERS

Health Dept.
 Animal Husbandry
 Forest & Wildlife
 Local Self-Government

Kudumbashree | Fisheries | Police | Education | NGOs | Private Hospitals

EMERGENCY CONTACTS

- District Control Room (24x7) : 04994-XXXXXXX
- State Health Helpline : 104 / 1056
- Ambulance : 108 | 102
- Disaster Management : 1077

16.ANNEXURE

Table 1

Private Clinic Details						
I.No	Name Of Clinic	Registered	Speciality /General	Speciality (If Any)	Diagnostic (Y/N)	Ambulance Linkage (Y/N)
	Malik Dinar Clinic, Bovikkanam	Yes	General	Nil	Y	N
	Suma Clinic	Yes	General	Nil	N	N
	Sudhev Clinic	Yes	General	Nil	N	N
	Jaganmatha Hospital, Mulleria	Yes	General	Nil	N	Y
	Kollampare Krishnabhat Memorial Hospital	Yes	General	Nil	Y	Y
	Aswathy	Y	General	Nil	Y	N

	Clinic, Mulleria	es				
	Aramanadka Dental Clinic	es	Y	Specialty	De ntal	N N
	Manoharans Dental Clinic	es	Y	Specialty	De ntal	N N
	Iyers Clinic	es	Y	General	Nil	N N
0	Sri Swamy Clinic	es	Y	General	Nil	N N
1	Health Hub, Adoor	es	Y	General	Nil	Y Y
2	Aswani Clinic, Adoor	es	Y	General	Nil	N N
3	Co- Operative Hospital Munnad	es	Y	General	Nil	Y N
4	Venu Clinic, Uduma	es	Y	General	Nil	N N
5	Tooth Care Clinic	es	Y	Speciality	De ntal	Y N
6	Santhosh Dental Clinic	es	Y	Speciality	De ntal	Y N
	Ave		Y	Speciality	De	Y N

7	Multispeciality Dental Center	es		ntal		
8	Thomson's Dental Clinic & Implant Centre	es	Y	Speciality	De ntal	Y N
9	Dr. Sushma's Multi Speciality Dental Clinic	es	Y	Speciality	De ntal	Y N
0	Kckraja Clinic	es	Y	General	Nil	N N
1	Dr.V Sureshan	es	Y	Speciality	Pae diatricia n	N N
2	Dr Maria's Dental Care & Root Canal Speciality Clinic	es	Y	Speciality	De ntal	Y N
3	Dr Neena's Dental Clinic & Root Canal Centre	es	Y	Specialty	De ntal	Y N
4	Multicare Medical Center	es	Y	General	Nil	N N

5	Bhat's Nileshwar Dental Clinic	es	Y	Specialty	De ntal	Y	N
6	Dr. Celinamma Joseph Ent Clinic	es	Y	Specialty	De ntal	Y	N
7	Dr. Nambiar's Face Clinic	es	Y	Specialty	Pla stic Surgeo n	Y	N
8	Medispire Clinic	es	Y	Specialty	De ntal	Y	Y
29	Medizone Kids Care And Eye Clinic	es	Y	General	Ye s	Y	Y
30	Dr Aman Multispeciality Clinic	es	Y	Speciality	De ntal	Y	Y
31	Irani Clinic	es	Y	General	Nil	Y	Y
32	Dinesh Clinic	es	Y	General	Nil	N	N

33	Dr Thasneems Dopa Clinic	Yes	Y	General	Nil	N	N
34	Ganesh Clinic	Yes	Y	General	Nil	N	N
35	Abhinav Clinic Dr Sudhirs	Yes	Y	General	Nil	N	N
36	Health Care Clinic, Majirpalla	Yes	Y	General	Nil	Y	N
37	Care And Cure Clinic, Kulabail	Yes	Y	General	Nil	Y	N
38	Dhanvanthar i	Yes	Y	General	Nil	N	N
39	Muligadde Clinic	Yes	Y	General	Nil	N	N
40	Kurudapada vu Clinic	Yes	Y	General	Nil	N	N
1	Nk Hospital, Bekal	Yes	Y	General	Nil	Y	N
2	Star Med Bekal	Yes	Y	General	Nil	Y	N
	Sajid Clinic	Yes	Y	General	Nil	Y	N

3	Kallingal	es				
4	Hrs Medical Centre	es	Y	Speciality	Orthopaedists, Physician	Y N
5	Carewell	es	Y	General	Nil	Y N
6	Dr Beena	es	Y	General	Nil	N N
7	Dr Suku	es	Y	General	Nil	N N
8	Dr Poul	es	Y	General	Nil	N N
9	Medcare Speciality Clinic Vellarikkund	es	Y	General	Nil	Y Y
0	Kj Thomas Memorial Co-Operative Clinic Vellarikkund	es	Y	General	Nil	Y Y
1	S V M Clinic Edathode	es	Y	General	Nil	N Y
2	We Care Malom	es	Y	General	Nil	Y Y

3	Kkm Konnakkad	Y es	General	Nil	Y	N
4	Panathur Medical Centre	Y es	General	Nil	Y	Y
5	Cheemeni Speciality Clinic	Y es	General	Nil	N	N
6	Mayo Clinic	Y es	General	Nil		
57	Pmg Hospital	Y es	General	Nil	Y	Y
8	Welthy Care Clinic	Y es	General	Nil	N	N
9	Ramasanthi	Y es	General	Nil		
0	Healthcare Clinic	Y es	General	Ped iatrition	Y	N
1	Aaccutech	Y es	General	No	Y	N
2	Asraya Polio Clniic	Y es	General	No	Y	Y
3	Karunya Clinic	Y es	General	No	Y	N

Table 2 Health Facility Resource Summary								
I. No	Health Facility	Type Of Facility	Contact Number	Total Beds	ICU Beds	Oxygen Supported Beds	No. Of Ventilator Support Beds	No. Of Ambulances
Government Healthcare Facilities								
	DH KANHANGAD	DH	0467022 07018	00	5	12	11	1
	W& C HOSPITAL	M CH	0467221 5555	0	1	22	0	1

	GH KASARAGOD	GH	4994222 999	20	8	8	5	2
	UPHC KANHANGAD	UP HC			0	0	0	0
	UHWC VAZHUNNORADI	UH WC			0	0	0	0
	UHWC PADANNAKKAD	UH WC			0	0	0	0
	UHWC AVIKKARA	UH WC			0	0	0	0
	THQH NILESWARAM	CH C	0467228 2933	00	0	3 0	0	1
0	FHC THAIKKADAPPURAM	FH C			0	0	0	0
1	UPHC NILESWARAM	UP HC			0	0	0	0
2	UPHC KASARAGOD	UP HC			0	0	0	0
3	UHWC THALANGARA	UH WC			0	0	0	0
4	UHWC ANANGOOR	UH WC			0	0	0	0
	UHWC	UH			0	0	0	0

5	NELLIKKUNNU	WC						
6	AAM KADINHIMOOLA	SC			0	0	0	0
7	AAM NILESWARAM	SC			0	0	0	0
8	AAM VATTAPOYIL	SC			0	0	0	0
9	AAM PALLIKKARA	SC			0	0	0	0
0	AAM PALAKKAT	SC			0	0	0	0
1	AAM CHATHAMATH	SC			0	0	0	0
2	UHWC CHIRAPPURAM	UH WC			0	0	0	0
3	UHWC ANACHAL	UH WC			0	0	0	0
4	UHWC PADINJATTAM KOZHUVAL	UH WC			0	0	0	0
5	AAM ARAYI	AA M			0	0	0	0
6	AAM PUTHUKAI	AA M			0	0	0	0

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7	AAM BALLA	AA M			0	0	0	0
8	AAM MARAkkAPP KADAPPURAM	AA M			0	0	0	0
9	AAM PUNCHAVI KADAPPURAM	AA M			0	0	0	0
0	THQH MANGALPADY	TH		4	0	0	0	1
1	SHIRIYA	SC			0	0	0	0
2	BEKOOR	SC			0	0	0	0
3	HEROOR	SC			0	0	0	0
4	MAIN CENTRE MANGALPADY	SC			0	0	0	0
5	ADKA	SC			0	0	0	0
6	BFHC MANJESHWAR	CH C	04998 273599	4	0	0	0	0
7	MANJESHWAR	SC			0	0	0	0

8	HOSABETTU	SC			0	0	0	0
9	UDYAWAR GUDDE	SC			0	0	0	0
0	UDYAWAR	SC			0	0	0	0
1	KUNJATHUR	SC			0	0	0	0
2	FHC MEENJA	FH C			0	0	0	0
3	MIYAPADAV	SC			0	0	0	0
4	MOODAMBAIL	SC			0	0	0	0
5	KADAMBAR	SC			0	0	0	0
6	FHC BAYAR	FH C			0	0	0	0
7	MAINCENTER BAYAR	SC			0	0	0	0
8	BAYAR	SC			0	0	0	0
	KURUDAPADAVU	SC			0	0	0	0

9								
0	PAIVALIKE	SC			0	0	0	0
1	ATTEGOLI	SC			0	0	0	0
2	PERMUDE	SC			0	0	0	0
3	FHC VORKADY	FH C			0	0	0	0
4	AAM VORKADY	SC			0	0	0	0
5	AAM MAINCENTRE	SC			0	0	0	0
6	AAM PAVOOR	SC			0	0	0	0
7	BFHC KUMBLA	CH C			0	1	0	1
8	FHC ARIKKADY	FH C			0	2	0	0
9	AAM ARIKKADY M/C	SC			0	0	0	0
0	AAM ARIKKADY	SC			0	0	0	0

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1	AAM UJAR ULUWAR	SC			0	0	0	0
2	AAM MOGRAL	SC			0	0	0	0
3	AAM PERAL	SC			0	0	0	0
4	AAM KALATHUR	SC			0	0	0	0
5	AAM KUMBLA M/C	SC			0	0	0	0
6	BFHC MULIYAR	CH C	0499820 8581	2	0	1	0	1
7	AAM MULIYAR M/C	SC			0	0	0	0
8	AAM KOTTUR	SC			0	0	0	0
9	AAM KANATHUR	SC			0	0	0	0
0	AAM POVVAL	SC			0	0	0	0
1	FHC CHENGALA	FH C			0	0	0	0
	AAM PAIKA	SC			0	0	0	0

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2								
3	AAM EDNEER	SC			0	0	0	0
4	AAM CHEROOR	SC			0	0	0	0
5	AAM ALAMPADY	SC			0	0	0	0
6	AAM VIDYANAGAR	SC			0	0	0	0
7	AAM CHENGALA M/C	SC			0	0	0	0
8	FHC MOGRALPUTHUR	FH C			0	0	0	0
9	AAM MOGRALPUTHUR M/C	SC			0	0	0	0
0	AAM MOGRALPUTHUR	SC			0	0	0	0
1	AAM ERIYAL	SC			0	0	0	0
2	FHC MULLERIA	FH C	0499-4262633		0	0	0	1
3	AAM AADHUR	SC			0	0	0	0

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4	AAM KARMAMTHODY	SC			0	0	0	0
5	AAM MANHAMPARA	SC			0	0	0	0
6	AAM MINCHIPADAVU	SC			0	0	0	0
7	AAM MULLERIA M/C	SC			0	0	0	0
8	FHC ADOOR	FH C			0	0	0	0
9	AAM ADOOR	SC			0	0	0	0
0	AAM PANDY	SC			0	0	0	0
1	AAM PARAPPA	SC			0	0	0	0
2	AAM DELAMPADY	SC			0	0	0	0
3	AAM SANTHIMALA	SC			0	0	0	0
4	AAM PAYARADUKKA	SC			0	0	0	0
	TH BEDADKA	TH			0	2	0	2

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5				4		0		
6	AAM PERLADKA	SC			0	0	0	0
7	AAM MARUTHADUKKA	SC			0	0	0	0
8	AAM THARANTHATTADKA	SC			0	0	0	0
9	AAM KUNDUCHY	SC			0	0	0	0
00	AAM MUNNAD	SC			0	0	0	0
01	AAM CHERIPPADY	SC			0	0	0	0
02	AAM KOLLAMPANA	SC			0	0	0	0
03	AAM BEDADKA M/C	SC			0	0	0	0
04	FHC BANDADKA	FH C	0499420 1191		0	1	0	0
05	AAM MANADUKKAM	SC			0	0	0	0
06	AAM MANIMOOLA	SC			0	0	0	0

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07	AAM KARIVEDAKAM	SC			0	0	0	0
08	AAM KUTTIKKOL	SC			0	0	0	0
09	AAM BETHURPARA	SC			0	0	0	0
10	AAM SANKARAMPADY	SC			0	0	0	0
11	AAM ARTHUTTIPARA	SC			0	0	0	0
12	AAM BANDADKA M/C	SC			0	0	0	0
13	FHC CHATTANCHAL	FH C			0	1	0	1
14	AAM THEKKIL	SC			0	0	0	0
15	AAM KOLIYADUKKAM	SC			0	0	0	0
16	AAM CHEMMANAD	SC			0	0	0	0
17	AAM MELPARAMBA	SC			0	0	0	0
	AAM KEEZHOOR	SC			0	0	0	0

18								
19	AAM ARAMNAGANAM	SC			0	0	0	0
20	AAM PERUMBALA	SC			0	0	0	0
21	AAM CHATTANCHAL M/C	SC			0	0	0	0
23	FHC KALANAD	FH C	04994 237 086		0	0	0	0
24	AAM KALANAD	SC			0	0	0	0
25	FHC UDUMA	FH C			0	0	0	1
26	AAM BEKAL	SC			0	0	0	0
27	AAM MANGAD	SC			0	0	0	0
28	AAM PADINHAREKKARA	SC			0	0	0	0
29	AAM ARATTUKKADAU	SC			0	0	0	0
30	AAM PALLAM	SC			0	0	0	0

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31	AAM THIRUVAKKOLLI	SC			0	0	0	0
32	AAM MAILATTY	SC			0	0	0	0
33	AAM UDUMA M/C	SC			0	0	0	0
34	THQH VELALRIKKUND	TH QH	4672224 190	0	0	0	0	2
35	AAM POODAMKALL	SC			0	0	0	0
36	AAM PALAMKALLU	SC			0	0	0	0
37	AAM PRANTHARKAVU	SC			0	0	0	0
38	AAM KOTTODY	SC			0	0	0	0
39	AAM MALAKKALLU	SC			0	0	0	0
40	FHC ENNAPPARA	FH C	0467227 9979		0	1	0	0
41	AAM BELUR	SC			0	0	0	0
	AAM	SC			0	0	0	0

42	NERAMKANATHADU KKAM							
43	AAM EANNAPPARA	SC			0	0	0	0
44	AAM BANAM	SC			0	0	0	0
45	AAM PADIMARUTH	SC			0	0	0	0
46	AAM KALICHANDUKKAM	SC			0	0	0	0
47	AAM KODOM	SC			0	0	0	0
48	AAM AMBALATHARA	SC			0	0	0	0
50	BFHC VELLARIKUNDU	BF HC	4672242 228	4	0	0	0	1
51	FHC KONNAKAD	FH C	4672249 663		0	0	0	0
52	AAM CHULLY	SC			0	0	0	0
53	AAM MALOM EAST	SC			0	0	0	0
54	AAM KONNAKKAD	SC			0	0	0	0

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55	FHC MADIKAI	FH C	0467 2269612		0	0	0	0
56	FHC PANATHUR	FH C		0	0	0	0	1
57	AAM PANATHUR MAINCENTRE	SC			0	0	0	0
58	AAM KALLAPPALLY	SC			0	0	0	0
59	AAM PANATHUR KUNDUPALLY	SC			0	0	0	0
60	AAM PUTHOORADUKKAM	SC			0	0	00	0
61	AAM PANATAHDY	SC			0	0	00	0
62	AAM MANADUKKAM	SC			0	0	00	0
63	AAM CHAMUNDIKKUNNU	SC			0	0	00	0
64	AAM PERUTHADY	SC			0	0	00	0
65	FHC KAYYUR	FH C	0467223 0301		0	1	0	1
	FHC PADNE	FH	0467227		0	0	0	0

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66		C	6056						
67	FHC OLAT	FH C	04985- 263270			0	0	0	0
68	TH TRIKKARIPPUR	TH	0467221 5522	2		0	1	0	1
69	FHC VALIYAPARAMBA	FH C	0467225 88000			Nil	Nil	Nil	1
70	FHC MAVILAKADAPPURAM	FH C	0467220 80794			Nil	Nil	Nil	Nil
71	AAMSHC PADNEKADAPPURAM	SC				Nil	Nil	Nil	Nil
72	AAMSHC EDAYILAKKAD	SC				Nil	Nil	Nil	Nil
73	AAM SHC THAYYIL KADAPPURAM	SC				Nil	Nil	Nil	Nil
74	BFHC CHERUVATHUR	CH C	0467261 270	4		0	0	0	0
75	FHC THURUTHI	FH C				0	0	0	0
76	HWC MAINCENTER	SC				-	-	-	-
	HWC	SC				-	-	-	-

77	KADAMKODE							
78	HWC ACHAMTHURUTHI	SC			-	-	-	-
79	HWC CHERUVATHUR	SC			-	-	-	-
80	FHC NARKILAKKAD	FH C	0467224 1888		0	1	0	1
81	FHC MOUCODE	FH C	0467296 3488		0	1	0	0
82	FHC CHITTARIKAL	FH C	0467222 2131		0	4	0	1
83	FAMILY HEALTH CENTRE	FH C	0467223 5053		0			0
84	MAIN CENTRE KARINTHALAM	SC			0	0	0	0
85	AAM CHOYYAMKODE	SC			0	0	0	0
86	AAM BERIKKULAM	SC			0	0	0	0
87	AAM PARAPPA	SC			0	0	0	0
88	AAM ANDOL	SC			0	0	0	0

89	AAM CHANDERA	SC			0	0	0	0
90	AAM KODAKKAD	SC			0	0	0	0
91	AAM POLLAPOYIL	SC			0	0	0	0
92	AAM PILICODE	SC			0	0	0	0
93	AAM MAIN CENTRE OLAT	SC			0	0	0	0
94	AAM MAIN CENTRE KAYYUR	SC			0	0	0	0
95	AAM CHEEMENI	SC			0	0	0	0
96	AAM FWC KAYYUR	SC			0	0	0	0
97	AAM MUZAKKOM	SC			0	0	0	0
98	AAM PETTIKUNDU	SC			0	0	0	0
99	AAM THIMIRI	SC			0	0	0	0
	AAM	SC			0	0	0	0

00	VALIYAPOYIL							
01	AAM PULIYANNUR	SC			0	0	0	0
02	AAM KAIKKOTUKADAVU	SC			0	0	0	0
03	AAM KOYAMKARA	SC			0	0	0	0
04	AAM OLAVARA	SC			0	0	0	0
05	AAM SOUTH AAM THRIKARIPUR	SC			0	0	0	0
06	AAM THALICHALAM	SC			0	0	0	0
07	AAM MAIN CENTRE PADNE	SC			0	0	0	0
08	AAM PADNA THEKKEKAD	SC			0	0	0	0
09	AAM PADNA VADAKKEPURAM	SC			0	0	0	0
10	AAM UDINOOR	SC			0	0	0	0
11	AAM CHEERKAYAM	SC			0	0	0	0

12	AAM PARAMBA	SC			0	0	0	0
13	AAM NARKILAKKAD (ELERITHATTU)	SC			0	0	0	0
14	AAM BEEMANADY	SC			0	0	0	0
15	AAM NARKILAKKAD (ATTACHED TO MAIN CENTRE)	SC			0	0	0	0
16	AAM MAUCODE (M/C)	SC			0	0	0	0
17	AAM PERUMBATTA	SC			0	0	0	0
18	AAM KUNNUMKAI	SC			0	0	0	0
19	AAM CHENNADUKKAM	SC			0	0	0	0
20	AAM NALLOMPUZHA	SC			0	0	0	0
21	AAM KAMBALLUR	SC			0	0	0	0

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22	AAM KAVUNTHALA	SC			0	0	0	0
23	AAM KADUMENI	SC			0	0	0	0
24	AAM PALAVAYAL	SC			0	0	0	0
25	AAM THAYYENI	SC			0	0	0	0
26	AAM EAST ELERI	SC			0	0	0	0
27	AAM CHITTARIKKAL (MC)	SC			0	0	0	0
Private Healthcare Facilities								
	Kanhangad Nursing Home	Private			0	0	0	0
	Aishal	Private			0	2 0	6 7	5 0
	Co- Operative Hospital	Private			5	3	3	0 1
	Deepa Hospital	Private			6	8	8	0 1
	Laxmi Meghan	Private			0	1 4	1 2	1 0

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				0				
	Arimala	Private		0	5	4	2	0
	United Medical Centre	Private		2	7	7	1	0
	Krishna Hospital	Private		5	0	0	0	0
	Janardan Hospital	Private		5	5	1	2	1
0	Wintouch Multi Speciality Hospital	Private		6	9	9	5	1
1	Carewell Hospital & Research Centre Pvt. Ltd Kasaragod	Private		0	2	1	8	4
2	Chaithra Medical Centre	Private		0	3	5	2	0
3	K S Abdullah Hospital	Private		0	0	4	7	0
4	Kumbla Co-Operative Hospital	Private		5	7	7	1	1
5	Dr Ali Kumbla Hospital	Private		0	3	3	1	2
	Kims				9	9	3	0

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6		Private		0 0				
7	Dia Life Hospital	Private		1	4	4	2	1
8	Mallya City Hospital	Private		0	0	0	0	0
9	Thejaswini Hospital	Private		5	4	4	0	1
0	Nkbn Hospital	Private		5	4	6	0	1
1	Pallikkandam Ayurveda Hospital	Ay urveda Hospita l		0	0	0	0	0
2	Society Hospital Bayar	Private			0	0	0	0
3	Knh Hospital	Pri vate		0	1	1	1	0
4	Doctors Hospital Kaikamba	Pri vate			0	0	0	0
5	Dm Health Centre Bandiyod	Pri vate		0	0	0	0	0
6	Devi Prasad	Pri vate			0	0	0	0

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7	Dh Paivalike Hospital	Private			0	1	1	0
8	Aster Mims	Private		64	1	61	06	6
9	C M Healing Hands Multispecialty Hospital, Cherkkala	Private		00	0	1	4	3
0	E K Nayanar Memorial Hospital	Private		05	5	1	4	6
1	Cmc Mulleria	Private		0	2	3	0	1
2	Uduma Nursing Home	Private		0	3	1	0	1
3	Truemed Hospital, Uduma	Private		0	0	3	0	0
4	Indiana Hospital, Bekal	Private		5	4	4	1	1
5	Santhwanam Medicity	Pvt			0	1	0	1
6	Co. Operative Hospital	Pvt			0	1	0	1
	K M Km Clinic	Pri						

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7	Konnakkad	vate						
8	Homeo Clinic Vellarikundu	Pri vate						
9	Health Clinic Malom	Pri vate						
0	Kj Thomas Memorial Co-Operative Clinic Vellarikkund	Pri vate						
1	S V M Clinic Edathode	Pri vate						
2	We Care Clinic Malom	Cli nic			0	0	0	1
3	Kkm Clinic Konnakkad	Cli nic			0	0	0	0
4	Aswas Medsity	24* 7		1	0	0	0	0
5	Hrs Hospital	24* 7		1	2	2	0	1
7	Padmini Clinic Panathur	Cli nic			0	0	0	0
8	We Care Medical Centre	Private			0	2	0	1
9	Kadumeni Medical Centre	Private						

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0	Kahm Cheruvathur	Private		0	3	3	1	1
1	Unity Hospital	Private		5	1	4	0	0
2	Kkr Hospital Cheruvathur(Consultation And Diagnostic Facility)	Pvt .Clinic			0	0	0	1
3	Thimiri Ci Operative Hospital (Consultation And Diagnostic Facility	Pvt .Clinic			0	0	0	1
4	Medilab	Pvt .Clinic			0	0	0	0
Ayush Healthcare Facilities								
	District Ayurveda Hospital	Dah		0	0	0	0	0
	District Homeo Hospital	Dhh		5	0	0	0	0
	Government Ayurveda Hospital Anangoor	Dah		0	0	0	0	0

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	Aphc Thalangara	Ayush			0	0	0	0
	Nkbn homoeo Hospital	Hospital		5	0	0	0	0
	Aphc Nileswaram (Palayi Road)	Dispensary			0	0	0	0
	Government Homeopathy Dispensary Mangalpady	Ayush		il	il	N il	N Nil	il N
	Govt Ayurveda Dispensary Mangalapdy	Ayush		il	il	N il	N Nil	il N
	Manjeshwar Government Homoeo Dispensary	Ayush			0	0	0	0
0	Ayurveda Dispensary, Manjeshwar	Ayush			0	0	0	0
1	Govt Homoeopathy Dispensary, Meenja	Ayush			0	0	0	0
2	Govt Ayurveda Dispensary, Meenja	Ayush			0	0	0	0
	Govt	Ayush			0	0	0	0

3	Homeopathy Dispensary, Vorkady							
4	Govt Ayurveda Dispensary, Vorkady	Ayush			0	0	0	0
5	Govt Homeo Dispensary, Erinjery	Ayush			0	0	0	0
6	Govt Homeopathy Dispensary, Nainmarmoola	Ayush			0	0	0	0
7	Govt Ayurveda Dispensary, Cheroor	Ayush			0	0	0	0
8	Unani Clinic Vidyanagar	Ayush			0	0	0	0
9	Govt Homeo Dispensary, Mulleria	Ayush			0	0	0	0
0	Govt Ayurveda Dispensary, Mulleria	Ayush			0	0	0	0
1	Govt Homeo Dispensary, Uduma	Ayush			0	0	0	0
2	Govt Ayurveda Dispensary, Mudiyakkal	Ayush			0	0	0	0
3	Govt Ayurveda Dispensary,	Ayush			0	0	0	0

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	Mullachery							
4	Govt Ayurveda Dispensary, Delampady	Ayush			0	0	0	0
5	Govt Ayurveda Dispensary, Adoor	Ayush			0	0	0	0
6	Govt Ayurveda Dispensary, Mogralputhur	Ayush			0	0	0	0
7	Govt Homeo Hospital Bedadka	Ayush			0	0	0	0
8	Govt Homeo Dispensary Bandadka	Ayush			0	0	0	
9	Govt Ayurveda Dispensary Bandadka	Ayush			0	0	0	0
0	Govt.Homoe Dispensary Malakkallu	Ayush			0	0	0	0
1	Govt Ayurveda Dispensary Kottody	Ayush			0	0	00	
2	Govt.Homoeo Dispensary Rajapuram	Ayush			0	0	00	0

	Dr.Dhanya M							
3	Govt .Ayurveda Dispensary - Oadayamchal	Govt			0	0	0	0
4	Govt.Homoeo Dispensary Erumakkaulam	Govt			0	0	0	0
5	Govt.Homoeo Dispensary Belur	Govt			0	0	0	0
6	Gov.Homeo Hospital Balal	Homeo			0	0	0	0
7	Gov.Ayurvedha Dispensary Malom	Dispensary			0	0	0	0
8	Chalakkadavu	Chalakkadavu		0	0	0	0	0
9	Erikkulam	Erikkulam			-	-	-	-
0	Govt.Ayurveda Dispensary Panathady	Dispensary			0	0	0	0
1	Govt Homoeo Dispensary Panathady	Dyspensary			0	0	0	0
2	Mary Baptist Ayurvedic Hospital	Hospital pvt			0	0	0	0

3	Govt Ayurvedic Hospital Cheemeni	Hospital	0467-2251730	0	0	0	0
4	Govt Homeo Hospital Cheemeni	Hospital			0	0	0
5	Homoeo Padne	Ayush			0	0	0
6	Gov Homeo Dispensary	Dispensary			0	0	0
7	Govt Ayurvedha Hospital Madakkal	Govt Ayurvedha	0467227 0700	il	0	0	0
8	Govt Homeo Hospital Kannuveedukadappuram	Govt Homeo		il	il	Nil	Nil
9	Gov. Ayurveda Dispensory, Cheruvathur	Govt. Homeo	0467226 1396		0	0	0
0	Gov. Homeo Dispensary Kinavoor	Govt. Homeo			0	0	0
2	Gov. Ayurveda Hospital Kattipoyil	Govt Ayurvedha	0467223 5155		0	0	0
3	Gov. Ayurveda Hospital, Parappa	Govt Ayurvedha	0467225 5390		0	0	0

Table 3

Veterinary Hospital and Veterinary Clinic -Kasaragod	
District Veterinary Hospital/Dispensary	Contact Number
DVC KASARAGOD	9447746177
VH KANHANGAD	9447322969
VH KONNAKKAD	9745068809
VH MANJESWAR	9446436123
VH NILESHWAR	9447689448
VH THRIKARIPUR	9446652131
VH UDUMA	9446066123
VETERINARY DISPENSARIES	
VD BALANTHODE	8590765239
VD BEDADKA	6282010725
VD BELLUR	9496929646
VD CHEEMENI	9495039396
VD CHITTARIKKAL	9400838007
VD DELAMPADY	9539844693

VD KALICHANADUKKAM	8075779845
VD KALLAR - RAJAPURAM	8086836075
VD KARINTHALAM	9496692841
VD KAYYUR	9778212383
VD KODAKKADU	9447652879
VD KUMBADAJE	8901501285
VD KUMBLE	9947407185
VD KUTTIKKOL	8129404113
VD MADHUR	9656430785
VD MANGALPADY	8547867018
VD MOGRAL PUTHUR	9447860224
VD MUGU	8281022642
VD MULIYAR	8281621506
VD MULLERIYA	9746682522
VD NAIMARMOOLA	9495180828
VD PADNE	8891844029

VD PAIVALIKE	9746183988
VD PARAVANADUKKAM	8606676003
VD PERIYA	9497303255
VD PERLA	9497237251
VD RAVANEESHWARAM	9497303255
VD THACHANGAD	7510810499
VD VALIYAPARAMBU	8138033171
VD PLACHIKKARA	9778212383
VD BADIADKA	9496929646
VD MADIKKAI	8075779845
VD MADAKKARA	8138033171
VD MEENJA	9746183988
ODD HOUR	
NILESHWARAM	9447689448
MANJESHWARAM	9446436123
MVU 1.0	

Table 4

Education / Training Institutions In Kasaragod
--

KANHANGAD	9447322969
KASARAGOD	9447422948
MVU 2.0	
PARAPPA	9745068809
KARADKA	8129404113
MSU	CONTACT NO
KASARAGOD	9447746177

I. N o	Name Of Panchayat	Universities		Arts, Science And Commerce			Medical Colleges				
		G ovt	A utonomous Body	G ovt	A ided	S e lf Financed	T otal	G ovt	A ided	S elf Financed	T otal
	Madikkai				1		1				
	Pullur- Periyē					1	1				
	Chemnad					3	3				
	Kumbla					2	2				
	Enmakaje					1	1				
	Manjeshwar			1			1				
	Bedadka					1	1				
	West- Eleri			1			1				
	Kasaragod (M)			1							
0	Kanhangad (M)				1		1				
1	Badiadka				1		1				

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Sl. No	Name Of Panchayat	Dental College				Ayurveda College				Homeopathic College				Agricultural College			
		Govt.	Aided	Self Finance	Total	Govt.	Aided	Self Finance	Total	Govt.	Aided	Self Finance	Total	Govt.	Aided	Self Finance	Total
1	Chemnad		1		1												
2	Kodom - Beloor						1		1								
3	Kanhangad (M)												1				1
4	District Total	1	1			1	1			1			1		1		

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Sl. No	Name Of Panchayat	Engineering Colleges				Pharmacy College				Sidha/Unani			
		Govt.	Aided	Self Financed	Total	Govt.	Aided	Self Financed	Total	Govt.	Aided	Self Financed	Total
	Muliyar			1									
	Kayyoor - Cheemeni			1									
	Kanhangad(m)			1									
	Kasaragod(m)						1						
	Trikaripur						1						1
	Distric total			3			2	2					

Sl.	Name Of	Veterinary College	Law College	Fine Arts College	Nursing College
-----	---------	--------------------	-------------	-------------------	-----------------

No	Panchayat	2019-20				2020-21				2021-22				
		Govt.	Aided	Self Financed	Total	Govt.	Aided	Self Financed	Total	Govt.	Aided	Self Financed	Total	
1	Chemnand												1	1
2	Kasaragod Municipality												1	1
3	Uduma												1	1
4	District Total												3	3

Schools in Kasaragod							
S l.no.	School name	Type	Level	Gram panchayath	School contact number	School address	Email
1	G. F. H. S. S. Bekal	Government	Hs	Uduma	4672237400	Malankunnu	12007bekal@gmail.com
2	G. H. S. S. Pallikera	Government	Hs	Pallikera	4672273200	Pallikere	12008pallikkare@gmail.com

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3	G. H. S. S. Periye	Gov ernment	Hs	Pu llurperi ya	4672234 340	Per iye	12009periy e@gmail.com
4	G. H. S. S. Pakkam	Gov ernment	Hs	Pa llikkar a	4672274 400	Pa kkam	12011pakk am@gmail.com
5	Govt. H.s.s kalliot	Gov ernment	Hs	Pu llurperi ya	9188912 633	Ka lliot	12012kalli ot@gmail.com
6	G. H. S. S. Udma	Gov ernment	Hs	U dma	4672238 012	Ud ma	12013udm a@gmail.com
7	I. H. S. S. Ajanur	Aide d	Hs	Aj anoor	4672207 818	Aj anur	12014ajan ur@gmail.com
8	G.v. h.s. s. Kuniya	Gov ernment	Hs	Pu llurperi ya	4672234 480	Ku niya	12016ghsk uniya@gmail.c om
9	M.p. s. G. V. H. S. S. Bellikoth	Gov ernment	Hs	Aj anoor	4672266 273	Be llikoth	12018belli koth@gmail.co m
0 1	Udayana gar high school pullur	Aide d	Hs	Pu llurperi ya	4672268 630	Pul lur	12019pullu r@gmail.com
1 1	G. H. S. S. Ravaneshwar	Gov ernment	Hs	Aj anoor	4672234 280	Ra vanesh war	12020rava neshwarghs@g mail.com
1 2	G. H. S. Thachangad	Gov ernment	Hs	Pa llikkar	4672275 800	Th achang	12060thac hangad@gmail.

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				a		ad	com
3	1 G. M. L. P. S. Ajanur	Gov ernment	Lp	Aj anoor	4672209 045	At hinhal	Hmgmlpsa janur@gmail.c om
4	1 G. L. P. S. Aramangana m	Gov ernment	Lp	U dma	0	Ar amanga nam	Hmaraman ganam@gmail. com
5	1 G. W. L. P. S. Bare	Gov ernment	Lp	U dma	4672236 650	Ma ngad	12203bare @gmail.com
6	1 G. F. L. P. S. Bekal	Gov ernment	Lp	U dma	4672236 160	Be kal	Hmgflpsbe kal@gmail.com
7	1 G. L. P. S. Chalingal	Gov ernment	Lp	Pu llurperi ya	4672232 144	Ch alingal	Hmgplscha lingal@gmail.c om
8	1 G. L. P. S. Cherkapara	Gov ernment	Lp	Pa llikkar a	4672232 640	Pa kkam	Glpscherka para@gmail.co m
9	1 G. L. P. S. Chettukundu kadappuram	Gov ernment	Lp	Pa llikkar a	4672272 600	Ch ettukun du	Hmchettuk undu@gmail.co m
0	2 G. L. P. S. Chithari south	Gov ernment	Lp	Aj anoor	4672266 156	Ch ithari	Glpschitha risouthbekal@g mail.com
1	2 G. L. P. S. Kallingal	Gov ernment	Lp	Aj anoor	0	Ch ithari	Hmgplskal lingal@gmail.c om

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2	2	G. L. P. S. Madiyan	Gov ernment	Lp	Aj anoor	4672266 853	Ma diyan	Hmgplsma diyan@gmail.c om
3	2	G. L. P. S. Muchilot	Gov ernment	Lp	Aj anoor	4672204 310	Ki zhakku mkara	Glpsmuchi lot@gmail.com
4	2	G. L. P. S. Mudiyakkal	Gov ernment	Lp	U dma	6282540 973	M udiakk al	12212hmg psmudiakkal@ gmail.com
5	2	G. L. P. S. Mukkoot	Gov ernment	Lp	Aj anoor	4672310 500	M ukkoot	12213hmg psmukkoot@g mail.com
6	2	G. L. P. S. Panayal	Gov ernment	Lp	Pa llikkar a	4672234 288	Ne llyadu kkam	Hmglpspan ayal@gmail.co m
7	2	G w l p s pallikere	Gov ernment	Lp	Pa llikkar a	4672310 919	Pal lippuzh a	Hmgwlp spallikere@g mail.com
8	2	G. L. P. S. Periye	Gov ernment	Lp	Pu llurperi ya	4672234 203	Per iye	Hmglp speriye@gmail.com
9	2	G. L. P. S. Thiruvakoli	Gov ernment	Lp	U dma	4672265 105	Th iruvako li	Thiruvakol ischool@gmail. com
0	3	G. L. P. S. Udma	Gov ernment	Lp	U dma	4672238 877	Ud ma	12218g lpudma@gmail.c om

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1	3	Bekal alps bekal	Aide d	Lp	U dma	4672265 121	Be kal	Balpsbekal @gmail.com
2	3	A. L. P. S. Karipody	Aide d	Lp	U dma	9496182 524	Ka ripody	Hmalpskar ipody@gmail.c om
3	3	Bekal islamia alps bekal	Aide d	Lp	Pa llikkar a	4672275 697	Be kal	Ialpsbekal @gmail.com
4	3	A. L. P. S. Muttumthala	Aide d	Lp	Aj anoor	4672201 760	M uttumth ala	Alps.muttu m@gmail.com
5	3	Udma islamia alps udma	Aide d	Lp	U dma	4672236 165	Ea chiling al udma	12223udm aislamia@gmai l.com
6	3	R. A. L. P. S. Movval	Aide d	Lp	Pa llikkar a	4672273 477	M owval	Ralpsmow val@gmail.com
7	3	Ambika a. L. P. S. Udma	Aide d	Lp	U dma		A mbika nagar	Ambikaalp school@gmail. com
8	3	G. U. P. S. Agasarahole	Gov ernment	Up	Pa llikkar a	4672275 300	Ko ttakkun nu	Agasarahol egups@gmail.c om
9	3	G. F. U. P. S. Ajanur	Gov ernment	Up	Aj anoor	4672017 83	Aj anoor kadapu ram	Gfupsajano or@gmail.com

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0	4	G. U. P. S. Ayambara	Gov ernment	Up	Pu llurperi ya	4672234 522	Ay ambare	Gupsayam bare@gmail.co m
1	4	G. U. P. S. Karichery	Gov ernment	Up	Pa llickar a	4994282 037	Ka richery	Karicheryg ups@gmail.co m
2	4	Rrmgups keekan	Gov ernment	Up	Pa llickar a	4672310 310	Ke ekan	Gupskeeka n@gmail.com
3	4	G. U. P. S. Kootakani	Gov ernment	Up	Pa llickar a	4672275 333	Ko ottakka ni	Koottakka niups@gmail.c om
4	4	G. U. P. S. Kottikulam	Gov ernment	Up	U dma	4672238 177	Pal akkunn u	Gupschool kottikulam@g mail.com
5	4	G. F. U. P. S. Kottikulam	Gov ernment	Up	U dma	4672238 850	Ko ttikula m	Gfupskotti kulam@gmail.c om
6	4	Kallatra abdul khadar haji memorial govt fisheries u p school manikkoth	Gov ernment	Up	Aj anoor	4672209 214	Ma nikoth	12242mani koth@gmail.co m
7	4	Gmups pallikere	Gov ernment	Up	Pa llickar	4672272 203	Pal likera	12243gmu pspallikere@g

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				a			mail.com
8	4	G. U. P. S. Pullur	Gov ernment	Up	Pu llurperi ya	4672267 700	Pul lur,hari puram Gupspullur @gmail.com
9	4	G. U. P. S. Puthiyakanda m	Gov ernment	Up	Aj anoor	4672207 577	Put hiyaka ndam Gupsputhi yakandam@gm ail.com
0	5	H. I. A. U. P. S. Chithari	Aide d	Up	Aj anoor	4672266 255	Ch ithari 12246chith ari@gmail.com
1	5	S. M. A. U. P. S. Panayal	Aide d	Up	Pa llikkar a	4672234 533	Pa nayal Hmsmaups panayal@gmail .com
2	5	G. U. P. S. Veleswaram	Gov ernment	Up	Aj anoor	4672266 310	Ve laswara m Gupsvelles waram@gmail. com
3	5	M. K. S. H. S. Kuttamath	Aide d	Hs	Ka yyur cheem eni	4672264 627	Th imiri 12030timir i@gmail.com
4	5	G. H. S. S. Kuttamath	Gov ernment	Hs	Ch eruvat hur	4672261 015	Ch eruvath ur 12031kutta math@gmail.co m
5	5	K. M. V. H. S. S. Kodakkad	Aide d	Hs	Pil icode	4672251 075	Ve ngappa ra 12032koda kkat@gmail.co m
	5	C k n s g	Gov	Hs	Pil	4672261	Pil 12033pilic

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6	h s s pilicode	ernment		icode	570	icode	ode@gmail.com
7	5 V p p m k p s govt h s trikarpur	Gov ernment	Hs	Th rikkari pur	4672210 123	Tri karpur	12034trika rpur@gmail.com
8	5 G c s g h s s elampachi	Gov ernment	Hs	Th rikkari pur	4672211 404	Ela mbachi	12036sout htrikarpur@gm ail.com
9	5 P.m.s.a.p .t.s. v. H. S. S. Kaikottukada vu	Aide d	Hs	Th rikkari pur	4672270 022	Ka ikottuk adavu	12038kaik ottukadavu@g mail.com
0	6 G. F. V. H. S. S. Cheruvathur	Gov ernment	Hs	Ch eruvat hur	4672261 470	Th uruthi	12039cher uvathurgvss@ gmail.com
1	6 V.k.p.k. h.m.r.v.h.s.s padne	Aide d	Hs	Pa dne	4672276 570	Pa dne	12040padn e@gmail.com
2	6 G. F. H. S. S. Padnekadapp uram	Gov ernment	Hs	Va liyapar amba	8330082 100	Pa dnekad appura m	12041padn ekadappuramgf hss@gmail.com
3	6 G. V. H. S. S. Kayyur	Gov ernment	Hs	Ka yyur cheem eni	4672230 182	Ka yyur	12043kayy oorgvss@gma il.com
4	6 G. H. S. S. Cheemeni	Gov ernment	Hs	Ka yyur cheem	4672250 182	Ch eemeni	12055chee menighss@gm

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				eni			ail.com
5	6 G. H. S. S. Udinoor	Gov ernment	Hs	Pa dne	4672215 660	Ud inur	12059udin ur@gmail.com
6	6 G. L. P. S. Cheriya kkara	Gov ernment	Lp	Ka yyur cheem eni		Ch eriyakk ara	12502glpsc heriyakkara@g mail.com
7	6 G. L. P. S. Kayyur	Gov ernment	Lp	Ka yyur cheem eni	4672231 569	Ka yyur	12503glps kyr@gmail.co m
8	6 G. L. P. S. Kooleri	Gov ernment	Lp	Th rikkari pur	4672210 411	Ko oleri	12504kool eri@gmail.com
9	6 G. L. P. S. Madakkal	Gov ernment	Lp	Va liyapar amba	4672270 097	Ma dakkal	12505glps madakkal@gm ail.com
0	7 G. L. P. S. Maithani	Gov ernment	Lp	Th rikkari pur	4672301 102	Ud inur	12506glps maithani@gma il.com
1	7 G. L. P. S. Mavilakadap puram	Gov ernment	Lp	Va liyapar amba	4672258 008	Ma vilakad appura m	12507glps maviladam@g mail.com
2	7 G. L. P. S. Moicha	Gov ernment	Lp	Ch eruvat hur	4672260 112	M oicha	12508moic ha@gmail.com
7	G. W. L.	Gov	Lp	Pil	4672263	Pil	12509pilic

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3	P. S. Pilicode	ernment		icode	738	icode	ode@gmail.com
4	7 G. L. P. S. Puliyannur	Gov ernment	Lp	Ka yyur cheem eni	250257	Pul iyannur	12510puli annur@gmail.c om
5	7 G. L. P. S. Thayyil north kadappuram	Gov ernment	Lp	Va liyapar amba	4672271 621	Th ayyil north	12511thay yilnorth@gmail .com
6	7 G. L. P. S. Thayyil south kadappuram	Gov ernment	Lp	Va liyapar amba	4985223 860	Tri kkaripu r kadapp uram	12512thay yilsouth@gmai l.com
7	7 G. L. P. S. Thuruthi	Gov ernment	Lp	Ch eruvat hur	4672262 388	Th uruthi	12513thuru thi@gmail.com
8	7 G. L. P. S. Udumbumth ala	Gov ernment	Lp	Th rikkari pur	4672271 265	Ud umbunt hala	12514glps udumbunthala @gmail.com
9	7 G. L. P. S. Valvakad	Gov ernment	Lp	Th rikkari pur	4672210 175	Va lvakka d	12515valv akkad@gmail.c om
0	8 G. L. P. S. Vellat	Gov ernment	Lp	Ka yyur cheem eni	4672230 414	Ve llat	12516glps vellat@gmail.c om

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1	8	A. L. P. S. Ayitty Islamia	d	Aide	Lp	Th rikkari pur	4672301 125	Ay itty	12517ayitt y@gmail.com
2	8	I. I. A. L. P. S. Chandera	d	Aide	Lp	Pil icode	4672214 459	Ch andera	12518ialps @gmail.com
3	8	A. L. P. S. Edayilekkad	d	Aide	Lp	Va liyapar amba	4672211 621	Ed ayilakk ad	12519eday ilakkad@gmail. com
4	8	A. L. P. S. Kadangod Islamia	d	Aide	Lp	Ch eruvat hur	4672261 020	Ka dangod	12520alpsk adamkode@gm ail.com
5	8	A. L. P. S. Kariyil	d	Aide	Lp	Ch eruvat hur	4672260 205	Ka riyil	12521kariy il@gmail.com
6	8	A. L. P. S. Kundyam	d	Aide	Lp	Ka yyur cheem eni	4672257 202	Ku ndyam	12522alpsk undyam@gmai l.com
7	8	A. L. P. S. Kunnachery	d	Aide	Lp	Th rikkari pur	4672301 435	Ku nnache ry	12523alpsk unnachery@gm ail.com
8	8	A. L. P. S. Northtrikarp ur	d	Aide	Lp	Th rikkari pur	4672301 424	Ko yonkar a	12524alpsn orthtrikarpur@ gmail.com
9	8	A. L. P. S. Ori	d	Aide	Lp	Pa dne	4672770 44	Ori e	12525alps orie@gmail.com

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0	9	A. L. P. S. Padnekadappuram valiyaparamba	d	Aide	Lp	Va liyapar amba	4672258 195	Va liyapar amba	12526alpsp kpmvp@gmail. com
1	9	A. L. P. S. Pollappoil	d	Aide	Lp	Pil icode	4985262 500	Pol lapoil	Alpspollap oyil@gmail.co m
2	9	A. L. P. S. Thankayam	d	Aide	Lp	Th rikkari pur	9497421 389	Th ankaya m	12528alpst hankayam@gm ail.com
3	9	A. L. P. S. Thimiri	d	Aide	Lp	Ka yyur cheem eni	4672261 220	Th imiri	12529thimi rialps@gmail.c om
4	9	A. L. P. S. Udinur south islamia	d	Aide	Lp	Pa dne	4672212 270	Ud inur	12532udin ursislamia@gm ail.com
5	9	A. L. P. S. Padne thekkekad	d	Aide	Lp	Pa dne	4672277 570	Th ekkeka d	12533padn etkd@gmail.co m
6	9	A. L. P. S. Udinur thadiyankovval	d	Aide	Lp	Pa dne	4672211 733	Th adiyan kovval	12534thadi yankovval@gm ail.com
7	9	G. U. P. S. Chandra		Gov ernment	Up	Pil icode	4672211 756	Ma niyat	12535gups chandra@gma il.com

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89	G. W. U. P. S. Cheruvathur	Government	Up	Cheruvathur	4672264600	Cheruvathur	12536cheruvathur@gmail.com
99	G. W. U. P. S. Kodakkad	Government	Up	Pilicode	4672264327	Cheruvathur	12538gwupskodakkad@gmail.com
001	G. W. U. P. S. Mettammal	Government	Up	Thrikkari pur	4672212853	Mettammal	12539gwups@gmail.com
011	G. U. P. S. Muzhakkoth	Government	Up	Kayyurcheem eni	4672999670	Muzhakkoth	12540gups@gmail.com
021	G. U. P. S. Nalilankandam	Government	Up	Kayyurcheem eni	4672231533	Valliyapoiil	12541gupsnalilankandam@gmail.com
031	G. U. P. S. Olavara sanketha	Government	Up	Thrikkari pur	4672271173	Olavara	12542olavarasanketha@gmail.com
041	G. U. P. S. Padne	Government	Up	Padne	4672276270	Padne	12543gupsadne@gmail.com
051	G. U. P. S. Padikkeel	Government	Up	Pilicode	4672251595	Padikkeel	12544padikkil@gmail.com
061	G. U. P. S. Pilicode	Government	Up	Pilicode	4672260722	Pilicode	12545pilicode@gmail.com

Pandemic Management plan

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12	1 A. U. P. S. Olat	Aide d	Up	Pil icode	9447685 049	Ko dakkad	12551aups olat@gmail.co m
13	1 A. U. P. S. Podavoor	Aide d	Up	Ka yyur cheem eni	4672251 322	Po davoor	12552poda voor@gmail.co m
14	1 A. U. P. S. Puthilot	Aide d	Up	Pil icode	4672261 446	Put hilot	12553abc @gmail.com

Pandemic Management plan

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16	1	A. U. P. S. Udinur central	d	Aide	Up	Pa dne	4672211 540	Ud inur	12555udin urcentral@gmail.com
17	1	A. U. P. S. Udinur edachakai	d	Aide	Up	Pa dne	4672214 400	Ed achakai	12556aups edachakai@gmail.com
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19	1	T. H. S. Cheruvathur		Gov ernment	Hs	Ch eruvat hur	4672260 210	Ch eruvath ur	Gthscheruv athur@gmail.com
20	1	Karimbil h. S. Kumbalappally	d	Aide	Hs	Ki nanoor karinth alam	4672235 305	Ku mbalap pally	12028kum balappally@gmail.com
21	1	Valliyod an kelu nair smaraka hss varakkad	d	Aide	Hs	W est eleri	4672241 403	Va rakkad	12029vara kkadhs@gmail.com
22	1	G. H. S. S. Chayoth		Gov ernment	Hs	Ki nanoor karinth alam	4672230 910	Ch ayoth	12044chay oth@gmail.com

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26	1	G. H. S. S. Parappa	Government	Hs	Kinanoor karinthalam	4672254675	Parappa	12050parappa@gmail.com
27	1	St. Judesh. S. S. Vellarikundu	Aided	Hs	Balal	4672242421	Vellarikundu	12051vellarikundu@gmail.com
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29	1	G. H. S. S. Malothkasaba	Government	Hs	Balal	4672999251	Vallikkadavu	12053mkasba@gmail.com
30	1	G. H. S. S. Kamballoor	Government	Hs	East eleri	4672220150	Kamballoor	12054kamballoorghss@gmail.com
31	1	G. L. P. S. Chennadukk	Government	Lp	West eleri	4672341081	Chennadukkam	Glpschennadukkam@gmail.com

Pandemic Management plan

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32	1 G. L. P. S. Chully	Gov ernment	Lp	Ba lal	4672248 424	Ch ully	Chullyglps @gmail.com
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34	1 G. L. P. S. Kunnumkai	Gov ernment	Lp	W est elery	4672341 425	Ku nnumk ai	Glpskunnu mkai@gmail.co m
35	1 G. L. P. S. Konnakkad	Gov ernment	Lp	Ba lal	4672249 660	Ko nnakka d	Glpskonna kkad@gmail.co m
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37	1 G. L. P. S. Kammadam	Gov ernment	Lp	W est elery	4672220 899	Ko damkk allu	Glpskamm adam@gmail.c om
38	1 G. L. P. S. Kanakappal lythattil	Gov ernment	Lp	Ba lal	4672255 583	Ka nakapp ally	Glpskply@ gmail.com
39	1 G. L. P. S. Moukode	Gov ernment	Lp	W est elery	7510169 958	M oukode	Moukodegl ps@gmail.com
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Pandemic Management plan

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43	1 G. L. P. S. Vadackepuli yannur	Gov ernment	Lp	Ki nanoor karinth alam	4672235 050	Ka rinthala m	Glpssvadak kepuliyanur@ gmail.com
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47	1 Vimala a. L. P. S. Beemanady	Aide d	Lp	W est eler	4672241 366	Be emanad y	Vimalalpsc hool@gmail.co m

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49	1	A. L. P. S. Keezhmala	d	Aide	Lp	Ki nanoor karinth alam	4672235 161	Ko llampar a	Alpskeezh mala@gmail.co m
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52	1	A. L. P. S. Nattakkal	d	Aide	Lp	W est eleri	4672248 427	Na ttakkal	Alpsnattak kal@gmail.com
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54	1	St. Thomas l. P. S. Thomapuram	d	Aide	Lp	Ea st eleri	4672221 700	Ch ittarikk al	Thomapura mlps@gmail.co m
55	1	Nirmala giri l. P. S. Vellarikkund u	d	Aide	Lp	Ba lal	4672242 206	Ve llarikun du	12425nlps vkd@gmail.co m

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57	1	G. U. P. S. Kannivayal	Gov ernment	Up	Ea st eleri	4672221 899	Ka nnivay al	12428kann ivayal@gmail.c om
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61	1	S. N. D. P. A. U. P. S. Kadumeni	Aide d	Up	Ea st eleri	4672940 516	Ka dumeni	Sndpaupsk adumeni@gmai l.com
62	1	M. G. M. U. P. S. Kottamala	Aide d	Up	W est eleri	4672245 083	Ko ttamala p.o, narkkil akkad	Mgmups@ gmail.com
63	1	N.s.s.a.u. p.s	Aide d	Up	W est	4672341 422	Ve llarikun	Nssaupspla chikkara@gmai

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68	1 S. R. M. G. H. W. H. S. Ramnagar	Government	Hs	Ajanoor	4672201590	Mavungal	12002.ramnagar@gmail.com
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70	1 G. H. S. S. Hosdurg	Government	Hs		4672208081	Kanhangad	12004hosdurg@gmail.com
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1 76	G. H. S. S. Kakkat	Gov ernment	Hs	M adikkai	4672280 666	Be ngalam	12024kakk atghsshm@gm ail.com
1 77	Rajahs h.s.s nileshwar	Aide d	Hs		4672280 480	Nil eshwar	12025niles hwarrhshm@g mail.com
1 78	G. H. S. Uppilikai	Gov ernment	Hs		4672284 777	Nil eshwar	12026uppil ikaighs@gmail. com
1 79	G. H. S. Madikai ii	Gov ernment	Hs	M adikkai	4672240 720	Ma dikai	12027madi kai@gmail.com
1 80	G. V. H. S. S. Kottappuram	Gov ernment	Hs		4672284 133	Nil eswar	12037kotta ppuram@gmail .com
1 81	Govt. H s kalichanaduk	Gov ernment	Hs	K odomb ellur	4672256 420	Ka lichana dukka	12042kalic hanadukkamgh s@gmail.com

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1 82	G. H. S. S. Thayannur	Gov ernment	Hs	K odomb ellur	4672256 343	Th ayannu r	12049thay annur@gmail.c om
1 83	G v h s s ambalathara	Gov ernment	Hs	Pu llurperi ya	4672244 050	A mbalat hara	12056amb alathara@gmail .com
1 84	Ghss attenganam	Gov ernment	Hs	K odomb ellur	4672246 700	Att engana m	12057atten ganam@gmail. com
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1 89	G. L. P. S. Chernathala	Gov ernment	Lp	M adikkai	4672240 416	Ch ernatha la	12303glpsc hernathala@gm ail.com
1 90	G. L. P. S.	Gov ernment	Lp	Ka llar	4672224 499	Ch ullikkar	12304glpsc hullikkara@gm

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93	G. L. P. S. Kallappally	Gov ernment	Lp	Pa nathad y	8547822 211	Ka llappall y	12307glpsc hoolkallappally @gmail.com
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97	G. L. P. S. Malappacher y	Gov ernment	Lp	M adikkai	4672960 004	Ma lappach ery	12311glps malappachery @gmail.com
98	G. L. P. S. Nileshwar	Gov ernment	Lp		4672283 640	Nil eshwar	12312glps nilesvar@gmai l.com
1	G. W. L.	Gov	Lp		4672287	Ka	12313gwlp

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12	2 A. L. P. S. Moolappally	d	Aide	Lp	4672280 508	M oolapp alli	12326alps moolappally@e mail.com
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2	Holy family a. L.		Aide	Lp	Ka 4672226	Ra japura	12331hfalp srajapuram@g

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19	2 S. A. L. P. S. Panangad	Aide d	Lp	K odomb ellur	9497719 735	Pa nangad	12334salps panangad@gm ail.com
20	2 G. U. P. S. Arayi	Gov ernment	Up		4672200 868	Ar ayi	12335gups arayi@gmail.co m
21	2 A c k n s g u p s melangot	Gov ernment	Up		4672202 255	Ka nhanga d	12336ackn sgups@gmail.c om
22	2 G. U. P. S. Belur	Gov ernment	Up	K odomb ellur	4672246 600	Att engana m	12338gups choolbelur@g mail.com
23	2 G. U. P. S. Hosdurg kadappuram	Gov ernment	Up		4673560 591	Ho sdurg kadapp uram	12340gups hosdurgkadapp uram@gmail.c om
24	2 G. U. P. S. Madikai alampady	Gov ernment	Up	M adikkai	4672240 114	Eri kkulam	12343gups madikaialampa dy@gmail.com
2	G. U. P.	Gov	Up	K	4672240	Pa	12344pana

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29	2 G. U. P. S. Pudukai	Gov ernment	Up		4672281 855	Pu dukai	12349gups pudukai@gmai l.com
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32	2 A. U. P. S. Hosdurg theruvath	Aide d	Up		4672206 419	Th eruvath	12353aupst heruvath@ma il.com
33	2 St. Anns a. U. P. S. Nileshwar	Aide d	Up		4672284 210	Pal likkara	12354stann saupsnileswar @gmail.com
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36	2 G. H. S. S. Kasaragod	Gov ernment	Hs		4994221 626	Ka saragod	11002ghss kgd@gmail.co m
37	2 Govt.mu slim v.h.s.s. kasaragod	Gov ernment	Hs		4994230 479	Th alangar a	11003gmv hss@gmail.co m
38	2 B. E. M. H. S. Kasaragod	Aide d	Hs		4994222 887	Ba nk road, kasarag od	11005bem hs@gmail.com
39	2 G.V.H.S .S. For girls kasaragod	Gov ernment	Hs		4994230 368	Ka saragod	11006ggvh ss@gmail.com
40	2 T. I. H. S. S. Naimarmool a	Aide d	Hs	Ch engala	4994255 288	Vi dyanag ar	11021tihss @gmail.com
41	2 G. H. S. S. Alampady	Gov ernment	Hs	Ch engala	4994256 540	Al ampad y	11022alam pady@gmail.co m
42	2 G. H. S. S. Cherkala central	Gov ernment	Hs	Ch engala	4994280 999	Ch erkala	11024cher kalacentral@g mail.com

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43	2	G. V. H. S. S. Iriyanni	Gov ernment	Hs	M uliyar	4994251 810	Iri yanni	11025iriya nni@gmail.co m
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46	2	G. H. S. S. Mogralputhu r	Gov ernment	Hs	M ogral puthur	4994233 135	M ogralpu thur	11028mogr alputhur@gmai l.com
47	2	H. H. S. I. B. S. H.s.s. edneer	Aide d	Hs	Ch engala	4994281 335	Ed neer	11040swa mijis@gmail.co m
48	2	G. H. S. S. Edneer	Gov ernment	Hs	Ch engala	4994284 646	Ed neer	11041edne er@gmail.com
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03	4	A. U. P. S. Movvar	d	Aide	Up	K umbad aje	9946543 730	M ovvar	aupsmovva r@gmail.com
04	4	S. M. M. A. U. P. S. Mundithadka	d	Aide	Up	En makaje	8921933 985	M unditha dka	11356mun dithadka@gmai l.com
05	4	A. K. M. M. A. U. P. S. Paika	d	Aide	Up	Ch engala	4994285 726	Pai ka	paikaaups @gmail.com
06	4	A. U. P. S. Pallathadka	d	Aide	Up	Ba diyadk a	9544339 142	Pal lathadk a	11358aups pallathadka@g mail.com
07	4	S. V. A. U. P. S. Panjikal	d	Aide	Up	De lampad y	9495461 352	Pa njikkal	11359svau papanjikal@gm ail.com
08	4	S. S. A. U. P. S. Sheni	d	Aide	Up	En makaje	9447417 306	Sh eni	11360ssau pssheni@gmail .com
09	4	S. V. A. U. P. S. Swarga	d	Aide	Up	En makaje	4998266 162	Sw arga	Svaups@g mail.com
10	4	S. A. B. M. P. U. P. S. Vidyagiri		Gov ernment	Up	Ba diyadk a	4998284 525	Vi dyagiri	11362vidy agiri@gmail.co m

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11	4	A. U. P. S. Yethadka	Aide d	Up	K umbad aje	4998260 010	Ye thadka	Aupsyetha dka@gmail.co m
12	4	G. S. B. S. Kumbala	Gov ernment	Up	K umbala	4998216 400	Ku mbala	Www.gsbs kumbala@gmai l.com
13	4	A. U. P. S. Mulleria	Aide d	Up	Ka radka	4994262 925	M ulleria	Hmaupsmu lleria@gmail.c om
14	4	G. U. P. S. Pallangod	Gov ernment	Up	De lampad y	4994271 356	Pal langod	Gupschool 11369@gmail.c om
15	4	S. A.t. h. S. Manjeshwar	Aide d	Hs	M anjesw aram	4998273 475	Ma njeshw ar	11007saths @gmail.com
16	4	G. V. H. S. S. Kunjathur	Gov ernment	Hs	M anjesw aram	4998278 985	Th uminad u	11009kunj athur@gmail.c om
17	4	S. V. V. H. S. Miyapadavu	Aide d	Hs	M eenja	4998252 100	Mi yapada vu	<u>11010miya padav@gmail.c om</u>
18	4	S. V. V. H. S. Kodlamogaru	Aide d	Hs	V orkady	4998202 990	Ko dlamog aru	<u>11011kodl amogar@gmail .com</u>
19	4	K.v.s.m. h.s. kurudapadav	Aide d	Hs	Pa ivalike	4998205 357	Ku rudapa davu	<u>11012kuru dapadav@gmai l.com</u>

Pandemic Management plan

	u						
20	4 G. H. S. S. Mangalpady	Gov ernment	Hs	M angalp ady	4998243 399	Ma ngalpa dy	11013mangalpady@gmail.com
21	4 G. H. S. S. Shiriya	Gov ernment	Hs	M angalp ady	4998244 700	Shi riya	shiriya11014@gmail.com
22	4 G. H. S. S. Uppala	Gov ernment	Hs	M angalp ady	9061643 502	Up pala	11015uppala@gmail.com
23	4 G. H. S. S. Bangra manjeshwar	Gov ernment	Hs	M anjesw aram	4998272 001	Ba ngrama njeshw ar	11016bangramanjeshwar@gmail.com
24	4 G. H. S. Paivalike	Gov ernment	Hs	Pa ivalike	4998206 129	Pai valike	11017paivalike@gmail.com
25	4 G. H.s. s. Paivalike nagar	Gov ernment	Hs	Pa ivalike	4998206 130	Pai valike	11018paivalikenagar@gmail.com
26	4 G.h.s.s. bekur	Gov ernment	Hs	M angalp ady	8618353 497	Be kur	11019bekur@gmail.com
27	4 S. D. P. H. S. Dharmathadka	Aide d	Hs	Pu thige	9446774 452	Dh armath adka	11051dharmathadka@gmail.com
4	G. H. S.	Gov	Hs	M	4998262	He	11052hero

Pandemic Management plan

28	S. Heroor meepry	ernment		angalp ady	030	roor	or@gmail.com
29	4 G. B. L. P. S. Arikady general	Gov ernment	Lp	K umbala	4998296 016	Ari kady	<a href="mailto:11201arika
dy@gmail.com">11201arika dy@gmail.com
30	4 G. B. L. P. S. Bombrana	Gov ernment	Lp	K umbala	4998215 184	Bo mbrana	<a href="mailto:11202bam
brana@gmail.c
om">11202bam brana@gmail.c om
31	4 G. B. L. P. S heroor	Gov ernment	Lp	M angalp ady	4998262 032	Pa chani	11203gblp sheroor@gmail .com
32	4 G. B. L. P. S. Mangalpady	Gov ernment	Lp	M angalp ady	4998244 025	Ku kkar	11204man galpady@gmail .com
33	4 G. B. L. P. S. Ujar uluvar	Gov ernment	Lp	K umbala	4998213 486	Ul war	11205ulwa r@gmail.com
34	4 G. F. L. P. S. Kumbla	Gov ernment	Lp	K umbala	4998213 465	Ku mbla arikady kadavat h	Gflpskumb la@gmail.com
35	4 G. H. W. L. P. S. Mangalpady	Gov ernment	Lp	M angalp ady	4998244 588	Ch erugoli	11207man galpady@gmail .com
36	4 G. L. P. S. Badaje	Gov ernment	Lp	M anjesw aram	4998273 042	Ba daje	Glpsbadaje @gmail.com

Pandemic Management plan

37	4	G. L. P. S. Hosabettu	Gov ernment	Lp	M anjesw aram	4998272 747	Ho sabettu	11209hosa bettulp@gmail. com
38	4	G. L. P. S. Kanwathirtha	Gov ernment	Lp	M anjesw aram	4998278 044	Ku njathur	Glpskanwa thirtha11210@ gmail.com
39	4	G. L. P. S. Kayarkatte	Gov ernment	Lp	Pa ivalike	4998206 123	Ka yarkatte	Kayarkatte glps@gmail.co m
40	4	G. L. P. S. Kidoor	Gov ernment	Lp	K umbala	4998245 344	Ki door	Glpskidoor 1@gmail.com
41	4	G. L. P. S kuloor	Gov ernment	Lp	M eenja	4998252 007	Ku loor	11213kulo or@gmail.com
42	4	G. L. P. S. Kunjathur	Gov ernment	Lp	M anjesw aram	4998278 827	Ku njathur	<u>glpskunjat hur@gmail.co m</u>
43	4	G. L. P. S majibail	Gov ernment	Lp	M eenja	4998272 224	Ma jibail	<u>hmglpsmaj ibail@gmail.co m</u>
44	4	G. L. P. S. Moosodi	Gov ernment	Lp	M angalp ady	4998241 077	M oosodi	<u>11216moo sodiglps@gmai l.com</u>
45	4	G. L. P. S. Mulinja	Gov ernment	Lp	M angalp ady	240341	Up pala	<u>11217muli nja@gmail.com</u>
46	4	G. L. P. S. Pathur	Gov ernment	Lp	V orkady	4998203 700	Ko dlamog	<u>glpspathur @gmail.com</u>

Pandemic Management plan

						aru	
47	4 G. L. P. S. Thalekala	Gov ernment	Lp	M eenja	4998252 051	Ba ttipada vu	glpstalekala@gmail.com
48	4 G. L. P. S. Udyavara	Gov ernment	Lp	M anjesw aram	4998272 161	Ud yawar	glpsudyawar@gmail.com
49	4 G. L. P. S. Vamanjoor	Gov ernment	Lp	M anjesw aram	4998273 035	Ho sangad y	glpsvamanjoor11221@gmail.com
50	4 G. M. L. P. S. Arikady	Gov ernment	Lp	K umbala	4998208 193	Ari kady	11222gmlpsarikady@gmail.com
51	4 G. M. L. P. S. Udyavara thota	Gov ernment	Lp	M anjesw aram	9746994 510	10 th mile udyawa ra post manjes hwara	gmlpsthota@gmail.com
52	4 Avala a. L. P. S. Bayar	Aide d	Lp	Pa ivalike	4998207 579	Ba yar	avalaalpsbayar@gmail.com
53	4 A. L. P. S. Badoor padavu	Aide d	Lp	Pu thige	4998245 700	Ba door	11225badoor@gmail.com
54	4 A. L. P. S. Ichilangod general	Aide d	Lp	M angalp ady	4998263 366	Ich langod	alpsichlangod@gmail.com

Pandemic Management plan

55	4	A. L. P. S. Ichilangod islamiya	d	Aide	Lp	M angalp ady	4998262 600	Ich ilangod	ialpsichilangod@gmail.com
56	4	A. L. P. S. Kandal	d	Aide	Lp	Pu thige	9495051 856	Ka ndal	11228kandal@gmail.com
57	4	A. L. P. S. kudal merkala	d	Aide	Lp	Pa ivalike	9946826 648	Ku dal merkala	alpskudalmerkala@gmail.com
58	4	A. L. P. S. Udyawar bhagavathi	d	Aide	Lp	M anjesw aram	9495953 396	Ku njathur	alpsudyawarbhagavathi@gmail.com
59	4	A. L. P. S. Vorkadi kapiri	d	Aide	Lp	V orkady	4998203 320	Ma njeshw ar	vorkadykapiri@gmail.com
60	4	B. P. P. A. L. P. S. Permude	d	Aide	Lp	Pa ivalike	9895593 334	Per mude	bppalpspermude@gmail.com
61	4	M. I. A. L. P. S. Challangayam	d	Aide	Lp	Pu thige	9496709 081	Ch allanga yam	11233challangayam@gmail.com
62	4	N. A. L. P. S. Kodibail	d	Aide	Lp	M angalp ady	8078082 654	Ko dibail	www.kodibail@gmail.com
63	4	S. A. T. L. P. S. Manjeshwar	d	Aide	Lp	M anjesw aram	4998273 004	Ma njeshw ara	11235satlps@gmail.com

Pandemic Management plan

64	4	S. N. A. L. P. S. Koliyoor	d	Aide	Lp	M eenja	4998203 262	Ko liyoor	11236ssnalpsk@gmail.com
65	4	S. P. A. L. P. S. Bayar	d	Aide	Lp	Pa ivalike	9605565 852	Ba yar	11237spalpsbayar@gmail.com
66	4	S. R. A. L. P. S. Kayyar	d	Aide	Lp	Pa ivalike	4998205 133	Ka yyar	11238sralpskayyar@gmail.com
67	4	S. S. A. L. P. S. Kaniyala	d	Aide	Lp	Pa ivalike	4998264 246	Ka niyala. po: dhar mathad ka	11239kaniyala@gmail.com
68	4	S. S. A. L. P. S. Mudoor thoke	d	Aide	Lp	V orkady	9645389 281	M udoor thoke	11240mudoorthoke@gmail.com
69	4	S. V. A. L. P. S. Beripadavu	d	Aide	Lp	Pa ivalike	4998264 000	Be ripadav u	11241beripadavu@gmail.com
70	4	S. V. B. A. L. P. S. Bajalkaria	d	Aide	Lp	V orkady	4998203 209	Ba jalakari a	bajalakaria@gmail.com
71	4	V. A. L. P. S. Pavor	d	Aide	Lp	M anjesw aram	4998273 045	Pa voor	valpspavoor@gmail.com
	4	V. V. A. L. P. S.		Aide	Lp	M	9497515	Th ottetho	vvalpsthottethody@gmail.com

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72	Thottethody	d		eenja	097	dy	<u>com</u>
73	4 G. W. L. P. S. Manjeshwar	Gov ernment	Lp	M anjesw aram	8547221 918	Ma njeshw ar	<u>welfaremjr@gmail.com</u>
74	4 A. L. P. S. Bayar perodi	Aide d	Lp	Pa ivalike	4998240 576	Ba yar	<u>11248perodi@gmail.com</u>
75	4 Attegoli. A. L. P. S. Kayyar	Aide d	Lp	Pa ivalike	4998206 677	Att tegoli	11249atteg <u>oli@gmail.com</u>
76	4 M. A. L. P. S. Kunjathur	Aide d	Lp	M anjesw aram	9745218 164	Ma riashra ma	<u>mariashra maalps@gmail.com</u>
77	4 G. H. U. P. S. Kurchipalla	Gov ernment	Up	M angalp ady	244270	Up pala	<u>kurchipalla ghups@gmail.com</u>
78	4 A. U. P. S. Anekal	Aide d	Up	V orkady	4998203 800	An ekallu	<u>aups.ane kal@gmail.com</u>
79	4 A. J. I. A. U. P. S. Uppala	Aide d	Up	M angalp ady	4998242 753	Up pala	<u>ajiaups@gmail.com</u>
80	4 A. U. P. S. Bakrabail	Aide d	Up	V orkady	4998310 340	Pat hoor	<u>aups.bakra bail@gmail.com</u>
81	4 A. U. P. S. Dharmathadk	Aide d	Up	Pu thige	8310973 287	Dh armath adka	<u>aupsdharm athadka@gmail.com</u>

Pandemic Management plan

	a						
82	4 A. U. P. S. Kurudapadavu	d Aide	Up	Pa ivalike	8137875 921	Ku rudapa davu	aupsk11258@gmail.com
83	4 D. B. A. U. P. S. Kayyar	d Aide	Up	Pa ivalike	9741998 819	Ka yyar	dbaupskayyar@gmail.com
84	4 Heddari. A. U. P. S. Bayar	d Aide	Up	Pa ivalike	4998207 500	Ba yar	heddariaups@gmail.com
85	4 Hindu. A. U. P. S. Chippar	d Aide	Up	Pa ivalike	4998205 300	Ch ippar	chipparschool@gmail.com
86	4 S. D. P. A. U. P. S. Sajankila	d Aide	Up	Pa ivalike	4998264 300	Saj ankila	sajankilashool@gmail.com
87	4 S. R. A. U. P. S. Kubanoor	d Aide	Up	M angalp ady	4998262 385	Ku banoor	sraupskubanoor@gmail.com
88	4 S. S. A. U. P. S. Chevar	d Aide	Up	Pa ivalike	4998205 170	Ch evar	chevar11264@gmail.com
89	4 S. S. B. A. U. P. S. Aila	d Aide	Up	M angalp ady	4998243 222	Ail a uppala	ssbaups@yahoo.com
90	4 St. Joseph's	a d Aide	Up	M eenja	4998203 584	Vo rkady	stjosephkaliyur@gmail.com

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	U. P. S. Kaliyoor						<u>m</u>
91	4 S. V. V. A. U. P. S. Kodlamogaru	Aide d	Up	V orkady	4998203 966	Da igoli	<u>11267svva upskodlamogaru@gmail.com</u>
92	4 V. A. U. P. S. Miyapadavu	Aide d	Up	M eenja	4998252 900	Mi yapada vu	<u>11268vaups@gmail.com</u>
93	4 K. M. A. U. P. S. Arikady	Aide d	Up	K umbala	9400979 136	Ari kady	<u>kmaupsari kady@gmail.com</u>
94	4 Govt ashramam school kasaragod, bedadukka	Gov ernment	Lp	Be daduka	4994210 922	Ku ndamk uzhy	<u>govtashra mamschool@gmail.com</u>
95	4 Ghs kooliyad	Gov ernment	Hs	Ka yyur cheem eni	4672999 478	Ko oliyad	<u>12074kooli yad@gmail.com</u>
96	4 Ghs banam	Gov ernment	Hs	K odomb ellur	9497233 479	Ba nam	<u>12075banam@gmail.com</u>
97	4 Jyothibh avan school for the hearing impaired	Aide d	Hs	Ki nanoor karinth alam	4672230 721	Ch ayoth	<u>12801jyoth ibhavan@gmail.com</u>

Pandemic Management plan

498	G.h.s.sorambail	Government	Hs	Puthige	4998246544	Ednad	11484ghssoorambail@gmail.com
499	G.h.s.kuttikkol	Government	Hs	Kuttikkol	4994205255	Kuttikol	11074ghskuttikol@gmail.com
500	Ghs.kanhirapoil	Government	Hs	Madikkai	4672269915	Kanhirapoil	12072kanhirapoil@gmail.com
501	Ghs.pullur eriya	Government	Hs	Pullurperiya	4672246400	Eriya	12073pullureriya@gmail.com
502	Govt school for the blind	Government	Up		4994255128	Vidyanagar	gbs.kasara god@gmail.com

Table 6

S No.	Name Of Approved Ayushman Arogya Mandir (Aam) (Ayush)	Name Of Cho	Email Id	Stream (Ayurveda, Unani, Siddha, Homoyopat hy, Yoga & Naturopathy)
1	Ayushm an Arogya Mandir Ayush (Ayurveda) Ambalathuk ara	Dr Divya C B	Gadambalathukara1234@G mail.Com	Ayurveda
2	Ayushm an Arogya Mandir Ayush (Ayurveda) Badiadka	Dr.Eldh o Paul	Gadbadiadka@Gmail.Com	Ayurveda
3	Ayushm an Arogya Mandir Ayush (Ayurveda) Bedadka	Moham med Imtiyas I	Gadbadadukka@Gmail.Com	Ayurveda
4	Ayushm an Arogya Mandir Ayush (Ayurveda) Bellur	Dr. Seema. Y	Bellurgad@Gmail.Com	Ayurveda

5	Ayushmandir Arogya Mandir Ayush (Ayurveda) Chemmanad	Dr Aswani.A	Gadchemnad@Gmail.Com	Ayurveda
6	Ayushmandir Arogya Mandir Ayush (Ayurveda) Cheruvathur	Dr. Leena.B	Gadcheruvathur123@Gmail.Com	Ayurveda
7	Ayushmandir Arogya Mandir Ayush (Ayurveda) Maloth	Dr Abdul Muneer P.K.	Gadmaloth@Gmail.Com	Ayurveda
8	Ayushmandir Arogya Mandir Ayush (Ayurveda) Mudiyaikkal	Dr Sreeja S	Gadmudiyaikkal1@Gmail.Com	Ayurveda
9	Ayushmandir Arogya Mandir Ayush (Ayurveda) Mulleria	Dr Ranjith K R	Mulleriagad@Gmail.Com	Ayurveda
10	Ayushmandir Arogya Mandir	Dr Deepa K	Gadpadanna@Gmail.Com	Ayurveda

	Ayush (Ayurveda) Padanna			
1	Ayushmandir Ayush (Ayurveda) Panathadi	Dr Greeshma Mohan	Gadpanathady @Gmail.Com	Ayurveda
2	Ayushmandir Ayush (Ayurveda) Parappa	Dr. Usha .C	Parappagad@Gmail.Com	Ayurveda
3	Ayushmandir Ayush (Ayurveda) Perla	Dr Sruthi Radhakrishnan	Gadperla2016@Gmail.Com	Ayurveda
4	Ayushmandir Ayush (Ayurveda) Pilicode	Dr.Jaya. G.	Gadpilicode@Gmail.Com	Ayurveda
5	Ayushmandir Ayush (Ayurveda) Valiyaparamba	Dr Sabitha M P	Gadvaliyaparamba@Gmail.Com	Ayurveda

6	1 Ayushm an Arogya Mandir Ayush (Homoeopathy) Ajanur	Dr Rajesh Kumr	Ghdajanur@Kerala.Gov.In	Homoeopathy
7	1 Ayushm an Arogya Mandir Ayush (Homoeopathy) Bandaduka	Dr Sruthymol V S	Ghdbandadka@Kerala.Gov.I n	Homoeopathy
8	1 Ayushm an Arogya Mandir Ayush (Homoeopathy) Bellur	Dr.Sind hu Venugopal	Ghdbelur@Kerala.Gov.In	Homoeopathy
9	1 Ayushm an Arogya Mandir Ayush (Homoeopathy) Cheemeni	Dr Vipin Raj	Ghdcheemeni@Kerala.Gov.I n	Homoeopathy
0	2 Ayushm an Arogya Mandir Ayush (Homoeopathy) Chittarikkal	Dr Sumesh C S	Ghdchittarikkal@Kerala.Gov .In	Homoeopathy
2	Ayushm	Dr	Ghddelampady@Kerala.Gov.	Homoeopathy

1	an Arogya Mandir Ayush (Homoeopathy) Delampadi	Priyesh K	In	
2	2 an Arogya Mandir Ayush (Homoeopathy) Erikulam	Dr Mujeeb Rahman C H	Ghderikulam@Kerala.Gov.In	Homoeopathy
3	2 an Arogya Mandir Ayush (Homoeopathy) Erumakulam	Dr Shafna Moidu	Ghderumakulam@Kerala.Gov.In	Homoeopathy
4	2 an Arogya Mandir Ayush (Homoeopathy) Kinavoor	Dr Mujeeb Rahman C H	Ghdkinavoor@Kerala.Gov.In	Homoeopathy
5	2 an Arogya Mandir Ayush (Homoeopathy) Madhur	Dr Sindhu Venugopal	Ghdmadhur@Kerala.Gov.In	Homoeopathy
6	2 an Arogya Mandir	Dr Jesna H	Ghdmangalpady@Kerala.Gov.In	Homoeopathy

	Ayush (Homoeopathy) Mangalpadi			
7	2 Ayushmandir Arogya Mandir Ayush (Homoeopathy) Manjeswaram	Dr Deepthi M	Ghdmanjeswar@Kerala.Gov. In	Homoeopathy
8	2 Ayushmandir Arogya Mandir Ayush (Homoeopathy) Meencha	Dr Sarika S Pillai	Ghdmeenja@Kerala.Gov.In	Homoeopathy
9	2 Ayushmandir Arogya Mandir Ayush (Homoeopathy) Nayanmarmoola	Dr Priyesh K	Ghdnayanmarmoola@Kerala .Gov.In	Homoeopathy
0	3 Ayushmandir Arogya Mandir Ayush (Homoeopathy) Pallikkara	Dr Saira John	Ghdpallikkara@Kerala.Gov.I n	Homoeopathy
1	3 Ayushmandir Arogya Mandir	Dr Sumesh C S	Ghdpilikode@Kerala.Gov.In	Homoeopathy

	Ayush (Homoeopathy) Pilicode			
2	3 Ayushmandir Ayush (Homoeopathy) Trikkariapur	Dr Sujaya Nair	Ghdtrikkariapur@Kerala.Gov.In	Homoeopathy
3	3 Ayushmandir Ayush (Homoeopathy) Uduma	Dr Ratheesh.P	Ghduduma@Kerala.Gov.In	Homoeopathy
4	3 Ayushmandir Ayush (Ayurveda) Haripuram	Dr Nisha K V	Gadharipuram53@Gmail.Com	Ayurveda
5	3 Ayushmandir Ayush (Ayurveda) Iriyanni	Dr Jesny V Jose	Gadiriyan123@Gmail.Com	Ayurveda
6	3 Ayushmandir Ayush (Ayurveda) Kamballoor	Dr Abdul Muneer P.K.	Gadkamballoor@Gmail.Com	Ayurveda

7	3	Ayushman Arogya Mandir Ayush (Ayurveda) Kannamvaya 1	Dr Seema Y	Gadkannamvayalpakkam@gmail.Com	Ayurveda
8	3	Ayushman Arogya Mandir Ayush (Ayurveda) Kattipoyil	Dr Priya K	Gadkattipoil@gmail.Com	Ayurveda
9	3	Ayushman Arogya Mandir Ayush (Ayurveda) Kumbala	Dr.Rajev V	Gadkumbla@gmail.Com	Ayurveda
0	4	Ayushman Arogya Mandir Ayush (Ayurveda) Mangalpadi	Dr Rasmi.Pk	Gadmangalpadyksd@gmail.Com	Ayurveda
1	4	Ayushman Arogya Mandir Ayush (Ayurveda) Meenja	Dr Remya Bhaskaran	Gadmeenja@gmail.Com	Ayurveda
2	4	Ayushman Arogya	Dr.Shakkeerali K.A	Gudmogral@gmail.Com	Unani

Mandir Anand			
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Table 7

Auditorium/Hall Details				
Name Of Facility	Facility Type	No. Of Buildings	Ward	Surge Capacity (Beds)
Palladium Convention Centre	Auditorium	1	12	500
Nakshthra Auditorium	Auditorium	1	26	300
Sreevaikundam Auditorium	Auditorium	1		300
Padmatheertham Auditorium	Auditorium	1	28	200
Muthappanarkavu Auditorium	Auditorium	1	26	100
Lions Club	Auditorium	1	4	200
Town Hall	Hall	1	4	200

Vyapara Bhavan	Hall	1	4	500
Durga Higher Secondary School	School	3	5	2000
Hosdurg Hss	School	2		1750
Bella Hss	School	2	9	1500
Nasc Padannakkad	College	7	27	1000
College Of Agriculture, Padannakkad	College	6	27	1500
Sadguruswami Nithyananda Institute Of Technology, Kanhangad	College	5	44	600
Town Hall	Hall	1	4	200
Karuvachery Community Hall	Community Hall	1	19	12
Kanichira Community Hall	Community Hall	1	33	10
Kadinhimoola Community Hall	Community Hall	1	25	10

Palayi Community Hall	Community Hall	1	11	12
Aaradhana	Auditorium	1	8	50
Sreevalsam	Auditorium	1	3	50
P K Rajan Memorial Campus	College	3	10	400
Aup School Chathamath	School	1	13	200
Rajah's Hss	School	5	18	600
St Anns School	School	3	15	100
Nkbn School	School	2	3	100
Pallikkara Madrasa	Madrasa	1	23	150
Kottappuram Vhse	School	2	24	200
Venugopal Memorial School Thaikkadappuram	School	1		150
Gwalps Kadinhimoola	School	1		200
Mahathma Bed College	College	2	10	100
Alayil Bagavathi Kshethram Chathamath	Temple	1	9	125

Table 8: Details of Laboratories

S l.No.	Name Of Laboratory	Ownership (Govt / Private / Academic)	Address	24×7 Services (Yes/No)	Nabl / Govt Approved (Yes/No)
1	Dh Kanhangad	Govt	Kanhangad	Yes	Yes
2	W&C	Govt	W&C Hospital	No	No
3	Khd Welness	Private	Kanhangad	No	No
4	Akshaya Lab	Private	Kanhangad	No	No
5	Neethi	Private	Kanhangad	No	No
6	Metropolis	Private	Kanhangad	No	No
7	Medi Tech	Private	Kanhangad	No	No
8	Mdx	Private	Kanhangad	No	No
9	Kdc	Private	Kanhangad	No	No
10	Kdc Thoyammal	Private	Kanhangad	No	No
11	Ddrc	Private	Kanhangad	No	No
12	Uphe Kanhangad	Govt	Kanhangad	No	No

3	1	Kanhangad Nursing Home	Private	Kanhangad	Yes	No
4	1	Aishal	Private	Kanhangad	Yes	No
5	1	Co- Operative Hospital	Private	Kanhangad	Yes	No
6	1	Deepa Hospital	Private	Kanhangad	Yes	No
7	1	Laxmi Meghan	Private	Kanhangad	Yes	No
8	1	Dhh Kanhangad	Govt	Kanhangad	No	No
9	1	Dah Padannakkad	Govt	Kanhangad	No	No
0	2	Arimala	Private	Kanhangad	Yes	No
1	2	Gh Kasaragod	Govt	Kasaragod	Yes	No
2	2	Uphe Kasaragod	Govt	Pulikkunnu	No	No
3	2	Aster Labs Kasaragod	Private	Kasaragod	No	No
4	2	Ddrc Agilus Diagnostics	Private	Kasaragod	No	No

5	2	S B Medical Lab	Private	Kasaragod	No	No
6	2	Pulse Scan	Private	Kasaragod	No	No
7	2	Neethi Lab	Private	Kasaragod	No	No
8	2	Ideal Diagnostic Laboratory	Private	Kasaragod	No	No
9	2	Metropolis Healthcare Ltd	Private	Kasaragod	No	No
0	3	Prime Ultrasound Scan & Diagnostic Lab	Private	Kasaragod	No	No
1	3	Index Laboratories	Private	Kasaragod	No	No
2	3	Healthassure - Ddc Lab Diagnostic Centre	Private	Kasaragod	No	No
3	3	Hnc Clinic Kasaragod	Private	Kasaragod	No	No
4	3	Thyrocare Diagnostic Lab	Private	Kasaragod	No	No
5	3	Thqh Nileswaram	Govt	Vallikkunnu	No	No

6	3	Carol Lab	Private	Convent Junction	No	No
7	3	Blood Value Medical Lab	Private	Kottappuram	No	No
8	3	Nkbn C	Private	Nileswaram	Yes	No
9	3	Thejaswini	Private	Nileswaram	Yes	No
0	4	Ndc	Private	Main Bazar	No	No
1	4	Sevana Lab	Private	Convent Junction	No	No
2	4	Bharat Neethi Medical Lab	Private	Main Bazar	No	No
3	4	Uphe Nileswaram	Govt	Pallikkara	No	No
4	4	Thqh Mangalpady	Govt	Mangalpady, Uppala	No	No
5	4	Dm Health Care	Private	Bandiyod Uppala	Yes	No
6	4	Doctors Lab	Private	Uppala	No	No
7	4	Society Hospital Lab	Private	Uppala	No	No

8	4	Knh Lab	Private	Uppala	Yes	No
9	4	Ddc Lab	Private	Uppala	No	No
0	5	Bfhc Manjeshwar	Govt	Manjeshwar	No	No
1	5	Index Lab	Private	Manjeshwar	No	No
2	5	Real Lab Clinical Laboratory	Private	Manjeshwar	No	No
3	5	Fhc Meenja	Govt	Miyapadavu	No	No
4	5	Shalom	Private	Majirpalla	No	No
5	5	Sri Durga Labs	Private	Miyapadavu	No	No
6	5	Fhc Bayar	Govt	Bayar	No	No
7	5	Sree Durga Lab	Private	Bayar Padavu	N0	No
8	5	Sree Durga Lab	Private	Paivalike	No	No
9	5	Sree Durga Lab	Private	Permude	No	No

60	Doctors Hospital	Private	Paivalike	No	No
61	Fhc Vorkady	Govt	Vorkady	No	No
62	Bphu Lab Muliyar	Govt	Bovikkanam	No	No
63	Malik Dinar Lab	Private	Bovikkanam	No	No
64	Shankarana Lab	Private	Bovikkana	No	No
65	Sb Medical Lab	Private	Bovikkana	No	No
66	Cm Healing Hands Hospital	Private	Kk Puram Cherkkala	Yes	No
67	Fhc Chengala	Govt	Chengala	No	No
68	Aster Mims	Private	Cherkkala Santhosh Nagar	Yes	No
69	Ek Nayanar Hsptl	Private	4th Mile, Chengala	Yes	No
70	Sb Medical Lab	Private	Cherkkala	No	No
71	Sevana Lab	Private	Cherkkala	No	No

2	7	First Care Lab	Private	Nellikatte	No	No
3	7	Fhc Adoor	Govt	Adoor	No	No
4	7	Health Hub	Private	Adoor	No	No
5	7	Fhc Mulleria	Govt	Mulleria	No	No
6	7	Swathi Lab	Private	Mulleria	No	No
7	7	Brilliant Lab	Private	Mulleria	No	No
8	7	Medcity Lab	Private	Mulleria	No	No
9	7	Aswathy Lab	Private	Mulleria	No	No
0	8	Fhc Mogralputhur	Govt	Mogralputhur	No	No
1	8	Medlab	Private	Chowki Mogralputhir	No	No
2	8	Th Bedadka	Govt	Bedadka	No	No
3	8	Jeevani Sahakarana Medical	Private	Bedadka	No	No

	Lab				
4	8 New Care Clinic	Private	Kundamkuzhi, Bedadka	No	No
5	8 Star Care Lab	Private	Kundamkuzhi, Bedadka	No	No
6	8 New Icon Medical Lab	Private	Munnad, Bedadka	No	No
7	8 Fhc Uduma	Govt	Uduma	No	No
8	8 Uvaco Lab	Private	Uduma	No	No
9	8 New Ideal Lab	Private	Uduma	No	No
0	9 Truemed Lab	Private	Palakkunnu	Yes	No
1	9 Indiana Hospital Lab	Private	Kottikkulam	Yes	No
2	9 Uduma Nursing Home Lab	Private	Uduma	Yes	No
3	9 Fhc Bandadka	Govt	Bandadka	No	No
4	9 Amartha Lab	Private	Kuttikkol	No	No

95	Deepa Lab	Private	Bandadka	No	No
96	Meditech	Private	Bandadka	No	No
97	V - Care	Private	Bandadka	No	No
98	Fhc Chattanchal	Govt	Chattanchal	No	No
99	Fhc Kalanad	Govt	Kalanad	No	No
100	Th Poodamkallu	Govt	Podamkallu	No	No
101	Mds	Private	Podamkallu	No	No
102	Pscb Neethi	Private	Podamkallu	No	No
103	Carewell	Private	Malakalu	Yes	No
104	We care	Private	Malakalu	No	No
105	Gk Labouartories Kumbla	Private	Kumbla	No	No
1	Star Plus Clinic	Private	Kumbla	No	No

06	Kumbla				
1 07	Sreekrishna Lab Kumbla	Private	Kumbla	No	No
1 08	Bfhc Kumbla	Govt	Kumbla	No	No
1 09	Fhc Arikkady	Govt	Arikkady	No	No
1 10	Ali Doctor's Hospitality	Private	Kumbla	Yes	No
1 11	Lab, Cooperative Hospital Kumbla	Private	Kumbla	Yes	No
1 12	Fhc Puthige Govt Puthige 9747038765 No No	Govt	Puthige Private	No	No
1 13	Fhc Angadimoger	Govt	Ariyappa Dy	No	No
1 14	Doctors Lab	Private	Private	No	No
1 15	Fhc Ennappara	Govt	Ennappara	No	No
1 16	Santhwanam	Private	Parappally	Yes	No
1	Sm Medical Lab	Private	Thattummal	No	No

17					
1 18	Medicare Lab	Private	Odayanchal	No	No
1 19	Mdc Lab	Private	Kalichanadukk am	No	No
1 20	M&N	Private	Uliyathadka	No	No
1 21	Humanhood	Private	Meepuguri	No	No
1 22	Fhc Kumbadaje	Govt	Fhc Kumbadaje Marpanadukka P O	No	No
1 23	New Mariya Lab	Private	Vellarikundu	No	No
1 24	Angel Diagnostic Centre	Private	Vellarikundu	No	No
1 25	Phc Konnakkad	Govt	Konnakkad	No	No
1 26	We Care Malom	Private	Malom	Yes	No
1 27	Kkm Lab	Private	Konnakkad	No	No
1 28	Fhc Madikai	Govt	Poothakkal	No	No

1 29	Fhc Panathur	Govt	Panathur	No	No
1 30	Carewell Polyclinic	Private	Malakkalu	No	No
1 31	Wecare Lab	Private	Panathur	No	No
1 32	Hrs Hospital	Private	Kolichal	Yes	No
1 33	Kahm Lab	Private	Kahm,Cheruvat hur	Yes	No
1 34	Unity Lab	Private	Unity Hospital,Chv	Yes	No
1 35	Mdl	Private	Mdl,Opt.Bfhc Cheruvathur	No	No
1 36	Fhc Moucode	Govt	Moucode	No	No
1 37	Kahm Lab	Private	Kahm,Cheruvat hur	Yes	No
1 38	Unity Lab	Private	Unity Hospital,Chv	Yes	No
1 39	Thimiri Ci Operative Hospital(Private	Thimiri Ci Operative Hospital	No	No

1 40	Kkr Hospital Cheruvathur	Private	Kkr Hospital Cheruvathur	No	No
1 41	Fhc Narkilad	Govt	Narkilakkad	No	No
1 42	Bfhc Cheruvathur	Gov.	Bfhc Cheruvathur	Yes	No
1 43	Fhc Thuruthi	Gov.	Fhc Thuruthi,Kariyil	No	No
1 44	Medilab	Private	Medilab, Nr.Cheruvathur Fishmarket	No	No
1 45	Valiyaparamba	Govt	Padnekadappur am	No	No
1 46	Mavilakadapura m Fhc	Govt	Mavilakdappur am	No	No
1 47	Revive Clinic	Private	Mavilakappura m	Yes	No
1 48	Th Trikarapur	Govt	Trikarapur	No	No
1 49	Fhc Udumbunthala	Govt	Udumbunthala	No	No
1 50	Life Care Hosp	Pvt	Trikarapur	No	No

1 51	Prime Heal Hos	Pvt	Trikarpur	Yes	No
1 52	Fhc Olat	Govt	Olat	No	No
1 53	Fhc Padne	Govt	Padne	No	No
1 54	Udinur	Pvt	Udinur	No	No
1 55	Edachakai	Pvt	Edachakkai	No	No
1 56	Medspot Padne	Pvt	Padne	No	No
1 57	Moosa Haji Mukk	Pvt	Padne	No	No
1 58	Oriemukk	Pvt	Oriemukk	No	No
1 59	Gs Clinic	Pvt	Padne	Yes	No
1 60	Cheemeni Speciality Clinic	Pvt	Cheemeni	Yes	No
1 61	Mayo Clinic	Pvt	Cheemeni	Yes	No

1 62	Mediplus	Pvt	Cheemeni	No	No
1 63	Karunya Lab	Pvt	Cheemeni	No	No
1 64	Family Medicals	Pvt	Cheemeni	No	No
1 65	Fhc Karindalam	Govt.	Koyithatta	Yes	No
1 66	Aquatech Lab	Pvt	Choyyamkode	No	No
1 67	Mariya Lab	Pvt	Parappa	No	No
1 68	Fhc Chittarikka	Govt	Fhc Chittarikkal	No	No
1 69	Mariyan	Private	Chittarikkal	No	No
1 70	Kadumeni Medical Care	Private	Kadumeni	No	No

Table 9

VETERINARY INSTITUTIONS IN KASARGOD

SL.NO	VETERINARY INSTITUTIONS IN DISTRICT
1	DISTRICT ANIMAL HUSBANDRY OFFICE, KASARGODE
2	DISTRICT DIAGNOSTIC VET. CLINICAL LAB, KANHANGAD
3	DISTRICT VETERINARY CENTRE, KASARGODE 04994 224624
4	REGIONAL ARTIFICIAL INSEMINATION CENTRE, KANHANGAD
5	REGIONAL ARTIFICIAL INSEMINATION CENTRE, KASARGODE
6	RINDERPEST CHECK POST, MANJESWAR
7	VETERINARY DISPENSARY,BADIADUKA
8	VETERINARY DISPENSARY,BELLOOR
9	VETERINARY DISPENSARY,CHEEMENI
10	VETERINARY DISPENSARY,CHITTARIKKAL
11	VETERINARY DISPENSARY,DELAMPADY
12	VETERINARY DISPENSARY,DHARMANAGAR
13	VETERINARY DISPENSARY,KALICHANADUKAM
14	VETERINARY DISPENSARY,KARINTHALAM
15	VETERINARY DISPENSARY,KAYYUR

16	VETERINARY DISPENSARY,KODAKKAD
17	VETERINARY DISPENSARY,KUMBADAJE
18	VETERINARY DISPENSARY,KUMBALA
19	VETERINARY DISPENSARY,KUTTIKKOL
20	VETERINARY DISPENSARY,MADAKKARA
21	VETERINARY DISPENSARY,MADHUR
22	VETERINARY DISPENSARY,MADIKAI
23	VETERINARY DISPENSARY,MANGALPADY
24	VETERINARY DISPENSARY,MEENJA
25	VETERINARY DISPENSARY,MOGRALPUTHUR
26	VETERINARY DISPENSARY,MUGU
27	VETERINARY DISPENSARY,MULIYAR
28	VETERINARY DISPENSARY,MULLERIYA
29	VETERINARY DISPENSARY,NAYANMARMOOLA
30	VETERINARY DISPENSARY,PADANNA
31	VETERINARY DISPENSARY,PAIVELIKA

32	VETERINARY DISPENSARY,PANATHADY
33	VETERINARY DISPENSARY,PARAVANADUKKAM
34	VETERINARY DISPENSARY,PERIYA
35	VETERINARY DISPENSARY,PERLA
36	VETERINARY DISPENSARY,PLACHIKKARA
37	VETERINARY DISPENSARY,RAVENESHWARAM
38	VETERINARY DISPENSARY,THACHANGAD
39	VETERINARY DISPENSARY,VALIYAPARAMBA
40	VETERINARY HOSPITAL, MANJESWAR
41	VETERINARY HOSPITAL,KANHANGAD
42	VETERINARY HOSPITAL,KONNAKKAD
43	VETERINARY HOSPITAL,NILESWAR
44	VETERINARY HOSPITAL,THRIKKARIPPUR
45	VETERINARY HOSPITAL,UDUMA

Table 10-List of Community Health Officers (CHO) and AYUSH Stream

Sl No.	Name Of CHO	Stream(Ayurveda,Unani, Siddha, Homoyopathy, Yoga & Naturopathy)
1	Dr Divya C B	Ayurveda
2	Dr. Eldho Paul	Ayurveda
3	Mohammed Imtiyas I	Ayurveda
4	Dr. Seema. Y	Ayurveda
5	Dr Aswani.A	Ayurveda
6	Dr.Leena.B	Ayurveda
7	Dr Abdul Muneer P.K.	Ayurveda
8	Dr Sreeja Sl	Ayurveda
9	Dr Ranjith K R	Ayurveda
10	Dr Deepa K	Ayurveda
11	Dr Greeshma Mohan	Ayurveda
12	Dr. Usha .C	Ayurveda
13	Dr Sruthi Radhakrishnan	Ayurveda
14	Dr. Jaya. G.	Ayurveda
15	Dr Sabitha M P	Ayurveda
16	Dr Rajesh Kumr	Homoeopathy

17	Dr Sruthymol V S	Homoeopathy
18	Dr.Sindhu Venugopal	Homoeopathy
19	Dr Vipin Raj	Homoeopathy
20	Dr Sumesh C S	Homoeopathy
21	Dr Priyesh K	Homoeopathy
22	Dr Mujeeb Rahman C H	Homoeopathy
23	Dr Shafna Moidu	Homoeopathy
24	Dr Mujeeb Rahman C H	Homoeopathy
25	Dr Sindhu Venugopal	Homoeopathy
26	Dr Jesna H	Homoeopathy
27	Dr Deepthi M	Homoeopathy
28	Dr Sarika S Pillai	Homoeopathy
29	Dr Priyesh K	Homoeopathy
30	Dr Saira John	Homoeopathy
31	Dr Sumesh C S	Homoeopathy
32	Dr Sujaya Nair	Homoeopathy
33	Dr Ratheesh.P	Homoeopathy
34	Dr Nisha K V	Ayurveda
35	Dr Jesny V Jose	Ayurveda

36	Dr Abdul Muneer P.K.	Ayurveda
37	Dr Seema Y	Ayurveda
38	Dr Priya K	Ayurveda
39	Dr.Rajeev V	Ayurveda
40	Dr Rasmi.Pk	Ayurveda
41	Dr Remya Bhaskaran	Ayurveda
42	Dr.Shakkeerali K.A	Unani

Table 11 List of Local Self Government Institutions (LSGs) and Presidents

Sl.no	Name of the lsg	Name of the president
1	Ajanur	Mrs. Thulasi
2	Madikkai	Mr v prakshan
3	Pallikkara	Mrs. Shobhana t
4	Pullur peria	Mrs c k sabitha
5	Uduma	Mr.rajendran
6	Badiadka	Mr shanakar d
7	Chemnad	Mr.shankara
8	Chengala	

9	Madhur	Mrs.sujnani
10	Kumbala	Mr.vp bdul kaheer
11	Enmakaje	Smt. Kusumavathi
12	Mangalpady	Mr.golden adbul rahman
13	Manjeswar	Mr.basheer
14	Meenja	Mr.c a thajuddin
15	Paivalike	Mrs.badaruniza
16	Puthige	Mrs.fida ujampadave
17	Vorkady	Mr.ummer borkala
18	Cheruvathur	Mr.t .narayanan
19	Kayyur cheemeni	Mrs.mpv janaki
20	Padanna	Mrs.P.C subaida
21	Pilicode	Mr.kunjiraman.p
22	Trikaripur	Mrs.sajida safarulla
23	Valiyaparamba	Mrs.bushra m.t
24	Bedadukka	Mr. E. Kunjiraman
25	Bellur	Mrs.malini n
26	Delampady	Mr. Musthafa haji
27	Karadka	Mrs. Janani m
28	Kumbdaje	Mrs.yasoda
29	Kuttikkole	Mrs k shobhana kumari
30	Muliyar	Mr.k b muhammed kunhi

31	Balal	Mrs. Latha a
32	East eleri	Mrs.mercy mani
33	Kallar	mrs. Rajitha praveen
34	Kinanur karinthalam	Mr. rajan
35	Kodom belur	Mr.jayachandran
36	Panathady	Mr.raghunath
37	West eleri	Mrs.anu
38	Kanhangad municipality	Mr.v v remeshan
39	Kasaragod municipality	Mrs.shahina salim
40	Nileshwar municipality	Mr.pp muhammed rafi
41	Mogral puthur panchayat	Mr. Abdulla kunhi

Table 12

Key Institutions for Coordination and Support	
Sl. No.	Name
1.	Municipality secretary
2.	Kudumbasree member secretary
3.	Harithakarma sena
4.	Biomedical waste management team

5.	Water authority
6.	AE municipality
7.	Excise department
8.	Forest department

Table 13

Important government offices		
Sl.no	Name of the office	Contact person
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
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Table 14

Helpline numbers	
Helpline	Phone number
Police	9497980922
Fire and rescue	04672202101
Kseb	04672204149

Table 16 Lsg baseline data collection format

Indicator / field	Baseline data	Source / remarks
Total population	1430000	statistical
Males	687500	Institutional data
Females	742500	Institutional data
Transgender population	67	institutional data
Age distribution (<5, 5–14, 15–59, ≥60)	<5-108217, adolescent-165948, >60-181920	

No. Of households	237910	Sensus Data
Population density (persons/sq.km)	718 persons /sq.km	LSGD
No. Of migrant workers	10802	institutional data
Major occupational groups	NRI, daily wages	

Table 17

Vulnerable populations & social risks sl. No.	Indicator / field	Baseline data (value / description)	Source / remarks
1	No. Of elderly (≥ 60)	181920	sub centre data
2	No. Of persons with disability	4179	Sub centre data
3	No. Of bedridden persons	3888	palliative grid
4	No. Of chronic disease cases (dm/htn/copd/ckd etc.)	147745	ncd registry
5	Pregnant women (current estimate)	8862	hmis portal
6	Children <5 years	108217	Hmis portal
7	Tribal population (if any)	48857	lsgd data

8	Fisherfolk / coastal vulnerable groups (if any)	22933	lsgd
9	Urban slums / unnotified settlements (if any)	no	
10	Homeless population	nil	
11	Orphanages / old age homes (number & capacity)	17 nos	Social justice dept
12	Hostels / prisons / shelters (number & capacity)	3 prisons- hostels-	prison dept
13	Poverty / bpl estimate	20557	social justice dept
14	Food insecurity hotspots	nil	
15	Any history of stigma/discrimination issues (yes/no)	nil	

Table No.18

Health system & service readiness			
S l. No.	Indicator / field	Baseline data (value / description)	Source / remarks
1	Availability of isolation/quarantine	yes	lsgd ppp

	facilities (yes/no, details)		
2	Cold chain facilities (yes/no, details)	yes	Fw store
3	Stockpile space available (yes/no)	yes	Fw store
4	Ppe / mask / sanitizer availability plan (yes/no)	yes	Kmcl &fw store
5	Surveillance staff available (jhi/jphn/asha count)	Yes	idsp
6	Existing emergency referral pathways (yes/no)	yes	triage model-

Points of entry & mobility

Sl. No.	Indicator / field	Baseline data (value / description)	Source / remarks
1	Bus stands / depots (number)	2 depots, bustand- 14	district profile
2	Railway stations (number)	11	
3	Boat jetties / fishing harbours (number)	10	
4	Ports / airports nearby (specify distance)	Nearby mangalore airport and kannur airport (65 km)	
5	Major highways/roads passing through	NH 66, SH	
6	Border crossings (state/district)	Kannur-district State-karnataka	
7	Major markets / weekly markets	no	
8	Tourism hubs / major event venues	bekal fort, ranipuram,edayilakkad , valiyaparamba	
9	Schools/colleges with hostels (number)	18	

10	Factories / large workplaces (number)	3 factories	
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Table 19

Water, Sanitation, and Hygiene (WASH) Infrastructure Assessment			
Sl. No.	Indicator / field	Baseline data (value / description)	Source / remarks
1	Major drinking water sources (piped / wells / borewells / springs)	pipe, well, borewell	
2	No. Of public wells	1971	
3	No. Of households with piped water connection	4075	
4	Water quality testing routine (yes/no)	yes	
5	Common contamination risks (flooding, salinity, industrial waste)	Flooding, salinity – municipality and coastal and nearby Midland	
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	211	
10	Handwashing stations in public places (yes/no)	yes	

Table 20

Critical infrastructure & logistic			
Ssl. No.	Indicator / field	Baseline data (value / description)	Source / remarks
1	Schools (number)	688	
2	Anganwadis (number)	1340	
3	Colleges (number)	37	
4	Community halls (number)	191	
5	Places of worship with large gatherings (number)	35	
6	Large markets / shopping areas (number)	no	
7	Warehouses / cold storages (number)	yes	
8	Telecom/mobile network coverage gaps (yes/no)	yes	
9	Power outage frequency (high/medium/low)	high	
10	Availability of generators in key facilities	yes	

Table 21

Climate & disaster risks (pandemic amplifiers)			
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)	units- 11909	
4	Volunteer network (number, coverage)		
5	Community-based surveillance mechanisms (yes/no)	yes	
6	Iec dissemination channels (whatsapp groups, community radio, pa systems)	yes	
7	Rumour tracking mechanisms (yes/no)	yes	
8	Languages spoken /literacy considerations	yes	Language experts

			Identified
9	Vulnerable groups communication strategy available (yes/no)	yes	

Table 22

Preparedness and Response Capacity Assessment (LSG Level)			
S l. No.	Indicator / field	Baseline data (value / description)	Source / remarks
1	Lsg emergency plan available (yes/no)	yes	
2	Pandemic preparedness plan available (yes/no)	Yes	
3	Incident command system identified (yes/no)	Yes	
4	Rapid procurement mechanism available (yes/no)	Yes	
5	Emergency fund available (yes/no, amount)	Yes	
6	Past outbreak response experience (yes/no, details)	yes	
7	Intersectoral coordination mechanism (health, police, lsg, veterinary, education)	yes	
8	Mock drills conducted in last 12 months (yes/no)	Yes-(tqhq nileshwaram 7/5/2025), w&c	

		kanhangad(17/02/2026)	
9	Training coverage for staff/volunteers (yes/no)	yes	

Table 23

Surveillance & data system			
Sl . No.	Indicator / field	Baseline data (value / description)	Source / remarks
1	Digital reporting tools used (e.g., dhis2, portals)	yes	
2	Availability of line-listing format (yes/no)	yes	
3	Contact tracing team identified (yes/no)	yes	
4	Mapping of high-risk households available (yes/no)	yes	
5	Testing sample transport mechanism (yes/no)	yes	
6	Reporting timeline adherence (good/average/poor)	good	
7	Data sharing between departments	yes	

	(yes/no)		
8	Availability of dashboard for monitoring (yes/no)	yes	

Table 24

Situation Analysis and Risk Assessment (LSG Level)			
S l. No.	Indicator / field	Baseline data (value / description)	Source / remarks
1	Key challenges perceived by lsg	Limited HR	
2	Top 5 high-risk wards (reason)	Meenappees kadappuram, avikkara, hosdurg kadappuram, balla kadappuram, punchavi kadappuram, cheruvathur, kumbala(flood), badiadka, balal, cheruvathur, enmakaje, karadka, kodombelur kumbadaje, panathady(landslide)	
3	Any unique local risks (industrial pollution, refugee camps, etc.)	Nil	
4	Recommendations for preparedness strengthening	Train and maintain a reserve workforce of healthcare professionals and volunteers. Strengthen primary healthcare systems to manage mild cases and reduce hospital burden.	