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सत्यमेव जयते

CHILD RIGHTS AND YOU

TRAINING MANUAL

CHILD RIGHTS AND CHILD PROTECTION DURING DISASTERS AND EMERGENCIES

National Institute of Disaster Management
(Ministry of Home Affairs, Government of India)
&
Child Rights and You (CRY)

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Child Centric Disaster Risk Reduction Centre

National Institute of Disaster Management

(Ministry of Home Affairs, Government of India)

&

Child Rights and You (CRY)

Training Manual on "Child Rights and Child Protection during Disasters and Emergencies"

ISBN No: 978-81-986279-3-3

Edition: 2025

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Published by:

National Institute of Disaster Management (NIDM), Ministry of Home Affairs, Government of India, Delhi-110042

Citation:

Ratnoo, R., Raka, K., Ansari, S., Raman, D., Balu I, and Kumar, R. (2025): Training Manual on "Child Rights and Child Protection during Disasters and Emergencies". National Institute of Disaster Management, Delhi, India. Pages

“There is no trust more sacred than the one the world holds with children. There is no duty more important than ensuring that their rights are respected, that their welfare is protected, that their lives are free from fear and want and that they can grow up in peace."

- Kofi Annan
Former Secretary General,
United Nations

CONTENT

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राजेन्द्र रत्नू, भा. प्र. से.
कार्यकारी निदेशक
Rajendra Ratnoo, IAS
Executive Director

सत्यमेव जयते
आज़ादी का अमृत महोत्सव

राष्ट्रीय आपदा प्रबंधन संस्थान
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FOREWORD

In a world fraught with uncertainties, where natural hazards and emergencies can strike at any moment, the safety and well-being of our children must always be at the forefront of our minds. The impact of such events can be particularly devastating for children, who usually suffer the direst brunt of their consequences. Our collective responsibility is to ensure that, amidst the chaos and turmoil of these challenging times, children's rights are protected and upheld.

It is with immense pride and a profound sense of purpose that I present this training manual on Child Rights and Child Protection during Disasters and Emergencies, a vital resource that underscores the indispensable importance of safeguarding the interests of our most vulnerable population – our children. This manual is a comprehensive guide that combines theory and practice, aimed at empowering those who work tirelessly to ensure that children's rights to health, nutrition, education, and protection from harm, abuse, neglect, and exploitation are upheld during times of crisis.

Within these pages, you will find actionable points, dos, and don'ts that are designed to equip actors on the ground with the knowledge and tools needed to be a champion for child-centric disaster risk reduction. We firmly believe that through education, awareness and practical strategies, we can ensure safeguarding the lives of our children, even in the face of the most challenging circumstances. By combining the theoretical foundations of child rights and protection with practical, real-world approaches, this manual provides a holistic perspective on how we can safeguard the interests of our children during disasters and emergencies.

Let us be unwavering in our commitment to child-centric disaster risk reduction for the achievement of our collective target of 'zero tolerance for children at risk' and ensuring that no child is left behind in their time of greatest need. It is my hope that this manual serves as an invaluable resource and a source of inspiration, enabling us all to become advocates for change and protectors of children's rights in the face of adversity.

(Rajendra Ratnoo)

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ACKNOWLEDGEMENT

The creation of this training manual on Child Rights and Child Protection during Disasters and Emergencies has been a collective effort, bringing together the expertise, dedication, and passion of CCDRR Centre of NIDM and Child Rights and You (CRY). As we present this training manual, I would like to extend my heartfelt gratitude to everyone who contributed to its development.

First and foremost, I would like to express my deepest appreciation to Shri. Rajendra Ratnoo IAS, the Executive Director, NIDM. His unwavering support and guidance were instrumental in bringing this initiative to fruition. We are grateful to Ms. Puja Marwaha, CEO, CRY for facilitating and spearheading the development of this training manual. I am thankful to Shri. Subhendu Bhattacharjee, Director PRAD, CRY, for his critical insights and continuous support throughout the project.

This training manual was made possible through the collaborative efforts of a multitude of domain experts from child rights organisations, field practitioners, research and academic institutions. We deeply appreciate your contributions, which have enriched the content and made it more comprehensive and relevant.

I would take this opportunity to acknowledge and congratulate our core team who worked tirelessly in shaping this manual. Their dedication to promoting child-centric disaster risk reduction is evident in every section of this manual. I thank Dr. Kumar Raka, Senior Programme Officer at CCDRR and Dr. Shaheen Ansari, Education & Emergency Specialist, CRY, who supervised the entire process. Special thanks to Ms. Dolphi Raman, Consultant, CRY for her meticulous work in preparing this manual. I also appreciate other members of CCDRR including Shri. Ranjan Kumar (Consultant, CCDRR), Dr. Balu I (Consultant, CCDRR) and Ms. Nazia Sheikh (Junior Consultant) for their support. I also express my gratitude to Mr. Abhik Bhattacharya, Associate General Manager, CRY and Mr. Sourabh Ghosh, Senior Manager, CRY for their thorough review of this document.

This manual represents the culmination of months of research, consultation and review process and it stands as a testament to what can be achieved through collaboration and a shared commitment to the well-being of our children. I hope this document will be an invaluable tool for all those working tirelessly to protect and uphold the rights of children during disasters and emergencies.

Col. P. S. Reddy
Joint Director,
NIDM

PREFACE

The grassroots-level experience of working with marginalised children and their communities over the past four decades has taught us a profound truth – whenever there is a humanitarian crisis, it is the children who are among the most vulnerable. Today, it not only remains a pressing concern but also tends to multiply manifold, as the possibilities of disasters caused by acute weather activities, climate change, or pandemics increase day by day.

In such a scenario, the importance of building awareness and understanding among the people at large, and leading them to collective preparedness and action cannot be denied. And, this manual is the first step towards just that – as it seeks to bridge the gap between awareness and action and show us the way to collective resilience.

At CRY, we have long been dedicated to upholding the rights of children, regardless of their circumstances. A disaster or emergency should never be a catalyst for the violation of their rights; instead, it should reinforce our commitment to safeguarding them during a crisis.

This manual reflects our core principles–belief in the inherent dignity of children and commitment to stand by their fundamental rights. It is designed to empower individuals and organisations alike, with practical and actionable guidance, towards upholding child rights, and ensuring that children are considered the highest priority during any critical situations.

One unique feature that distinguishes this manual is its emphasis on "Child-Led Disaster Risk Reduction" (CLDRR). The voices and active participation of children have been, and will always be, at the heart of our mission. We firmly stand by the idea that children are never passive victims but rather active agents of change. By engaging them in the disaster risk reduction discourse and practice, we not only protect their rights but also incubate the leaders of tomorrow who will carry forward the message of resilience, empathy and social responsibility.

Like all our knowledge products, this manual's creation was an outcome of collaboration which involved experts, practitioners, child protection advocates, educators, and most importantly, children. This was an outcome of a strategic partnership with the National Institute of Disaster Management (NIDM), and the insights gained through rigorous research, extensive consultation, and thorough review processes contributed to the development of this manual that is both evidence-based and deeply rooted in ground-level experiences.

We understand that the challenges faced by children during disasters and emergencies are multifaceted, and the responses need to be equally

comprehensive. Through this manual, we aspire to provide a roadmap to our partners, collaborators, and supporters, to help protect children's rights, and ensure that no child is left behind in the most trying times.

We believe in the power of knowledge, collective action, and unyielding dedication towards children. Together, we can foster a world where children's rights are not only recognised on paper but are a living reality.

Puja Marwaha,
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AUTHORS' NOTE

This manual serves as a comprehensive guide to equip participants with the knowledge, skills, and attitudes necessary to train others effectively in safeguarding the rights and well-being of children in times of disaster.

Disasters and emergencies pose unique challenges to children, often exacerbating their vulnerabilities and placing them at increased risk. It is imperative that those involved in emergency response efforts have a deep understanding of child rights and protection principles to ensure a coordinated and effective response.

While developing this manual, we aimed to address the critical aspects of disaster and emergency planning from a child-centric perspective. This manual is designed with the understanding that participants of this ToT would eventually act as trainers and play a crucial role in building the capacity of others to respond to emergencies in a child-friendly manner. The manual uses diverse methodologies- interactive sessions, case studies, and practical exercises to create a foundation of key concepts such as the specific vulnerabilities of children during disasters, legal and ethical responsibilities, and child-friendly approaches to preparedness, response, and recovery.

Our aim is not only to impart knowledge but also to cultivate a mindset of empathy, sensitivity, and inclusivity in your approach to child protection. By fostering collaboration with stakeholders and promoting child participation, the participants will be better equipped to address the diverse needs of children in emergencies and ensure their voices are heard and respected.

We encourage the readers to engage wholeheartedly with the material and to draw upon their own experiences and insights to enrich the learning process. Their commitment to this important work will contribute significantly to building resilient and compassionate communities where children's rights and well-being are safeguarded, even in the face of adversity.

Warm Regards,

Shri Rajendra Ratnoo IAS (ED, NIDM)
Dr. Kumar Raka (Sr. Programme Officer, CCDRR, NIDM),
Dr. Shaheen Ansari (Education & Emergency Specialist, CRY) &
Ms. Dolphi Raman (Consultant, CRY)

Abbreviations

ACE	Adverse Childhood Experiences
ALP	Accelerated Learning Programme
ALS/ ALC	Alternative Learning Spaces / Centres
ANC	Ante- natal Care
ANM	Auxiliary Nurse and Midwife
ASHA	Accredited Social Health Activist
ATI	Administrative Training Institutes
CBO	Community-Based Organisations
CBT	Cognitive-Behavioural Therapy
CCDRR	Child-centric Disaster Risk Reduction
CCI	Child Care Institution
CFS	Child-Friendly Space
CHC	Community Health Centre
CLDRR	Child-led Disaster Risk Reduction
CMAM	Community based Management of Acute Malnutrition
COVID- 19	Coronavirus Disease- 2019
CPCR Act	Commissions for Protection of Child Rights Act
CPMS	Child Protection Minimum Standards
CPO	Child Protection Office
CPR	Cardiopulmonary Resuscitation
CRY	Child Rights and You
CWC	Child Welfare Committee
CwD	Children with Disabilities
DCPO	District Child Protection Officer
DCPU	District Child Protection Unit
DDMA	District Disaster Management Authority
DEO	District Education Office
EMDR	Eye Movement Desensitisation and Reprocessing Therapy
EOC	Emergency Operations Centre

EOC-NET	Emergency Operations Centre Network
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
ICDS	Integrated Child Development Scheme
ICPS	Integrated Child Protection Scheme
IFA	Iron Folic Acid
INEE	Inter-Agency Education in Emergencies
IPC	Infection Prevention and Control
IYFP	Infant and Young Children Feeding Practices
JJB	Juvenile Justice Board
LCA	Life Cycle Approach
MNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
MoHFW	Ministry of Health and Family Welfare
NCC	National Cadet Corps
NCPCR	National Commission for Protection of Child Rights
NET	Narrative Exposure Therapy
NGO	Non-Government Organisations
NHM	National Health Mission
NRC	Nutrition Rehabilitation Centres
NSS	National Service Scheme
NYKS	Nehru Yuva Kendra Sangathan
OHCHR	Office of High Commissioner of Human Rights
PDS	Public Distribution System
PFA	Psychological First Aid
PHC	Public Health Centre
PPE	Personal Protective Equipment
PTSD	Post Traumatic Stress Disorder
QRT	Quick Reaction Team

RIP	Risk-Informed Programming
RTE	Right to Education
RTIs	Reproductive Tract Infections
RUTFs	Ready-to-Use Therapeutic Foods
SCPCRs	State Commissions for Protection of Child Rights
SDG	Sustainable Development Goals
SDMA	State Disaster Management Authorities
SDRF	State Disaster Response Force
SFDRR	Sendai Framework of Disaster Risk Reduction
SHG	Self Help Group
SoP	Standard Operating Procedure
SRHR	Sexual and Reproductive Health and Rights
STIs	Sexually Transmitted Infections
TLS/ TLC	Temporary Learning Spaces / Centres
ULBs	Urban Local Bodies
UNESCO- PEER	United Nations Educational, Scientific and Cultural Organisation-Programme of Education for Emergencies and Reconstruction
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

Introduction to the Manual

India is one of the world's most disaster prone countries, with the majority of its states being susceptible to cyclones, earthquakes, landslides, floods, and droughts regularly. The frequency and intensity of catastrophes have increased due to climate change and environmental degradation, which has also increased vulnerability. As of the 2011 census, there were 536.9 million children in India in the age category of 0–14, accounting for 44.35% of the country's total population.

Perhaps the biggest danger to children's wellbeing is natural hazards. UNICEF states that since children are most vulnerable to the harmful consequences of disasters, they will be the ones who suffer the most from them. Around 175 million children worldwide are thought to be impacted by natural hazards each year, according to Save the Children. Children are particularly vulnerable during disasters and experience increased problems regarding their physical health, mental health, and learning after exposure (Peek, 2008; Lai et al., 2014).

An estimated 24.1 million children in India are affected annually by heatwaves, cyclones, floods, and other disasters (Humanitarian Action for Children 2023- India, UNICEF, 2023). 6 million children from 310 districts spread across 22 states were impacted by the monsoon floods from May to October 2022 (UNICEF, 2022).

Peek (2008) demonstrates that children under the age of 18 years are a particularly vulnerable population when exposed to disasters. In most disasters, around a third or half of deaths are that of children. Disasters affect children more disproportionally than adults, especially those from impoverished backgrounds in the long term (Kamath, 2015). Children also suffer more severe physical effects from disasters because of biological differences, for example, they have thinner skin, are at greater risk due to dehydration (the most common occurrence in shock) and are more likely to lose body heat (United States Centre for Disease Control and Prevention, 2020).

Disasters can harm the physical health and mental health of the children. They tend to cause interruption of education due to death, injury, displacement, and breakdown of social networks and local economies (Kousky, 2016). Death or mortality in the family (child, parent or guardian); or lack of required healthcare due to damage or added strain on health facilities in times of emergencies (Datar et al., 2013). Disasters also can harm children indirectly when a disaster affects parents and other adults (such as teachers and caregivers), children's care,

protection, and support systems are eroded (Kousky, 2016; La Greca et al., 2010). Child's routine life may also be disrupted when there is a loss of the ability of the family to incur expenditure on required medical and health care, due to income shocks pertaining to loss of livelihood, and death of earning members of the family (Datar et al. 2013).

It is actually due to their physical, psychosocial and most of all their dependency on adult caregivers that children are the most vulnerable and worst affected due to any natural hazard or anthropogenic disaster.

Children are frequently ignored and alienated during emergencies and disasters because their total care and protection along with their education, nutrition, physical and psychological safety are disrupted. There are many more human-induced risks that can persist and place children in a vulnerable position at home, in the community, at school, or outside, in addition to natural hazards and human-induced disasters such as fire, pandemic, etc. Moreover, societal disparities like gender contribute to increased susceptibilities for female children. Children's special needs for health, nourishment, psycho-social support, education and protection make them more susceptible to the risks associated with climate change, disasters, and conflicts. In the absence of coordinated action, millions of children will continue to be at risk due to aggravating risk factors like malnourishment, infectious diseases, water scarcity, and the breakdown of vital infrastructure and social services.

Following a disaster or emergency, children are also more likely to experience long-term developmental, physical, and psychological problems. It is vital to plan ahead in order to provide for the special requirements of children during emergencies and disasters. The Hon'ble Prime Minister's 10-point DRR agenda, the Sendai Framework for Disaster Risk Reduction (SFDRR) 2015-2030, and the Sustainable Development Goals (SDGs) to be achieved by 2030 will never be accomplished if we do not give first priority to children's needs. Therefore, it is crucial to guarantee that kids are safe and sound, flourish, and acquire knowledge in both emergency and developmental situations. In times of distress, every child-regardless of their identity or origin-deserves safety, security, protection, relief, and care.

For children to assert their rights, they are still heavily dependent on their parents, guardians, the government and other members of the local society. It is also frequently the case that children have the burden of responsibility for exercising their rights. It is necessary to take action to shift this burden to the adults who are responsible for defending the rights of children. When planning for rehabilitation and recovery following disasters, children's voices are often overlooked.

The UN Convention on the Rights of the Child (UNCRC) 1989 is ratified by India. Disasters

impede the realisation of the rights guaranteed by the UNCRC, such as Article 6- Right to Development and Survival. "Children have the right to a standard of living that is good enough to meet their physical and mental needs," according to Article 27 of UNCRC, yet this requirement cannot be met in areas with a high risk of disasters. The CRC's Articles 12 and 13 safeguard children's rights to information sharing and participation in life-affecting decision-making processes (OHCHR, n.d.).

The Sendai Framework for Disaster Risk Reduction (SFDRR) 2015-30 lays out a comprehensive and action-oriented framework which acknowledges the disproportionate impact that disasters have on children and embodies the substantial reduction of disruption to education as one of its seven targets. It also emphasises that, in line with laws, national practices and educational curricula, "children and youth are agents of change and should be given the space and modalities to contribute to disaster risk reduction" (Burón B, 2020).

Pre-planned measures for preparedness, response and recovery can considerably reduce the risk and exposure of children to disasters and help communities and institutions prepare for and respond in a better way. They help in preventing and reducing exposure to hazards and vulnerability to disasters enhance responsiveness for response and recovery, and ultimately build resilience. The aim is to 'prevent new and reduce existing disaster risk'. Capacity building and training for child-centric DRR and child protection, evidence-based preparedness and recovery programmes targeting children and their vulnerabilities, monitoring and evaluation of programmes etc. are imperative in creating long-term support and capacities required for child-centric disaster risk management.

The right to participation in the UNCRC also emphasises the participation and engagement of children in the decisions and actions that affect them directly. Therefore, prioritisation and investment in child-centric disaster risk reduction remain incomplete without considerable focus on children-led disaster risk reduction.

Objectives of the Manual

1. To explain the cyclical nature of disaster and emergency planning.
2. To enable participants to differentiate between activities required in pre and post-disaster situations.
3. To capacitate the trainees to plan for different child-centric services such as health, nutrition, education etc. throughout the disaster cycle i.e. preparedness, response, and recovery.
4. To develop technical skills in participants to effectively deliver child-centric training programmes.

5. To orient the participants on how to engage with other stakeholders.
6. To equip trainees as master trainers who can deliver engaging and interactive training sessions.
7. To sensitise participants to an empathetic approach towards children in distress.
8. To enable the implementation of child-centric protection and DRR actions on the ground
9. To facilitate networking and collaboration among participants from different sectors, such as government agencies, NGOs, schools, and community groups, to work together on child-centric disaster risk reduction initiatives.

Expected Learning Outcomes of the Manual

At the end of the training programme, one would have:

1. The knowledge of key international conventions and frameworks related to child rights and protection, such as the UN Convention on the Rights of the Child (UNCRC).
2. Understanding of the specific vulnerabilities of children during disasters and emergencies, including physical, psychological, and social risks.
3. Understanding of the legal and ethical responsibilities of governments, organisations, and individuals in ensuring child rights and protection during emergencies.
4. Ability to conduct a child-centric risk assessment to identify potential hazards and vulnerabilities in disasters and emergencies.
5. Knowledge of child-centric and child-friendly approaches to disaster preparedness, response, and recovery.
6. Understanding of the psychological and emotional needs of children during and after emergencies and the ability to provide appropriate support.
7. Knowledge of how to establish and manage child-friendly spaces in emergency settings.
8. Recognition of the diverse needs and vulnerabilities of children, including those related to gender, disability, and cultural background.
9. Ability to work collaboratively with relevant stakeholders, including government agencies, NGOs, and community organisations to ensure a coordinated response.
10. Acquire skills to plan and deliver training programmes to first responders at the grassroots level.

Target Training Groups and Audiences

The training group and audiences for this training of trainers are officials of Administrative Training Institutes (ATIs), State Disaster Management Authorities (SDMAs), State Disaster Response Force (SDRFs), Civil Defence, National Cadet Corps (NCC), National Service Scheme (NSS), Nehru Yuva Kendra Scheme (NYKS), Cross-Sectoral Departments of State Governments (Health, Education, Panchayati Raj, Rural Development, Revenue, Women & Child Welfare, Police Department, Juvenile Justice Board and other relevant departments), Academia (Universities, Colleges and Schools), Civil Society Organisations (CSOs), Parents, Teachers and, Students etc.

Contents and Structure of the Manual

The training manual provides a training tool/ aid that will help in gaining a comprehensive understanding of child protection and child rights in disasters and emergencies. The training manual will assist in enhancing knowledge and capabilities among child protection practitioners/ workers to develop and implement standard measures and tools for safeguarding children during disasters and emergencies and also guide to address the diverse needs and circumstances related to child protection during disasters and emergencies, aligning with national disaster prevention and relief plans.

Experiential methods are part of the training approach and methodology. The handbook combines more interactive and immersive learning strategies, such as group exercises centered around case studies and introspection on individual experiences, with more conventional teaching techniques, like discussions and presentations. The manual also offers guidelines and tips for both trainers as well as trainees. Each session includes objectives, expected outcomes, key considerations, and handouts (if any) along with a list of references at the end of each session. There are references for other sources of additional relevant readings as well.

The training manual consists of seven modules designed for a five-day course. The manual also incorporates experiential learning through individual and group activities, case studies, simulation exercises etc. The five days modules of the manual are as follows:

Seg	Topic		Duration
Module I: Child Rights and DRR: Concepts			
Day 1	Session 1	Child Rights, Disasters and Child centric Disaster Risk Reduction	**45-60 min**
Day 1	Session 2	Life Cycle Approach and Risk-Informed Programming	**45-60 min**

Seg	Topic		Duration
Module II: Right to Survival in Disasters and Emergencies			
Day 1	Session 1	Healthcare in Emergencies	**45-60 min**
Day 2	Session 2	Nutrition in Emergencies	**45-60 min**
Module III: Right to Development in Disasters and Emergencies			
Day 2	Session 1	Early Childhood, Brain Development and Mental Health	**45-60 min**
Day 2	Session 2	Continuity of Education in Emergencies	**45-60 min**
Module IV: Right to Protection during Disasters and Emergencies			
Day 3	Session 1	Child Protection in Emergencies	**45-60 min**
Module V: Right to Participation in Disaster Risk Reduction			
Day 3	Session 1	Engaging Children and Adolescents during Disasters and Emergencies	**45-60 min**
Module VI: Simulation Exercise			
Day 3	Exercise 1	Group Brainstorming Activity: Child Protection and Child Rights	**90 min**
Day 3	Exercise 2	Survivor's Game	**90 min**
Module VII: Field Exercise			
Day 4	Field Visit and Group Discussion		**1 Day**
Day 5	Group Presentations		**150- 180 min**

Training Materials and Facilities

- Training hall/classroom with suitable capacity and fixers
- Computers
- Projector with screen
- Mike(s)
- Speaker(s)
- Whiteboard and markers
- Stationary

- Chart papers
- Photocopies/printouts of resource materials

Training Methodology

Every module has been designed to facilitate learning through group participation, presentations, and discussions. The tools listed below are recommended for engaging the participants:

- Pre-evaluation form: Pre-assessment of the participants about their prior understanding of the course.
- Session-wise Feedback form
- Group discussions/ activity
- Case Studies
- Question-Answer Sessions
- Simulation Exercises/ Activities
- Field visits to aid the understanding of participants through a participatory observation approach
- Group presentations: participants will be divided into diversified groups during the field visit and each group will prepare a 10-15 minute presentation on field visit learnings
- Group discussions/work
- Post-evaluation forms for assessment
- Oral Feedback from participants
- Overall Online Feedback

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Module I:
Child Rights and Disasters: Concepts

Module-I

Module I:
Child Rights and Disasters: Concepts

SESSION 1: CHILD RIGHTS, DISASTERS AND CHILD-CENTRIC DISASTER RISK REDUCTION

Session Objectives

1. To enable basic understanding among participants about the major rights of children under the UNCRC (United Nations Convention on the Rights of Child) including their right to protection and safety during disasters.
2. To discuss the national and international legal frameworks and conventions related to child rights and child protection during disasters, such as the UN Convention on the Rights of the Child.
3. To sensitise the participants about the unique vulnerabilities that children face during disasters.
4. To familiarise the participants with the child-centric approach to disaster risk reduction.
5. To share best practices and case studies of successful child-centric disaster risk reduction programmes, projects and policies from around the world.
6. To discuss strategies for building the resilience of children and communities to disasters, emphasising prevention, preparedness, and response.
7. To emphasise the importance of engaging communities including parents, caregivers, teachers, and local leaders in disaster risk reduction efforts to protect children.
8. To encourage participants to advocate for child rights and child-centric disaster risk reduction within their organisations, communities, and at the policy level.
9. To equip them with the knowledge and skills needed to promote and implement child-centric disaster risk reduction strategies in their actions.

Expected Learning Outcomes of the Session

By the end of this session, the participants would be able to:

1. Demonstrate a heightened awareness of the importance of child rights in the context of disasters and a deeper understanding of the vulnerabilities that children face during such events.
2. Develop greater empathy and sensitivity toward the challenges children encounter

during disasters, leading to more compassionate and child-centric approaches to disaster risk reduction.

3. Showcase enhanced knowledge and understanding of relevant legal frameworks, conventions, and guidelines related to child rights and child protection during disasters, as well as the principles of child-centric disaster risk reduction.
4. Encourage child participation in disaster risk reduction efforts, allowing children to actively voice their concerns, insights, and ideas.
5. Acquire new skills, knowledge, and resources to effectively implement child-centric disaster risk reduction.
6. Advocate for child rights and child-centric disaster risk reduction within their respective organisations, communities, and policy levels, leading to concrete actions and policy changes.
7. Establish connections and collaboration among participants from various sectors, fostering a more holistic and coordinated approach to protecting children during disasters.

United Nations Convention on Rights of the Children (UNCRC)

The UN General Assembly adopted the Convention on the Rights of the Child (CRC) in 1989. The Convention applies to all children in all contexts. It is the absolute responsibility of the State to ensure that the rights of children are realised and safeguarded. During any humanitarian crisis, the provisions mandate that children and their rights be protected and that assistance is provided to ensure the recovery of children, their families, and communities. UNCRC also lays out that adults and governments must work together to ensure that children can enjoy all their rights.

The articles of the convention cover all aspects of a child's life- civil, political, economic, social, and cultural. The guiding principles and major rights of the convention are categorised as follows:

Four Principles

— The best interests of the child
— Non-discrimination
— Development
— Views of the child

Four Major Rights

— Survival
— Development
— Protection
— Participation

Figure 1: Major Rights of Children; Source: Compiled from multiple sources

Child-Centric Disaster Risk Reduction (CCDRR)

Definition

Children must not be viewed as helpless victims/ passive beneficiaries but rather as active participants. With due consideration to their stages of physical, social, and emotional development, evaluating their abilities and viewpoints, avenues and mechanisms must be created for their complete involvement in disaster risk reduction initiatives.

Goals

It seeks to fortify a rights based relationship between the primary stakeholders. i.e. children with their duty bearers- parents, communities, service providers, and governments by building capacities and enhancing accountability and transparency at all levels. The primary objective of child-centric Disaster Risk Reduction (DRR) is to protect children and their rights against the risk of disasters and climate change.

Child-centric disaster risk reduction must encompass both child-sensitive and participative policy making and programming (Children in a Changing Climate Research Report, 2011). Child-sensitive policies and programmes address the needs of children as recipients or beneficiaries. For this, measures like school feeding programmes, social protection schemes,

direct benefit transfer programmes for families to lessen current their vulnerabilities, structural audit and retrofitting of school buildings, contingency plans for education and emergency service delivery, or disaster preparedness plans that specifically address children and their needs, may be employed. Children must actively participate in planning, decision-making, and accountability processes for prevention, readiness, and response through participatory policy and programming. This also involves child-led DRR that empowers children and adolescents to take the lead in bringing about change in their communities, schools, homes, and other settings.

CCDRR Approach

For organisations with limited resources tackling the complexity and difficulties of enhancing community resilience to disaster risks, child-centric disaster risk reduction is a useful strategy. Despite making up between 50% and 70% of the population in the majority of nations at risk from natural disasters, children are far too frequently ignored in DRR programming and policy measures. Children being one of the largest segments of the population presents an opportunity to build unmatched capacities.

Children perceive risks in a distinct and integrated manner. Children's perception of risks is all-embracing as they include natural threats, self-protection, societal, and economic risks. Their perceptions influence their actions and define their willingness to mobilise for any kind of activity in the disaster and development spectrum. Usually, they seem to possess a broader understanding of risks than adults who only focus on ensuring that their daily basic needs especially concerning the environment are met. They have, for example, pinpointed various risks in their environment which they consider to be more pressing such as security on roads, loose hanging wires, and sexual abuse which adults take for granted or ignore.

Children are effective risk communicators. According to DRR programmes implemented by organisations such as Plan International, children can address issues of risk and risk reduction effectively with their parents, caregivers, other family members and peers and even through informal networks. If given the right tools and support, children can reach out to the masses and relay information about risks.

Children when they are empowered, become core actors of change. Children tend to have ingenious methods and grand goals to make changes when necessary. They also appear less inhibited by social pressures and determinism.

With awareness of risks and adequate knowledge of their rights, children can fully utilise the adaptive capacity to address issues of climate change and disaster risk. Their engagement in disaster risk reduction and environmental regeneration and sustainability can create significant outcomes to combat these issues.

It is easier to effect change in the thought patterns, attitudes and thereby behaviours in children rather than adults. Hence, for building a culture of safety and resilience, their active participation is a must. Child-centric DRR can support children to take part in disaster management, enabling and facilitating them to make more risk informed and ecologically sound choices that would ultimately reduce vulnerability and increase resilience.

CCDRR is a long-term approach whereby an enabling environment is to be created for children to grow into responsible leaders and change agents. This way of DRR governance empowers children today so that they can cope with future disasters more effectively.

Children are viewed as key protagonists of their development and the development of their societies, so a child driven model reinforces them to be active participants in positive change. It also involves strengthening systems of governance, accountability, and information flow to and from children and vulnerable communities to consolidate transparency between these groups and their governments. CCDRR is an inclusive approach that intends to involve children of all genders, ages, abilities, regions etc., to participate in DRR.

Implementation of Child-Centric Disaster Risk Reduction

CCDRR is an intricate concept that seeks to address and mitigate risks resulting from the various elements associated with development. Children and local communities can be seen as multi-dimensional as they exist within intersecting social, cultural, political, environmental and economic spheres. Therefore, these groups of girls, boys, infants and adolescents possess several layers of risk when it comes to disasters. This also assists us in comprehending how the wide range of risks change across different sub-groups and the impact such changes have on them.

Working with children

When it comes to disaster risk reduction, children have the potential to be active change agents and help out in making a difference. They can take action on local, national and even global levels if they are provided with the right guidance and responsibility.

Working with duty bearers

To provide a child-centric approach to the issue of DRR, there is a necessity to work with a variety of different stakeholders level from children's parents, caregivers, teachers, local authorities, and other civil society actors who all have indirect responsibility to ensure the wellbeing of children. It is of utmost importance to ensure the participation of those in governance who can then foster an environment which encourages the participation of the children.

Working with partners

Collaborative action and initiatives with strong public, private and civil partnerships and networks can enhance coverage and impact of CCDRR interventions. Such collaborations can result in pooling of resources, influence, knowledge and technical expertise.

Duration of the Session:

This session should be 45-60 min in duration.

Methodology:

- Lecture/ PowerPoint Presentation
- Case Study
- Video Aid: https://www.youtube.com/watch?v=yDz6Xpkn9is
- Experiential method
- Discussion
- End of session: Question/Answer round

References:

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SESSION 2: LIFE CYCLE APPROACH AND RISK-INFORMED PROGRAMMING

Session Objectives

1. To help participants understand the various life stages of a child, from infancy to adolescence, and the specific needs, vulnerabilities, and capacities associated with each stage.
2. To promote a holistic perspective on child-centric disaster risk reduction that addresses the physical, psychological, social, and emotional development of children.
3. To explore the developmentally appropriate strategies for disaster risk reduction at each life stage, ensuring that interventions are tailored to the specific needs of children as they grow.
4. To discuss strategies for preventing and preparing children to deal with disasters, which may include early childhood education, school-based disaster drills, and home-based safety measures.
5. To provide guidance on how to conduct age-appropriate risk assessments that take into account the vulnerabilities and capacities of children at different life stages.
6. To develop a comprehensive understanding of the various risks and hazards that children may face in their communities and regions, including natural disasters, conflict-related risks, and health emergencies.
7. To equip participants with the skills to conduct risk assessments and analysis that specifically consider the vulnerabilities and needs of children at different life stages.
8. To discuss and share effective strategies for reducing risks to children, including preventive measures, preparedness, and response plans.
9. To induct participants for the incorporation of risk informed child-centric risk reduction approaches at all levels of policy and decision-making.

Expected Learning Outcomes of the Session

1. A deeper understanding of the life cycle approach to disaster risk reduction and how it can be applied to protect children effectively.
2. Recognition of the importance of focusing on the unique vulnerabilities and needs of children throughout their development, from infancy to adolescence.
3. Participants should learn how to conduct comprehensive risk assessments that take into account the different stages of child development, enabling the identification of vulnerabilities and opportunities for intervention.
4. Ability to develop disaster risk reduction interventions that are specifically tailored to

different age groups and life stages of children, considering their physical, emotional, and psychological needs.

5. Develop an understanding of how to design and implement programmes for child-centric disaster risk reduction initiatives at different life stages.
6. Promote the integration of child-centric disaster risk reduction into long-term development plans and strategies, ensuring its sustainability.
7. Participants should understand that the life cycle approach recognises and includes the needs of all children, including those with disabilities, those from marginalised communities, and those from different cultural contexts.

Life Cycle Approach

There is a growing consensus that, vulnerabilities that configure disaster risk can be best addressed if situation analysis for development-programme formulation considers age and gender related needs, capacities and vulnerabilities that change as children grow. Starting from the prenatal stage, with age, the need of care, protection, the scale of dependency of children on duty bearers (parents, caregivers, guardian, community, government) for survival, growth and development varies. The services rendered by the duty bearers and institutions are invariably at-risk of being eroded during disaster and complex emergencies. Also, social inequities and various regressive social norms/practices such as gender discrimination, child marriages, child labour etc. also referred as child deprivations do get accentuated during disasters and effects different life-phases of children.

Life of a child starts from prenatal stage and goes through various stages till they reach adulthood. Children in the early phases of life are more dependent and more vulnerable and will be facing higher risk compared to other children. Life of a child can be divided into various phases depending on their age and scale of risk. It is thus important to consider the age specific, gender specific needs, vulnerabilities, capacities while child centric disaster risk reduction activities are designed. This needs to be done to ensure provisions of efficient timely services to cater to the needs of different age groups of the children in all phases. Continued dependency of child and mother to receive on time critical services such as obstetrics care, immunisation, nutrition, lifesaving support, information, WASH for their health and wellbeing varies in different age groups of the children and is the core of life-cycle approach.

Addressing child needs and rights during normal situations as well as disasters or emergencies needs certain essential humanitarian responses. Child requirement changes with each phase and given below is the time critical service and care as well as effective practices that can be rendered in order to address their needs and rights.

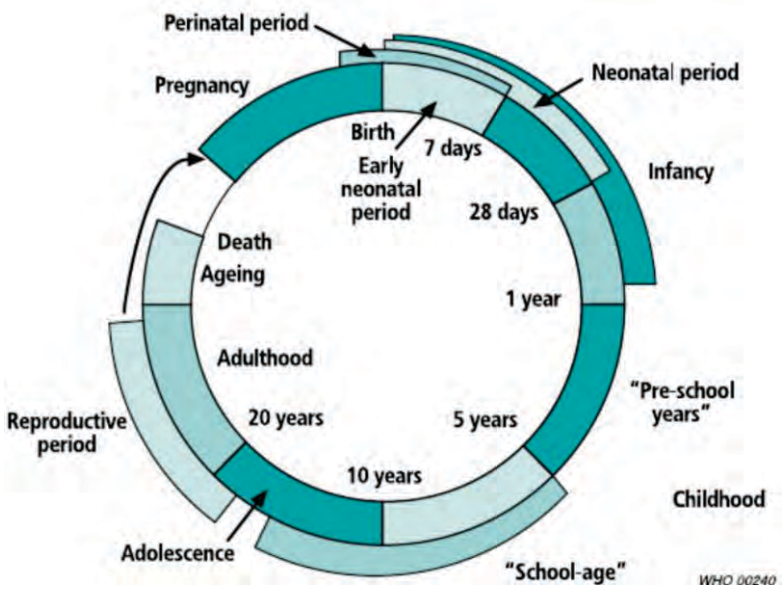

Figure 2: Stages of the Life Cycle; Source: Claeson, M., & Waldman, R. J. (2000).

1st Phase: Prenatal

Time critical service and care: Child rights start from prenatal stage itself. First 1000 days (9 month of pregnancy and first two years) of life is the most delicate as well as highly vulnerable phase. Children (born or in-womb) and their mother both are highly susceptible to the direct and indirect effects of disasters, emergencies and climatic change conditions, exposure to disasters can exacerbate vulnerability. Well timed access to obstetrics care for child birth, antenatal care and postnatal services; services are the needs and rights of this life phase.

Effective Practice: Listing of expecting mothers, monitoring, and rollout of specific strategies to support institutional delivery during periods of shocks or stress, availability of MISP kits, material for menstrual hygiene, soap, appropriate shelter and other WASH services during disasters is critical for child survival, adaptive use of various social protection schemes such as PDS (Public Distribution System) and other provision of food security act are very relevant actions for early recovery of disaster impacted families and communities.

2nd Phase (0-2 Years)

Time critical services and care: Young children need 2 to 3 hourly feeding. Among these 0-2 years children, more care has to be given to children up to six months. They have to receive exclusive breast feeding and beyond 6 months, they can be supported with appropriate complementary feeding practices. During and after disasters, lactation failures mainly as a

result of psychological shock is a major issue as this can severely affect a child's health as continuity of feeding gets affected. Loss of care is another issue that can have a direct impact on the survival and growth of children. Mass displacements after disaster can disrupt the immunisation schedule, immunisation documentation, and immunisation delivery system as a whole.

Effective Practice: Strong preparedness to provide vaccination/ immunisation in mass displacement situations is critical to safeguard from any epidemic outbreak. In support of 0-2 years children, taking efforts for working with parents, lactating mothers, grandparents, anganwadi workers, and other service providers as well as building partnerships can benefit disaster preparedness for response and resilience building efforts. Access to safe drinking water and sanitation is another main area to be taken care of.

3rd Phase (3-5 Years)

Time critical services and care: This is one of the most important part of a child's life cycle for the fact that majority of brain development happens during this phase. Special care is a critical success factor for the development of a child, particularly for children under 5 years of age. Damages and loss of anganwadis can disrupt nutrition and early childhood education services.

Effective practice: Establishment of temporary anganwadi services along with WASH facilities and immunisation in situations of displacement can be an important strategy for supporting child-centric early recovery. Recreation, sports, games, playing are central for the growth of the child in this phase. Establishment of child friendly spaces (CFS) with access to age appropriate recreational and learning material as well as psychosocial care are important humanitarian response required. Maintaining kits of stationery, toys, games, etc. can be important disaster preparedness activity along with training of young volunteers to create and manage CFS.

4th Phase (6 -12 Years) (Middle Childhood)

Time critical services and care: Formal schooling, recreation, and sports are an essential part of development of children in this phase. Once disaster strikes, these all gets affected and disrupted if schools are located in hazard prone areas and have poorly built infrastructure. Post-disasters, school days will be lost as in most cases schools will be used as shelters for mass displaced population.

Effective practice: Along with the establishment of CFS, learning spaces with transitional curriculum are important emergency programme priorities till the schools reopen. Early

reopening is important to ensure the protection of children, which also helps parents to focus on recovery and reconstruction needs instead of looking after the safety and security of their children.

5th Phase (12-18 Years) (Adolescence)

Time critical services and care: Children of this phase (adolescence) have the capacity to get into their role of active agents of change. Sexual and reproductive health, particularly menstrual hygiene get adversely impacted by disasters. Child protection gets compromised after disasters and this phase is highly vulnerable to problems like child marriage, child labour, gender-based violence and trafficking usually after disasters.

Effective practice: The presence of adolescent engagement in DRR activities can help them actively participate in activities after a disaster including planning and action for the safety and security of others and of themselves. Continuity of learning opportunities, hygiene improvement practices, sports, and recreation through post-disaster early recovery programmes can enable adolescents to prepare themselves for their transition to adulthood and help them to be the voices, capable enough to be the agents of change.

Further from a capacity building perspective, it is important to note that about 27.5% of the Indian population is in the age group of 15-29 years. Through this age group, there is a big and untapped opportunity to reinforce the right beliefs and make correct choices with respect to disaster preparedness, prevention, and mitigation within the wider agenda of gender justice, social equity, and environmental sustainability. Volunteering has been a realistic and achievable strategy to involve young people in disaster and climate risk reduction. Trained young volunteers can also enable local action for disaster risk reduction, particularly at school and community levels. With volunteering as an overarching strategy, the development of Social Entrepreneurship through skill building of youth to create employment opportunities in the area of disaster preparedness, mitigation, green solutions, etc. remains an untapped opportunity with strong potential.

Risk-Informed Programming

National Governments, State Governments, and International Agencies or in collaboration-single-headedly can be seen implementing programmes for various sectors, to ensure the wellbeing of target groups against insecurities or risks. The efficiency of each programme lies in the fact that how well it is capable of addressing each variable that contributes towards that particular sectoral issue.

Risk-informed programming is the programming done on the basis of in-depth analysis of

shocks (sudden and potentially damaging phenomena) and stress (similar to a shock, but chronic and can occur over a longer period of time) by identifying and addressing the main causes and drivers of risk, including vulnerabilities, capacity (presence or lack) and exposure. The result of this analysis can help the concerned stakeholder departments or agencies to review, adjust existing programmes or develop a new one that will prevent or reduce existing or anticipated risk. Thus, risk-informed programming helps build and strengthen resilience against shocks and stresses.

Importance of Risk-Informed Programming

- Resilience building by addressing the underlying causes of risk
- Planning for the impact of risk
- Avoiding exacerbating risks for children, their families, communities and systems;

A deliberate and robust analysis of the potential impacts of shocks and stresses on children's well being and their communities are key moments in the programme cycle (see diagram below). A process of risk analysis, consensus building, and programme review, helps governments, communities, country offices, and their partners adjust programme focus and strategies. This must lead to explicit actions, in terms of policy and practice, to reduce vulnerability and exposure and to strengthen the capacity of children, communities, and government systems. A risk analysis applies to and can help to integrate regular programming with humanitarian action.

Strengthening capacity for risk assessment as part of the regulatory framework and enabling environment for Risk Informed Programming. Supporting local government to develop and implement a tool for Disaster Risk Assessment.

Enhancing capacities and reducing vulnerability at national and community level to withstand shocks and stresses (based on the risk analysis conclusions). Elevating WASH systems in flood prone areas, innovative inter and intra governmental partnership to support food security, livelihoods, and basic services in drought and flood prone areas, use of social protection measures to help families avoid coping strategies that could deepen their future vulnerabilities and risk.

Investing in preparedness to deal with residual risk. Training on early warning for community leaders, use of early warning systems for rapid communication and coordination and pre-positioning of supplies may yield high return on investments.

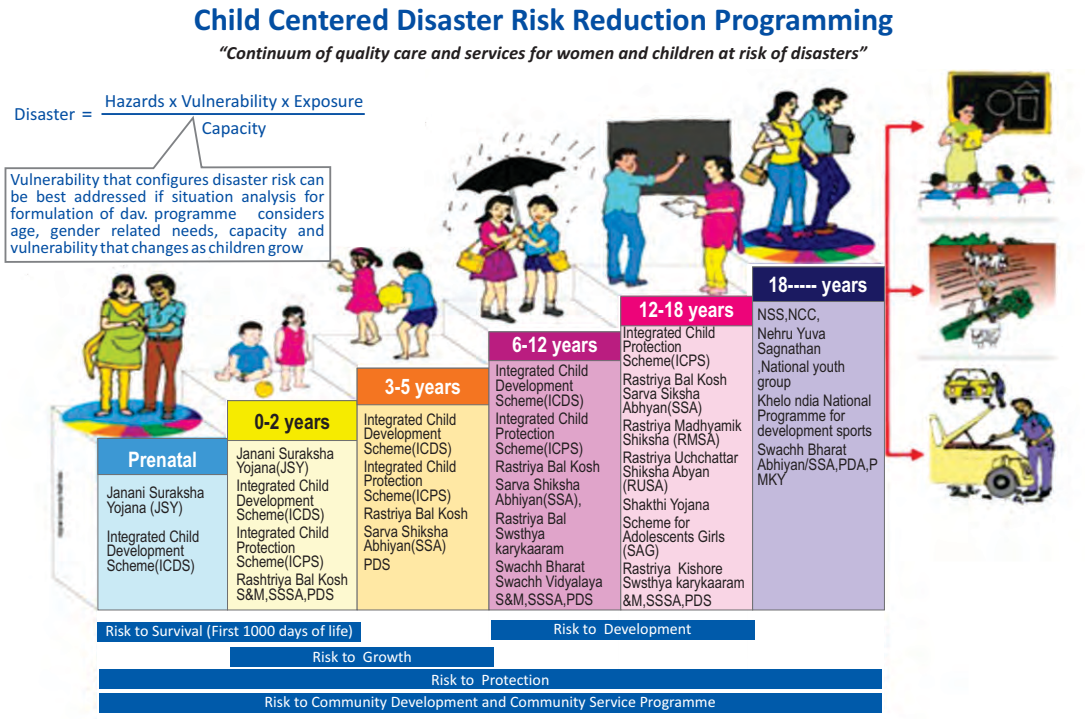

Figure 3: Child Centric Risk Informed Programming;
Source: KSDMA & UNICEF, 2020

Promoting child and youth participation and empowerment in, for example, conflict prevention and climate change adaptation. In Nicaragua, to address knowledge gaps on environmental risk among students, teachers and parents, a school action plan has been developed.

Duration of the Session:

This session should be 45-60 min in duration.

Methodology:

- Lecture/ PowerPoint Presentation
- Case Study
- Video Aid
- Experience sharing
- Discussion
- End of session: Questions/Answers round

Guidance Note for Trainer:

The trainer should emphasise that these strategies should be gender and culturally sensitive and age-appropriate. Inclusion of children of all genders, children with disabilities and other vulnerabilities and special needs should be pressed upon. Children should not be forced to participate but rather motivated and encouraged to do so.

References:

I. Claeson, M., & Waldman, R. J. (2000). The evolution of child health programmes in developing countries: from targeting diseases to targeting people. Bulletin of the world health organization, 78(10), 1234-1245.

ii. Kerala State Disaster Management Authority, & UNICEF. (2020). Annual Activity Report 2019 -2020 Mainstreaming Disaster Risk Resilience. https://sdma.kerala.gov.in/wp-content/uploads/2021/01/unicef.pdf

iii. National Institute of Disaster Management (NIDM). (2019). Report on Training Programme on Child Centric Disaster Risk Reduction: 16th–17th September 2019. https://nidm.gov.in/pdf/trgreports/2019/September/16-17SeptCCDRR.pdf

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v. Plan International. (2018). Child-Centred Multi-Risk Assessments: A Field Guide and Toolkit. https://plan-international.org/uploads/2021/12/41472_plan_multi-risk_assessment_guide.pdf

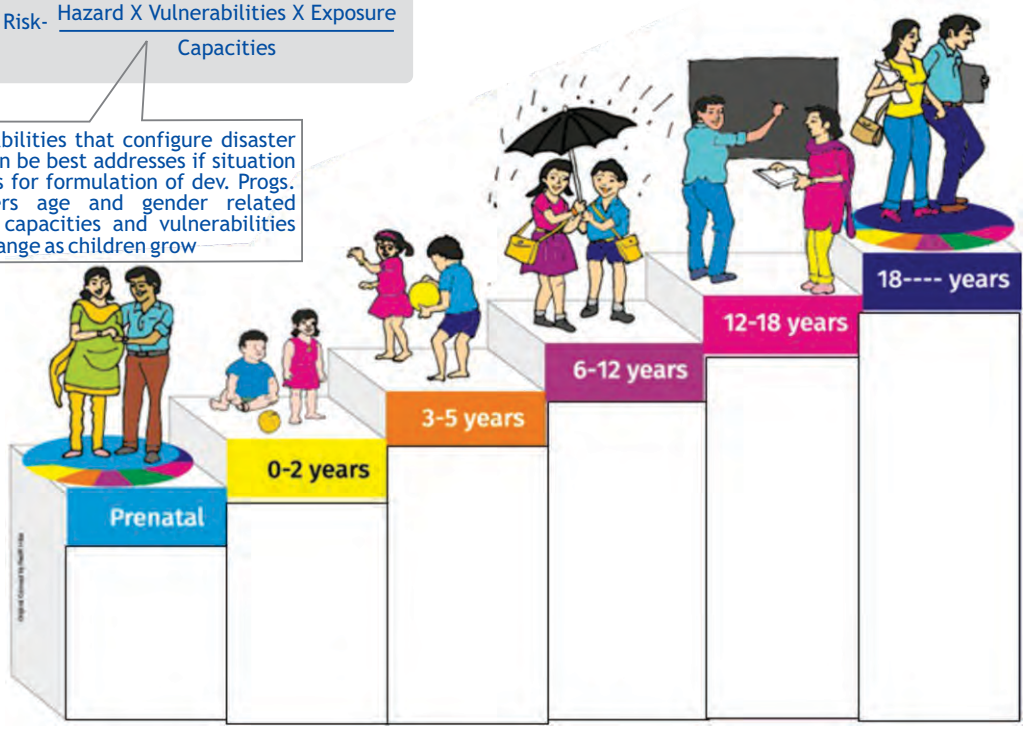
Activity

- Identify Vulnerabilities, Capacities, and resultant Risks for children for each life stage respectively.
- Propose child-centric interventions for the reduction and management of those risks.
- HINT: The interventions should hit the root causes of the risk i.e. the vulnerabilities and/or lack of capacities.

LIFE STAGE	VULNERABILITIES	CAPACITIES	RISKS DUE TO DISASTERS	PROSPOSED INTERVENTIONS
PRENATAL				
0-2 years				
3-5 years				
6- 12 years				
13- 18 years				

Disaster Risk- $\frac{\text{Hazard X Vulnerabilities X Exposure}}{\text{Capacities}}$

Vulnerabilities that configure disaster risk, can be best addresses if situation analysis for formulation of dev. Progs. considers age and gender related needs, capacities and vulnerabilities that change as children grow



Module II:
Right to Survival during Disasters and Emergencies

Module II: Right to Survival during Disasters and Emergencies

SESSION 1: CHILDREN'S HEALTH DURING DISASTERS AND EMERGENCIES

Session Objectives

1. To equip the participants with the necessary skills, knowledge, and competencies to train others on child health during disasters.
2. To develop a cadre of trained professionals who can effectively respond to the health needs of children during and after a disaster.
3. To ensure that participants are familiar with child-centric disaster management approaches.
4. To ensure that common paediatric illnesses and injuries can be identified and managed at the local level during disasters.
5. Develop and implement effective triage and referral systems for children in disaster settings.
6. To provide necessary knowledge and skills to participants to manage psychological support for children affected in post-disaster scenario.
7. To introduce participants to the specific needs of adolescent girls which may otherwise be ignored during disasters.
8. To develop strategies for protecting and promoting health needs of children and adolescents.
9. To enable participants to identify key stakeholders and resources that may be required at their level for planning disaster preparedness, response, and recovery.

The ultimate objective of this session on children's health during disasters and emergencies is to train master trainers who can further train resource persons who can participate effectively in all phases of Disaster Risk Reduction (DRR) i.e. Preparedness, Prevention, Mitigation, Response, Rehabilitation, Recovery, and Reconstruction. This will improve the swiftness of action and quality of care for children in the aftermath of a disaster, reduce mortality rates, and ensure that authorities are equipped to respond effectively to the health needs of children during and after a disaster.

Expected Learning Outcomes of the Session

By the end of this session, the participants will:

1. Acquire comprehensive knowledge of child health issues specific to disasters and emergencies.
2. Develop effective communication skills to convey information clearly and sensitively to diverse audiences.
3. Proficiency in designing and delivering engaging training sessions on child health during disasters and emergencies.
4. Learn to adapt training content and methods to suit the needs and capacities of different target groups, including caregivers, community leaders, and healthcare professionals.
5. Be able to assess participants' understanding and skill levels, providing tailored support and feedback as needed.
6. Develop strategies for promoting active participation and fostering a supportive learning environment during training sessions.
7. Gain confidence in facilitating discussions and group activities aimed at exploring challenges and solutions related to child health in disaster settings.
8. Be equipped to address common misconceptions and concerns about child health during disasters, promoting accurate information and effective practices.
9. Learn to integrate principles of equity, inclusion, and cultural sensitivity into their training approach, ensuring that all participants feel valued and respect.
10. Develop a network of support and collaboration with other trainers and organisations working in the field of child health and disaster response, facilitating ongoing learning and professional development.

Child Health during Disasters and Emergencies

Disasters can significantly impact children's health, both in the short-term and long-term. Children are particularly vulnerable to the effects of disasters because they may not fully understand what is happening and may not have the same coping mechanisms as adults.

Some of the potential health impacts of disasters on children include:

- **Physical injuries:** Disasters such as earthquakes, floods, droughts and cyclones can cause physical injuries such as cuts, bruises, and broken bones. Children may also be at risk of drowning, suffocation, or other life-threatening injuries.

- **Emotional trauma:** Disasters can be emotionally traumatic for children, causing feelings of fear, anxiety, and stress. If not attended to properly and promptly, children can develop symptoms of post-traumatic stress disorder (PTSD), such as restlessness, nightmares, flashbacks, hypervigilance and avoidant behaviours.
- **Disruption of healthcare services:** Disasters can disrupt healthcare services, making it difficult for children to access the necessary medical care. This can be particularly problematic for children with chronic health conditions.
- **Exposure to environmental hazards:** Disasters can expose children to environmental hazards such as toxic chemicals, polluted water, and infectious diseases. This can lead to various health issues, including respiratory illnesses, skin irritation, and gastrointestinal issues.
- **Displacement:** Disasters can force families to flee their homes which can lead to temporary or long-term displacement. This can disrupt children's education, social networks, and access to healthcare services.

Datar et al., 2013 found that disasters can affect children's health in three main ways:

- The first directly affects family (either child and/or parent/caregiver) morbidity and mortality.
- Secondly, the supply of health care is impacted by disasters. Damage or destruction of facilities, undue strain on healthcare etc. which was evident during the COVID-19 pandemic, where the strain on health care services adversely impacted the routine healthcare such as immunisation for children. Both UNICEF and WHO data estimates that 23 million children missed out on routine vaccination due to disruption in health services in 2020.
- Thirdly, loss of ability to incur expenditure on required medical and health care due to income shocks pertaining to loss of livelihood and death of earning members of the family.

Overall, the impact of disasters on children's health can be significant and long-lasting. It is important for parents, caregivers, and healthcare professionals to be aware of these potential health impacts and take steps to mitigate them as much as possible.

Prerequisites for Medical and Public Health Operations during Disasters

- **Stakeholder engagement:** Comprehensive planning for medical and public health operations during disasters and emergencies must involve all stakeholders including medical personnel, public health professionals, law enforcement, emergency

responders, community organisations, volunteers and communities affected by the disaster.

- **Coordination:** Medical and public health operations must be coordinated among all stakeholders to ensure an effective response.
- **Resources:** Access to adequate resources including personnel, equipment, and supplies is critical to effective medical and public health operations during disasters.
- **Communication:** Clear and effective communication among all stakeholders is essential for successful medical and public health operations. Communication is essential to ensure that medical and public health teams can coordinate their efforts and share information. This includes having multiple communication channels to ensure that all team members can be reached in the event of an emergency.
- **Standardised protocols:** Pre-determining standardised protocols for health response such as assessment, triage, first aid, counselling, infection prevention and control, referral system etc. These protocols should include specific guidelines for the assessment, diagnosis, and treatment of children in disasters.
- **Training and capacity building:** All personnel involved in medical and public health operations should be properly trained and prepared for their roles in disaster response. This training and education should be ongoing and should include both theoretical knowledge and practical skills.

Key Considerations for Planning Health Preparedness, Response and Recovery for Children

- Children are more vulnerable than adults to the impact of disasters, both physically and emotionally.
- Children may be separated from their families and caregivers and will require special care and attention.
- Children also require medical assessments and treatments that are different from those of adults. Special health care personnel, such as paediatricians, may be needed to provide adequate medical care.
- Public health agencies need to be aware of the potential for the spread of communicable diseases among children and must be prepared to respond as necessary.
- Public health agencies should develop specific plans to address the needs of children in disasters, including child-specific shelters, food, clothing, health, and emotional support.
- Mental health services should be available to help children cope with the emotional trauma of a disaster.

- Special attention must be given to the needs of pregnant women and newborns as they are highly vulnerable in situations of disasters and emergencies
- Address the needs of children with special needs, such as those with disabilities or chronic medical conditions.

Life Cycle Approach for Determining Health Care Needs of Children

The life cycle approach is a framework that recognises the different health needs and challenges that an individual may face at different stages of their lives. It emphasises the importance of addressing these needs and challenges through a comprehensive, integrated, and multi-sectoral approach that spans the entire life course. The life cycle approach is particularly important when it comes to addressing child health needs, as children's health and development are closely linked to the different stages of their life cycle. By taking a life cycle approach to child and adolescent health, stakeholders can better understand the health needs of children at different stages of their lives and develop interventions that are specifically tailored to those needs. This can help promote better health outcomes for the target population.

Life Stages	Healthcare Requirements
Pre-Natal	• Pregnant women to receive scheduled ante-natal care (ANC) in line with the coverage of 4+ ANC visits. • Promote institutional deliveries and skilled attendance at birth including essential newborn care. • Mothers and newborns to receive early routine postnatal care within two days following the birth. • In-patient care for mother and child within 2 hours distance • Routine vaccination. • Promote exclusive breast feeding for newborns at least till they reach the age of 6 months. • Infection prevention and control.
Infant (0-2 years)	• Routine immunisation through anganwadis and the health department. • Exclusive breast feeding from the age of 0-6 months. • Ensure proper nutrition through anganwadis and the food and civil supplies department. • Access to paediatric health care, routine check-ups, infection prevention, and follow-ups. • Infection prevention and control

Life Stages	Healthcare Requirements
3-5 years	• Routine immunisation. • Nutritional care. • Regular paediatric visits. • Prevention of common paediatric illnesses. • WASH.
6-12 years	• Menstrual care for girls. • WASH. • Prevention of common paediatric illnesses. • Psychosocial support
13-18 years	Complete sexual and reproductive health care for adolescent girls and boys- • Access to contraception. • Preventive care for STIs and RTIs etc. • Ante-natal care for pregnant adolescent girls. • Psychosocial support.

Before a Disaster: Preparedness Phase

1. Establishing a Comprehensive Emergency Preparedness Plan

This plan should include steps to prepare for disasters and other public health emergencies, such as pandemics and bioterrorism. The plan should include:

- Emergency response teams,
- Identification of available resources,
- Identification of vulnerable populations,
- Establishment of a communication system,
- Roles and responsibilities of each department, as well as
- Necessary resources and protocols that need to be in place.

2. Developing an Emergency Response Plan and System

It is important to have a plan in place that outlines how medical and public health teams will respond to a disaster. This system should include a comprehensive and coordinated approach to provide medical and health services to children in the event of a public health emergency. The plan

Pre-disaster Planning: *Developing a comprehensive plan to prepare for and respond to a disaster, including organizing a multi-disciplinary team of health care professionals and community partners to manage the health care needs of children.*

should be adapted to meet the unique needs of each community and include strategies for the coordination of local and state resources to ensure effective and equitable access to care.

3. Pre-identification and Constitution of Emergency Medical and Public Health Teams

Establish a network of health care providers, services, volunteers etc. that can be promptly available for responding for children in case of an emergency. For this, a **Medical Emergency Response Team or Public Health Response Team** can be formed. It should be a multidisciplinary team to respond to medical and public health emergencies in children Each team should include paediatricians, general physicians, nurses, interns and volunteers. Volunteers may be sourced from any district Red Cross society, local/ nearby medical colleges, or nursing schools and local CSOs working in field of health.

Establish a network of health care providers who can provide care for children before, during, and after disasters.

4. Designate a Medical and Public Health Emergency Operations Centre (EOC)

A Public Health Emergency Operations Centre (EOC) refers to a physical location or virtual space in which designated public health emergency management personnel assemble to coordinate operational information and resources for strategic management of public health events and emergencies in real time. According to WHO, it is for the coordination of resources and important information to support incident management activities. They are also referred to as command centres, control rooms or situation rooms. The EOC should include representatives from various local health and medical organisations, such as hospitals, health departments, public health agencies, health-care providers, and community partners.

Figure 5: Public Health Emergency Operations Centre Network (EOC-NET); Source: (WHO, 2018)

This centre should be responsible for coordinating medical and public health operations for children in disasters and emergency situations. It should be designed to allow for timely communication and coordination between different medical and public health teams, and to ensure that the most appropriate resources are being utilised in most efficient manner.

Along with EOC, a rapid response system also must be established that can quickly deploy medical and public health teams and supplies to areas affected by disasters.

5. Establish Partnerships

Local authorities should also establish partnerships with local hospitals, medical professionals, and other health care providers to ensure that they can provide appropriate medical and health care in the event of an emergency.

6. Training and Capacity Building

All the human resources such as medical and public health teams (including doctors, nurses, volunteers etc.), Public Emergency Operations Centre, mental health care providers teams would need capacity building and training to be able to respond to children during a disaster. It should be noted here that this training should be specific for children and adolescent health response. The techniques, strategies, and plan of action should be specifically for paediatric and adolescent care in emergencies. It must be ensured that all emergency response personnel are trained in child-specific disaster response, including how to locate, assess, and provide emergency medical care to children.

Specific skills that would be required are:

- Mass casualty management, paediatric assessment, triage, and first aid.
- Trauma and injury management.
- Time-sensitive psychosocial support to children.

7. Establish Standardised Mass Casualty Management Protocols

Establishment of standardised protocols such as paediatric assessment, triage, and first aid protocols at the district level in consultation with paediatricians and the district health department. Multiple triage systems are used depending on the availability of resources, patient flow, and trauma etc. Hence, a standardised triage protocol is to be developed which can be used in case of such disasters and emergency situations for children.

8. Hospital Emergency Preparedness

Hospital Emergency Preparedness refers to the ability of a hospital or healthcare facility to

respond to and manage emergencies that may arise, such as natural hazards, disasters, disease outbreaks, mass casualty incidents etc. A well-prepared hospital is equipped to handle a surge of patients, provide the necessary medical care, and protect the safety of patients, staff, and visitors.

The District Health Department and the Chief Medical Officer (CMO) should ensure that all hospitals (public and private), health centres, clinics and all other health facilities go through all necessary preparations to be prepared for dealing with mass casualties and trauma cases in case of any emergencies.

There should be regular capacity building and mock drills at the hospitals to enhance preparedness and monitor and evaluate any gaps and lags therein. District Hospital Preparedness is at the centre of the healthcare response. The more prepared the hospitals and the health care providers are, the more efficient and quicker the emergency health response will be.

Hospital Emergency Preparedness for Children involves specific considerations and protocols that take into account the unique needs and vulnerabilities of paediatric patients. Some key components of hospital emergency preparedness for children should include:

- **Paediatric-specific Equipment and Supplies:** Ensuring that the hospital has paediatric-specific equipment and supplies, such as appropriately sized medical equipment, medication dosages, and specialised paediatric medical devices.
- **Specialised Training and Education:** Providing specialised training and education to the staff to address the unique needs of paediatric patients, including communication with children and their families, child-friendly triage and treatment areas, and paediatric-specific procedures.
- **Family-centric Care:** Recognizing the critical role of families especially the primary caregiver in the care of paediatric patients and establishing protocols to facilitate family-centric care during an emergency.
- **Providing Specialised Child Life Services:** such as play therapy, distraction techniques, and emotional support, to help minimise stress and anxiety for paediatric patients during an emergency.
- **Mental Health Support:** Ensuring access to mental health support services for paediatric patients and their families during and after an emergency.
- **Coordination with Paediatric Emergency Response Partners:** Working closely with paediatric emergency response partners, such as paediatric hospitals, paediatric speciality providers, Anganwadis, ASHA workers etc. to ensure a coordinated and comprehensive response to emergencies involving children.

By prioritizing these components and constantly assessing and improving emergency preparedness plans, hospitals can help ensure that they are equipped to handle emergencies involving paediatric patients and provide the best possible care to children and their families.

9. Provision of Resources and Supplies

Make sure that the necessary resources and supplies are available to children before, during, and after a disaster. This includes food, water, and medical supplies. This is to be done in collaboration and coordination with local line departments such as health, food supplies, public works etc.

10. Immunisation of Children

Work with local service providers (Anganwadis, PHCs, CHCs, civil hospitals etc.) to ensure that all children receive the vaccinations they need to protect against preventable diseases. Ensure that each child is up to date on their immunisations to help prevent the spread of disease. This is very important for infection prevention and control among children in the aftermath of disasters and will help prevent and mitigate common paediatric infections and illnesses.

11. Promote Awareness of the Importance of Preventive Health Care for Children

Organise community meetings and awareness generation programmes at the local and school level to highlight the importance of preventive health care dos and don'ts such as regular physicals and dental check-up visits.

12. Preparing an Emergency Kit

Educate parents, caregivers, teachers about the importance and utility of the emergency kit for their family, class or school including medications and medical supplies and also essential items such as water, food, a torch, extra batteries, a first aid kit, and other necessary items.

13. Pre-identification of Safe Spaces for Children and Families

Identifying child-friendly safe spaces is very important where they could stay in case of displacement during the disaster or emergency situation. These spaces should be equipped with amenities such as water, safe food, waste management, toilets, and lighting. All emergency shelters must be child-friendly and provide basic health care needs (e.g., vaccinations, medication, etc.).

14. Mental Health and Psychosocial Care

- Identify support systems that can be established during disasters for mental health and psychosocial support services for children and families affected by disasters.

- The provision of mental health services to children and families to help them cope with stress and anxiety due to the disaster event should be ensured.
- Child and Adolescent Mental Health (CAMH) support shall be implemented right from the PHC level.
- The shortage of mental health professionals can be managed in the short term through - peer support groups, helplines, mental health social workers, mental health nurses, psychological first aid workers etc.
- Create a network of mental health professionals, social workers and other support personnel to provide assistance to children and families.
- The response should include protocols for identifying and addressing mental health issues, as well as strategies for providing counselling and other forms of support.

15. Integrated Health Plan

The planning shall be based on an integrated health system that should include the provision of primary, secondary, tertiary, and preventative care, including access to mental health services. The system should be designed to be culturally competent, accessible, and equitable.

16. Creating a Referral System

Provide follow-up care to ensure that all children are safe and healthy. This can include follow-up visits to healthcare providers, mental health providers, and other specialists. A system for tracking and monitoring patients, and their movement along the referral system should also be established. This system should include an information system such as electronic medical records etc.

17. Monitoring and Evaluation

Local authorities should assess the current resources both human and material and infrastructure available for medical and health relief operations. This includes access to hospitals, clinics, and other health care facilities, as well as equipment and supplies along with safe transport facilities for children.

During a Disaster: Response Phase

I. Immediate Response (0-72 hrs)

1. As soon as a disaster is declared, the Public Health EOC should come into action.
2. An initial rapid assessment is to be conducted through on-ground information from key resources (previously identified).

3. On the basis of preliminary assessment, EOC should deploy appropriate number of Medical and Public health teams (pre-composed) on-site.
4. Develop systems to quickly and accurately identify and locate children affected by the disaster.
5. On-site Mass casualty Management:

Mass casualty management in the aftermath of disaster includes providing rapid and effective life saving medical care to a large number of injured patients. It includes prioritisation of medical attention by using Paediatric Assessment Triangle (PAT), Triage, and First Aid.

Paediatric Assessment Triangle (PAT)

The Paediatric Assessment Triangle (PAT) is a tool used by healthcare providers to quickly assess the overall appearance and behaviour of a child in distress. During a disaster, the PAT can be a useful tool to quickly evaluate children who may have been affected by the disaster.

The PAT consists of three components: (a) appearance, (b) work of breathing, and (c) circulation (perfusion) to the skin. During a disaster, it is important to quickly evaluate these components to identify children who may need urgent medical attention.

(a) For Appearance: Healthcare providers should look for signs of distress, such as lethargy or agitation, abnormal posture, or abnormal skin colour. This component assesses the overall physical appearance of the child and seeks to answer:

- Is the child alert and responsive?
- Are their eyes open? How's their colour?
- Is the child in distress?

(b) For Work of Breathing: Healthcare providers should observe the child's respiratory effort, look for any use of accessory muscles, and listen for any abnormal breath sounds. This component assesses the effort and energy the child is using to breathe:

- Is the child breathing quickly?
- Is the child using their abdominal muscles to help breathe?
- Are they using any accessory muscles (muscles in the neck, chest, shoulder blades, etc.) to help breathe?

(c) For Circulation to the Skin: healthcare providers should assess the child's skin colour, temperature, and capillary refill time. This component assesses the circulation of the child.

- Are their extremities warm to the touch?

- Is the capillary refill time normal?
- Is the skin mottled or pale?

In a disaster situation, the PAT can help healthcare providers quickly identify children who may need urgent medical attention and prioritise their care. Healthcare providers need to be familiar with the PAT and practice using it in simulated disaster scenarios to be better prepared for a real-life disaster situation. This allows responders to quickly identify any medical or psychological needs that need to be addressed and prioritise the needs of the children in the disaster area.

Paediatric Triage

Paediatric triage is a process used during disasters to prioritise and organise the care of children who are injured or ill. This is an important step to ensure that the most critically ill or injured children are seen first and receive the care they need. It can also help to prevent overcrowding of medical facilities, allowing those in need of the most urgent treatment to be attended to first. Triage enables the rational allocation of resources in the immediate aftermath of a disaster. After assessment, the patients are given colour-coded tags depending on the urgency of care required.

During disaster, the triage process begins with the identification of the injured or ill, either by health personnel or by survivors. The triage process is used to determine the level of care needed for each child. The most critically ill or injured children are given the highest priority and are seen first. The least critically ill or injured children are given the lowest priority and are seen last. Once the severity of the condition has been assessed, the child may be treated on-site or may be referred to a hospital. If a referral is needed, the child should be transported to the hospital as soon as possible. If the child is to be treated on-site, the medical personnel should assess the child's condition and provide the necessary care. During the triage process, it is important to keep in mind the emotional and psychological needs of the child. Medical personnel should be sensitive to the child's feelings and take the time to explain the situation and provide reassurance. This can help to alleviate some of the child's anxiety. Paediatric triage is an important step in providing the necessary care to children during a disaster.

Steps involved in Triage:

i. Assess the Patient's Condition: Begin by assessing the patient's condition and determining the need for immediate care. Take note of any physical signs or symptoms, such as breathing difficulty, skin colour, and pulse rate.

ii. Identify the Patient's Risk Factors: Identify any known risk factors, such as age, pre-existing medical conditions, or immunisation status.

iii. Determine the Severity of the Injury: Estimate the severity of the injury by assessing the amount of pain the patient is in and how quickly the injury happened.

iv. Refer the Patient to the Appropriate Care: Depending on the severity of the injury, refer the patient to the appropriate care. For minor injuries, provide first aid and refer to PHC/ CHC/ local clinic etc. For more serious injuries, refer the patient to a hospital.

v. Document the Patient's Condition: Document the patient's condition, including any treatments provided, in order to track the patient's progress.

vi. Regularly Reassess the Patient: Reassess the patient's condition at regular intervals and adjust treatment accordingly.

Colour Coding in Triage is a system used to prioritise patients based on the severity of their condition. Typically, there are three to five levels of priority, each represented by a different colour. The colours used may vary depending on the specific system being used, but commonly include:

1. **Red:** Indicates a life-threatening emergency requiring immediate attention. E.g.: severe bleeding, chest pain, or difficulty in breathing.

2. **Yellow:** Indicates a serious condition that requires medical attention, but is not immediately life-threatening. e.g.: moderate pain, dehydration, or minor burns.

3. **Green:** Indicates a minor injury or illness that is not urgent and can be treated in a non-emergency setting. e.g.: minor cuts, colds, or sprains.

4. **Blue:** Indicates a person who is not likely to survive, or whose condition is incompatible with life.

5. **Black:** Indicates that the patient is deceased or is not expected to survive.

By colour-coding patients in triage, health responders can quickly identify and prioritise patients based on the severity of their condition, allowing them to allocate resources efficiently and save lives in emergency situations.

Source: Elbaih, 2017; Bazyar et al., 2019

Paediatric First Aid (PFA)

Paediatric first aid refers to a set of skills used to respond to an emergency involving a child or infant. First aid during disaster emergencies is an incredibly important component of response as ensuring the safety of children during such events is of the utmost importance. With proper training and preparation, parents, caregivers, teachers, and other adults can give life-saving care to children in emergency situations.

Tips for First Aid

- After the child has been secured and assessment and triage have been performed by trained personnel, first aid should be administered immediately. This may involve applying a tourniquet or pressure bandage to a wound or administering CPR (Cardio-Pulmonary Resuscitation), if necessary.
- If the child needs to be moved from the area, it is important to do so carefully, using blankets or other materials to support their body and head.
- In addition to providing first aid for physical injuries, it is important to pay attention to the psychological trauma that children may experience in a disaster. This may include fear, shock, and anxiety, and it is important to ensure that children know they are safe and have someone to talk to. Providing comfort, reassurance, and support can help children cope with the trauma of the situation.

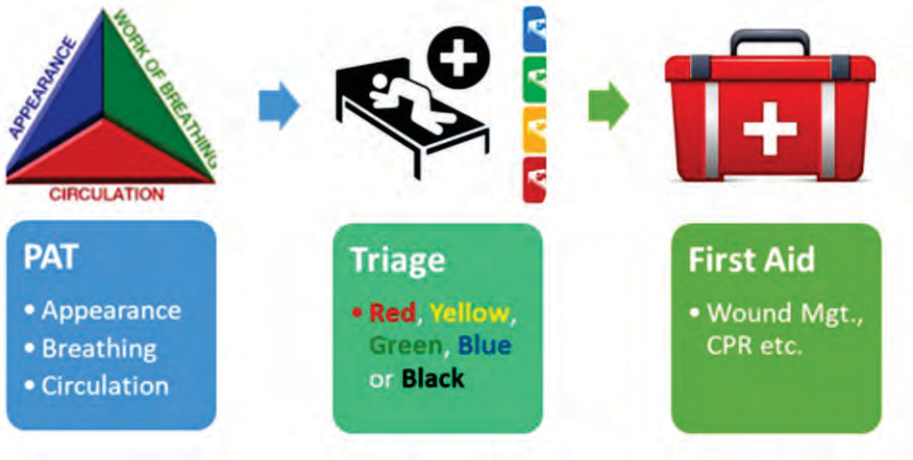


Figure 6: Mass Casualty Management Process

6. **Establish Temporary Medical Facilities:** identifying and securing resources, and providing immediate medical care for children.
7. **Provide Psychological First Aid:** Children may have experienced trauma as a result of the disaster, so providing emotional and psychological support is essential. This may include counselling and referral to mental health services.
8. **Enhance Access to Medical and Health Services:** Identify and address any barriers to accessing medical and health services, such as lack of transportation, etc. Make sure services are available in the local language and are affordable for families.
9. **Monitor and Evaluate the Operations:** Track the progress of the medical and health relief operations, and evaluate their effectiveness. Evaluate the impact of the operations on the health and wellbeing of the children and their families.

II. Short Term Response

Short term response for health care of children during a disaster involves rapid and effective measures to provide medical and care to protect children from harm and address the basic needs of children who may be displaced, living in relief camps or temporary shelters etc. This may include:

- **Protecting Children from Harm:** Protecting from exposures such as hazardous materials or violence, is a critical component of short-term response for child health during a disaster. Children should be kept in safe areas and provided with basic necessities such as food, water, and shelter.
- **Family Reunification:** Reuniting children with their families as quickly as possible is essential for their well-being and recovery. Health workers should work closely with other organisations, such as the Red Cross or local authorities, to establish family reunification centres and reunite children with their families.
- **Psychological Support:** Providing psychological support services, such as counselling, and other therapeutic means such as art, storytelling etc. can help mitigate the long-term psychological effects of the disaster on children.
- **Prevention of Infectious Diseases:** Preventing the spread of infectious diseases, such as diarrhoea, respiratory infections, and vector-borne diseases, is crucial during the short-term response for child health during a disaster. Health workers should ensure that children have access to clean water, sanitation facilities, and appropriate vaccinations.

Infection Prevention and Control (IPC) for Children during Disasters and Emergencies

Disasters can create challenging situations for infection prevention and control for children. They may come in contact with infection from disaster sites, health centres, hospitals, camps etc. in post disaster situation. Due to high chances of children coming in contact with unsanitary environments, it's important to take extra precautions to keep children safe and healthy. Infection Prevention and Control (IPC) strategies and protocols need to be established and followed in every setting for ensuring safety from common infections.

Dos for Infection Prevention and Control (IPC) for Children during Disasters and Emergencies

- Ensure safe drinking water: After a disaster, the water supply may be contaminated. Make sure to use only safe water for drinking, cooking, and cleaning.
- Hand Hygiene: Encourage frequent hand washing with soap and water, or the use of hand sanitizers with at least 60% alcohol content (in case of unavailability of water), especially before eating or preparing food, and after using the toilet.
- Personal Hygiene: Encourage children to bathe regularly, brush their teeth, and wear clean clothes.
- Food Safety: Store and prepare food properly to avoid contamination. Ensure that any food consumed is safe and has been cooked to the appropriate temperature.
- Environmental Sanitation: Keep living spaces and sleeping areas clean, dry, and free of debris. Dispose of trash and waste properly.
- Decontamination: Developing plans for decontamination, particularly for hazardous materials, is important for protecting public health
- Insect and Pest Control: Provide insect repellents and mosquito nets to prevent insect-borne illnesses.
- Vaccination: Ensure that children have up-to-date vaccinations to protect against diseases.
- Seek Medical Care: Seek medical care immediately if any child shows symptoms of illness.
- Follow IPC Protocols: Ensure that IPC protocols are being followed in hospitals, health centres and temporary/ mobile medical camps/ units
- Personal Protective Equipment (PPE): Depending on the situation, children may need to wear PPE such as masks or gloves to prevent the spread of infection.

WASH (Water, Sanitation & Hygiene)

In disasters, access to WASH facilities may be compromised due to damaged infrastructure, limited resources, overcrowding, and contamination. Therefore, it is essential to prioritise WASH interventions during disaster response efforts to ensure that children's basic needs for safe water, sanitation, and hygiene are met.

Access to safe drinking water and other WASH amenities are crucial for preventing water-borne diseases and infections in children. Children are particularly vulnerable to water-borne illnesses such as cholera, diarrhoea, dehydration and typhoid fever, which can lead to death. Therefore, it is essential to ensure access to safe drinking water during disasters to prevent the spread of water-borne diseases and protect children's health.

Sanitation facilities are also critical for preventing the spread of disease, particularly in crowded or unsanitary conditions such as relief camps. During disasters, sanitation facilities may be destroyed or inaccessible, increasing the risk of faecal-oral transmission of disease. Children are especially vulnerable to diseases such as hepatitis A and E, typhoid fever, and cholera, which can spread rapidly in unhygienic conditions. Therefore, it is crucial to ensure that sanitation facilities are available and accessible during disasters to prevent the spread of disease.

Some strategies for ensuring access to WASH facilities during disasters include:

- Provide safe drinking water through water trucks, water filtration systems, or water purification tablets.
- Provide temporary sanitation facilities such as portable toilets or latrines to prevent open defecation.
- Provide access to soap and water.
- Educate children, parents, and caregivers on proper hygiene practices such as hand washing, personal hygiene, and food safety.
- Repairing and rebuilding damaged water and sanitation infrastructure to restore access to safe water and sanitation facilities.
- Coordinate WASH interventions with other emergency response efforts such as education, food, and nutrition etc. to ensure that WASH needs are met.

It is essential to prioritise WASH interventions during disaster response efforts to ensure that children's basic needs are met and to prevent the spread of water-borne diseases and other illnesses. By ensuring access to WASH facilities during disasters, we can protect children's health and create a safer and healthier future for all.

Epidemic/ Disease Outbreak Prevention and Management

In the aftermath of disasters, there is an increase in the risk of epidemic outbreaks. A disaster event may be followed by a disease outbreak due to many reasons such as:

- Disruption of essential services
- Overcrowding
- Poor hygiene and sanitation
- Contaminated water and food
- Exposure to vector-borne diseases

Preventing an epidemic outbreak during a disaster requires a multi-pronged approach. It also requires a collaborative effort between government agencies, healthcare professionals, and affected communities. Most important are disease surveillance and early detection which will help in early prevention of the spread through the communities. To prevent an epidemic outbreak after a disaster, it is essential to implement measures such as:

- Access to clean water and sanitation is critical to preventing the spread of waterborne diseases. In disaster situations, it is essential to provide safe drinking water and sanitation facilities to affected communities.
- Promote good hygiene practices such as hand washing, covering the mouth when coughing or sneezing, and proper disposal of waste.
- Establishing disease surveillance systems can help detect outbreaks early and prevent the spread of diseases.
- Implementation of relevant disease-specific case management protocols and referral systems by the healthcare workers.
- Ensure the availability of medicines, vaccines, testing, and protection gears (masks, covers etc.)
- Implementing infection prevention and control measures such as establishing isolation and quarantine measures can help prevent the spread of contagious diseases.
- Vaccination campaigns can help prevent outbreaks of infectious diseases such as measles, polio, rotavirus, etc. It is essential to prioritise children and vulnerable populations in vaccination campaigns.
- Raising public awareness about disease prevention and control measures specific to the disease outbreak is critical to preventing the spread of diseases during disasters.

Prevention of Common Paediatric Illnesses

During disasters, children can be at risk of developing certain illnesses due to the disruption of essential services, exposure to contaminated water or food, and poor living conditions. This increases their risk of developing common paediatric illnesses. Hence, it is essential to take preventive measures to avoid the spread of diseases during disasters. Children should have access to safe water and food, adequate shelter, and hygiene supplies. Medical care should be provided when necessary, and vaccination campaigns should be carried out to prevent outbreaks of infectious diseases. Mental health support should also be provided to children who have experienced trauma.

Some of the most common paediatric illnesses during disasters include:

- **Trauma:** Injuries, fractures, and wounds are common during disasters, and children are particularly vulnerable due to their smaller size and lack of mobility.
- **Respiratory Infections:** Children are particularly susceptible to respiratory infections during and after disasters, especially if they are exposed to poor air quality, smoke, or dust.
- **Diarrhoea and Dehydration:** Contaminated water sources and poor sanitation can lead to an increased incidence of diarrhoea and dehydration in children.
- **Skin Infections:** Floods, hurricanes, and other disasters can expose children to contaminated water and other sources of infection, increasing their risk of developing skin infections.
- **Psychological Trauma:** Disasters can have a profound psychological impact on children, leading to anxiety, depression, and Post Traumatic Stress Disorder (PTSD).
- **Malnutrition:** Disasters can disrupt the food supply and lead to malnutrition in children, especially in areas where food insecurity was already a problem.
- **Vector-borne Diseases:** Mosquitoes, ticks, and other vectors can thrive in the aftermath of a disaster, increasing the risk of diseases such as Malaria, Dengue fever, and Lyme disease.

Sexual and Reproductive Health for Adolescent Girls

- Ensure that adolescent girls have access to comprehensive sexual and reproductive health education. This includes information on menstruation, RTIs (Reproductive Tract Infections), STIs (Sexually Transmitted Infections). This has to be done in a culturally sensitive and appropriate manner.
- Provide access to contraception and other reproductive health services.
- Ensure access to safe abortion services. This should include access to legal, safe, and

affordable abortion services in cases of unintended pregnancy or when pregnancy is a threat to the health or life of the adolescent girl.

- Establish measures to protect against gender-based violence. This should include measures to ensure the safety of adolescent girls in shelters and other temporary housing.
- Provide access to mental health services. This should include access to counselling and therapy for adolescent girls who have experienced trauma.
- Advocate for the inclusion of adolescent girls' sexual and reproductive health and rights in humanitarian and disaster response policies. This should include advocating for the inclusion of adolescent girls' sexual and reproductive health and rights in international and domestic policies.

Care For Child and Adolescent Victims of Sexual Violence

- In cases of sexual and gender-based violence involving children and adolescents, it is mandatory for the health provider to inform the District Child Protection Office.
- Designate safe spaces in healthcare facilities (camp, mobile clinics, CHCs, PHCs, hospitals, etc.) for survivors of sexual violence where they can receive treatment and care.
- Educate the children and their parents of available services and encourage and educate them to seek immediate medical care following any instance of sexual or gender-based violence.
- Provision of post-expose prophylaxis for HIV as soon as possible within 72 hours of exposure.
- Provision of emergency contraception immediately.
- Healthcare providers need to be mandated to maintain confidentiality at all times with respect to these cases and protect the privacy of the survivors.
- Provision of referral to other supportive services such as psychosocial care, law enforcement, protection, social workers etc. should be made available for the children and their families.
- Health care providers should be trained in sexual violence management of children and adolescents. They should also be trained in supportive communication, building confidence, counselling of survivors, protecting confidentiality, and privacy.

Referral System

A Referral System for child health during disasters is a critical component of the overall

response strategy to ensure that children receive appropriate care in emergencies. Disasters can disrupt healthcare services and facilities, making it challenging to provide timely and effective care to children in need. A referral system is a coordinated and organised approach to identifying, assessing, and referring children to the appropriate level of care, whether it is primary, secondary, or tertiary. The referral system would include the first instance of the patient coming in contact with a health care provider till follow up and recovery.

The Referral System for child health during disasters should be developed as part of the disaster preparedness plan. The system should be integrated into the overall emergency response plan and should involve all key stakeholders, including healthcare providers, emergency responders, community leaders, volunteers, and government officials. The referral system should be designed to ensure that all children receive appropriate care, regardless of their location or level of need.

A well-designed and coordinated referral system can help to ensure that they receive the care they need in a timely and effective manner.

Tips for developing a Referral System

- The referral system should have clear guidelines and procedures for identifying children who need medical attention and assessing their condition.
- The system should also have clear criteria for determining the appropriate level of care needed, including primary, secondary, or tertiary care.
- Once a child has been identified and assessed, the referral system should have a clear process for referring the child to the appropriate level of care. This should include clear communication channels and protocols for transferring information between healthcare providers, emergency responders, and other stakeholders.
- The referral system shall also determine safe transportation of child patients (both on-site and off-site).
- The referral system should also have a system for tracking the progress of the child and ensuring that they receive the necessary follow-up care.

In addition to providing medical care, the referral system should also address other aspects of child health, including nutrition, mental health, and protection. The system should have clear guidelines and procedures for addressing these issues and ensuring that children receive the necessary care and support.

After a Disaster: Recovery Phase

Disasters tend to have long term impact on children's health and hence, it is essential to plan for the rehabilitation and recovery process following any disaster. Long-term health recovery plan for children after a disaster involves addressing the physical, psychological, and social needs of children over an extended period of time.

Post-disaster recovery: Ensuring the availability of medical care, mental health services, and other necessary resources for children and families affected by the disaster.

» **Follow up of Ongoing Medical Care:**

Children who were injured or suffered from acute illnesses during the disaster may require ongoing medical care to address long-term complications or chronic health conditions.

Long-term support: Developing a system to monitor and assess the health of children and families, and providing follow-up care and support

» **Mental Health Services:**

Children who experienced traumatic events during the disaster may experience long-term psychological effects such as post-traumatic stress disorder (PTSD), anxiety, and depression. Providing long term mental health services such as counselling, peer support and therapy is essential to help children cope and recover.

» **Education and School-based Services:**

In order to provide long term health care services to children, these services can be based at or from school or education facilities. This will ensure good coverage of children who usually remain at risk of falling out of the ambit of services in the recovery phase. This includes provision of school-based mental health services, routine immunisation, follow ups etc.

» **Food Security and Nutrition Services:**

Disasters can lead to food shortages or reduced access to nutritious food, which can have long-term effects on children's health. Providing nutrition assistance and food security programmes can help ensure that children receive the nutrition they need to thrive.

» **Awareness Generation:**

Educate parents and caregivers on the importance of preventive health care and vaccinations.

» **Community Support Services:**

Children's recovery is often influenced by their community and social support networks. Hence, collaboration with local ICDS centres, teachers, community volunteers and local organisations to provide long-term assistance to families will help create a long-term support network for child health care.

Prioritisation of these actions and implementation of effective long-term recovery plans for children's health, and healthcare organisations. Other stakeholders can help ensure that children recover fully and have the best possible outcomes after a disaster.

Duration of the Session:

This session should be 45-60 min in duration.

Methodology:

- Lecture/ PowerPoint Presentation
- Case Study
- Video Aid
- Experience sharing
- Discussion
- End of session: Question/Answer round

Guidance Note for Trainer:

The strategies and programme specifics would vary widely in its content, delivery modalities, and educational quality in order to fit the needs of the target population and the context of service delivery. Hence, the trainer should introduce the participants to different possible strategies and methods but emphasise contextualisation while planning the operations and activities.

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SESSION 2: CHILD NUTRITION DURING DISASTERS AND EMERGENCIES

Session Objectives

1. To build the knowledge and skills of participants on child nutrition in emergencies.
2. To develop strategies for protecting and promoting the nutritional needs of children and adolescents.
3. To enable participants to identify key stakeholders and resources that may be required at their level for planning disaster preparedness, response, and recovery.
4. To equip participants with skills to monitor and evaluate the effectiveness of programmes on child nutrition in emergencies.
5. To foster coordination and collaboration between participants and other stakeholders, including healthcare workers, emergency responders, and government officials to promote a coordinated and effective nutrition response during emergencies.
6. To create a pool of trainers on child nutrition in emergencies who can train others in their own organisations or communities, thus increasing the overall capacity to respond to nutrition needs during disasters.

Expected Learning Outcomes of the Session

1. Understanding the unique nutritional needs of children during disasters and emergencies.
2. Identifying common nutritional challenges faced by children in crisis situations.
3. Learning best practices for assessing and monitoring the nutritional status of children in emergency settings.
4. Acquiring knowledge of key micronutrient deficiencies and their implications for child health in disaster contexts.
5. Gaining skills in planning and implementing effective nutrition interventions tailored to the needs of children in emergencies.
6. Familiarizing with appropriate strategies for ensuring safe food and water provision to prevent malnutrition and related illnesses among children.
7. Learning about community-based approaches and partnerships to support child nutrition in disaster response efforts.
8. Developing competencies in educating and training others on programming and prioritisation of child nutrition in disaster preparedness and response plans.

Child Nutrition during Disasters and Emergencies

Child nutrition is a critical issue during disasters as children are particularly vulnerable to

malnutrition, dehydration, and other health risks. Disasters can disrupt food systems, damage infrastructure, and displaced families, leaving children without access to essential nutrition and care. Disasters can have a significant impact on child nutrition, as they lead to:

1. **Disrupted Food Systems:** Disasters such as floods, droughts, and hurricanes can damage crops, livestock, and infrastructure, disrupting food systems and making it difficult to access food. This can lead to food shortages, higher food prices, and reduced access to nutritious foods, all of which can negatively affect child nutrition.
2. **Displacement:** Disasters can force families to flee their homes and communities, leading to displacement and a loss of access to food and other essential resources. Children who are displaced are at a higher risk of malnutrition and other health concerns.
3. **Increased Risk of Waterborne Illnesses:** Disasters can compromise access to clean water and sanitation, leading to a higher risk of waterborne illnesses such as diarrhoea, which can negatively impact child nutrition by causing dehydration and nutrient loss.
4. **Psychological Stress:** Disasters can cause significant psychological stress for children and their families, which can affect appetite and nutrient absorption. Additionally, stress can impair the body's ability to absorb nutrients from food, further exacerbating malnutrition.
5. **Interruptions to Health Services:** Disasters can disrupt health services, making it difficult to access medical care and nutrition support for children who need it.
6. **Blockage of Essential Nutritional Services:** This occurs especially for vulnerable groups (pregnant women, lactating mothers, adolescent and children below 5 years) that puts them additionally at risk. Disruption of these services such as:
    - » Supplementary Nutrition Programmes,
    - » Community Based Events and Activities,
    - » Supplementation of Micronutrients (Iron Folic Acid, Calcium, Folic Acid, Vitamin A)
    - » The Diagnosis and Management of Anaemia
    - » Programmes for the Management of Severe Malnutrition
    - » Counselling on ANC Care, Infant and Child Nutrition and Prevention of Anaemia
    - » Early Child Development and Pre-school Education

Therefore, due to such precarious circumstances in post-disaster scenarios, the risk factors are heightened for children. This usually leads to an increase in morbidity and mortality from malnutrition (macro and micronutrient deficiencies), communicable diseases and mental health issues, thus threatening the very survival of children in emergency and crisis situations.

Prerequisites of Good Nutrition

- Adequate food.
- Adequate care.
- Protection from frequent illnesses.

Importance of Good Nutrition for Children

Nutrition is especially crucial for children during disasters as they are more vulnerable to malnutrition due to the disruption of food systems, limited access to nutritious food, and increased incidence of infectious diseases.

- **Growth and Development:** Children require adequate nutrition for optimal growth and development, even during emergencies. Disasters can disrupt the food supply and access to nutrient-dense foods, leading to malnutrition, which can impact a child's growth and development. Children need a balanced diet with sufficient calories, protein, and other essential nutrients to support their growth and development.
- **Cognitive Development:** Adequate nutrition is essential for optimal cognitive development in children. A well-nourished child is more likely to perform well in school, have better problem-solving skills, and develop better language and social skills.
- **Immune System:** Adequate nutrition is crucial for maintaining a healthy immune system in children. Disasters can increase the incidence of infectious diseases, and a well-nourished child is more likely to resist and recover from illnesses.
- **Mental Health:** Good nutrition is essential for optimal mental health in children, even during emergencies. Malnutrition can lead to irritability, lethargy, and other mental health problems, which can be exacerbated by the stress and trauma of disasters.
- **Protection against Long-term Health Consequences:** Adequate nutrition during emergencies can protect children from long-term health consequences, such as stunting and cognitive deficits, that can result from malnutrition.
- **Preventing further Malnutrition:** During disasters, children who are already malnourished are at higher risk of becoming further malnourished, which can worsen their health outcomes. Providing adequate nutrition and nutritional support to these children is critical to prevent further malnutrition.
- **Improved Recovery:** Adequate nutrition can improve a child's ability to recover from the physical and emotional stress of a disaster, reducing the risk of long-term health consequences.

Nutritional Needs of Children

Children have specific nutritional needs that are important for their growth, development, and overall health. The nutritional needs of children during disasters are complex and require a comprehensive response to ensure that their physical and cognitive development are not negatively impacted by malnutrition. Following are some key nutritional needs that need to be prioritised in planning:

1. **Energy:** Children require adequate energy to support their growth, development, and physical activity. The amount of energy they need varies depending on their age, gender, and level of physical activity. During disasters, children may experience food insecurity or limited access to nutritious food, which can lead to inadequate energy intake and malnutrition.
2. **Macronutrients:** These are those nutrients that are required to be taken in larger quantities, such as:
    i. **Protein:** Protein is essential for growth and development, and children require higher amounts of protein per kilogram of body weight than adults. Good sources of protein include meat, poultry, fish, beans, lentils, and dairy products. During disasters, protein-rich foods may be less available or less affordable, which can lead to protein deficiency and malnutrition.
    ii. **Carbohydrates:** Carbohydrates are an important source of energy for children, particularly complex carbohydrates found in whole grains, fruits, and vegetables.
    iii. **Fat:** Fat is important for energy and the absorption of certain vitamins. Preference to healthy fats, like in nuts, seeds, and fatty fish, should be given.
3. **Micronutrients:** Micronutrients, including vitamins and minerals, are essential for growth, development, and immune function. During disasters, children may be at increased risk of micronutrient deficiencies due to limited access to nutritious food and safe water. Children require adequate amounts of vitamins and minerals, such as iron, calcium, and vitamin D, for growth, development, and overall health. These nutrients are found in a variety of foods, including fruits, vegetables, dairy products, and whole grains.
4. **Water:** Children require safe drinking water to maintain hydration, prevent water-borne illnesses, and support nutrient absorption. During disasters, access to safe drinking water may be compromised due to damage to infrastructure or contamination.
5. **Access to Healthcare:** Children require access to healthcare services, including screening and treatment for malnutrition, to ensure their nutritional needs are being met. During disasters, access to healthcare services may be limited due to damage to healthcare facilities or transportation disruptions.

A balanced diet that includes a variety of foods from each food group is important for meeting the nutritional needs of children. Adequate access to safe and nutritious food, safe water, and healthcare services is critical to meet the nutritional needs of children during disasters. During emergencies, the response should be such that a healthy and diverse diet that meets their child's individual needs and preferences is provided to all children.

Challenges in Providing Food and Nutrition during Disasters and Emergencies

Providing food and nutrition during disasters can be challenging due to a variety of factors. Some of the challenges include:

- **Limitation in Access:** Disasters usually disrupt transportation, communication, and supply chains, making it difficult to access food and nutrition supplies.
- **Infrastructure Damage:** Damage to infrastructure, such as roads, bridges, and buildings, can make it difficult to deliver food and nutrition supplies to affected areas.
- **Limited Resources:** Disasters can strain local resources, including food and water supplies, making it difficult to provide adequate nutrition to affected populations.
- **Population Displacement:** Disasters can cause large-scale population displacement, making it difficult to identify and provide nutrition assistance to all those in need.
- **Lack of Amenities:** Immediately after a disaster, it is usually difficult to provide facilities and amenities that are essential for securing food and nutritional requirements. For example, lack of cooking facilities, lack of water, storage facilities, etc. create many challenges in meeting food and nutrition demands in post-disaster situations.
- **Inadequate Information:** In some cases, information about the nutritional needs of affected populations may be limited due to lack of pre-disaster nutrition surveillance and assessments, making it difficult to provide appropriate nutrition assistance during emergencies.
- **Food Safety Concerns:** Disasters can increase the risk of food and water borne illness due to contamination of food and water supplies. Therefore, proper food handling and storage may be challenging in disaster settings.
- **Cultural and Dietary Preferences:** Providing appropriate nutrition assistance that meets the cultural and dietary preferences of affected populations can be challenging, particularly in diverse communities.

Providing food and nutrition assistance during disasters requires careful planning, coordination, and implementation to address these and other challenges. It is important to prioritise the nutritional needs of affected populations and to work with local communities and partners to ensure that assistance is provided in a culturally sensitive and appropriate manner.

Before a Disaster: Preparedness Phase

Preparedness for children's nutrition includes building of long-term systemic capacities to sustain healthy nutritional practices along with community-level action. Before a disaster, a considerable level of preparation must be ensured.

1. **Emergency Preparedness Plan:** A preparedness plan must be made after careful consultation with all the key stakeholders. The preparedness plan for child nutrition in disasters should aim to ensure that key stakeholders are equipped to respond to the nutrition needs of children, adolescents, pregnant women, and lactating mothers during emergencies.
2. **Coordination and Collaboration:** The preparedness plan should establish clear lines of communication and coordination between key stakeholders, including healthcare workers, emergency responders, government officials, grassroots functionaries such as anganwadis, ANM[1] (Auxiliary Nurse and Midwife) and ASHA[2] (Accredited Social Health Activist) workers along with community organisations, to promote a coordinated and effective response to nutrition needs during disasters.
3. **Nutrition Assessment and Planning:** The preparedness plan should include guidelines and procedures for conducting nutrition assessments, analysing data, and developing nutrition response plans that are tailored to the specific needs of affected populations. Incorporate disaster risk assessments into existing nutrition assessments and monitoring, establish and strengthen ongoing nutrition surveillance, and assessment system.

There should be regular assessment cycles throughout the response and recovery phase:

- Rapid Needs Assessment within 2-3 days of the disaster, assessing immediate situation and food nutritional needs of children.
- Follow up Assessments, assessing the important nutritional needs that are still unmet along with assessment of the effectiveness of the interventions.
- Detailed Assessment for planning recovery programmes.

[1]ANM is a female community health worker who provides maternal and neonatal healthcare at the primary level under the National Health Mission (NHM) of the Ministry of Health and Family Welfare (MoHFM).

[2]ASHA is a female community health worker under the National Health Mission (NHM) of the Ministry of Health and Family Welfare (MoHFW).

4. **Collection of Pre-disaster Data:** Conducting pre-disaster surveys for collecting appropriate data that would help plan immediate response should be prioritised in the preparedness phase. The data should pertain to:
   - » Identification of Vulnerable/ at Risk Children.
   - » Malnutrition Assessment and Screening.
   - » Immunisation Data.
   - » Resource Mapping.

Pre-disaster assessment of the nutritional status of children is absolutely necessary.

A list of severely malnourished children, pregnant women, lactating mothers and children up to 5 years of age must be prepared.

5. **Vulnerability Reduction and Capacity Building of Communities:** In the pre-disaster phase, focused action towards vulnerability reduction of child nutrition is required. This will help mitigate the impact of any disaster on the nutrition and health of children and families. Some of the activities are:
   - » Promoting improved care practices such as exclusive breast feeding, appropriate complementary feeding, deworming, Iron Folic Acid etc.
   - » Community kitchens and gardens should be encouraged.
   - » Developing the capacity of the community and caregivers to drive nutrition behaviour change.
   - » Educating families to prioritise the nutrition of children and mothers in households, routine immunisation, Infant and Young Children Feeding Practices (IYFP), diversification of diet etc.
   - » ICDS centres should be strengthened and communities should be made aware to reach out to these centres for services.

6. **Emergency Food and Water Distribution:** During disasters, access to food and water can be limited or disrupted. Emergency food and water distribution programmes can help ensure that children have access to adequate nutrition. These programmes can include the distribution of ready-to-eat meals, dry rations, and water.

7. **Supplementary Feeding Programmes:** Supplementary feeding programmes can provide additional nutrients to children who are at risk of malnutrition. These programmes can include the distribution of fortified foods, ready-to-use therapeutic foods (RUTFs) such as high energy biscuits, nuts, milk powder along with micronutrient powders and supplements.

8. **Micronutrient Supplementation:** Micronutrient deficiencies can be common during disasters, particularly in areas where access to nutritious food is limited. Micronutrient supplementation can provide essential vitamins and minerals (such as Vitamin A, zinc, calcium, iron folic acid etc.) to children to prevent deficiencies and improve overall health.

9. **Community-based Interventions:** Community-based interventions, such as community kitchens and community gardens, can help provide access to nutritious food during disasters. These interventions can involve local communities in the response and help build resilience for future disasters. This can include the establishment of community kitchens and community gardens, as well as the promotion of safe and hygienic feeding practices.

10. **CMAM (Community-based Management of Acute Malnutrition):** Community-based Management of Acute Malnutrition (CMAM) is a decentralised community-based strategy for treating children with acute malnutrition (cases without any medical complications) in their own communities rather than in hospital settings. This approach aims to improve access to treatment and reduce the burden on health facilities, particularly in resource-constrained contexts. CMAM uses a four-pronged approach:
    - » Community Mobilisation
    - » Supplementary Feeding Programmes
    - » Out-patient Therapeutic Care
    - » In-patient/ Stabilisation Care

During the preparedness phase, CMAM coverage can be improved with the help of AWW, ANMs, ASHAs, community leaders, volunteers, and local community-based organisations. Training for these community workers and volunteers should be provided to be able to successfully screen, identify, and refer cases of acute malnutrition in a given community. They are also to be trained to provide counselling and support to the caregivers. Early detection of malnutrition cases, their referral, and follow-up should be strengthened in this phase. Community awareness and at-home care shall also be the focus of CMAM during this phase.

11. **Coordination and Collaboration:** Coordination and collaboration among different stakeholders, including government agencies, non-governmental organisations, and community-based organisations are essential for effective nutrition interventions during disasters. Establishing strong partnerships can help ensure that interventions are well-coordinated and reach those who are most in need.

12. **Pre-positioning of Supplies:** The preparedness plan should include procedures for determining, procuring, and stocking essential supplies, including therapeutic foods and micronutrient supplements in locations that are easily accessible during emergencies. Determine and ensure stock availability of essential nutritional supplements such as iron, calcium, folic acid and zinc. Also, ensure there is enough availability of essential medicines for common paediatric ailments such as albendazole for deworming, ORS for dehydration etc.

13. **Identify Community Resources:** Identify community resources, such as food banks and community kitchens, that can be used to provide emergency nutrition assistance to the children and families.

14. **Engage with Local Organisations:** Work with local organisations and community leaders to identify and address the specific needs of children during a disaster. They may have valuable insights and resources to help support child nutrition in the local area.

15. **Identification of Volunteers:** Volunteers should be identified who can assist the food and nutrition interventions during emergencies.

16. **Create Emergency Nutrition Teams:** Emergency Nutrition teams can be created including volunteers, Anganwadi workers, ASHA workers, Panchayat members, Community leaders etc. These teams shall be appropriately trained and regular mock exercises should be done at village and block levels to prepare them for swift action, if and when a disaster strikes.

17. **Training and Capacity Building:** The preparedness plan should include provisions for training key stakeholders and the emergency nutrition response teams on child nutrition in emergencies, including screening and assessment, appropriate feeding practices, management of malnutrition etc.

18. **Monitoring and Evaluation:** The preparedness plan should include procedures for monitoring and evaluating the effectiveness of nutrition interventions during emergencies, including tracking the prevalence of malnutrition, assessing the quality of care being provided during emergencies, and identifying areas for improvement.

19. **Communication and Advocacy:** Provisions for communicating with the affected populations about nutrition needs during emergencies and educating families and households to take care of children's nutritional needs and communicating the available provisions of adequate nutrition services for children.

20. Other Preparedness Activities:

- Developing kitchen gardens at home, anganwadis centres, school, panchayat, community hall, etc.
- Creating food and nutrition banks (cereals, pulses, vegetables, fruits, milk, eggs, oil etc.) at village and community level.
- Plantation of tress like mango, jamun, amla, munga, guava, etc and promoting flexibility in cultivation.
- Providing long term livelihood support to families through employment guarantee schemes such as MNREGA.

Overall, a preparedness plan for child nutrition in disasters should be comprehensive and flexible, with clear guidelines and procedures for key stakeholders to ensure an effective nutrition response during emergencies.

During a Disaster: Response Phase

1. **Rapid Nutrition Needs Assessment:** In order to launch a response programme for addressing the nutritional needs of children, it is essential to gather information on the situation. It pertains to the assessment of the nutritional needs of the communities such as:
   - » Identification of the number of beneficiaries for the programme,
   - » Assessment and Identification of those at high risk of food insecurity and malnutrition,
   - » Assessment of the need for mother-child nutritional care,
   - » Prevalence of Acute and Severe Malnutrition,
   - » Identifying Common Feeding Practices, etc.

The rapid nutrition needs assessment helps to assess the food and nutritional needs of the communities, recognise specific vulnerabilities, identify capacities and respond accordingly. The findings of the assessment would help in preparing the response plan. The initial nutrition needs assessment must be done immediately after the disaster i.e. within 2-3 days after the disaster event. This should help in assessing the immediate food and nutritional needs of the children in the community. The needs assessment would be quicker and swifter if it has already been planned for in the pre-disaster phase, meaning pre-preparation of the needs assessment checklist and forms should be a part of the preparedness plan, and when the disaster strikes, the assessment survey can be modified appropriately and used.

2. **Ready-to-Eat Food:** Provide ready-to-eat food items in the immediate aftermath of a disaster when a crisis situation may prevent cooking operations.

3. **Use of Food and Nutrition Bank** (cereals, pulses, vegetables, fruits, milk, egg, oil, etc.)

4. **Operation of Community Kitchens:** Once the crisis situation stabilises, the operation of community kitchens should be encouraged. Provide safe and hygienic areas to be used as community kitchens along with stoves, gas connections, storage, utensils etc.

5. **Management of Malnutrition during Disasters:** Malnutrition in children is a serious public health problem that can have short as well as long-term health consequences. Malnutrition can occur when children do not consume enough food or consume food that lacks essential nutrients. Forms of malnutrition are as under:

   a. **Undernutrition:** Undernutrition occurs when children do not consume enough protein, calories, and other essential nutrients. This can lead to stunted growth, wasting, weakened immune system, and increased mortality risk. There are three forms of undernutrition:

   i. **Stunting:** Stunting is characterised by low height for their age, and often results in impaired physical and cognitive development. Malnutrition, especially protein-energy malnutrition, can lead to stunted growth in children.

   ii. **Wasting:** Malnutrition can cause wasting where a child's weight is significantly lower than expected for their height and age.

   iii. **Underweight:** When a child has a low weight that is below the recommended range for their age, the condition is known as underweight

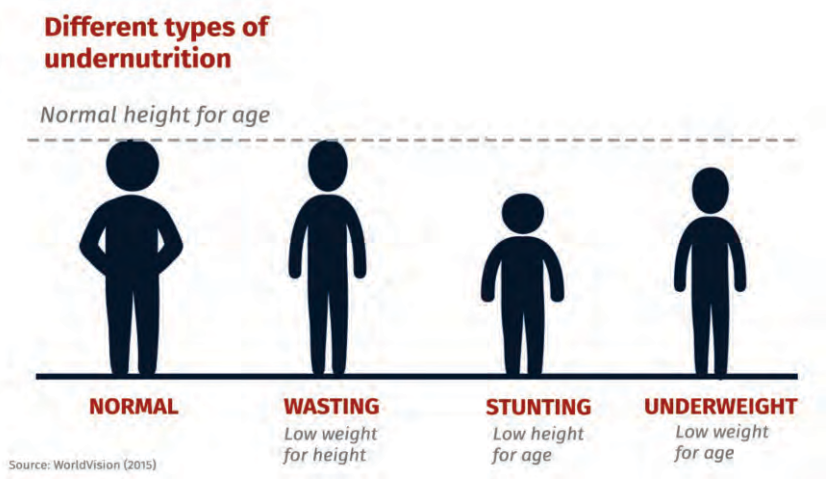

Figure 7: Forms of Undernutrition; Source: World Vision, 2015

b. **Micronutrient Deficiencies:** Micronutrient deficiencies occur due to lack of essential vitamins and minerals. This can lead to a range of health problems, such as anaemia, impaired cognitive development, and vision problems.

c. **Overnutrition:** Overnutrition occurs when children consume more calories than they need, leading to overweight and obesity. This can increase the risk of chronic diseases, such as diabetes and cardiovascular disease.

Malnutrition in children can have significant short- and long-term health consequences. In the short term, malnutrition can impair immune function, increase the risk of infections, and lead to delayed recovery from illnesses. In the long term, malnutrition can impair cognitive development, affect school performance, and increase the risk of chronic diseases later in life.

Malnutrition can be exacerbated during disasters due to the disruption of food systems, limited access to nutritious food, and increased incidence of infectious diseases, disruption in immunisation and nutritional services.

Prevention: One of the most effective ways to manage malnutrition during disasters is through prevention. This involves ensuring that affected populations have access to adequate and appropriate nutrition, safe water, and sanitation facilities. Prevention also includes promoting healthy feeding practices, such as exclusive breast feeding for infants and young children and providing a variety of nutrient-dense foods. Early diagnosis and intervention can prevent long-term health consequences in children.

It is important to note that the symptoms of malnutrition can overlap with other health conditions, and professional nutrition and health consultancy to accurately diagnose and treat malnutrition in children at the district level must be obtained from the District Health Department and ICDS functionaries.

Treatment: The treatment of malnutrition during disasters typically involves providing therapeutic feeding, which includes the use of specialised, nutrient-dense foods and supplements to treat moderate and severe malnutrition. Healthcare workers and emergency responders should be trained on the management of malnutrition and the use of therapeutic feeding protocols.

Strategies for Managing Malnutrition during Disasters and Emergencies

- **Screening and Assessment:** Screening and assessing children for malnutrition is a critical component of managing malnutrition during disasters. Screening for malnutrition among vulnerable groups can help identify those who require special attention and support, such as supplementary feeding programmes, therapeutic foods,

and micronutrient supplements. This involves using anthropometric measurements, such as weight and height, to identify children who are malnourished or at risk of malnutrition. After screening, those identified as malnourished should be referred for appropriate care.

- **Linking Medical Care to Nutritional Care:** This should be done for especially those children who are suffering from severe acute malnutrition. There should be the provision of in-patient care for infants suffering from severe acute malnutrition and children that may present medical complications. Referral of such children to NRCs (Nutrition Rehabilitation Centres) should be done wherever possible.
- **Increase Access to Nutritious Foods:** Promote programmes that increase access to nutritious foods, including food assistance, linking feeding programmes to education facilities, and community-based interventions such as community kitchens etc.
- **CMAM (Community based Management of Acute Malnutrition):** CMAM is a decentralised community-based approach that prioritises early identification and treatment of acute malnutrition to prevent the development of complications and improve survival. This approach is cost-effective and can be implemented in resource-constrained settings in post-disaster scenarios.

GUIDANCE NOTE

Energy Rich foods- Cereals and millets (such as wheat, rice, ragi, bajra, jowar), fats (nuts, oilseeds, cooking oil, butter, ghee, etc.), sugars (table sugar, honey, jaggery)

Body Building foods- pulses, beans, legumes, eggs, flesh foods (meat, poultry, fish), milk and milk products (curd, paneer, chaach/ buttermilk)

Protective foods- fruits and vegetables (dark green leafy, yellow and orange colored, citrus and other fruits)

  - » **Identification:** Identification of malnourished children is done through community-based screening using mid-upper arm circumference (MUAC) measurement or weight-for-height z-score (WHZ) assessment.
  - » **Out-patient Treatment:** Children with uncomplicated acute malnutrition are treated on an out-patient basis using ready-to-use therapeutic foods (RUTFs) at designated community-based centres and/or through home-based care.
  - » **In-patient Treatment:** Children with severe acute malnutrition (SAM) and medical complications are to be referred to Nutrition Rehabilitation Centre (NRC) for in-patient treatment.
  - » **Counselling:** Counselling and support are provided to caregivers on the proper

use and storage of RUTFs, feeding practices, and hygiene and sanitation practices.

- » **Monitoring and Follow-up:** Regular monitoring and follow-up are done to track progress and ensure that children are receiving appropriate care. Children are discharged from treatment when they reach a pre-determined level of recovery.
- » **Community Involvement:** Community involvement is essential for the success of CMAM. Communities are engaged in the identification, referral, and follow-up of malnourished children.

- **Micronutrient Supplementation:** Micronutrient deficiencies are common among malnourished children during disasters. Supplementation with vitamins and minerals, such as vitamin A, iron, and zinc, can help prevent and treat these deficiencies.
- **Provide Nutrient-dense Foods:** In disaster situations, it is important to provide children with nutrient-dense foods to ensure they are getting the necessary vitamins and minerals they need to stay healthy. Examples of nutrient-dense foods include fruits and vegetables, whole grains, nuts, sattu, milk, eggs, and dry snacks like jaggery, grams, peanuts, etc.
- **Ready-to-use Therapeutic Foods:** In severe cases of malnutrition, ready-to-use therapeutic foods, ready-to-eat meals, high-energy biscuits, and fortified food products, can be used to treat and prevent malnutrition in young children. RUTFs are high-energy, nutrient-dense, and require no cooking or refrigeration, e.g., biscuits, peanuts, grams, milk powder, soya, etc.
- **Breast feeding Support:** Exclusive breast feeding for the first 6 months of life and continued breast feeding up to 2 years or beyond can provide essential nutrients and protection to the child against infections and illnesses. It also provides hydration to infants and young children. Develop a plan to support breast feeding mothers, including access to lactation support and education on the importance of exclusive breast feeding for the first six months of life. Aanganwadi, ANM and ASHA workers can provide this support. Creating breast feeding corners for breast feeding in camps and shelters can further promote this.
- **Educate about Healthy Eating Habits:** Educate caregivers and children to include a variety of nutrient-rich foods, including fruits, vegetables, whole grains, lean proteins, and healthy fats. Limit consumption of processed and high-fat foods. Provide education on the importance of a balanced and healthy diet, as well as on safe and hygienic feeding practices. Educate the community on the best use of food items and the nutrients being distributed.
- **Ensure Access to Safe Drinking:** During disasters, access to safe drinking water may be

compromised. Make sure that children have access to clean drinking water. Inform and educate communities to cover the water, boil it before use or distribute water purification tablets.

- **Establish Safe Feeding and Hygiene Practices:** Establish safe feeding and hygiene practices to help prevent the spread of disease and infection. This can include education on handwashing, food preparation, and safe storage of food and water.
- **Promote WASH Practices:** Promoting WASH practices such as handwashing, covering food items, personal hygiene, etc. are important. They are critical for preventing food and water-borne diseases which can exacerbate malnutrition.
- **Ensure Routine Immunisation:** Routine immunisation should be conducted for infants, children and pregnant women.
- **Counselling:** Counselling on Ante-natal Care, infant and child nutrition, prevention of anaemia, using nutritional supplements and micronutrients (IFA, calcium, folic acid, vitamin A), deworming, best nutritional practices, use of food and supplements being distributed etc.
- **Prevention of Micronutrient Deficiency and Anaemia in Pregnant Women and Breast Feeding Mothers:** During pregnancy, lack of micronutrients such as iron, calcium, zinc, iodine may put the mother and child at risk of maternal anaemia, pre-eclampsia, haemorrhage, maternal or newborn death, premature birth, low birthweight etc. Similarly, anaemia in breast feeding mothers may affect the quantity and quality of breast milk, fatigue in mother, postpartum bleeding, etc. Hence, special care of pregnant women and lactating mothers is to be provided by ensuring healthy diet including macro and micro nutrients, supplements of iron, calcium, zinc, and therapeutic foods.

> "Pregnancy and breast feeding are nutritionally distinct periods in a woman's life. Energy requirements increase by an average 300 kcal/day during pregnancy and by 640 kcal/day during breast feeding, and key vitamins and other micronutrients, such as iron, folic acid, zinc and calcium, are in high demand."
>
> - UNICEF, 2020

- **Monitoring and Follow-up:** Monitoring and follow-up are critical components for the management of malnutrition during disasters. Children receiving therapeutic feeding should be monitored regularly to ensure that they are responding to the interventions and that there are no complications.
- **Coordinate with Local Authorities:** Coordinate with the local authorities to ensure that

nutrition interventions are aligned with emergency response efforts and that resources are allocated appropriately.

6. Infant and Young Feeding Practices (IYFP)

Infant and young child feeding practices refer to the various ways in which infants and young children are fed during the first few years of life. These practices play a critical role in ensuring optimal growth and development, as well as in preventing malnutrition and associated health problems. Here are some key practices for feeding infants and young children:

- **Exclusive Breast Feeding for the first 6 months:** The World Health Organisation (WHO) recommends exclusive breast feeding for the first 6 months. This means that infants should be fed breast milk only, without any other food or drink, including water.
- **Introducing Complementary Foods at 6 months:** After 6 months, infants should be introduced to complementary foods, while still continuing to breast feed. Complementary foods should be nutrient-rich and appropriately prepared. Infants should be fed in a safe and hygienic manner.
- **Continued Breast Feeding up to 2 years or beyond:** Breast feeding should continue for up to 2 years or beyond, alongside complementary foods. Breast feeding can provide essential nutrients and protection against infections and illnesses.
- **Responsive Feeding:** Responsive feeding refers to feeding practices that take into account the infant's cues and needs, including hunger cues. This involves feeding infants when they are hungry, stopping feeding when they are full, and allowing them to feed at their own pace.
- **Hygiene and Safety:** Feeding practices should be safe and hygienic to prevent contamination and the spread of infections. This includes washing hands before feeding, using clean utensils and feeding containers, and storing food appropriately.
- **Avoidance of Unhealthy Foods:** Infants and young children should not be fed foods that are high in sugar, salt, and unhealthy fats. These foods can contribute to poor health outcomes, including obesity and non-communicable diseases.
- Counselling and Guidance for breast feeding to pregnant and lactating mothers.
- **Feeding Support to Mothers and Infants:** This should be taken care in case the mother is unable to breast feed the infant due to reasons of injury, trauma etc., in post disaster situations.
- **Provide Micronutrient Supplements:** Especially folic-acid and multi-vitamins and nutrient dense foods should be provided to pregnant and lactating mothers.

Promoting optimal infant and young child feeding practices can help ensure that infants and young children receive the nutrients they need for optimal growth and development, as well as for protection against malnutrition and associated health problems.

After a Disaster: Recovery Phase

- Maintenance of ICDS centres, Anganwadi services, and sub-health centres.
- Ensure adequate supply of nutritional supplements, therapeutic foods, deworming medicine, multivitamins, zinc, folic acid, etc. at ICDS centres.
- Ensure that children and families have long-term food and nutritional support by linking them with government schemes such as Public Distribution System (PDS), Poshan Abhiyan, Mission Indradhanush, Integrated Child Development (ICDS), Nutrition Rehabilitation Centres (NRCs), etc.
- Attach nutrition and feeding programmes with educational facilities for children.
- Ensure access to generic medicines through Jan Aushadhi Centres[3].
- Monitoring and follow-up of children suffering from acute malnutrition and anaemic pregnant and lactating mothers.
- Ensure healthy food and nutritional practices are followed in households and communities
- Counselling and support facilities at ICDS centres, NRCs, educational facilities etc. for good nutrition practices, ante-natal care and hospital referral of pregnant women, breast feeding, etc.
- Address any emotional or psychological effects of the disaster that may be affecting children's food intake. Support from mental health professionals or support groups to be sought as needed.
- Continue to use the food and nutrition bank, especially for children (suffering from malnutrition), pregnant women, lactating mothers, and all children under 5 years of age.
- Continue to operate community kitchen for the needy (including meals for children).
- Growing of community gardens at schools, Anganwadi centres, panchayat bhawan, community hall, etc.
- Ensure safe water supply and WASH practices.
- Providing employment and livelihood support to families.

[3]Under Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP), Jan Aushadhi Centres provide quality generic medicines at affordable prices to the masses, to reduce out-of-pocket expenses on healthcare.

Duration of the Session:

This session should be 45-60 min in duration.

Methodology:

- Lecture/ PowerPoint Presentation
- Case Study
- Video Aid: https://www.youtube.com/watch?v=VjckXow0aWU
- Experience sharing
- Discussion
- End of session: Question/Answer round

Guidance Note for Trainer:

The strategies and programme specifics would vary widely in their content, delivery modalities, and educational quality in order to fit the needs of the target population and the context of service delivery. Hence, the trainer should introduce the participants to different possible strategies and methods but emphasise contextualisation while planning the operations and activities.

References:

i. Abimibayo Adeoya, A., Sasaki, H., Fuda, M., Okamoto, T., & Egawa, S. (2022). Child Nutrition in Disaster: A Scoping Review. The Tohoku journal of experimental medicine, 256(2), 103–118. https://doi.org/10.1620/tjem.256.103

ii. Sphere. (2018). Sphere Handbook: Humanitarian Charter and Minimum Standards in Disaster Response. https://spherestandards.org/handbook/editions/

iii. UNICEF. (2020). Nutrition, for Every Child: UNICEF Nutrition Strategy 2020–2030. UNICEF, New York. https://www.unicef.org/media/92031/file/UNICEF%20Nutrition%20Strategy%202020-2030.pdf

iv. World Vision International. (2017). Project Model Community Based Management of Acute Malnutrition (CMAM). https://www.wvi.org/sites/default/files/Community Based Management of Acute Malnutrition Project Model%20%281%29.pdf

Module III:
Right to Development during Disasters and Emergencies

Module III: Right to Development during Disasters and Emergencies

SESSION 1: EARLY CHILDHOOD, BRAIN DEVELOPMENT AND MENTAL HEALTH

Session Objectives

The participants will:

1. Gain a comprehensive understanding of the key developmental stages in early childhood, including cognitive, emotional, social, and physical aspects.
2. Be able to identify the unique vulnerabilities and needs of children in various age groups during disasters.
3. Learn about the impact of stress and trauma on the developing brain in early childhood.
4. Understand how Adverse Childhood Experiences (ACEs) during disasters can influence cognitive functions, emotional regulation, and long-term mental health.
5. Learn how to recognise signs of trauma in young children and implement trauma-informed practices to promote resilience.
6. Develop an understanding of how cultural factors influence the psychosocial well-being of young children during disasters.
7. Acknowledge the role of positive relationships, social support, and a safe environment in fostering resilience during early childhood.
8. Recognise the importance of involving families and communities in providing psychosocial care for young children during disasters.
9. Learn how to engage and support caregivers in promoting the well-being of children in the aftermath of disasters.
10. Learn to design and implement child-centric interventions that address the unique needs and vulnerabilities of young children during and after disasters.
11. Gain practical skills in creating safe spaces, play therapy, and age-appropriate activities that support children's psychosocial well-being.

Expected Learning Outcomes of the Session

1. Understand the critical importance of early childhood development and its impact on lifelong outcomes

2. Recognise the key stages of brain development in early childhood and how adverse experiences during emergencies can affect neurological development.
3. Identify signs of distress and trauma in young children and understand the importance of providing timely psychosocial support.
4. Acquire knowledge of evidence-based practices for providing psychosocial care and support to young children and their caregivers in emergency settings.
5. Develop skills in creating safe and supportive environments that promote resilience and coping mechanisms for children during and after disasters.
6. Understand the role of caregivers and communities in supporting children's mental health and well-being during emergencies.
7. Explore strategies for integrating psychosocial support into emergency response plans and programmes at various levels, including community, national, and international.
8. Reflect on cultural sensitivity and ethical considerations when providing psychosocial care and mental health support to children and families from diverse backgrounds during crises.
9. Develop action plans for implementing evidence-based interventions and advocating for policies that prioritise the psychosocial well-being of young children in disaster and emergency response efforts.

Early Childhood and Brain Development

Early childhood development is a critical period of growth and development in the first few years of a child's life. During this time, children undergo an immense transformation in every aspect of their lives, including their cognitive, physical, and emotional development. Research shows early childhood development sets the foundation for future learning, health, and well-being. Therefore, it is essential to provide a safe and nurturing environment for children during this period to support their optimal growth, development, and lifelong success. Various factors influence early childhood and brain development, including genetics, environment, nutrition, physical activity, social interaction and trauma

90% of child's brain development happens before the age of 5.

During early childhood, brain development is rapid and crucial for future intellectual and emotional growth. The brain development process goes through several stages, starting with the formation of neurons, followed by neural pathways, and the creation of synaptic connections. Brain plasticity, or the brain's ability to change and adapt, is at its highest during early childhood and results in an increased ability to learn and process new information. The

early years are a sensitive period, and responsive caregiving can positively shape a child's brain architecture to promote lifelong health and wellbeing.

Genetics play an essential role in shaping early childhood development. Children inherit genes from their parents that influence various traits like height, eye colour, and temperament. These genes can impact how the child behaves and interacts with the environment. However, genetic influence is complex, and its interaction with environmental factors can also impact development. The nature versus nurture debate is prominent in early childhood development because both genetics and the environment play a critical role in shaping a child's growth. While genetics sets the foundation for development, experiences, parenting styles, and early childhood education can significantly enhance early childhood development.

The environment also plays a crucial role in shaping early childhood development. Children are affected by numerous environmental factors such as socioeconomic status, family dynamics, and community and cultural contexts. Positive environmental factors, such as responsive and consistent caregiving, safe homes and neighbourhoods, and quality early childhood education programmes, can enhance early childhood development and foster positive outcomes. In contrast, negative environmental factors such as poverty, food insecurity, exposure to violence, neglect, and abuse can negatively impact early childhood development and lead to negative outcomes later in life. It is essential to recognise and address environmental factors that can negatively impact early childhood development to ensure that the children thrive.

Positive bonding and attachment are crucial for healthy early childhood development. Secure relationships with parents and caregivers promote emotional and cognitive growth and help children develop trust, self-esteem, and positive social skills. In contrast, negative bonding and attachments can lead to developmental problems, including delays in emotional and cognitive development, behavioural issues, and mental health problems. Long-term implications of positive bonding and attachment include better academic success, mental health outcomes, and social relationships. Negative bonding and attachment, on the other hand, can have adverse consequences later in life, such as problems in relationships and mental health issues. Therefore, it is essential to foster healthy relationships between parents and caregivers and children to support optimal early childhood development.

Stress can have detrimental effects on early childhood development. There are various types of stress, including positive stress, tolerable stress, and toxic stress. Positive stress refers to normal everyday stressors like going to preschool, which can help children adapt and grow. However, tolerable and toxic stress can have harmful effects on early childhood development. Tolerable stress refers to a significant but temporary adversity like the death of a loved one,

while toxic stress refers to intense, prolonged adversity, such as abuse or neglect, which can overwhelm a child's coping mechanisms. Toxic stress can lead to a range of developmental problems, including impaired brain development, weakened immune system, poor physical health, and mental health problems. Therefore, it is crucial to recognise early signs of stress in children and support them to cope with adverse events to mitigate the negative effects of stress on their development.

Early childhood education is vital for promoting optimal brain development. Early education programmes offer a range of educational approaches and philosophies, including play-based and educational-based approaches. Play-based approaches focus on a child's natural desire to explore and learn through play, while educational-based approaches aim to promote academic learning. High-quality early education programmes enhance cognitive, social-emotional, and language development and support school readiness and later academic achievement. Therefore, providing access to quality early childhood education programmes is necessary to promote positive early childhood development outcomes and set children on a path to succeed in school and life.

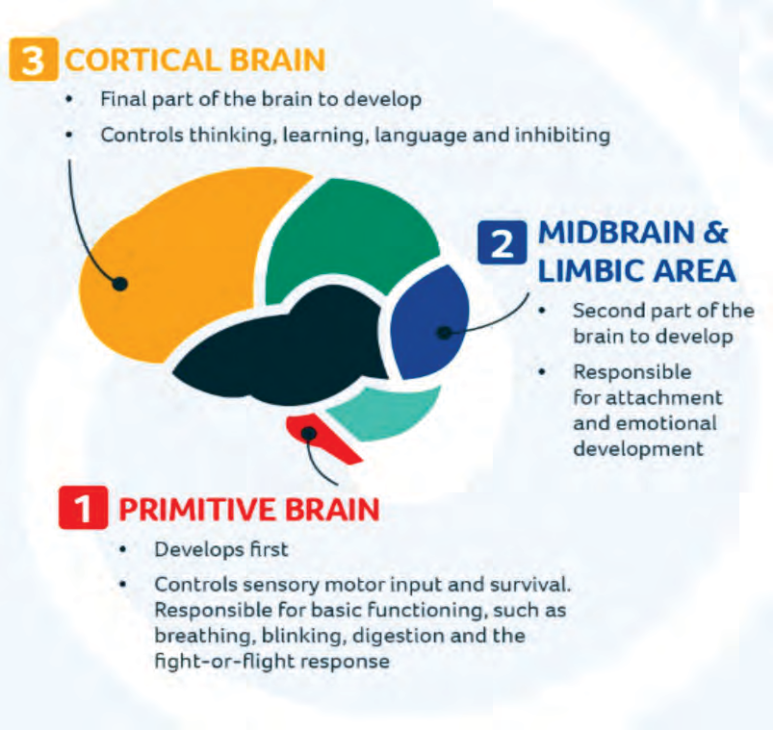

Figure 8: Brain Development in a child;
Source: ISP Fostering, UK. https://ispfostering.org.uk/childhood-trauma-brain-development/

Key Considerations in Early Childhood Development

Play

Play is a critical component of early childhood development. Play provides children with an opportunity to explore, experiment, and interact with the world around them. It helps children develop cognitive, social, emotional, and physical skills. Different types of play can benefit the developing brain, such as sensory play, imaginative play, and physical play. Sensory play can promote brain development by stimulating the senses, and imaginative play can enhance creativity, problem-solving, and emotional regulation. Physical play can improve physical development and strengthen gross motor skills. Therefore, play should be an integral part of early childhood education programmes to support optimal early childhood development outcomes.

Good Nutrition

Good nutrition is crucial for optimal early childhood development, including brain development. Adequate nutrition in the first few years of life helps support the growth of crucial organs, including the brain, and provides the necessary nutrients for optimal cognitive and physical development. A balanced diet that includes a variety of nutrient-dense foods, including protein, healthy fats, complex carbohydrates, vitamins, and minerals, can improve brain function, memory, and learning abilities, while a poor diet can lead to negative outcomes like growth stunting, cognitive delays, and behavioural issues. Therefore, it is essential to provide children with access to healthy and nutritious food to promote positive early childhood development outcomes and lifelong health.

Physical Activity

Physical activity is critical for optimal early childhood development, including brain development. Physical activity not only supports healthy growth but also enhances cognitive function, memory, and learning abilities. Research has shown that physical activity promotes the formation of neural connections in the brain and supports the formation of new brain cells. Early childhood is a critical period for physical development as it provides children with an opportunity to develop fine and gross motor skills, coordination, balance, and strength. Therefore, it is important to encourage physical activity in early childhood through play, games, and structured activities to promote positive outcomes and set children up for a lifetime of physical well-being.

Language Development

Language development is a vital aspect of early childhood development. During early

childhood, children go through a critical period for language acquisition. They learn to babble, make sounds, and eventually form words and sentences. This process is facilitated by engaging in conversation, hearing language, and receiving responsive feedback from caregivers and the environment. Language development plays a crucial role in early childhood development as it helps children express their thoughts, emotions, and needs. It also contributes to cognitive development, social interaction, and academic success. Therefore, providing a language-rich environment and supporting language development through meaningful interactions is essential for promoting optimal early childhood development.

Social Development

Social development is a critical aspect of early childhood development. It refers to a child's ability to interact with others, form relationships, and handle the social world around them. Social development plays a significant role in shaping a child's overall development and well-being. It is through social interactions that children learn important skills such as empathy, cooperation, communication, and problem-solving. Positive social interactions and relationships foster emotional resilience, self-esteem, and a sense of belonging. Therefore, providing opportunities for social engagement, such as through playgroups, preschools, and organised activities, is crucial for supporting optimal early childhood development and laying the foundation for healthy social relationships in the future.

Cultural Influences on Early Childhood Development

Culture plays a significant role in shaping early childhood development. It influences how children learn, communicate, and understand the world around them. Each culture has its own set of values, beliefs, and practices that impact child-rearing practices, educational approaches, and socialisation. Recognising and respecting cultural diversity is crucial in early childhood education as it promotes inclusivity and supports the development of children from various backgrounds. Cultural sensitivity means understanding and appreciating the traditions, values, and customs of different cultures and incorporating them into educational practices. By incorporating cultural diversity into early childhood education, we can create a more inclusive and equitable environment that supports the optimal development and well-being of all children.

Policy

Laws and policies play a crucial role in supporting early childhood development. There are various laws and policies that are relevant to early childhood development, such as those related to child protection, education, health, and childcare. These laws and policies aim to ensure the well-being and positive development of young children. Policy decisions and

funding allocations can have a significant impact on early childhood development outcomes. By implementing evidence-based policies that prioritise access to quality early childhood education, healthcare, and support services, policymakers can create an environment that promotes the optimal development of children in their early years, setting them up for lifelong success.

Challenges and Risks in Early Childhood Development

Early childhood development is not without its challenges and risks. Following factors can pose risks and impact a child's development such as:

- Poverty,
- Limited Access to Quality Education,
- Inadequate or Lack of Healthcare,
- Exposure To Violence or Trauma, and
- Inadequate Caregiver Support

These challenges may lead to developmental delays, behavioural problems, and potential long-term consequences. Identifying and addressing these issues is crucial in ensuring optimal early childhood development. Early intervention programmes, community support services, and access to resources can help mitigate these challenges and promote positive outcomes. By addressing these challenges and providing necessary support, we can create an environment that allows every child to thrive and reach their full potential.

Developmental Differences in Early Childhood

In early childhood, it is common to observe developmental differences among children. These differences may manifest in areas such as cognitive skills, physical abilities, social interactions, and communication. It is important for educators and caregivers to recognise and understand that each child develops at their own pace and in their unique way. Addressing developmental differences in early childhood education involves creating an inclusive and supportive environment that provides individualised and targeted interventions. This may include adapting teaching strategies, providing additional support and resources, and collaborating with specialists to ensure that each child's specific developmental needs are met. By embracing and accommodating developmental differences, we can foster an inclusive and nurturing learning environment that allows every child to thrive.

The Importance of Parental Involvement

Parental involvement plays a crucial role in supporting early childhood development. Parents are their children's first teachers and serve as important role models and sources of support.

When parents are actively involved in their child's education, it can have significant positive effects on their cognitive, social, and emotional development. Parental involvement helps create a strong foundation for learning, enhances parent-child communication, and strengthens the parent-child bond. To encourage parental involvement in early childhood education, it is important to have open and clear communication with parents, provide them with regular updates on their child's progress, involve parents in decision-making processes, and offer opportunities for parent education and engagement. By fostering a strong partnership between parents and educators, we can maximise the potential for positive early childhood development outcomes.

Early Childhood Development Assessments

Various assessment tools are available to evaluate early childhood development. These tools may include developmental milestones checklists, standardised tests, observational assessments, and parent and teacher questionnaires. They provide valuable insights into a child's cognitive, social, emotional, and physical development. Early childhood development assessments help identify strengths and areas that may require additional support, allowing educators to customise their instructional strategies to meet the unique needs of each child. By using these assessments, educators can gather data and make informed decisions about individualised learning plans, targeted interventions, and classroom modifications. Early childhood development assessments are valuable tools in informing educational practices and ensuring that every child receives the necessary support to thrive and reach their full potential.

Strategies for Supporting Early Childhood Development and Brain Development

There are various strategies that can be implemented to support early childhood development and promote optimal brain development.

- Creating a nurturing and stimulating environment that fosters exploration and play is essential.
- Providing quality early childhood education programmes that focus on individualised instruction, age-appropriate activities and social interaction can enhance cognitive, physical, and social-emotional development.
- Engaging parents and caregivers through regular communication, parent education programmes, and involvement in their child's learning journey is crucial.
- Additionally, promoting healthy nutrition, physical activity, and sufficient sleep can further support brain development.

Early childhood development and brain development are critical stages that shape a child's future. The early years are a time of rapid growth and change, where every aspect of a child's development is influenced. Early childhood development sets the foundation for lifelong learning, health, and well-being, making it essential to prioritise and support this period. By implementing these strategies in early childhood education settings, we can create an environment that maximises each child's potential for growth, learning, and overall well-being.

Trauma and Brain Development

Childhood trauma can have a significant impact on development, including physical, cognitive, and emotional changes. It occurs when a child experiences an event or events that are emotionally painful or stressful, overwhelming or life-threatening. Trauma can interfere with brain development, often causing structural changes in the brain that can impact later life. Understanding the link between trauma and brain development is crucial for effective prevention and intervention strategies. It is vital to recognise the long-term consequences of early traumatic experiences and their impact on future generations.

Children who experience trauma can also exhibit **physical development issues**. Stunted growth and delayed physical development are common in children who have experienced significant trauma. In addition, trauma can have an impact on brain structure and function, which can lead to an increased risk of chronic health conditions such as heart disease, obesity, and diabetes. Recognizing the physical impact of early trauma is critical in developing effective prevention and intervention strategies. Early identification, support, and interventions can help mitigate the long-term negative effects of early trauma on children's physical development.

Trauma in early childhood can hinder a child's **cognitive development**. Children who have experienced trauma may have impaired cognitive function, and difficulty with attention, memory, and learning. Furthermore, trauma can result in a delay in language development, affecting the ability to communicate effectively. Interventions at an early stage are essential for establishing a baseline to measure progress and ensure positive developmental outcomes. Involving the caregivers and support network of the child in personalised interventions is also critical to aid their cognitive development. The effects of trauma on cognitive development underline the importance of recognizing the long-term impact of events and ensuring proper support channels are in place to address it.

Emotional development can also be affected by trauma in early childhood. Childhood trauma can cause poor emotional regulation, leading to an increased risk of anxiety and depression disorders. Additionally, children who experience trauma may have difficulty

forming meaningful attachments and relationships with caregivers or peers, leading to long-lasting social issues. Identifying and addressing emotional regulation issues as early as possible is crucial to promoting positive development outcomes, including forming healthy attachment relationships. Without proper intervention and care, early emotional imbalances can significantly affect the children's quality of life and require longer-term therapeutic measures for recovery.

Trauma in early childhood can cause significant **neurobiological changes** that can impact brain development. Childhood trauma can affect brain plasticity, which can lead to altered neural connections and reduced repair mechanisms. Trauma's impact on stress regulation, especially on the HPA (hypothalamic-pituitary-adrenal) axis, can result in chronic stress conditions that can further impede neural development. In addition, repeated exposure to childhood trauma can significantly alter neurotransmitter function, compromising the processing of emotions and cognitive function. Understanding the neurobiological impact of early trauma is critical in developing targeted interventions and models that can positively influence children's developmental trajectories.

Prenatal development is also affected by trauma, with a mother's exposure to trauma potentially impacting foetal development. There can be a transmission of trauma from the mother to the developing foetus through changes in pregnancy hormones and brain chemistry. Experiencing trauma during pregnancy may also impact foetal brain development, leading to many of the same issues identified in childhood trauma. Further, prenatal exposure to trauma can dramatically increase the risk of preterm birth and low birth weight. Recognizing the impact of prenatal stress on children's development is essential in developing appropriate interventions aimed at promoting positive health outcomes.

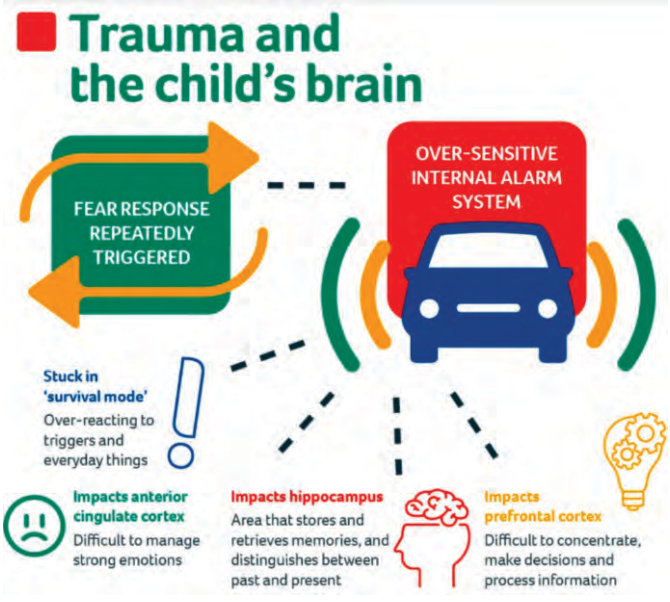

Figure 9: Impact of Trauma on a Child's Brain; Source: ISP Fostering, UK. https://ispfostering.org.uk/childhood-trauma-brain-development/

Intergenerational trauma is a phenomenon where trauma experienced in previous generations can have long-lasting impacts on future generations. The impact of trauma can affect the development of epigenetic and molecular pathways, which can be passed down from parents to children. Additionally, trauma can affect parenting patterns and attachment security, leading to a higher likelihood of passing trauma down to future generations. Addressing intergenerational trauma is of critical importance in breaking the cycle of trauma's negative impact. Providing targeted support through intergenerational healing interventions can help individuals and communities heal from early trauma and can positively influence future generations' developmental outcomes.

Therefore, childhood trauma results in various developmental delays, affecting physical, cognitive, emotional, and neurobiological development. Trauma can transmit across generations, emphasizing the importance of developing an effective intergenerational healing approach. Early detection, prevention, and intervention programmes are essential for addressing childhood trauma's long-term impact, promoting resilience and positive developmental outcomes. There is a need for increased awareness, investment, and policy changes to support community-based initiatives that promote awareness, intervention, and prevention. Such community-based approaches hold the key to ensure that society can combat and overcome the long-lasting impact of early trauma.

The Impact of Early Childhood Development and Trauma on Mental Health

Early childhood development plays a crucial role in shaping children's mental health outcomes. It encompasses biological, environmental and socioeconomic factors that affect overall growth and development. Trauma, on the other hand, refers to the negative impact of an event that overwhelms a child's ability to cope or respond effectively. Traumatic experiences can interfere with healthy brain development, compromising social, emotional, and cognitive functioning. Thus, there is a connection between early childhood development and trauma, with the latter contributing significantly to long-term outcomes in mental health. This section will lay out the significance of early childhood development and trauma on children's mental health and discuss effective strategies for prevention, intervention, and treatment.

Early childhood development is influenced by various factors, including biology, environment, and socioeconomic status.

- Biological factors such as genetic predisposition, brain maturation, and physical health play a critical role in children's developmental trajectories.
- Environmental factors such as parenting, education, and community resources can facilitate or hinder optimal development.

- Socioeconomic factors, such as poverty and lack of access to healthcare, can exacerbate developmental challenges and lead to negative mental health outcomes.

Positive outcomes of early childhood development include

- Enhanced cognitive abilities,
- social-emotional skills, and
- adaptive attitudes

While **negative outcomes** encompass

- developmental delays,
- behavioural problems, and
- mental health disorders.

Long-term outcomes are linked with

- patterns of behaviour,
- relationships, and
- career opportunities in adulthood, highlighting the crucial role of early life experiences in shaping life trajectories.

Trauma refers to an emotional response to an event that is beyond the scope of the usual human experience. Traumatic experiences can include child abuse, domestic violence, disasters and witnessing or experiencing violence or death. The imprint of trauma on mental health includes a range of emotional, behavioural, and cognitive symptoms, such as anxiety, depression, aggression and impaired attention. Trauma can also significantly impact early childhood development, leading to adverse outcomes in social, emotional and cognitive functioning. Thus, understanding the impact of trauma on children's mental health and development is crucial for effective prevention, intervention, and treatment.

Early childhood trauma can significantly impact a child's mental health outcomes, contributing to adverse effects such as anxiety, depression and post-traumatic stress disorder (PTSD). Trauma can also affect other aspects of development, such as cognitive and social-emotional functioning. However, not all children who experience trauma develop mental health problems and protective factors such as positive relationships and social support can mitigate the negative effects of trauma. Nonetheless, the long-term effects of

Children from disadvantaged populations are more likely to experience the negative impact of trauma, with higher rates of mental health disorders and unmet needs.

early childhood trauma can be severe and may persist into adulthood, causing a range of social, emotional, and vocational difficulties, highlighting the importance of early intervention and effective treatment.

Certain populations are at a higher risk of experiencing trauma than others, and disparities exist in terms of both prevalence and access to care. For example, racial and ethnic minorities are more likely to experience trauma than individuals belonging to dominant groups, with complex historical and social factors contributing to this disparity. Similarly, gender minorities are at a higher risk of experiencing trauma, such as sexual abuse and neglect. Socioeconomic status is also a significant factor, with those experiencing poverty and economic hardship having higher rates of traumatic events and fewer resources to access care. Disadvantaged populations are more likely to experience the negative impact of trauma, with higher rates of mental health disorders and unmet needs. It is essential to address these disparities and ensure that all individuals have access to trauma-informed care.

The Traumatic Impact of Disasters on Children

Disasters inflict severe trauma and shock upon individuals, communities and entire nations. These catastrophic events disrupt the normal course of life, leaving a trail of devastation that extends far beyond the physical realm. The psychological and emotional toll of disasters is often underestimated, as the shockwaves reverberate through the collective psyche of those affected.

One of the defining characteristics of disasters is their sudden and unexpected nature. Whether it be earthquakes, floods, hurricanes, or human-made catastrophes such as terrorist attacks, the element of surprise plays a crucial role in the traumatic experience. The abruptness of these events often leads to a state of shock and disbelief among the affected population. Individuals find themselves grappling with the surreal reality of their world being turned upside down in an instant. The disorientation and confusion that accompany the initial moments of a disaster contribute to the psychological trauma experienced by survivors.

Individuals may experience persistent anxiety, flashbacks, and nightmares related to the traumatic event. The fear of recurrence and hypervigilance become ingrained in the survivors' daily lives, affecting their ability to trust, form relationships and maintain a sense of security. Children, in particular, are susceptible to long-term psychological effects, with their developmental trajectories often disrupted by the trauma of a disaster. As the traumatic nature of disasters stems from the sudden upheaval of normalcy, and for children, the psychological repercussions can be particularly devastating.

Children, in the midst of their formative years, rely heavily on a sense of routine, stability, and the security provided by their caregivers. Disasters shatter this foundation, subjecting children to a whirlwind of emotions such as fear, confusion and anxiety. The suddenness of the event, coupled with the potential loss of loved ones, homes, and familiar surroundings, contributes to a profound sense of vulnerability. Children may experience acute stress reactions, including nightmares, separation anxiety, and regression in behaviour, as they grapple with the immediate impact of the disaster on their emotional well-being.

Disasters disrupt not only the physical environment but also the cognitive development of children. The exposure to traumatic events can interfere with cognitive processes, impairing attention, memory, and problem-solving abilities. The constant state of alertness and fear experienced during and after a disaster can hinder normal developmental milestones, potentially leading to difficulties in academic performance and social interactions. The cognitive disruption is compounded by the loss of a safe and predictable environment, crucial for fostering healthy cognitive growth.

Children, like adults, experience grief in the aftermath of disasters. However, their understanding of death and loss may be less developed, making it challenging for them to process and articulate their emotions. The loss of homes, possessions, and sometimes, family members or friends, can evoke a deep sense of grief and confusion. Children may struggle with feelings of abandonment, guilt, or fear of separation, intensifying the trauma and complicating their ability to cope with the aftermath.

The impact of disasters on children extends beyond the immediate aftermath, with potential long-term mental health consequences. Post-traumatic stress disorder (PTSD) is a prevalent outcome, characterised by persistent intrusive memories, nightmares, and hyperarousal. Children exposed to disasters may exhibit changes in behaviour, mood swings, and difficulties in forming and maintaining relationships. The long-term effects can start to manifest during adolescence and adulthood, impacting education, employment, and quality of life.

- Children are more emotionally susceptible to disasters and other factors like fear, loss, separation, and trauma.
- Psychological well-being is a function of the type and intensity of exposure to the event, the availability of family and community support, the degree of day-to-day life disruption, and the amount of social disorganisation and chaos.
- Additionally, the response of children to a disaster is the severity of exposure, support received in the time and after the event, and degree of personal and social loss and disruption.

- Furthermore, emotional susceptibility is determined by pre-disaster emotional state, history of trauma, and the family and life course at post-disaster periods.

The events of disasters are less likely to be understood by children and teenagers, have fewer control and decision-making opportunities than adults, and often have less experience in coping with highly stressful situations. It is essential to provide support and care for children during and after disasters to help them cope with the emotional challenges they may face.

Psychosocial Care for Children in Disasters

Disasters can have a significant psychological impact on children, making it essential to design an effective psychosocial care plan. Disasters also end up making children more sensitive to their surroundings and more emotionally vulnerable due to their traumatic experiences. Their reaction in a disaster setting can vary at different levels depending on the extent of exposure, the presence/ absence of support during and after the disaster, and the intensity of loss, suffering and disruption that they may have suffered. Therefore, it is crucial to provide support and care for children during and after disasters to help them cope. Coping strategies for traumatic events and disasters include preparation, self-care, and identifying support systems. Systematic screening for psychological problems in children is suggested following a disaster, and an integrated approach using psycho-socio-educational interventions is recommended.

Key Considerations for Psychosocial Interventions for Children

- The psychosocial care plan should consider the unique needs of children, including their physiological, cognitive, and emotional developmental factors, to minimise the negative impact of disasters on their mental health.
- The care plan should also include social support, which is extremely significant for creating a coping mechanism after a disaster and setting the foundation for psychosocial care and recovery.
- Caregivers' role in trauma treatment is also significant, as they can provide emotional support, model healthy coping skills, and facilitate access to care. It should be ensured that parents and caregivers receive adequate support and training to promote effective trauma recovery. Parents and caregivers can help their children identify and process difficult emotions and reactions by encouraging them to express their thoughts, feelings, and concerns.
- Effective treatment for early childhood trauma should focus on evidence-based interventions that address the unique needs of children and their families. Evidence-based treatments for childhood trauma include cognitive-behavioural therapy (CBT),

trauma-focused CBT, and eye movement desensitisation and reprocessing therapy (EMDR).

- Early intervention is critical for achieving positive mental health outcomes for children who have experienced trauma, and it is essential to provide access to care as soon as possible after the traumatic event has occurred.
- Prevention and education are critical components of a holistic approach to addressing childhood trauma. Primary prevention strategies focus on preventing trauma from occurring in the first place and can involve community-based programmes that promote healthy family relationships, promote awareness of child abuse and neglect, and promote positive parenting practices.
- Public health strategies must aim to reduce the adverse effects of traumatic events and address the needs of those who have experienced trauma by providing support services and access to mental health care.
- Schools can play a key role in prevention by implementing programmes that promote positive social and emotional development, teach coping skills, and provide a safe and supportive environment.
- Secondary prevention strategies involve screening individuals who are at high risk for trauma exposure and providing appropriate referrals and interventions. Additionally, educating parents and caregivers on the impact of trauma on children can help to raise awareness, reduce stigma, and promote access to care.

Protective Factors

Resilience is essential in promoting positive development outcomes for children who have experienced trauma. While disasters pose a significant threat to children's well-being, it is essential to acknowledge the role of protective factors and resilience. Supportive family environments, strong social networks can mitigate the impact of trauma on children. Protective factors, such as supportive and stable environments and nurturing caregiver relationships, can help build resilience and mitigate the long-term impact of early trauma. Parents and caregivers play a vital role in promoting resilience by providing supportive and therapeutic environments for children to overcome the effects of trauma. Providing opportunities for children to build meaningful social relationships can also help mitigate the negative effects of early trauma on their development.

Access to mental health resources including community-based interventions and trauma-informed care, play a crucial role in helping children navigate the challenging path to recovery and rebuilding their lives. Besides, interventions such as cognitive behavioural therapy and

trauma-focused cognitive behaviour therapy can help children recognise and cope with the impact of early traumatic experiences. Similarly, community-based interventions and programmes can help create supportive and nurturing environments for affected children.

Role of Culture and Community

The cultural and social context of psychosocial care for children in disasters is an essential consideration in designing effective interventions. Culture influences experience of disasters, how people cope and adapt, and the acceptability of external aid and support-especially mental health services. Culture shapes perceptions of trauma and coping mechanisms, so interventions designed without taking cultural context and sensitivity into account may not be effective. Therefore, cultural awareness and sensitivity are crucial for dealing with trauma of disasters.

Additionally, social support is incredibly important to cope with the stress and trauma in the aftermath of any disaster. Engaging the community in the care process is also crucial in providing effective psychosocial care for children in disasters. Community members can provide valuable insights into cultural norms, beliefs, and practices, which can inform the development of culturally sensitive interventions. Community members can also serve as a source of support and assistance in the care process, helping to identify children who may need care and practical assistance. Furthermore, community-based interventions can be effective in promoting resilience and recovery in children affected by disasters. A culturally tailored intervention also helps children maintain a sense of identity and contributes to their overall well-being. Incorporating this consideration will not only contribute to the resilience and recovery of children but also ensure they receive care that is appropriate to their cultural context.

Hence, the cultural and social context of psychosocial care for children in disasters is a critical consideration in designing effective interventions. Through the incorporation of appropriateness and sensitivity, engaging the community in the care process, and providing social support, mental health professionals can provide comprehensive support that addresses the diverse needs of children coping with the psychological aftermath of a disaster.

Group and Community based Interventions

Group-based interventions are more effective than individual-based interventions, as children can build a sense of autonomy and resilience by sharing their experiences and feelings with their peers. Group-based interventions such as school-based interventions, community-based interventions, and peer-support groups are vital in providing a sense of belonging and community to children in the aftermath of disasters. School-based interventions that provide

a safe space for children to talk to peers and professionals can be especially effective in reducing anxiety and improving academic outcomes. Peer-support groups offer the opportunity for children to come together and share their experiences with others their age, fostering a sense of community. These group-based interventions are often readily accessible by children and can provide a cost-effective way to deliver psychosocial care.

Community-based interventions can provide children with emotional and social support, and can help them build connections and resilience. Community-based interventions for psychosocial care are also essential in providing the necessary support for parents and families. Involving the community in interventions ensures that a comprehensive approach is taken in identifying and supporting children's needs within the broader community context. Engaging families and caregivers in interventions can also promote the continuity of children's recovery and mental health care. Schools and community centres can also provide effective and safe spaces for psychosocial care services to cater to children's needs. Support for community-based organisations providing psychosocial care is an essential element in ensuring the provision and sustainability of child-care services in disaster-prone areas.

Age-Appropriate Interventions

Interventions should be tailored for children in different age groups, as their psychological and emotional needs differ depending on their developmental stage. There is a range of interventions that cater to children of different age groups, each designed with age-specific developmental stages in mind.

- For infants and young children aged 0-3 years, interventions focus on providing emotional support while maintaining routines and a sense of normalcy. Psychosocial interventions for infants and toddlers are primarily centered around comforting children and building secure and supportive attachments with caregivers.
- For children aged 4-6 years, interventions are play-based and aim to help them express themselves and enable them to learn healthy coping mechanisms.
- Interventions for children aged 7-12 years (cognitive processing is at the forefront of their development) may involve group therapy sessions, cognitive-behavioural therapy, and family therapy.
- Adolescents aged 13-18 years may also benefit from interventions that can help them address feelings of anxiety, depression, and post-traumatic stress disorder as well as promote their resilience and social support such as creative writing and music and provide space for self-expression and validation.

The trainer should be prepared to provide a variety of interventions. In addition to providing direct care, trainers should also educate the trainees on coping strategies and self-care techniques.

Challenges

- Despite the benefits of early childhood trauma interventions, there are still controversies surrounding them. Some believe that trauma interventions may do more harm than good, as they can lead to 're-traumatisation' or 'over-pathologizing' individuals.
- Additionally, systemic issues, such as discrimination, poverty, and limited access to care, can exacerbate the impact of trauma and contribute to disparities in treatment. Addressing these issues requires a multifaceted approach that involves community engagement, policy changes, and increased funding for trauma-informed care.
- Early childhood development and trauma are intimately connected, with traumatic events causing adverse mental health outcomes that can impact children long into adulthood. While effective prevention, intervention, and treatment strategies exist, implementation remains a challenge due to systemic issues and access barriers. Access barriers to trauma treatment, such as stigma, transportation, and financial constraints, must also be addressed to ensure that all individuals have access to the care they need to recover from trauma.
- Massive shortage of trained mental health professionals. According to the Indian Journal of Psychiatry, there is a severe lack of mental health specialists in India- 0.75 for every 1,000 individuals. The pre-existing capacity usually gets overwhelmed and eventually runs out during emergencies.

Psychosocial Care for Children during Disasters

Disasters can have devastating effects on children, causing psychosocial problems in the short-term and long-term. It is essential to prioritise psychosocial care for children during disasters for immediate, medium-term, and long-term mental health care. Children are one of the most vulnerable populations during disasters, and the effects of these adverse events can be long-lasting. Providing psychosocial care for children in times of disasters is essential to reduce the mental health impact of the event.

Immediate Psychosocial Response

Immediate interventions are crucial in mitigating the acute impact of disasters on children. In the immediate aftermath of a disaster, children can benefit from a range of interventions designed to address their immediate mental health needs. Emergency response interventions aim to provide emotional and social support to affected children as quickly as possible. Psychological first aid provides support to children in need of immediate assistance and offers resources, guidance, and help with basic needs.

Psychological First Aid (PFA)

Psychological first aid (PFA) is a strategy that addresses basic needs and reduces psychological distress by providing a caring, comforting presence, and education on common stress reactions. PFA aims to create and sustain an environment of safety, calmness, comfort, connectedness, self-empowerment, and hope. This technique to prevent and reduce the occurrence of post-traumatic stress disorder (PTSD) in the immediate aftermath of a disaster. Effective strategies for providing psychological first aid for emotional stabilisation and practical assistance include the following:

1. Contact and Engagement (Reaching Out): Create an empathetic, non-intrusive human relationship.
2. Safety and Comfort: Provide both physical and emotional comfort while improving safety both immediately and over time.
3. Stabilisation: Calm and refocus the child who is upset, emotionally overloaded or in any other form of distress.
4. Information Gathering- Needs and Current Concerns: Assist the child in expressing their needs and concerns in detail. Then, get further details to customise Psychological First Aid interventions.
5. Practical Support: Provide survivors with useful support in meeting their immediate needs and concerns.
6. Connection with Social Supports: Assist in establishing short-term or long-term relationships with key caregivers and support people, such as friends, family, and leaders or members of the community.
7. Coping knowledge: To lessen suffering and encourage adaptive behaviour, provide knowledge about stress reactions and coping.
8. Referral to Collaborative resources: Connect survivors with services and resources that they may require (short and long-term).

It is important to note that PFA should be delivered in a culturally and developmentally appropriate manner and that children affected by a disaster or traumatic incident may struggle with or face new challenges following the event. Therefore, PFA should be tailored to meet the unique needs of children. Additionally, if any children need more help than can be provided through PFA, it is important to consult with professionals who can provide more intensive support services.

Other immediate interventions, such as psychoeducation, relaxation techniques as well as play therapy and crisis intervention, can help address the immediate symptoms of trauma in children. Psychoeducation and relaxation techniques can be used to help children understand their feelings and develop coping mechanisms. Psychoeducation can help to raise awareness of the importance of mental health and reduce stigma. Play therapy can provide a safe space for children to express their emotions through play activities. Crisis intervention can help children and families manage the immediate aftermath of a disaster. Group debriefing sessions bring together children who have experienced similar trauma and allow them to share their experiences in a safe and supportive environment.

These interventions can help children feel heard, understood, and build resilience in the wake of a disaster. Together, these interventions can help alleviate the distress caused by disasters and lay the foundation for further mental health care.

Medium-term Interventions

Medium-term interventions are critical for children's continued psychosocial care after the initial response to the disaster. Medium-term interventions that involve play, art, music, and support groups for older children have been found to be helpful in restoring children's psychological wellbeing after a disaster.

Play-based interventions are especially effective in helping younger children cope with the aftermath of a disaster. These interventions are age-appropriate and provide a safe space for children to express their thoughts and feelings.

Art and music therapy have also been found to be helpful for children in the medium-term. Art therapy involves using different art forms, such as drawing, painting, or sculpture, as a form of expression. These interventions help children develop coping mechanisms, resilience and enhance their interpersonal skills, and can facilitate their full recovery. Art-based interventions, such as drawing, painting, or storytelling, can provide emotional expression and normalisation for children. Art-based programmes that engage children in different group or community-based interventions are an effective way to provide psychosocial care. These interventions can cater to children in various age groups from 0-18 years. Art-based

measures aim to engage children in a soothing and exciting activity to relieve stress and anxiety caused by disaster-associated trauma.

For medium-term interventions, group-based peer-support programmes for children have been found to be effective in promoting resilience and social support. Group based peer support programmes can help create a sense of community and social support for children. Support groups can also offer practical and emotional support. Support groups for parents can also help them learn how to recognise and respond to their children's distress symptoms, allowing for prompt intervention and support. Building community networks around mental health care within a community has the dual benefit of normalizing the need for seeking help and reducing the stigma that usually surrounds mental health issues.

Long-term Interventions

Long-term interventions are critical for children to recover from disaster-associated trauma. These interventions for 4-12 months after the disaster can help children to continue their emotional expression and enable them to communicate their experiences as they cope with long-term recovery challenges. Long-term interventions should prioritise community involvement, providing structured mental health care within the community to ensure continued support for children's recovery. Long-term interventions include cognitive-behavioural therapy (CBT), narrative exposure therapy (NET) and family therapy. These interventions are designed to address the long-term impacts of disaster trauma on the mental health of children and help them recover fully.

- Trauma-focused Cognitive Behavioural Therapy has been found to be effective in reducing PTSD and depressive symptoms caused by disaster-related trauma in children. Cognitive behavioural therapy, which can be delivered both individually and in groups, focuses on changing negative thought patterns and behaviours and has been found to be an effective intervention for children.
- Narrative Exposure Therapy, which involves exposure to traumatic experiences through storytelling, has been found to significantly alleviate post-traumatic stress disorder symptoms and anxiety disorders.
- Family Therapy has been shown to help rebuild trust, facilitate emotional expression, and has been shown to reduce symptoms of depression and anxiety. Family therapy can aid in communication and improve relationships between children and their caregivers, leading to greater family resilience.
- Mindfulness-based stress reduction teaches children to be present in the moment and to recognise and manage stressful thoughts and emotions.

- Expressive writing invites children to articulate their experiences and emotions through writing exercises. These interventions can be particularly useful for children who may struggle with verbal expression or for whom traditional therapies are less effective.

Duration of the Session:

This session should be 45-60 min in duration.

Methodology:

- Lecture/ PowerPoint Presentation
- Case Study
- Video Aid: https://www.youtube.com/watch?v=AfdKqpGaa_k

https://www.youtube.com/watch?v=_h0L6u68tbI

https://www.youtube.com/watch?v=v60Pi87sqhI

- Experience sharing
- Discussion
- End of session: Question/Answer round

Guidance Note for Trainer:

Age, gender and cultural appropriateness of interventions should be emphasised throughout the session. The trainer should also stress that building a collaborative and supportive network of community resources on the ground is essential for providing ongoing psychosocial support for children and families.

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SESSION 2: CONTINUITY OF EDUCATION IN DISASTERS AND EMERGENCIES

Session Objectives

1. To develop an understanding of the educational needs of children in emergencies.
2. To prepare the local officials to be able to protect the educational rights of children in their jurisdiction.
3. To enable participants to understand what it means by continuity of education and leaning in disasters and emergencies.
4. To explain key considerations for planning continuity of education in emergencies.
5. To discuss various modes, tools and techniques that can be used for education in an emergency.
6. To enable participants to successfully link education goals with other child rights and child protection goals.
7. To enable participants to contextualise the concepts so that they can apply them in their local setting.
8. To enable the participants with the knowledge and tools required to plan for continuity of education, if and when disaster strikes.
9. To ensure that the education systems are prepared and can respond to emergencies and can ultimately ensure continuity of education.
10. To strengthen the capacities of trainees to support educational recovery post-disasters.
11. To capacitate the participants to implement learnings on the ground.
12. To enable resilience in education in the long run.

Expected Learning Outcomes of the Session

After the completion of this session, the participants should be able to:

1. Argue the importance of continuity planning for education.
2. Understand the high social and economic cost of disruption of education.
3. Contextualise the situation requirements for continuity of education in emergencies.
4. Identify the general and specific educational needs of children during a disaster.
5. Formulate strategies and action plans for the continuity of education.
6. Act as master trainers for their colleagues, children, parents and overall community.

Background and Context

Education is a human right guaranteed and protected for all children at all times. It has been so

enshrined by the Universal Declaration of Human Rights (1948) and is also outlined in the United Nations Convention on the Rights of the Child (UNCRC), 1989. Emergencies resulting from natural hazards or human-induced disasters lead to an increased likelihood that this right to education will be violated. Irrespective of the nature and intensity of disasters, one of the most common consequences experienced by communities globally, is educational disruption. Emergencies impacting education are characterised as circumstances in which, within a short time, disasters obliterate the standard conditions of living, care, and educational institutions for children, so obstructing, denying, impeding progress, or postponing the fulfilment of the right to education.

Disruption of Education and Loss of Learning Outcomes

Routine learning and schooling are usually disrupted by disasters. Disasters disrupt schooling and learning in a number of ways. Death, injury, damage to infrastructure, student/teacher absenteeism and damage to access routes for students are a few of the factors.

Education is disrupted by both sudden as well as slow-onset disasters. But in slow-onset disasters like conflict and pandemic, education and learning are likely to have been disrupted for some time. Schools may be used for other purposes such as staging areas, temporary shelters, health camps, warehouses etc. This makes schools unavailable for teaching and learning activities.

Furthermore, teachers may be killed, displaced or barely surviving themselves to continue teaching. System failures may also negatively affect the delivery of education in such situations.

Financial loss such as loss of wage-earning members and survival needs usually means that children often need to work for survival.

Logistical problems also make schools inaccessible. Families also become unwilling to send children to school especially girls because of security concerns.

Hence, children spend less time learning in school or drop out altogether. The COVID-19 pandemic led to the largest ever disruption in education and learning globally. Prolonged school closures and disruption in education lead to loss of learning. These losses can be categorised in two ways:

- Absolute losses- when students forget what they have learnt
- Relative losses- when students learn less in a given year compared to previous cohorts

The adverse impact of the crisis on educational systems and school-aged children is significant, making crisis-oriented educational planning essential for maintaining educational

continuity and enhancing the resilience of educational frameworks, educators, and students. Without specific efforts to recover learning, these losses and gaps in learning will be permanent even if education infrastructure is rapidly built back. Such lasting burdens on a generation due to disasters and emergencies have generational consequences. These learning disruptions could be addressed by targeting the following:

- Preparedness in pre-disaster phase
- Prompt and swift response during any emergency, and
- Recovery of loss of learning

Trainer's Guide: The trainer should highlight to the participants that in practice, these steps should be approached in a cyclical manner. These three stages form a cycle and must undergo regular monitoring and evaluation.

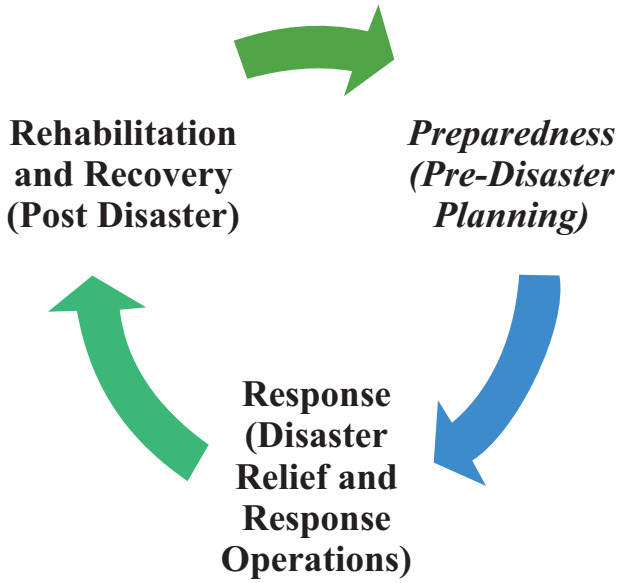

Figure 10: Cyclical Approach to Emergency Planning

What is the Continuity of Education and Learning?

Continuity of education means to have continued provisions of education and learning in the event of prolonged school closures and education disruptions. This is an emergency response strategy designed to maintain students' educational trajectories amid disruptions, school

closures, or absences resulting from contingencies such as natural disasters or conflict situations.

Continuity of education and learning is a critical component of school and education emergency management plans. It promotes learning and teaching despite extenuating circumstances causing disruption and interruption.

Benefits:

- Education is a lifesaving intervention for children in emergencies.
- Education has proven to be an important tool for ensuring a sense of normalcy for children, parents and communities in the aftermath of a disaster.
- It provides structured activities, daily routine and stability to children amidst uncertainty created by disasters.
- It provides safe and supervised spaces for children to learn and play.
- It also provides protection and reprieve to children from abuse, violence and other forms of exploitation such as child labour, early marriages, trafficking etc.
- Education also provides children with required information about their rights and responsibilities and other important survival and life skills.
- Peer and support groups formed through learning spaces act as a coping mechanism for children, teachers and parents.
- Therefore, continuity of learning provides necessary psychosocial support and care to children in distress.
- Secure educational environments facilitate enhanced integration of other essential child-centric interventions and services, including health, nutrition, psychosocial support, protection etc.
- It also allows for the learning of important life skills along with social and emotional learning.

Key Considerations for Planning Continuity of Education during Emergencies

- Modalities of teaching- in-person, distance and /or blended
- Type of curriculum
- Suitability of curriculum for different age groups
- Instructional and course design
- Alignment of learning programmes with the skill levels of different age groups
- Availability, accessibility and quality of teaching and learning material

- Duration of school closure
- Availability of trained teachers and tutors
- Training of teachers, students and parents on the use of continuity of learning systems and materials
- Post-disaster education needs of children
- Special needs of vulnerable groups: girls, Children with Disaster (CwD)
- Resilience and preparedness of the education system and school management and authorities
- State policy and provisions for learning during emergencies

Challenges for Continuity of Education in Emergencies

- Education is difficult to deliver in times of high uncertainty like an emergency/ crisis.
- Education may not be seen as a priority by the communities in the immediate aftermath of a disaster.
- Lack of access, connectivity, space, supplies and infrastructural means to deliver education.
- Frequent movement or displacement of population.
- Lack of trained teachers as services of teachers are usually diverted to other sectors.
- Re-purposing of Education Facilities

Recommended Case Study: Education response during COVID-19 pandemic

Right to Education- The 4A Approach

The requirements for the successful implementation of the right to education have been conceptualised in the 4A approach. The 4A approach has been summarised below:

- **Availability:** Education should be available to all. There should be adequate infrastructure, amenities and trained and qualified teachers to deliver education to all children.
- **Accessibility:** Education should be accessible to all children in all contexts without discrimination. Special and inclusive

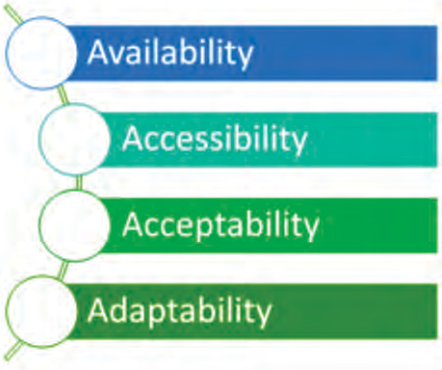

Figure 11: The 4A Approach;
Source: Compiled from Singh, 2019

interventions for marginalised and vulnerable groups.

- **Acceptability:** Educational content should be relevant, culturally appropriate and sensitive.
- **Adaptability:** Education methods should evolve with time and to meet the challenges of changing society and environment. Education should adapt to suit the needs of children and the community.

Inter-Agency Education in Emergencies (INEE) Minimum Standards

INEE standards are a global tool that articulate the minimum level of educational quality and access in emergencies and recovery. It gives 19 standards that should be implemented for the continuity of education in a humanitarian crisis. These standards ensure that the right to education and development of children enshrined in the UNCRC is protected during any emergency.

The handbook aims to enhance the quality of education before, during and after disasters . i.e. preparedness, response and recovery. While planning for continuity of education, these standards can act as a reliable guide.

Key Domain	Standards	
Foundational Standards	Community Participation	• Community participation & resources.
	Coordination	• Coordination between key stakeholders to ensure access and continuity of quality education.
	Analysis	• Timely education assessment of emergency situations. • Inclusive education response strategies. • Regular monitoring and systematic impartial evaluation of response activities.
Access and learning environment	Equal Access	• All individual having access to quality and relevant education opportunities.
	Protection and Wellbeing	• Safe and secure learning environments, promotion and protection of psychosocial wellbeing of learners, teachers and other education personnel.
	Facilities and Services	• Education facilities promote the safety and wellbeing of learners, teachers and other education personnel and are linked to health, nutrition, psychosocial and protection services.

Key Domain	Standards	
Teaching and learning	Curricula	• Culturally, socially and linguistically relevant curricula are used based on need of learners.
	Training, Professional Development and Support	• Teachers and other education personnel receive periodic, relevant and structured training according to needs and circumstances.
	Instructions and Learning Processes	• Instruction and learning processes are learner-centric, participatory and inclusive.
	Assessment of Learning Outcomes	• Appropriate methods are used to evaluate and validate learning outcomes.
Teachers and other education personnel	Recruitment and Selection	• A sufficient number of appropriately qualified teachers and other education personnel are recruited.
	Conditions of Work	• Teachers and other education personnel have clearly defined conditions of work and are appropriately compensated.
	Support and Supervision	• Support and supervision mechanisms for teachers and other education personnel function effectively.
Education policy	Law and Policy Formulation	• Education authorities prioritise continuity and recovery of quality education, including free and inclusive access to schooling.
	Planning and Implementation	• Education activities take into account international and national educational policies, laws, standards and plans and the learning needs of affected populations.

Source: INEE Minimum Standards, https://inee.org/minimum-standards

Formal Education, Non- formal and, Informal Education

During disasters and emergencies, when formal education gets disrupted due to multiple reasons, non-formal and informal methods of education can support the continuity of education and learning. It offers an alternative to formal education for out of school children and adolescents. These programmes provide a flexible and responsive education that is suited to the complex and demanding nature of post-disaster situations. These programmes can be implemented as a way to engage children while the government/ authorities work to resume formal education. Such programmes also support the re-entry of children into formal systems.

	Formal	Non- formal	Informal
Meaning	usually takes place in the premises of the school, where a person may learn basic, academic, or trade skills	refers to adult basic education, adult literacy education, school equivalency or skill development	Usually occurs in informal environments such parents or siblings teaching a child
Nature	Structured and systematic	Ad hoc, tailored	Spontaneous and unplanned
Curriculum	Preplanned and deliberate	Flexible and Adaptable	Unplanned
Syllabus	Subject oriented, academic	Literacy, vocational, life skills etc.	NA
Source	Schools, institutions	Community based education programmes, tutoring, fitness programmes, vocational classes etc.	Websites, home tutoring, self-education
		Alternative to formal education	Complementary to formal and non-formal education

Modalities of Delivery

In the aftermath of a disaster, choosing modalities for teaching and course delivery is a complex task. There is no 'one size fits all' solution to this. A healthy mix of these modalities suiting the specific needs of the target population should be adopted. This decision and planning usually depend on the following factors:

- Post-disaster educational needs assessment
- Estimated duration of school closure (short or long)
- Age group of the students
- Availability of resources like devices, connectivity, qualified and trained teachers and tutors etc.
- Infrastructural facilities like power, communication, roads, transport, etc.

In-person/classroom-based teaching: in relief camps, temples, churches, community halls, temporary classrooms, open spaces, etc.

Distance and emergency remote teaching: Distance learning provides a way to continue education in emergencies. There could be barriers to offering distance learning in an emergency. Pre-disaster preparedness here is the key factor that can make all the difference. It was seen that schools that have been offering online learning since before an emergency are better suited to continue online education in case of emergencies. It can be:

• Online (totally or partially) • TV/ Radio • Pre-recorded classes • Pre-packaged learning kits	• Class paced or • Self-paced	• Hybrid or • Blended

Self-education through Learning Material

A contingency plan for the continuity for education should cover all eventualities. In case of connectivity blockade, lack of devices like tablets, phones, computers etc., or lack or destruction of roads and transport infrastructure, students might be cut off from both online and/or offline (in-person) classes. During such situations, self-education or self-directed learning can keep the students engaged and they can continue their learning.

The trainer should clearly lay out that for this technique to bear fruit, pre-disaster planning is essential, e.g.-preparation of learning material, pre-recorded classes and training of students to use the material and self-plan their lessons. A few examples are:

- Prepare hard-copy packets and/or digital devices
- Provide content online and give open access to study materials to facilitate learning.
- Facilitate communication between teachers and students through telephone, email, and online platforms (whichever is feasible). In case of connectivity blockade parents should be prepared to do the same
- Pre-recorded audio and video material can be distributed to children

Promoting Inclusive Education Programming

Children are not a homogenous group. Children's vulnerabilities and resilience are closely attached to their social identity such as caste, ethnicity, tribe, gender, disability etc. Discriminatory caste practices and the resultant social exclusion reduce access to education and more so during emergencies. Gender also has been seen to be a deciding factor for the degree of impact of any disaster on education. Girls also run greater risk of falling out of the formal education system during disasters. Gender-based violence, extra care responsibilities and burden on girl child, school dropout, child marriages, abuse (physical, verbal, emotional, and sexual), higher mortality rates, gender digital gap etc. create disproportionate challenges for access to education for girl child. Restrictive gender norms also prevent girls from engaging in and benefiting from crisis preparedness and response. Children with disabilities (CwDs) are at higher risk of exposure due restrictive mobility. Online mode is not the most available and accessible solution for at least 29% of students with disabilities in India.

According to a survey by Swabhiman during COVID-19, Odisha, 43% of children with special needs may drop out of school due to these reasons (Press Trust of India, 2020).

Therefore, planning for continuity of education in emergencies must take into account the family, community and larger societal context into account while designing and implementing strategies and programmes. Special needs and exclusive challenges of the marginalised children, if left unaddressed by the policy/ intervention, the entire exercise runs the risk of becoming moot. The preparedness, response, and recovery planning and programming should be done in an inclusive manner so that no child is left behind.

Pre-disaster Preparedness

Response to disasters and emergencies is only as strong as pre-disaster planning and preparedness. It is the investment of time and resources in this phase that would decide the quality of response during a disaster and recovery from it thereafter. Emergency preparedness plans identify and carefully lay down activities that can:

i. Prevent damage to/ disruption of education.

ii. Prepare for response and continuity of learning in case of any contingency.

Pre-disaster emergency preparedness is required for:

- Identifying likely disruptions to education and issue that can arise therein.
- Specifying resources and skills required for quick and timely response.
- Establishing roles and responsibilities of different departments and agencies.
- Creating a system of coordination for the agencies.
- Building capacities and train concerned officials, schools, teachers, students, parents, community volunteers, temporary tutors etc.
- Creating availability and accessibility of resources.

Emergency Preparedness includes the following:

Identification of Teachers, Tutors, Community Volunteers for Teaching and Their Training

In post disaster situations, qualified, trained, and sensitive teachers form the backbone of any educational response intervention. But there may be lack of teachers due to reasons of death, injury, involvement of teachers in other tasks by

A list of willing and available tutors and volunteers may be created at district/ village/ school level during peace time (before disaster). This list then needs to be confirmed and updated at least every 3 months to ensure prompt availability in case of emergency.

the authorities, high teacher to pupil ratio etc. Hence, it is prudent to identify additional resources for imparting education during crisis, beforehand. Temporary tutors and volunteers from community may be identified and trained to fulfil educational needs of students during an emergency.

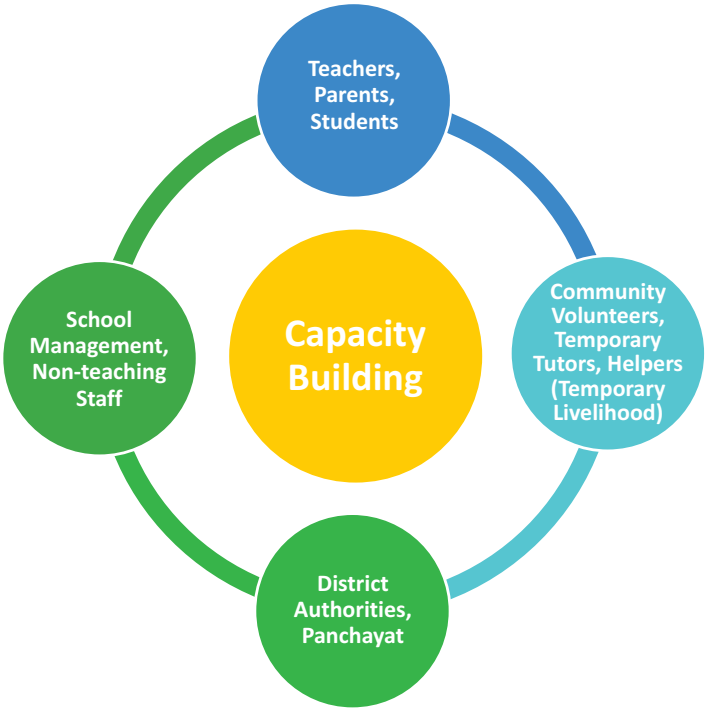

Figure 12: Pre-disaster Capacity Building for Continuity of Education in Emergencies

Identification of roles for other officials and human resources (school management, teaching, and non-teaching staff, parents, district authorities, panchayat, etc.) and their capacity building.

Identification of material and supplies that may be required -learning and teaching aids such as books, stationery, black/ white boards, online resources, pre-recorded classes etc. The trainer may discuss ways to plan the procurement and distribution of these items with the participants and may also suggest preparation of pre-packaged education or recreation kits that can be readily used during disasters.

Teachers are to be trained to identify signs of abuse, trauma, and behavioural issues in the children. A clearly defined referral and reporting channel for such issues is also to be established beforehand.

Recommended Case study: UNICEF's School in a Box, Recreation kits, UNESCO-PEER Teacher Emergency Package etc.

Curriculum Plan and Design for Emergencies

The curriculum that is to be used in a disaster setting is different from a regular formal classroom curriculum. An ideal emergency curriculum should aim to impart learners with academic skills, survival skills and development skills. The curriculum would follow a more non-formal and/or informal approach. The primary aim is to bring the traumatised or distressed children to a learning platform (classroom, online, distance etc.) and engage them in activities that help them cope with the shock and distress of their circumstances. Then, slowly and steadily with a mix of activities, a structure/ daily routine is to be established to provide a sense of normalcy to children. In the short and medium run, temporary and alternative learning strategies shall keep the students engaged and maintain continuity of learning. Then a return to a more formal set of activities is to be planned.

A **suggestive list of activities** that can be included in the curriculum

- Structured learning activities
- Community-based education services
- Children-led activities
- Recreation activities like sports, games, dance, painting
- Psychosocial activities like arts and crafts, storytelling, peer support groups, counselling etc.
- Life skills learning like cooking, short hand, planting, stitching, sewing etc.

In emergencies when formal education is disrupted, it cannot be resumed immediately, alternative techniques are used. It should be noted that all the approaches and activities should align with the overall structure of the formal education. They are designed with entry pathways to formal education. This is important for recovery and future (re)integration.

Age-wise categorisation of curriculum:

- Early Childhood Development Curriculum
- Primary Education Curriculum
- Secondary Education Curriculum
- Higher Secondary Education Curriculum

Eventual Step-wise/ Phase-wise Progression of Education Programme

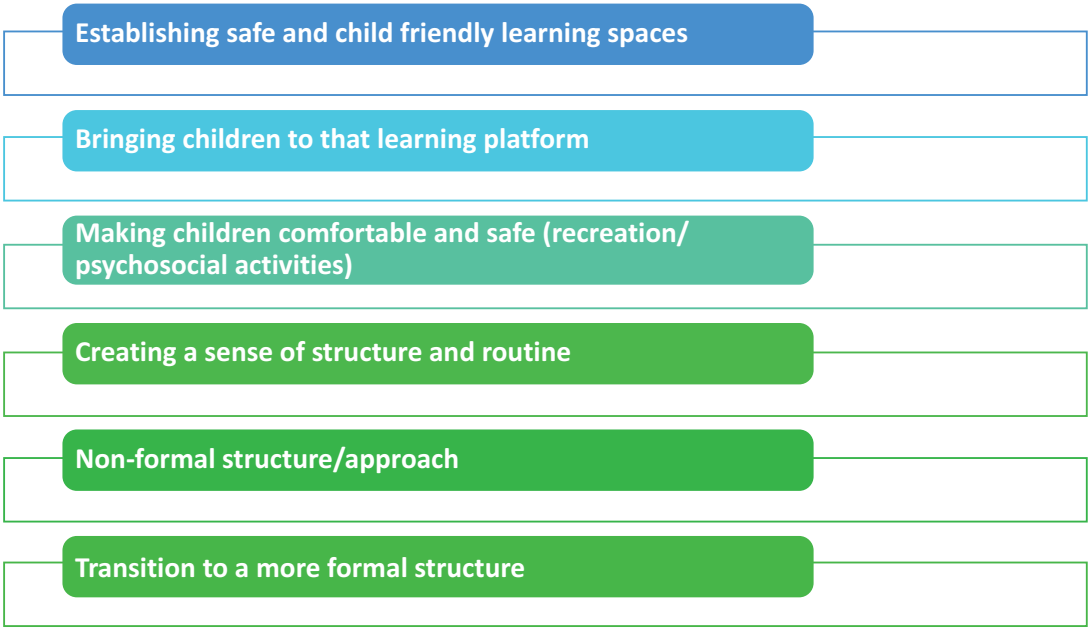

Figure 13: Eventual step-wise/phase-wise progression of the education programme

Mutli-age/ Multi-grade Classrooms

A multi grade classroom is where children with at least a 2-year grade span and diverse abilities/ development level are grouped together in a single classroom under one teacher. Multi grade teaching has been seen to be very effective in emergency situations. In post-disaster scenario when there is dearth of teachers, multi grade classroom can be planned. The trainer should discuss with participants how to establish a multi grade classroom as while effective, it can prove challenging to handle a large class size and align the curriculum to address the needs of children of different levels. Pre-disaster planning and decision making is an absolute prerequisite for success of this technique.

Stakeholder Partnership and Coordination

Stakeholder partnership and coordination is essential for smooth planning and roll-out of response and recovery in post disaster situation. Here also, proactive stakeholder engagement and pre-defining their roles and responsibilities during disasters is imperative. This could be accomplished through regular consultative meetings, pre-negotiated contracts, well defined communication channels, etc.

The trainer should discuss the identification of stakeholders with the participants and ask them to list out potential stakeholders in the session. A few examples of stakeholders are children, parents, teachers, school management, government departments, private sector (edtech, cable company, vendors), radio stations, CSOs (Local NGOs, CBOs, SHGs) etc.

Data- Information Collection and Management

Education programming for emergencies should be based on reliable data and information. Collection, maintenance, and regular updating of data provide a reinforced foundation for planning education activities, directing limited resources, identification of required resources and contingency planning in pre- and post-disaster phases.

Tips for practice:

- Data should be managed at District level (DDMA & DEO), Panchayat, and School level.
- Data shall pertain to number of schools, teachers, non-teaching staff and students in district, in each panchayat cluster and school.
- Data must be disaggregated by age and gender, must be stored digitally (format can be given).
- This information should be updated regularly (monthly etc.) with new admissions, changes, transfers, etc.
- Data must be stored in the cloud as backup and accessible during any connectivity lapses
- Out of school' students' data must be maintained at the District level by the Child Protection Office (CPO).

During Disaster- Response

Post-Disaster Needs Assessment

Post disaster educational need assessment is to be carried out as soon as possible in a safe manner after the disaster event. This assessment should attempt to capture the damage to existing education amenities and its disruption, different educational needs, and resources required to fulfill them. Types of assessment tools are:

- Rapid Needs Assessment
- Situational Analysis
- Baseline Survey

The trainer may discuss a checklist for assessment survey with the participants. This

assessment must include identification of children with special needs. A regular monitoring and updating of the data and information collected is required in this phase.

Identification and recruitment of temporary tutors and community volunteers, caregivers, monitors, mentors etc. from the community. A list of willing and available tutors and volunteers may be created at district/ village/ school level during peace time (before disaster). This list then needs to be confirmed and updated at least every 3 months to ensure prompt availability in case of emergency.

Establishment of Safe and Child Friendly Spaces (CFS)

Child friendly spaces refer to designated areas for children to learn and play and feel safe. CFSs are a short- and medium-term response strategy with an objective to provide children with a safe and friendly space not only for continuing their learning but also for other child services. CFS should have the following characteristics:

- Safe and secure from harm
- Support children's education, recreation and psychosocial activities
- Have adequate amenities like water, toilets, open space etc.
- Have integrated approach for other child services WASH, food, health and immunisation, protection from abuse, mental health and psychosocial support
- Promote empathy and sensitivity towards children and their needs
- Encourage participation of children and their opinion in all activities

Temporary Learning Spaces (TLSs)/ Centres (TLCs)- that are set up immediately after the disaster/ shock event	**Alternative Learning Spaces (ALSs)/ Centres (ALCs)-** that can be set up anywhere like temple, community hall, makeshift tents, open playground etc., to restore and continue schooling

Community Involvement

Community participation and involvement in all the three phases of disasters is a prerequisite for a successful preparedness, response and recovery planning and implementation. Communities should also be involved in planning and strategy building phase as their opinion and ideas can greatly benefit the programme. E.g.: involvement of parents in decision making regarding the modalities of teaching during emergencies can bring to fore the issues and

challenges that may be faced by them in implementing them for home-based education during disasters. This also brings cultural and social sensitivity to the interventions. Involvement of communities in education also helps in wider psychosocial benefits to the community. Community can offer additional human resources required for multiple activities as follows:

- Temporary tutors and volunteers for leaning spaces/ centres
- Early childhood caregivers, chaperones, mentors etc.
- Involvement of adolescents and youth in recreation and psychosocial activities for support, supervision and moderation

Integrated Approach for Establishing Child-Friendly Spaces

During emergencies, child-friendly learning spaces can be utilised to render other services to children and adolescents like immunisation, health and nutrition, WASH, psychosocial and mental health care and support etc.

Figure 14: Integrated Approach for Education in Emergencies

Children-led Educational Initiatives

It is important to acknowledge the children's right to participation and opinion. Children are to be encouraged, motivated, and mentored to take up more active and participative roles in establishing their own learning curriculum and its modalities. Peer education support groups or children's club could be formed under adult supervision. Children can participate in determining recreational activities, organizing self-study groups, taking up community projects etc. The trainer must explain the importance of this intervention in all phases of disaster- before, during and after. The participants may be asked to brainstorm and discuss ideas for child participation in educational activities by the trainer.

Child and Adolescent Participation

Encourage children to volunteer in age-appropriate activities in their camps or neighbourhood on non-schooling days to promote their community engagement, sense of belongingness and mental health. These activities could be item distribution, survey, cleaning drive, awareness drives, cultural activities, information dissemination etc.

Psychosocial Activities

Mental health and psychosocial wellbeing of children is of paramount importance in post disaster situations. Disasters are a traumatic event that induce fear, anxiety, grief, feelings of helplessness, and hopelessness. Loss resulting from disasters such as death, injury, loss of or separation from loved ones endangers the psychosocial and mental health of children. Children may lose their support systems essential for coping with this trauma. Hence, they may be at risk of developing anxiety, depression, and even Post-Traumatic Stress Disorder (PTSD).

It becomes extremely important to engage children in therapeutic psychosocial activities so as to ameliorate this risk. Including these activities in the post-disaster education programme can provide the much needed psychosocial care and intervention for children and adolescents. The psychosocial activities and interventions should be planned in the backdrop of the culture of the community. A few therapeutic interventions such as:

- Art and craft
- Story telling
- Formation of peer support groups and group activities
- Classroom projects

Other activities

- Linking children with remote education initiatives (govt., community or school led)

through TV, radio, phones etc.

- Ensuring equitable distribution of pre-packaged education kits and learning material
- Ensure ICDS services to remain uninterrupted- coordination with Anganwadi workers
- Regular monitoring to ensure every child is continuing their education and checking for drop-outs
- Enrolment drives for modalities suited to the children's circumstances
- Teachers, tutors, parents, volunteers, etc., to look out for troubling signs and symptoms among children wrt their behavioural changes
- Reporting and referring children who may need additional help for their health, nutrition, psychosocial or any other needs.
- Ensure continuous updating of data

Post Disaster Phase: Recovery

- **Assessment and Evaluation**

A rapid assessment of learning loss of students is conducted at this stage. This is important to determine as the following strategies of recovery would be based on this assessment. It should guide the planning for the recovery phase for education.

- **Bridging Gaps and Loss in Learning**

During emergencies, students are bound to miss classes and school days due to multiple reasons already mentioned earlier. Hence, the introduction of bridge classes to cover up learning loss among students becomes important at this stage. A few strategies for this are:

Catch-Up Education Programmes provide learning opportunities for children who have missed out on schooling during emergencies. This programme can help children who may have missed out on schooling, like dropouts or those students at risk of dropping out.

Accelerated Learning Programme (ALP) is a school-based intervention that can help students who have fallen behind in education to reach appropriate learning levels. These are crash courses that aid the students in covering up in shorter periods.

Other Activities and Considerations:

- Back to school' sensitisation programmes for teachers and parents
- Extending support to teachers
- Ensuring access of children to safe schools and community spaces.
- Ensuring children feel safe and comfortable going back to school

- Ensuring active participation of parents for better coordination between teachers and parents
- Strengthening local CSOs to ensure safety standards are implemented in schools.
- Linking non-formal education to formal system for reintegration of students into formal system. E.g.: Allowing students to receive standard certification and accreditation for non-formal courses, providing multiple entry points for students in formal system etc.
- Keeping a check for drop outs and potential future drops outs
- Community engagement for bringing children back into the fold of formal education
- Rigorous enrolment drives for drop outs
- Stakeholder engagement and partnership
- Continuous data updating wrt attendance, drop-outs etc.

Duration of the Session:

This session should be 60-90 minutes in duration.

Methodology:

- Lecture/ PowerPoint Presentation
- Case Study
- Video Aid https://www.youtube.com/watch?v=N5eTia8oQ4M, https://www.youtube.com/watch?v=bPbPxKXrd40
- Experience sharing
- Discussion
- End of session: Question/ Answer round

Guidance Note for Trainer:

The strategies and programme specifics would vary widely in its content, delivery modalities, educational quality in order to fit the needs of target population and the context of service delivery. Hence, the trainer should introduce the participants to different possible strategies and methods but emphasise on contextualisation while planning the operations and activities

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iv. Press Trust of India. (2020, July 18). 43% Children with Disabilities planning to drop out due to difficulties faced in e-education: Survey. Hindustan Times. https://www.hindustantimes.com/education/43-children-with-disabilities-planning-to-drop-out-due-to-difficulties-faced-in-e-education-survey/story-cMy55e6gQ1XDUqxB9U6M6I.html

GROUP EXERCISE- ACCOUNTABILITY TREE

Duration: 30-45 minutes

Task: Setting up the 'responsibility and accountability tree' at district, panchayat, and school level for continuity of education.

- What are the responsibilities that would need to be delegated during disaster at each level?

Objective: Identification of roles and responsibilities of officials and setting up accountability of human resources at multiple levels

Activity:

The trainer shall instruct the trainees to divide themselves into groups (5-7 members in each group). On the basis of above sessions, the trainees are asked to assign responsibilities and set accountabilities of officials and staff for particular tasks for 'continuity of education in emergencies' at the following levels:

1. Nodal Office & Nodal Officer for Continuity of Education
2. At District Level: Line Departments
3. At Panchayat/ Zila Parishad/ ULB Level
4. At School Level

1. Nodal Office & Nodal Officer

S. No.		Responsibility & Accountability		
		Preparedness	Response	Recovery
1.	**Nodal Office**			
2.	**Nodal Officer**			

2. District Level (illustrative list, may add/ change)

S. No.	Line Dept.	Responsibility & Accountability		
		Preparedness	Response	Recovery
1.	Education			
2.	Health			
3.	Food Supply			

S. No.	Line Dept.	Responsibility & Accountability		
		Preparedness	Response	Recovery
4.	Social Welfare			
5.	Child Protection Office			
6.	Police			
7.	Public Information			
8.	NIC			
9.	ICDS			

2. Panchayat Level (illustrative list, may add/change)

S. No.	Personnel	Responsibility & Accountability		
		Preparedness	Response	Recovery
1.	Sarpanch			
2.	Gram Panchayat Members			
3.	Panchayat Samiti			
4.	Panchayat Office Staff			
5.	Zila Parishad Chair			
6.	Zila Parishad Members			
7.	Zila Parishad Staff			

3. School level (illustrative list, may add/change)

S. No.	Personnel	Responsibility & Accountability		
		Preparedness	Response	Recovery
1.	Principal			
2.	Teachers			
3.	Non- Teaching Staff			
i.	Peons			
ii.	Drivers			
iii.	Sweeper etc.			
iv.	Administration/ Mgt/ Accounting etc.			
1.	Parents			
2.	Students			

Module IV:
Right to Protection during Disasters and Emergencies

Module-IV

Module IV: Right to Protection during Disasters and Emergencies

SESSION 1: CHILD PROTECTION DURING DISASTERS AND EMERGENCIES

Child protection refers to a set of measures and interventions aimed at safeguarding the rights and well-being of children and ensuring their safety from harm, abuse, neglect, and exploitation It entails a comprehensive approach to safeguarding the rights, well-being, and safety of children. Further, it involves a range of actions and interventions aimed at preventing and responding to any form of abuse, neglect, exploitation, harm, mistreatment or violation of rights that children may face.

Child protection systems are typically developed and implemented by governments, international organisations, and various stakeholders to promote children's safety, development, and welfare. These systems involve a combination of legal frameworks, policies, procedures, and programmes designed to prevent and address child abuse and neglect.

Session Objectives

1. To build knowledge and understanding of trainees on the principles, concepts, and frameworks of child protection in the context of disasters and emergencies. This includes an understanding of the unique vulnerabilities of children during crises and the specific risks they face.
2. To develop technical skills in participants to effectively deliver child protection training programmes in disaster and emergency settings. This may include skills in conducting needs assessments, designing and adapting child protection interventions, and implementing child-centric approaches.
3. To promote child-centric approaches for child protection during disasters and emergencies. Trainees should learn how to prioritise the needs, rights, and participation of children in all aspects of emergency response and recovery efforts.
4. To orient the participants on how to engage with other stakeholders to ensure a holistic and integrated approach to child protection in emergencies.
5. To enable trainees to adhere to established guidelines, codes of conduct, and ethical considerations when delivering training on child protection in emergencies.

The objective of this Training of Trainers (ToT) on child protection during disasters and

emergencies is to build the capacity of trainers to deliver high-quality, contextually appropriate, and child-centric training programmes. By doing so, the training aims to systematise the overall response to child protection needs in emergency settings, strengthen recovery and ultimately improve the safety, well-being, and protection of children in the aftermath of disasters.

Expected Learning Outcomes of the Session

By the end of this training session, the participants will be able to:

1. Explain key principles, concepts, and international/national frameworks related to child protection in the context of disasters and emergencies.
2. Identify the unique vulnerabilities of children during crises.
3. Identify and analyse risks and gaps in disaster-affected communities and design and adapt child protection interventions.
4. Advocate for the prioritisation of children's needs, rights, and participation in emergency response and recovery efforts.
5. Integrate child-sensitive strategies into disaster preparedness, response, and recovery planning.
6. Identify key stakeholders involved in child protection during emergencies (government agencies, NGOs, community organisations, etc.).
7. Develop strategies for multi-sectoral coordination and collaboration to ensure comprehensive child protection responses.
8. Ensure a safe and inclusive environment for children in all training and intervention efforts.

Components of Child Protection

1. **Preventing Child Abuse and Neglect:** Child protection emphasises proactive measures to prevent child abuse and neglect from taking place. This includes raising awareness about children's rights, educating parents, caregivers, and communities on positive parenting practices, promoting healthy family dynamics, and providing support services to families in need.
2. **Identifying and Reporting Abuse:** Child protection entails establishing systems for identifying signs of abuse or neglect. This includes training professionals who work with children (teachers, school management, anganwadis workers, healthcare providers especially paediatric doctors and nurses etc.) to recognise indicators of abuse and providing clear guidelines for reporting suspicions to the appropriate authorities. It also

involves encouraging individuals within communities to report concerns they may have about a child's safety or well-being.

3. **Responding to Reports:** Child protection involves prompt and effective responses to reports of abuse or neglect. This includes conducting thorough investigations, ensuring the safety of the child, and assessing the risk of further harm. The goal is to provide immediate protection to the child and take appropriate legal and supportive actions to address the situation.
4. **Child-Friendly Reporting Mechanisms:** Establishing child-friendly reporting mechanisms encourages children to report abuse or seek help. This includes helplines, online reporting platforms, and child-friendly spaces where children can feel safe and supported while disclosing their experiences.
5. **Child Participation:** Ensuring meaningful participation of children in decision-making processes that impact their lives is essential. Children should have opportunities to express their views, contribute to policy development, and participate in programmes and initiatives related to their protection.
6. **Strengthening Families and Communities:** Supporting families by providing parenting programmes, social and economic support, and access to essential services helps prevent child abuse and neglect. Building strong communities that prioritise child well-being and have supportive networks also contributes to child protection.
7. **Legal Frameworks and Policies:** Child protection is supported by legal frameworks and policies that define and enforce children's rights and ensure accountability for those who harm children. These laws and policies may include provisions for child protection, child labour, child trafficking, child marriage, online safety, and other relevant areas.
8. **Support Services:** Child protection entails providing a range of support services to children who have experienced abuse or are at risk of harm. These services may include counselling, therapy, medical care, legal support, shelter, and other forms of assistance. The aim is to address the immediate and long-term needs of the child and promote their healing and recovery.
9. **Collaboration and Multi-Disciplinary Approach:** Child protection requires collaboration among various stakeholders, including government agencies, law enforcement, social services, healthcare workers, educators, community organisations, and NGOs. A multi-disciplinary approach ensures that different sectors work together to provide comprehensive support and interventions for children and their families.
10. **Advocacy and Awareness:** Child protection involves advocating for children's rights, promoting awareness about child protection issues, and mobilizing resources to

support child protection initiatives. It also includes educating the public, parents, caregivers, and children themselves about their rights and how to prevent and respond to abuse and neglect.

11. **Monitoring and Evaluation:** Child protection entails monitoring and evaluating the effectiveness of child protection programmes, policies, and interventions. This helps identify gaps, measure outcomes, and inform evidence-based improvements in practice and policy.

Child protection is a collective responsibility that requires the active involvement of families, communities, governments, and civil society organisations to create safe and nurturing environments for children.

Child Protection during Disasters

Children are among the most vulnerable groups during times of disasters and emergencies. Disasters such as hurricanes, floods, earthquakes, and conflicts can have severe and lasting impacts on their physical and psychological well-being. Protecting children during such crises is of paramount importance to ensure their safety, meet their unique needs, and mitigate the long-term consequences of these traumatic events.

Child protection during disasters and emergencies refers to the set of measures, policies, and interventions aimed at ensuring the safety, well-being, and rights of children in the face of disasters and emergencies. It involves specific actions to mitigate the risks and vulnerabilities that children face during such crises and to provide them with the necessary support and protection. This includes all forms of neglect, exploitation, physical and psychological abuse, sexual, and gender-based violence.

Basic Principles of Child Protection during Disasters and Emergencies

- Refrain from doing anything that could put children in danger.
- Make sure children have access to unbiased assistance.
- Keep children safe from harm caused by coercion and aggression, both physically and mentally.
- Strengthen child protection systems by helping children assert their rights, seek accessible remedies, and recover from the impacts of abuse.

Key Considerations for Child Protection during Disasters and Emergencies

1. Immediate Emergency Response:

In the immediate aftermath of a disaster, child protection efforts must focus on ensuring the

safety and well-being of children. This includes establishing child-friendly spaces where children can find refuge, receive basic care, and engage in recreational activities. These spaces provide a sense of normalcy, protection from harm, and emotional support during chaotic times.

2. Identification and Family Tracing:

Efforts are made to identify separated or unaccompanied children and reunite them with their families whenever possible. Family tracing mechanisms, such as registration systems and hotlines, are used to locate and reunite children with their loved ones. Proper documentation and identification processes help protect children from the risk of trafficking, exploitation, or abuse.

3. Psychosocial Support:

Disasters can have massive psychological impacts on children, including anxiety, fear, grief, and post-disaster trauma. Psychosocial support programmes are essential to address these emotional needs. Trained professionals provide counselling, play therapy, and other therapeutic interventions to help children cope with their trauma.

4. Safe Learning Environments:

Disasters disrupt education systems, leaving children vulnerable to a loss of educational opportunities and an increased risk of exploitation. Establishing temporary learning centres and providing educational materials and trained teachers help ensure that children's right to education is protected. These safe learning environments offer stability, socialisation, and a sense of normalcy amid the chaos. These spaces also act as a one-stop centre for child services such as health, nutrition, protection services, etc.

5. Protection from Violence, Exploitation, and Abuse:

Disasters can exacerbate risks of violence, exploitation, and abuse, including child trafficking, child labour, and gender-based violence. Child protection mechanisms are established to prevent and respond to such risks. This includes setting up reporting mechanisms, strengthening law enforcement, and training personnel to identify and address cases of abuse or exploitation promptly.

6. Health and Nutrition Services:

Access to healthcare and nutrition is critical during disasters, as children are prone to injuries, illnesses, malnutrition, and the spread of diseases in crowded and unsanitary conditions. Establishing emergency medical facilities, immunisation campaigns, and nutrition programmes ensures that children's physical health is protected and their nutritional needs are met.

7. Advocacy and Policy Development:

Child protection during disasters requires the development and implementation of comprehensive policies and guidelines. Advocacy efforts raise awareness about the need for child-inclusive disaster risk reduction strategies. These policies ensure that child protection is prioritised in disaster response plans and coordination efforts at the national and international levels.

8. Capacity Building and Training:

Building the capacity of local communities, responders, and relevant stakeholders is crucial for effective child protection during disasters. Training programmes equip individuals with the knowledge and skills necessary to identify, respond to, and prevent child protection risks in emergencies. This includes training on child rights, child-friendly approaches, and child-centric practices.

Major Common Risks to Children during Disasters and Emergencies

Child protection during disasters and emergencies becomes critically important due to the increased vulnerabilities and risks that children face in these situations. Here are some key aspects of what happens to child protection during disasters and emergencies:

1. **Increased Vulnerabilities:** Disasters and emergencies disrupt social, economic, and physical systems, leaving children more vulnerable to various risks. They may experience separation from their families, displacement, loss of shelter, lack of access to healthcare and education, exposure to violence, exploitation, and psychosocial trauma.
2. **Disruption of Support Systems:** Children heavily rely on support systems provided by their families, schools, communities, and child protection services. Disasters disrupt these systems, making it challenging for children to receive the necessary care, protection, and support. The lack of access to supportive environments puts children at risk of exploitation and neglect.
3. **Heightened Risks:** The risks of violence, exploitation, abuse, and neglect are amplified during disasters and emergencies. The breakdown of social structures and the presence of chaotic environments can expose children to a range of dangers, including trafficking, child labour, early marriage, sexual abuse, and recruitment into armed groups.
4. **Separation and Loss:** Disasters may cause children to be separated from their families or guardians, whether from evacuation or the death of family members. Children may inadvertently get separated, abandoned, kidnapped, or left orphaned while fleeing for safety or due to the demise of their parents or guardians. Children who are unaccompanied and separated may be particularly susceptible to trafficking.

5. **Dangers and Injuries:** In crises and emergencies, children face an increased chance of injury and disability from disasters, resulting in long-lasting or permanent harm.
6. **Sexual Violence:** During the mayhem that may arise after an emergency or disaster, children face heightened vulnerability to sexual violence and exploitation. Sexual violence occurs in all emergencies and disasters, yet it frequently remains unrecognised. Harmful practices like early marriage may increase in frequency following a crisis.
7. **Psychosocial Distress and Mental Disorders:** High-stress situations encountered during emergencies or disasters may result in both immediate and prolonged psychosocial distress and mental health issues, sleep disturbances, nightmares, isolation, concentration issues, feelings of guilt, confusion, insecurity, and post-traumatic stress.
8. **Displacement:** One of the most frequent outcomes of emergencies is displacement. The lives of children who are internally displaced and their access to services (healthcare, education, safety, and security) are affected as they move to different locations. They become susceptible, increasingly targeted and exposed to violence, exploitation, mistreatment, and neglect.
9. **Gender-Based Violence:** Gender-based violence (GBV) frequently occurs during emergencies and disasters. Domestic violence, sexual assault, rape, coerced marriage, honour-based crimes, human trafficking, enforced prostitution, and compulsory abortion are all instances of GBV and are highly common during emergencies.
10. **Children Associated with Armed Forces or Armed Groups:** Children and adolescents are frequently compelled to serve with armed forces or armed groups as fighters, as well as in supportive roles like porters, or informants, or for sexual exploitation, enduring significant violence, often being made to witness and perpetrate violence, while also facing abuse, drug coercion, exploitation, injuries, or even death.
11. **Child Labour:** During emergencies, children are especially at risk of child labour. A crisis can elevate the overall occurrence of severe forms of child labour such as bonded labour and forced labour, lead to the emergence of new hazardous jobs, cause working children to engage in riskier tasks, or prompt unsafe migration of children in search of employment, increasing their vulnerability to exploitative labour conditions.

United Nations Convention on the Rights of Child (UNCRC) and Child Protection

The United Nations Convention on the Rights of the Child (UNCRC) is an international human rights treaty that affirms the civil, political, economic, social, and cultural rights of children. The treaty was adopted by the United Nations General Assembly in 1989.

Children are entitled to special care and protection due to their vulnerability and need for

support to fully realise their rights. It outlines a comprehensive framework for child protection, emphasizing the importance of promoting and safeguarding children's rights in all areas of their lives.

Key principles of child safeguarding and protection in the UNCRC include:

1. **Best Interests of the Child:** The UNCRC states that the best interests of the child should be a primary consideration in all actions concerning children. This principle guides decision-making processes to ensure that children's well-being and rights are prioritised.
2. **Non-Discrimination:** The convention prohibits discrimination against children based on their race, colour, sex, language, religion, disability, birth, or other status. It emphasises equal protection and opportunities for all children.
3. **Right to Life, Survival, and Development:** The UNCRC recognises children's inherent right to life and emphasises measures to ensure their survival, growth, and development to their fullest potential.
4. **Protection from Violence, Abuse, and Exploitation:** The convention obligates states to protect children from all forms of physical or mental violence, abuse, neglect, maltreatment, and exploitation. It calls for preventive measures, recovery and rehabilitation services, and the prosecution of perpetrators.
5. **Family Environment and Alternative Care:** The UNCRC recognises the importance of a nurturing family environment for the well-being of children. It calls for support to parents, caregivers, the prevention of separation from families, and appropriate alternative care when necessary.
6. **Child Participation:** The Convention emphasises children's right to express their views freely and to have those views considered in matters affecting them. It promotes the participation of children in decisions that impact their lives, including in legal, administrative, and social matters.
7. **Protection during Armed Conflicts and Emergencies:** The UNCRC highlights the rights of children during armed conflicts and emergencies. It calls for measures to protect children from the effects of armed conflict, including their recruitment into armed forces and their physical and psychological recovery.
8. **Prevention of Child Trafficking, Exploitation, and Abduction:** The convention obligates states to take measures to prevent child trafficking, child labour, and all forms of exploitation and abduction of children.
9. **Access to Justice and Legal Protection:** The UNCRC stresses children's right to access justice and to legal protection. It calls for the establishment of child-friendly procedures,

the provision of legal assistance, and the avoidance of unnecessary delays in legal proceedings.

10. **International Cooperation:** The convention promotes international cooperation to ensure the implementation of children's rights and protection. It calls for collaboration between governments, international organisations, and civil society to address child protection issues.

The UNCRC serves as a powerful tool for advocating and promoting child protection worldwide. It provides a comprehensive framework for governments, organisations, and individuals to uphold and protect the rights of children, including their right to be protected from all forms of abuse, violence, exploitation, and neglect. The convention includes several provisions that specifically address the protection and well-being of children:

1. **Protection from Abuse and Neglect:** Article 19 of the UNCRC affirms the right of children to be protected from all forms of physical or mental violence, injury, abuse, neglect, maltreatment, or exploitation. It emphasises the duty of states to take effective measures to prevent such harm and to provide appropriate support and assistance to child victims.
2. **Protection in Armed Conflicts:** The convention recognises the particular vulnerabilities of children during armed conflicts. Article 38 calls for the protection of children from direct or indirect involvement in hostilities and their protection during times of armed conflict. It emphasises the need to prevent the recruitment of child soldiers and to provide appropriate care and support for child victims of armed conflicts.
3. **Protection in Justice Systems:** The UNCRC emphasises the right of children to access justice systems that are child-friendly, fair, and provide appropriate legal protection. Article 40 highlights the need to establish procedures, institutions, and authorities specialised in dealing with child-related matters and to ensure that children involved in legal proceedings are treated with respect and dignity.
4. **Protection from Exploitation and Trafficking:** The convention addresses child protection concerns related to exploitation including child labour, sexual exploitation, and trafficking. Article 32 calls for measures to protect children from economic exploitation and hazardous work. Article 34 emphasises the need to protect children from sexual exploitation, including child prostitution and pornography. Additionally, Article 35 addresses the prevention and counteraction of child abduction, sale, and trafficking.
5. **Protection for Refugee and Migrant Children:** The UNCRC recognises the rights and specific needs of refugee and migrant children. Article 22 affirms the right of refugee

children to receive appropriate protection and humanitarian assistance. It also calls for the provision of special protection and assistance to unaccompanied or separated refugee children.

6. **Preventive Measures and Rehabilitation:** The convention promotes preventive measures to protect children from harm. It calls for awareness-raising, education, and the provision of support services to prevent child abuse, neglect, exploitation, and violence. Additionally, the UNCRC recognises the importance of providing necessary care, recovery, and rehabilitation services to child victims of abuse, exploitation, and violence.
7. **Participation and Empowerment:** Children's right to express their views and opinions freely and participate in the discourse impacting them is ensured by the UNCRC. Article 12 highlights the importance of child participation in decision-making processes, including those related to child protection.

The UNCRC serves as a comprehensive framework for promoting child protection, providing guidelines and principles to ensure the protection, safety, and well-being of children. It emphasises the importance of preventing harm, promoting children's rights, and providing appropriate support and services to child victims.

Child Protection System in India

I. Legal Framework

In India, the legal framework for child protection consists of various laws and regulations that aim to safeguard the rights and well-being of children. The key legislations pertaining to child protection in India is:

1. **Constitution of India:** The Constitution includes provisions that guarantee fundamental rights to children, such as the right to education and protection from exploitation.
2. **Juvenile Justice (Care and Protection of Children) Act, 2015:** This Act provides a comprehensive legal framework for dealing with children in conflict with the law and children in need of care and protection. It establishes Juvenile Justice Boards (JJBs) and Child Welfare Committees (CWCs) at the district level to handle cases involving children.
3. **Protection of Children from Sexual Offences (POCSO) Act, 2012:** This Act addresses child sexual abuse and exploitation. It defines various sexual offences against children and outlines the procedure for reporting, investigating, and trying such cases in a child-friendly manner.
4. **Child Labour (Prohibition and Regulation) Act, 1986:** This Act prohibits the

engagement of children in certain hazardous occupations and regulates the working conditions of children in non-hazardous industries. It aims to eradicate child labour and provide for the rehabilitation of rescued child labourers.

5. **Right of Children to Free and Compulsory Education (RTE) Act, 2009:** This Act ensures free and compulsory education for all children between the ages of 6 and 14 years. It sets standards for school infrastructure, teacher-student ratios, and the non-discrimination and inclusion of children from disadvantaged backgrounds.
6. **Commissions for Protection of Child Rights (CPCR) Act, 2005:** This Act establishes the National Commission for Protection of Child Rights (NCPCR) at the national level and State Commissions for Protection of Child Rights (SCPCRs) at the state level. These commissions work towards the protection, promotion, and fulfilment of child rights and monitor the implementation of child-related laws.
7. **Prohibition of Child Marriage Act, 2006:** This Act prohibits child marriages in India and provides for the annulment of such marriages and punishment for offenders.

Integrated Child Protection Scheme (ICPS)

The Integrated Child Protection Scheme (ICPS) is a flagship centrally sponsored scheme implemented by the Government of India to safeguard the rights and well-being of children. It was launched in 2009 and is administered by the Ministry of Women and Child Development.

The primary objective of the Integrated Child Protection Scheme is to create a protective environment for vulnerable children and ensure their holistic development. It aims to prevent and respond to all forms of child abuse, exploitation, and neglect. The scheme provides a range of services and interventions to address the various needs of children in difficult circumstances. It focuses on establishing and strengthening various components of the child protection system, including setting up CWCs (Child Welfare Committees), JJBs (Juvenile Justice Boards), and CCIs (Child Care Institutions), and providing support services for children in need.

Key features of the Integrated Child Protection Scheme include:

1. **Institutional Care:** The scheme focuses on strengthening existing Child Care Institutions (CCI) and establishing new ones to provide temporary or long-term care for children in need of care and protection. Child Care Institutions (CCIs) are residential facilities established to provide care, protection, and rehabilitation to children in need. They include children's homes, observation homes, special homes, and shelter homes. CCIs are regulated and monitored by the respective state governments.
2. **Non-Institutional Care:** The ICPS promotes non-institutional care options such as

foster care, sponsorship and adoption. It aims to place children in safe and nurturing family-based environments whenever possible, rather than in institutional settings.

3. **Childline Service:** Childline is a 24-hour toll-free helpline number (1098) established under the ICPS. It provides immediate assistance to children in distress and connects them to relevant services such as rescue, medical care, shelter, counselling, and rehabilitation.

4. **Juvenile Justice:** The scheme supports the effective implementation of the Juvenile Justice (Care and Protection of Children) Act, 2015. It focuses on strengthening the juvenile justice system, including the establishment of Juvenile Justice Boards, Child Welfare Committees, and Special Juvenile Police Units.
    - Juvenile Justice Boards (JJBs): JJBs are established at the district level to handle cases of children in conflict with the law. They decide the appropriate actions and measures to be taken for the rehabilitation and reintegration of such children.
    - Child Welfare Committees (CWCs): CWCs are set up at the district level for children in need of care and protection. They make decisions regarding the care, protection, and rehabilitation of these children.

5. **Rehabilitation and Reintegration:** The Integrated Child Protection Scheme (ICPS) emphasises the rehabilitation and reintegration of children who have been victims of abuse, exploitation, or trafficking. It provides counselling, medical support, education, vocational training, and other services for their reintegration into society.

6. **Awareness and Advocacy:** The scheme includes various awareness and advocacy programmes to sensitise communities, parents, caregivers, and stakeholders about child rights and protection issues. It aims to create a protective environment and ensure the active participation of civil society organisations in child protection initiatives.

The Integrated Child Protection Scheme (ICPS) is implemented at the national, state, district, and grassroot levels, with the involvement of government agencies, CSOs (Civil Society Organisations) such as NGOs (Non-Government Organisations), CBOs (Community Based Organisations), private partners etc.). Its goal is to create a comprehensive child protection system that prioritises the best interests of children and ensures their rights are protected.

For a comprehensive diagrammatic understanding of the child protection institutional mechanism in India, please refer to the link in the footnotes.[4]

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[4]Child Protection Institutional Mechanism in India- Comprehensive Flow Chart
https://prachicp.com/tarunya/sharelink/Child_Protection_Smart_kit/CHILDPROTECTIONMATERIALS/ENGLISH/6.%20Final%20Flow%20Chart_Institutional%20Machanism/Flow%20Chart_Institutional%20Machanism%20CP_English.pdf

Child Protection Minimum Standards (CPMS)

Child Protection Minimum Standards are a set of guidelines and principles developed to ensure the safety, well-being, and rights of children in humanitarian and development settings. These standards provide a framework for organisations and actors involved in child protection to deliver effective, coordinated, and quality services for children facing emergencies, displacement, conflict, or other challenging circumstances. This section explores the importance and key components of child protection minimum standards and their significance in promoting child rights and safeguarding vulnerable children.

Importance of Child Protection Minimum Standards:

1. **Ensuring Child Rights:** These standards are based on internationally recognised human rights principles, including the United Nations Convention on the Rights of the Child (UNCRC). By adhering to these standards, organisations and actors demonstrate their commitment to upholding the rights of children, including their right to protection from abuse, violence, exploitation, and neglect.
2. **Coordinated and Effective Response:** Child protection minimum standards provide a common framework for different stakeholders, such as government agencies, NGOs, and community-based organisations, to work together in a coordinated manner. By establishing clear roles, responsibilities, and procedures, these standards promote collaboration and enhance the effectiveness of child protection interventions.
3. **Quality Assurance:** The standards ensure that child protection programmes and services meet minimum quality requirements. They provide guidelines for the design, implementation, monitoring, and evaluation of child protection interventions, ensuring that they are evidence-based, child-centric, and outcome-oriented. Adhering to these standards promotes accountability and quality assurance in child protection programming.
4. **Monitoring and Accountability:** The standards emphasise the importance of monitoring and evaluating child protection programmes to ensure accountability and continuous improvement. They promote the use of child protection indicators, data collection, and feedback mechanisms to assess programmes effectiveness and impact. Regular monitoring and evaluation help identify gaps, address challenges, and improve service delivery for children.

Principles of Child Protection Minimum Standards

1. **Best Interests of the Child:** This is a fundamental principle in child protection. It requires that all decisions and actions taken for child protection keep their well-being and best interest as the topmost priority.

2. **Do No Harm:** The principle of doing no harm emphasises the importance of minimizing and mitigating any potential negative consequences or risks associated with child protection interventions. It involves conducting thorough assessments, taking into account potential risks and unintended consequences, and ensuring that actions taken do not cause further harm to children or exacerbate existing vulnerabilities.
3. **Non-Discrimination:** Child protection minimum standards promote the principle of non-discrimination, ensuring that all children, regardless of their race, ethnicity, gender, religion, disability, or any other characteristic, receive equal protection and support. This principle emphasises that every child has the right to be protected, irrespective of their background or circumstances.
4. **Participation:** The principle of child participation means that children have the right to express their views freely. Child protection minimum standards promote meaningful and inclusive participation, involving children in decision-making processes, programme design, and evaluation. This principle ensures that children's voices are heard and respected concerning child protection interventions.
5. **Accountability:** Accountability is a core principle in child protection minimum standards. It requires that all actors involved in child protection be accountable for their actions and outcomes. This includes ensuring transparency, maintaining high standards of professionalism, and establishing mechanisms for feedback, complaints, and redress. Accountability ensures that children and their families have avenues to voice concerns, seek justice, and hold responsible parties accountable for any violations or failures in child protection.
6. **Safety and Well-being:** The principle of safety and well-being emphasises the importance of creating and maintaining safe environments for children. It involves providing physical safety from harm, protection from abuse and exploitation, access to basic needs such as shelter, food, and healthcare, as well as psychosocial support to address the emotional and mental well-being of children affected by emergencies or challenging circumstances.
7. **Partnership and Coordination:** Child protection minimum standards emphasise the need for collaboration, partnership, and coordination among relevant stakeholders, including governments, NGOs, community-based organisations, and child protection agencies. This principle recognises that addressing child protection issues requires a collective effort, sharing of resources, expertise, and coordination to ensure a comprehensive and holistic response.

Minimum Standards in CPMS:

S. No	Minimum Standards	Activities
1.	Coordination	Relevant and responsible authorities, humanitarian agencies, civil society organisations and representatives of affected populations coordinate their child protection efforts in order to ensure a full, efficient, and timely response.
2.	Human Resources	Child protection services are delivered by staff with proven competence in their areas of work. Recruitment processes and human resource policies include measures to protect girls and boys from exploitation and abuse by humanitarian workers.
3.	Communication, Advocacy and Media	Child protection issues are communicated and advocated for with respect for girls' and boys' dignity, best interests, and safety.
4.	Programme Cycle Management	All child protection programmes build on existing capacities, resources, and structures and address the evolving child protection risks and needs identified by girls, boys, and adults affected by the emergency.
5.	Information Management	Up-to-date information necessary for effective child protection programming is collected, used, stored, and shared, with full respect for confidentiality, and in accordance with the 'do no harm' principle and the best interests of the child.
6.	Child Protection Monitoring	Objective and timely information on child protection concerns is collected in an ethical manner and systematically triggers or informs prevention and response activities.
7.	Dangers and Injuries	Girls and boys are protected from harm, injury, and disability caused by physical dangers in their environment and the physical and psychosocial needs of injured children are responded to in a timely and efficient way.
8.	Physical Violence and Other Harmful Practices	Girls and boys are protected from physical violence and other harmful practices, and survivors have access to age-specific and culturally appropriate responses.
9.	Sexual Violence	Girls and boys are protected from sexual violence and survivors of sexual violence have access to age-appropriate information as well as a safe, responsive, and holistic response.
10.	Psychosocial Distress and Mental Disorders	Girls' and boys' coping mechanisms and resilience are strengthened and severely affected children are receiving appropriate support.

S. No	Minimum Standards	Activities
11.	Children Associated with Armed Forces or Armed Groups	Girls and boys are protected from recruitment and use in hostilities by armed forces or armed groups, and are released and provided with effective reintegration services.
12.	Child Labour	Girls and boys are protected from the worst forms of child labour, in particular those related to or made worse by the emergency.
13.	Unaccompanied and Separated Children	Family separation is prevented and responded to, and unaccompanied and separated children are cared for.
14.	Justice for Children	All girls and boys who come into contact with the justice systems as victims, witnesses, or alleged offenders are treated in line with international standards.
15.	Case Management	Girls and boys with urgent child protection needs are identified and they receiveage and culturally appropriate information as well as an effective, multi-sectoral and child-friendly response from relevant providers working in a coordinated and accountable manner.
16.	Community-based Mechanisms	Girls and boys are protected from abuse, violence, exploitation, and neglect through community-based mechanisms and processes.
17.	Child-Friendly Spaces	All children and young people can go to community-supported child-friendly spaces that provide structured activities that are carried out in a safe, child-friendly, inclusive, and stimulating environment.
18.	Protecting Excluded Children	All girls and boys in humanitarian settings have access to basic services and protection, and the causes and means of exclusion are identified and addressed.
19.	Economic Recovery and Child Protection	Child protection concerns are reflected in the assessment, design, monitoring, and evaluation of economic recovery programmes. Working-age boys and girls and their caregivers will have access to adequate support to strengthen their livelihoods.
20.	Education and Child Protection	Child protection concerns are reflected in the assessment, design, monitoring, and evaluation of education programmes. Boys and girls of all ages can access safe, high-quality, child-friendly, flexible, relevant and protective learning opportunities in a protective environment
21.	Health and Child Protection	Child protection concerns are reflected in the assessment, design, monitoring , and evaluation of health programmes. Girls and boys have access to quality health services delivered in a protective way that takes into account their age and developmental needs.

S. No	Minimum Standards	Activities
22.	Nutrition and Child Protection	Child protection concerns are reflected in the assessment, design, monitoring, and evaluation of nutrition programmes. Girls and boys of all ages and their caregivers, especially pregnant and breast feeding women and girls, have access to safe, adequate, and appropriate nutrition services and food.
23.	Water, Sanitation and Hygiene (WASH) And Child Protection	Child protection concerns are reflected in the assessment, design, monitoring, and evaluation of WASH programmes. All girls and boys have access to appropriate WASH services that minimise the risks of physical and sexual violence.
24.	Shelter and Child Protection	Child protection concerns are reflected in the assessment, design, monitoring and evaluation of shelter programmes. All girls and boys and their caregivers have appropriate shelter provided that meets basic needs, including protection and disability access, and which facilitate long-term solutions.
25.	Camp Management and Child Protection	Child protection concerns are reflected in the assessment, design, monitoring and evaluation of camp management programmes. The safety and wellbeing of girls and boys of all ages living in camps is safeguarded through camp management structures.
26.	Distribution and Child Protection	Children access humanitarian assistance through efficient and well-planned distribution systems that safeguard girls and boys from violence, exploitation, abuse, and neglect.

Source: Minimum Standards for Child Protection in Humanitarian Action (CPMS), 2019 Edition | Alliance CHPA, 2020)

Preparedness Plan for Child Protection before Disaster and Emergency

Creating a comprehensive preparedness plan for child protection before a disaster or emergency is crucial to ensure the safety and well-being of children. Here are some key steps to consider when developing a preparedness plan:

1. Establish Nodal Agency for the Operations of Child Protection: The District Child Protection Unit (DCPU) should be the nodal department for this. The District Child Protection Unit along with the child protection institutions at district level and child protection committees at block

While recruiting and training volunteers and other members of child protection QRTs, special care and attention is to be given that the volunteers understand the delicate and sensitive nature of the Child Protection Operations. The District Protection Unit (DCPU) should decide the response activities to be delegated to the QRTs during the preparedness phase. They should be trained to handle their tasks with the utmost empathy, sensitivity, and confidentiality.

and village level shall spearhead the operations of child protection during disasters and emergencies.

The DCPU shall prepare a comprehensive response plan and SoPs for child protection and designate roles and responsibilities to each agency at district to carry out these operations during a calamity.

2. Establish Child Protection Quick Reaction Teams (QRTs):

- Form child protection QRT teams at district, block, and village level.
- The committees should be consisting of representatives from relevant local organisations, government agencies (from police, juvenile justice, social welfare etc.), community leaders, panchayat members, and child protection specialists such as lawyers, jurists, etc.
- Volunteers from community should also be recruited during this phase. They should be specifically trained in activities they are to carry out during disasters, e.g., registration, tracking, reporting, etc.
- Ensure the teams have diverse expertise and knowledge in child protection and emergency response.
- It's important to note that the exact composition and responsibilities of QRTs may vary based on the local context, the type of disaster, and the resources available. These teams shall work in close coordination with other emergency response agencies and organisations to ensure an effective and comprehensive disaster management approach.
- These teams should work under the DDMA and the nodal agency for child protection- the District Child Protection Officer (DCPO).

3. Develop Emergency Response Procedures:

- Create clear and concise emergency response procedures specifically tailored to child protection.
- Define roles, responsibilities, and communication channels for each member of the child protection committee and other relevant stakeholders.
- Establish protocols for rapid assessment, case management, and referral mechanisms in emergencies.

4. Designate Safe Spaces and Shelters:

- Identify safe spaces and shelters that can be used to provide temporary protection and support for children during emergencies.

- Ensure these spaces meet child-friendly standards, including access to basic necessities, sanitation facilities, and psychosocial support services.
- Train staff and volunteers on child protection principles and procedures within these spaces.

5. Develop Family Reunification Plans:

- Establish protocols and systems for family tracing and reunification in the event of separation during emergencies.
- Implement registration and identification systems for children and caregivers to facilitate reunification processes.
- Collaborate with relevant agencies and organisations to establish a centralised database or information-sharing mechanism to assist in family reunification efforts.

6. Training and Capacity Building:

- Conduct regular training sessions and workshops for relevant stakeholders on child protection in emergencies.
- Provide training and capacity-building programmes for child protection professionals, service providers, volunteers, and community members.
- Enhance their skills and knowledge in child protection, case management, psychosocial support, and other relevant areas.
- Recruit and train volunteers with the necessary skills to respond effectively to child protection concerns during emergencies and disasters.

7. Raise Community Awareness:

- Develop community awareness campaigns to educate parents, caregivers, and community members about child protection risks and emergency preparedness.
- Disseminate information through various channels, including community meetings, workshops, posters, and pamphlets.
- Promote the importance of child protection, child rights, and available support services.

8. Coordination and Collaboration:

- Foster collaboration and coordination among relevant stakeholders, including government agencies, NGOs, and other civil society organisations.
- Establish communication channels, coordination mechanisms, and information-sharing platforms to ensure a cohesive and efficient response to child protection needs during emergencies.

- Regularly update contact lists and establish a roster of available child protection professionals and volunteers for rapid deployment.

9. Regular Review and Evaluation:

- Conduct periodic reviews and evaluations of the preparedness plan to identify strengths, weaknesses, and areas for improvement.
- Incorporate the lessons learned from previous emergencies to enhance the effectiveness of the plan.
- Stay updated on new research, guidelines, and best practices in child protection in emergencies.

Response Plan for Child Protection during Disaster and Emergency

1. Activate Emergency Response Mechanism:

- Activate the response plan as soon as the disaster or emergency occurs.
- Establish a command centre or coordination mechanism to manage the response efforts.
- As already identified in the preparedness phase, for child protection, the nodal command agency should be the District Child Protection Unit (DCPU).
- The DCPU shall activate the Child Protection Committees and teams for delivering immediate and swift response.

2. Ensure Safety and Security:

- Ensure the immediate safety and security of children affected by the disaster or emergency.
- Evacuate children from high-risk areas to safer locations or designated shelters.

3. Rapid Assessment:

- Conduct a rapid assessment to identify immediate child protection concerns, including separated and unaccompanied children, children with specific vulnerabilities, and risks of abuse or exploitation.
- Prioritise and respond to the most urgent cases first.

4. Establish Child-Friendly Spaces:

- Set up child-friendly spaces in safe locations or within the emergency shelters.
- Ensure these spaces are equipped with basic necessities, including food, water, sanitation facilities, and age-appropriate activities.

5. Family Reunification:

- Establish procedures for family tracing and reunification.
- Utilise identification systems and databases to facilitate the reunification process.
- Provide support and psychosocial services to children and families during the reunification process.

6. Child Protection Case Management:

- Implement a case management system to ensure the individual needs of children are addressed.
- Assign trained child protection staff to conduct assessments, develop care plans, and coordinate services.
- Monitor and evaluate the progress and well-being of children on a regular basis.

7. Psychosocial Support:

- Provide psychosocial support to children to help them cope with the emotional and psychological impact of the disaster or emergency.
- Offer age-appropriate activities, counselling services, and support groups to address their psychosocial needs.

8. Prevent and Respond to Violence, Abuse, and Exploitation:

- Establish mechanisms to prevent and respond to violence, abuse, and exploitation of children in the aftermath of a disaster or emergency.
- Train staff and volunteers on identifying and reporting cases of abuse or exploitation.
- Collaborate with local authorities and child protection agencies to ensure appropriate action is taken.

9. Education and Child Development:

- Establish temporary learning spaces and ensure access to education for children affected by the disaster or emergency.
- Provide education materials, trained teachers, and psychosocial support within the learning spaces.

10. Strengthen Community Support and Resilience:

- Engage with communities to raise awareness about child protection issues and build resilience.
- Facilitate community-led initiatives to support child protection and involve them in the decision-making processes.

11. Monitoring and Evaluation:

- Establish a monitoring and evaluation system to oversee the effectiveness of child protection interventions during the response phase.
- Regularly assess the impact of the response plan and make necessary adjustments based on the lessons learned.

12. Coordination and Collaboration:

- Maintain strong coordination with relevant stakeholders, including government agencies, and civil society organisations.
- Ensure effective information sharing, collaboration, and coordination to avoid duplication of efforts.

Recovery Plan for Child Protection after Disaster and Emergency

1. Assess the Impact on Child Protection:

- Conduct a comprehensive assessment of the impact of the disaster or emergency on child protection, including identifying the specific risks and vulnerabilities faced by children.
- Assess the capacity and resources available to address child protection needs during the recovery phase.

2. Restore and Strengthen Child Protection Systems:

- Prioritise the restoration and strengthening of child protection systems that may have been disrupted during the disaster or emergency.
- Ensure adequate resources and capacity are in place to address child protection concerns effectively.

3. Psychosocial Support and Mental Health Services:

- Develop and implement psychosocial support programmes to address the long term emotional and psychological needs of children affected by the disaster or emergency.
- Provide mental health services, counselling, and therapy to children and caregivers who may be experiencing trauma or other psychological distress.

4. Education and Learning Opportunities:

- Restore and rebuild educational facilities damaged during the disaster or emergency.
- Ensure access to quality education for children, including trained teachers, learning materials, and safe learning environments.

5. Economic Support for Families:

- Implement livelihood and economic support programmes for families affected by the disaster or emergency.
- Provide financial assistance, vocational training, and income-generating opportunities to help families recover and ensure the well-being of children.

6. Community-Based Child Protection Mechanisms:

- Strengthen community-based child protection mechanisms to support ongoing protection efforts.
- Promote community engagement, participation, and ownership in child protection initiatives.
- Facilitate community-led activities and programmes that address child protection risks and promote child rights.

7. Child Participation and Empowerment:

- Create avenues for children to participate in decision-making processes related to their recovery and well-being.
- Promote their active involvement in community activities and initiatives.
- Ensure that children's voices are heard and taken into account in planning and implementing recovery efforts.

8. Monitoring and Evaluation:

- Establish a monitoring and evaluation system to track the progress of child protection recovery interventions.
- Regularly assess the impact of the recovery plan and make necessary adjustments based on the lessons learned.

Duration of the Session:

This session should be 45-60 min in duration.

Methodology:

- Lecture/ PowerPoint Presentation
- Case Study
- Video Aid: https://www.youtube.com/watch?v=IshhrTyzxKA
  https://www.youtube.com/watch?v=pEaNwDtQRwI

- Experience sharing
- Discussion
- End of session: Question/ Answer round

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Module V:
Right to Participation during Disasters and Emergencies

Module-V

Module V: Right to Participation during Disasters and Emergencies

SESSION 1: CHILD PARTICIPATION DURING DISASTERS AND EMERGENCIES

Child participation during disasters and emergencies is essential for ensuring that the perspectives, needs, and rights of children are taken into account in disaster management and response efforts. Involving children in decision-making processes and planning can lead to more effective and child-centric emergency responses.

Session Objectives

1. To enhance participants' knowledge and understanding of the concept of child participation, its importance, and the benefits it brings to disaster management and response.
2. To explore the principles, approaches, and best practices related to child participation in emergencies.
3. To empower participants with the knowledge, skills, and tools necessary to promote meaningful and effective child participation in emergency contexts.
4. To equip trainers to adopt child-centric approaches in disaster response and recovery efforts. This includes understanding child development, communication techniques with children, and facilitating child-friendly spaces and activities.
5. To develop effective training facilitation skills to train others on child participation during disasters.
6. To introduce various methodologies and tools that can be used to facilitate child participation in emergency. This may include tools for conducting child-friendly assessments, participatory decision-making processes, and monitoring child led interventions.
7. To emphasise the importance of inclusive and child-sensitive practices in emergency preparedness, response and recovery. Participants should learn how to create safe and supportive environments for children's participation, ensure the representation of diverse groups of children, and address the specific needs of vulnerable children.
8. To encourage participants to develop collaboration and coordination mechanisms with relevant stakeholders, such as child protection agencies, humanitarian organisations,

and government authorities. Participants should understand the importance of working in partnership to effectively integrate child participation into emergency response systems.

9. To enable the participants to develop action plans for implementing child participation initiatives in their respective jurisdictions. These action plans should outline specific steps, activities, and timelines for integrating child participation into disaster risk reduction practices.
10. To create a cadre of trainers who can further disseminate this knowledge and facilitate child participation initiatives in their respective settings.

Expected Learning Outcomes of the Session:

At the end of this session, participants will be able to:

1. Understand the importance of child participation during disasters and emergencies.
2. Identify the rights of children to participate in decision-making processes during disasters and emergencies.
3. Recognise the various barriers to child participation and strategies to overcome them.
4. Acquire knowledge, skills, and attitudes necessary to effectively engage children as active participants in all phases of disaster and emergency management.
5. Gain knowledge of different methods and tools to facilitate meaningful child participation in disaster preparedness, response, and recovery.
6. Develop skills for engaging with children effectively, including active listening and age-appropriate communication.
7. Understand the ethical considerations and safeguarding principles related to child participation in emergencies.
8. Explore practical techniques for incorporating children's perspectives and voices into emergency planning and decision-making processes.
9. Reflect on personal biases and assumptions that may impact interactions with children and their participation.
10. Develop an action plan for promoting and supporting child participation in disaster and emergency management within their respective roles and organisations.
11. Facilitate training on engaging children in disaster risk management.

Key Considerations for Child Participation during Disasters and Emergencies

When facilitating child participation during disasters and emergencies, there are several key

considerations to keep in mind. These considerations help ensure the safety, well-being, and meaningful involvement of children in decision-making processes and activities. Here are some important considerations:

1. **Child protection and safety:** The safety and protection of children must be the top priority. Child participation should always be guided by considerations of child protection, safety, and the rights of the child. Adults and professionals working with children should provide a supportive and safe environment for children to express their views and participate in a meaningful way. Establish clear guidelines and protocols to safeguard children from harm, exploitation, and further trauma during their participation. Adequate supervision, risk assessments, and child protection measures should be in place.
2. **Age and developmental stage:** Recognise and respect the diverse ages, abilities, and developmental stages of children. Adapt participation methods and activities to suit their age, ensuring they can understand and engage effectively. Provide age-appropriate information, communication materials, and support mechanisms.
3. **Information sharing:** Children should have access to accurate and age-appropriate information about the emergency situation. They should be informed about the potential risks, safety measures, and available support services. Information should be communicated in a child-friendly manner using appropriate formats and channels.
4. **Consultation and involvement:** Children should be consulted and involved in decision-making processes that affect their safety, well-being, and recovery. They should have the opportunity to express their ideas regarding evacuation plans, emergency shelters, and other relevant aspects of emergency response. Promote genuine and meaningful participation by creating opportunities for children to contribute their ideas, opinions, and perspectives. Ensure their views are valued and taken into account in the decision-making processes. Encourage active participation and provide feedback on how their inputs has influenced actions and outcomes.
5. **Inclusivity and diversity:** Ensure the participation of all children, including those from marginalised and vulnerable groups. Foster an inclusive and diverse environment that respects children's backgrounds, identities, and experiences. Take into account gender, disability, ethnicity, language, and other factors that can impact children's participation.
6. **Capacity-building and support:** Provide necessary support and capacity-building opportunities to children to enhance their knowledge, skills, and confidence. Offer training, guidance, and mentorship to enable them to actively engage in disaster preparedness, response, and recovery efforts.

7. **Communication and information sharing:** Establish clear and child-friendly communication channels that allow children to express their concerns, share information, and provide feedback. Use age-appropriate and accessible communication methods to ensure effective dialogue and understanding.
8. **Psychological support:** Children may experience emotional distress and trauma during and after disasters. Their participation in designing and implementing psychosocial support programmes can help ensure that their needs are adequately addressed. Children can provide insights into effective coping strategies and support mechanisms that are relevant to their age group.
9. **Education continuity:** During emergencies, ensuring continuity of education is crucial for children's well-being and development. Involving children in decision-making processes related to temporary learning spaces, educational materials, and teaching methodologies can help meet their educational needs during challenging circumstances.
10. **Child-friendly spaces and activities:** Create safe and child-friendly spaces where children can actively participate, engage in play, express themselves, and interact with peers. Design activities that promote psychosocial well-being, resilience, and social support among children.
11. **Child-led initiatives:** Encouraging child-led initiatives during emergencies can empower children to take an active role in responding to the needs of their peers and communities. This can include organizing awareness campaigns, participating in search and rescue efforts (if age-appropriate), and providing support to other children in distress.
12. **Ethical considerations:** Uphold ethical standards when involving children in research, data collection, and dissemination of information. Obtain informed consent from parents or guardians, respect children's privacy rights, and ensure confidentiality of personal information.
13. **Coordination and collaboration:** Foster collaboration among children and other stakeholders. Coordinate efforts to avoid duplication, ensure complementarity, and maximise the impact of child participation initiatives.
14. **Monitoring and evaluation:** Regular monitoring and evaluation should include mechanisms to capture children's perspectives and feedback on emergency response efforts. Children should have the opportunity to assess the effectiveness and relevance of the support provided and contribute to ongoing improvements. Regularly monitor and evaluate the effectiveness and impact of child participation initiatives. Involve children in the evaluation process, seeking their feedback and insights. Use the findings

to improve future child participation practices and strengthen accountability.

Children can play an active role in disaster risk reduction. Their involvement should always be age-appropriate, safe, and supervised. Adults and professionals in the field of child protection and disaster management should provide guidance and support to ensure the well-being and safety of children throughout the process.

Child-Led Disaster Risk Reduction (CLDRR)

Child-led disaster risk reduction (CLDRR) is an approach that involves children as active participants and contributors in reducing the risks and impacts of disasters. It recognises children as key stakeholders and agents of change in disaster risk reduction and management and encourages their involvement in decision-making processes, planning, and actions related to disaster risk reduction.

The concept of child-led disaster risk reduction focuses on the following key principles:

- **Participation:** Children are encouraged to actively participate in all stages of disaster risk reduction. Their opinions, ideas, and experiences are valued and incorporated into the decision-making processes.
- **Capacity Building and Raising Awareness:** Children are provided with the necessary knowledge, skills, and tools to understand disaster risks, identify hazards, so as to raise their awareness, and take appropriate actions to reduce those risks. This includes educating children on preparedness, response, and recovery strategies.
- **Empowerment:** CLDRR aims to empower children by fostering their confidence, leadership skills, and sense of responsibility in addressing disaster risks. It promotes their ability to contribute to their own safety and the safety of their communities.
- **Advocacy:** Children are encouraged to raise awareness about disaster risks and advocate for their rights to a safe and resilient environment. They can advocate for changes in policies, practices, and behaviours that affect their vulnerability to disasters.
- **Inclusivity:** CLDRR emphasises the inclusion of all children, including those from marginalised and vulnerable groups, ensuring that their voices are heard and their specific needs and concerns are addressed.

CLDRR initiatives involve a range of activities, such as conducting risk assessments, early warning and information dissemination, organizing drills and simulations, promoting hygiene and sanitation practices, and integrating disaster risk reduction education into school curricula.

The United Nations Convention on the Rights of the Child (UNCRC) and Child Participation

The United Nations Convention on the Rights of the Child (UNCRC) is an international human rights treaty that affirms the civil, political, economic, social, and cultural rights of children. The treaty was adopted by the United Nations General Assembly in 1989.

The UNCRC recognises the importance of child participation and includes specific provisions that promote and protect the right of children to express their views and have them taken into account in matters that affect them. Article 12 of the UNCRC states that 'children have the right to freely express their opinions and that their views should be given due weightage in accordance with their age and maturity'.

Child participation, as defined by the UNCRC, involves the active involvement of children in decision-making processes, policy development, and other activities that affect their lives. It recognises that children have unique perspectives, experiences, and insights that should be considered in matters that impact them directly.

Principles for child participation as per UNCRC:

- **Non-discrimination:** Children from all backgrounds and identities have the right to participate and have their voices heard without discrimination.
- **Best interests of the child:** Child participation should prioritise the best interests of the child and promote their overall well-being and development.
- **Respect for the evolving capacities of the child:** Children's ability to participate and contribute evolves as they grow and develop. Their evolving capacities should be respected and considered in decision-making processes.
- **Freedom of expression:** Children have the right to freely express their opinions, ideas, and views on matters that affect them.
- **Respect for the views of the child:** The views expressed by children should be given due weight in accordance with their age and maturity.

Child participation can take various forms, ranging from individual participation, such as expressing opinions and being heard in decision-making processes, to collective participation, such as involvement in children's councils, child-led organisations, and child-led initiatives. The UNCRC encourages governments, institutions, and civil society organisations to create opportunities and mechanisms for child participation, provide appropriate support and guidance, and ensure that children's voices are genuinely heard and taken into account in relevant policies, programmes, and decisions.

Ways/ Approaches to Involve Children and Adolescents in DRR

Children can be involved in disaster risk reduction in various ways, taking into consideration their age, maturity, and capacities.

- **Education and awareness:** Children can be educated about disaster risks, preparedness, and safety measures through school curricula, community-based programmes, and awareness campaigns. Providing them with age-appropriate information and skills empowers them to understand and respond to hazards.
- **Participation in planning and decision-making:** Children can contribute their ideas, opinions, and suggestions in the development of disaster management plans and policies. Their perspectives can inform decisions on issues like evacuation routes, emergency drills, and the design of child-friendly spaces in shelters.
- **Peer-to-peer education:** Children can play a role in educating their peers and family members about disaster preparedness and safety. They can share knowledge through peer networks, school clubs, or community activities, reinforcing the importance of disaster risk reduction.
- **Child-led initiatives:** Encouraging and supporting child-led initiatives empowers children to take an active role in disaster risk reduction. They can organise activities such as awareness campaigns, simulations, and community clean-up drives, fostering a sense of ownership and resilience.
- **Participatory mapping and assessment:** Children can actively participate in mapping exercises to identify hazards, vulnerabilities, and resources within their communities. They can contribute their knowledge of local areas and infrastructure, helping in the identification of safe spaces, evacuation routes, and potential risks. This intervention can be a part of school disaster management planning and execution wherein students can undertake participatory assessment and mapping exercises of their school with respect to its hazard profile, vulnerabilities, resources available etc.
- **Communication channels:** Establishing communication channels that allow children to voice their concerns, needs, and suggestions during emergencies is vital. These can include child-friendly complaint mechanisms, suggestion boxes, or dedicated hotlines, enabling children to contribute directly to response efforts.
- **Child-centric spaces:** Creating child-centric spaces in emergency shelters or camps provides safe environments for children to express themselves, engage in recreational activities, and interact with others. These spaces promote psychosocial well-being and offer opportunities for children to participate in decision-making processes affecting their daily lives.

- **Focus group discussions:** Group discussions provide a platform for children to express their views, concerns, and ideas about disaster risks and management. These discussions can be organised within schools, community centres, or child-friendly spaces, allowing children to share their experiences and contribute to the planning and implementation of disaster preparedness and response activities.
- **Arts and media:** Engaging children in creative activities, such as drawing, storytelling, or video production allows them to express their experiences, emotions, and ideas related to disasters. These artistic expressions can be used to raise awareness and advocate for child rights in disaster management.
- **Monitoring and evaluation:** Children can participate in the monitoring and evaluation of disaster response efforts, providing feedback on the effectiveness and child-friendliness of services and interventions. Their insights can help improve future practices.

It is crucial to ensure that child participation is age-appropriate, safe, and respectful of children's rights and protection. Adults, including parents, caregivers, educators, community leaders, and emergency responders, should provide guidance, support, and appropriate supervision to ensure the well-being of children during their involvement in disaster risk reduction and management activities.

It's important to adapt the modes of child participation to the age, abilities, and cultural contexts of the children involved. Ensuring a safe and supportive environment, providing appropriate guidance, and respecting children's rights and well-being are essential considerations in facilitating child participation during disasters and emergencies.

Child Participation in Preparedness Phase

1. **Establish a Child Disaster Management Committee:**
   i. Recruit a diverse group of children representing different age groups, backgrounds, and abilities.
   ii. Hold regular meetings to discuss and plan child participation initiatives for disaster risk reduction and management.
2. **Conduct Child-Friendly Risk Assessments:**
   i. Organise participatory risk assessment activities involving children.
   ii. Use age-appropriate tools and methods such as mapping, hazard hunts, and storytelling.
   iii. Facilitate discussions to identify local risks, vulnerabilities, and potential mitigation measures.

3. **Training and Capacity Building:**
   i. Provide specialised training and capacity-building opportunities for children to develop skills in preparedness and response.
   ii. Offer first aid training, fire safety workshops, or sessions on communication and leadership, tailored to their age and abilities.

4. **Child-Led Training and Awareness Programmes:**
   i. Empower children to develop and deliver training sessions on disaster preparedness in their schools and communities.
   ii. Provide necessary resources, information, and guidance to help them design engaging and age-appropriate training materials.
   iii. Encourage children to use creative methods such as role-playing, interactive games, and artwork to raise awareness.

5. **Organise Mock Drills and Simulations:**
   i. Involve children in planning and executing mock drills and simulations.
   ii. Assign them roles such as evacuation leaders, communication officers, or first aid responders.
   iii. Encourage them to provide feedback on the effectiveness of the drills and propose improvements.

6. **Create Child-Friendly Information Materials:**
   i. Develop child-friendly brochures, posters, and videos that explain disaster risks, preparedness measures, and emergency contact information.
   ii. Use visual aids, simple language, and engaging illustrations to make the information accessible to children.

7. **Support Child-Led Initiatives:**
   i. Encourage children to initiate their own preparedness projects or campaigns.
   ii. Provide resources and guidance to help them plan and implement activities such as community clean-ups, emergency supply drives, or peer-to-peer training.

8. **Foster Partnerships and Collaboration:**
   i. Collaborate with schools, parents, local authorities, and child-focused organisations to strengthen child participation in preparedness efforts.
   ii. Coordinate joint activities, share resources and expertise, and leverage existing networks to maximise the impact of child involvement.

9. Advisory Roles:

i. Create advisory roles or committees where children can provide input and recommendations on disaster preparedness strategies and policies.

ii. Invite them to participate in meetings, workshops, or consultations with relevant stakeholders.

iii. Schools can play a very important role here. Students should be involved in the advisory and decision-making processes of school disaster management plans and preparedness.

10. Disaster Awareness and Education:

i. Participating in educational programmes or workshops on disaster preparedness, risk reduction, and safety measures.

ii. Learning about different types of disasters, their causes, and their potential impacts.

11. Developing Family/ School Emergency Plans:

i. Assisting in creating and practicing a family/ school emergency plan, including evacuation routes, communication protocols, and meeting points.

ii. Helping to identify and gather essential emergency supplies and creating a family/ school emergency kit(s).

12. Hazard Mapping and Risk Assessment:

i. Collaborating with adults (parents, teachers, mentors etc.) to identify potential hazards in their community or school environment.

ii. Creating hazard maps or diagrams highlighting areas prone to flooding, earthquakes, or other risks.

13. Simulation Exercises and Role-Playing:

i. Engaging in role-playing activities or simulation exercises to practice emergency responses.

ii. Acting out scenarios such as evacuations, providing first aid, or making emergency calls to reinforce preparedness skills.

14. First Aid Training:

i. Participating in first aid and CPR (Cardiopulmonary resuscitation) training courses designed for children and adolescents.

ii. Learning basic first aid skills, such as bandaging, treating minor injuries, and providing initial assistance during emergencies.

15. Fire Safety:

i. Understanding fire safety protocols and practicing fire drills at home, and in school.

ii. Learning about fire prevention measures, use of fire extinguisher, and emergency evacuation in case of a fire.

16. Peer-to-Peer Training:

i. Organizing peer-to-peer training sessions where children share their knowledge and skills on disaster preparedness with their peers.

ii. Encouraging collaborative learning and empowering children to take an active role in educating others.

17. Information Dissemination:

i. Children can become advocates for disaster preparedness by sharing information and resources with their peers and family members.

ii. Creating and distributing educational materials, such as brochures or posters, to raise awareness about preparedness in their school and communities.

18. Create Safe Communication Channels:

i. Establish communication channels specifically designed for children to share their ideas, concerns, and suggestions related to disaster preparedness.

ii. Create child-friendly complaint mechanisms, suggestion boxes, or online platforms where they can voice their opinions and provide feedback. This process should be strictly confidential preserving children's identity, dignity and safety.

19. Collaboration With Schools and Communities:

i. Collaborate with schools, parents, caregivers, community leaders, and child-focused organisations to integrate child participation in preparedness efforts.

ii. Involve them in the planning, implementation, and monitoring of activities, ensuring a holistic and coordinated approach.

20. Monitor and Evaluate Child Participation:

i. Establish a monitoring and evaluation framework to assess the effectiveness and impact of child participation initiatives.

ii. Involve children in evaluating their own participation experiences, seeking their feedback and suggestions for improvement.

iii. Use the findings to refine strategies and enhance the quality of child participation in future preparedness activities.

21. Recognise and Appreciate Child Participation and Involvement:

i. Acknowledge and appreciate the contributions of children through certificates, awards, or public recognition.

ii. Share success stories and achievements of child participants to inspire and motivate others to get involved.

22. Ensure Child Protection and Well-being:

i. Prioritise child protection by implementing safeguards and guidelines to prevent harm or exploitation.

ii. Provide appropriate supervision, ensure informed consent, and promote the physical and emotional well-being of child participants.

iii. Create a safe and comfortable space for children to express themselves without fear and judgement.

iv. Orient the personnel/ staff working with children on appropriate behaviour towards children and dos and don'ts for maintaining the dignity, honour and safety of children.

v. Every department/organisation working with and for children should prepare a child safeguarding policy and implement it with zero tolerance for violation of any kind.

vi. Ensure registration and documentation of children participating in any interventions and a written informed consent must be taken form their parent/ guardian

By involving children and adolescents in these preparedness activities, they not only gain valuable knowledge and skills but also become agents of change in their communities. Their involvement promotes a culture of preparedness, resilience, and collective responsibility in the face of disasters.

Child Participation in Response Phase

1. Evacuation:

i. Assisting younger children or older adults during evacuation.

ii. Distributing evacuation instructions or assisting with crowd management under adult supervision.

2. **Emergency Communication:**
   i. Assisting in relaying messages or distributing information within their communities.
   ii. Using technology or social media platforms to disseminate safety information (if available and appropriate).

3. **First Aid and Basic Medical Support:**
   i. Assisting medical personnel or volunteers in distributing first aid supplies or setting up medical camps etc.
   ii. Assist in managing medical response teams, medical inventory, and data.

4. **Assisting in Search and Rescue Efforts:**
   i. Participating in organised search and rescue activities, guided by trained personnel.
   ii. Helping to locate missing individuals or providing information that could aid in search efforts.

5. **Community Cleanup:**
   i. Participating in cleanup activities, such as removing debris, cleaning up public spaces, or rebuilding community infrastructure.
   ii. Children should be given proper PPE (Personal Protective Equipment) and these activities should be done under proper supervision and guidance.

6. **Relief Distribution:**
   i. Children and adolescents can be engaged to distribute relief supplies, food, water, or hygiene kits to affected communities.
   ii. Surveying need for relief items in the community and communicating to the relief agencies.

7. **Assisting External Relief Agencies and Organisations**
   i. Enabling external relief organisations to conduct relief and response operations in local settings
   ii. Children could offer their services in translation, acting as a liaison with community leaders, families, other children and adolescents in the community.

8. **Emotional Support and Psychosocial Activities:**
   i. Engaging in activities that promote emotional well-being and provide psychosocial support to other children and community members.

ii. Organizing group activities such as storytelling, art therapy, or group discussions to help individuals cope up with stress and trauma.

9. Facilitate Child-Led Decision-Making:

i. Involve children in decision-making processes related to relief distribution, shelter management, and child protection measures.

ii. Conduct child-friendly consultations, allowing children to express their opinions and preferences regarding response activities.

10. Encourage Child-Led Response Activities:

i. Support and empower children to initiate their own response activities within their communities, such as organizing recreational events or awareness campaigns.

ii. Provide resources, guidance, and mentoring to facilitate their initiatives.

11. Advocacy and Awareness Campaigns:

i. Organizing campaigns or awareness-raising activities to educate their peers and community members about disaster preparedness, risk reduction, or climate change.

ii. Encouraging sustainable practices and advocating for policies that prioritise child rights and well-being in disaster management.

12. Supporting Vulnerable Groups:

i. Children can be involved in assisting in the care and support of vulnerable individuals, such as younger children, older adults, or people with disabilities.

13. Enhance Communication and Information Sharing:

i. Ensure that communication channels are child-friendly and accessible, using age-appropriate language and visual materials.

ii. Establish child-friendly complaint mechanisms and feedback channels for children to express their concerns, needs, and suggestions.

14. Documenting and Sharing Experiences:

i. Engaging in storytelling, photography, or videography to document the experiences and stories of individuals and communities during the disaster.

ii. Sharing these materials to raise awareness, promote empathy, and advocate for support and resources.

15. Monitor and Evaluate Child Participation in Response:

i. Regularly monitor and evaluate the effectiveness of child participation initiatives during the response phase.

ii. Seek feedback from children to improve and adapt strategies based on their needs and recommendations.

It is important to ensure that children and adolescents engage in these activities in safe and age-appropriate ways. Adult supervision, guidance, and coordination with relevant organisations or agencies are crucial to ensure their well-being and the effectiveness of their involvement during disasters.

Child Participation in Post-Disaster Recovery Phase:

1. Assess Child-Specific Needs and Priorities:

i. Conduct child-centric assessments to identify the specific needs, concerns, and aspirations of children in the post-disaster context.

ii. Engage children through child-friendly methodologies, interviews, focus group discussions, and participatory mapping exercises.

2. Child-Led Recovery Projects:

i. Encourage children to propose and initiate their own recovery projects based on their needs and aspirations.

ii. Provide guidance, resources, and technical support to help them implement their ideas and contribute to the rebuilding process.

3. Participatory Decision-Making:

i. Involve children in decision-making processes related to recovery initiatives, community rebuilding, and resource allocation.

ii. Organise child-friendly consultations, workshops, or advisory panels to ensure their perspectives and ideas are considered.

4. Psychological Support and Trauma Healing:

i. Offer child-friendly psychosocial support services, including counselling, art therapy, and group activities, to help children cope with trauma and rebuild emotional well-being.

ii. Train recovery personnel on trauma-informed approaches and techniques for supporting children's emotional recovery.

5. **Skills Development and Vocational Training:**
   i. Provide opportunities for children and adolescents to develop new skills and acquire vocational training relevant to the recovery and rebuilding process.
   ii. Collaborate with vocational training institutes, local businesses, and community organisations to offer age-appropriate skill-building programmes.

6. **Documentation and Communication:**
   i. Encourage children to document their recovery experiences, stories, and creative expressions through various mediums, such as photography, videos, artwork, or writing.
   ii. Share these materials through exhibitions, social media, or community events to raise awareness, promote empathy, and advocate for ongoing support.
   iii. This sharing should be done only after attaining informed and written consent from children and their parents or guardians.

The child participation plan should be regularly reviewed and updated based on feedback, lessons learned, and evolving needs. The concerned authorities/ agencies should continuously seek opportunities to enhance child participation in all phases of disaster management- preparedness, response and recovery. This would enable fostering a culture of empowerment, resilience, and inclusivity among children and the communities.

Duration of the Session:

This session should be 45-60 min in duration.

Methodology:

- Lecture/ PowerPoint Presentation
- Case Study
- Video Aid: https://www.youtube.com/watch?v=oO39e7CfuVU
- Experience sharing
- Discussion
- End of session: Question/ Answer round

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Module VI:
Simulation Exercise

Module VI: Simulation Exercise

EXERCISE 1: GROUP BRAINSTORMING ACTIVITY: CHILD PROTECTION AND CHILD RIGHTS

Children can face challenges due to disasters, aside the risk of hazards themselves. They can face difficulties in assuming responsibilities to help their families which might threaten their basic rights, or in getting others to listen to them. These role plays are examples of situations that children might find themselves in. Children should be encouraged to talk about challenging scenarios that they have experienced or heard about and develop role plays around these issues.

Exercise:

Divide participants into groups to practice the following role plays individually. Encourage participants to be creative in their dialogues. The roles of the child and other community members can be assigned to individual participants.

For example, a few participants will roleplay as children who are asked to work, and a few participants acting as family members who are trying to convince the children to leave school.

Role Play Themes (Group Name_____)

1. Children, Livelihoods, and Disasters

Child: I want to go to school, but have been asked by my family to work to make money since flooding has hurt our family's crops and my house is washed away.

Adult: I want my child to work and make money because flooding has hurt my crops and my house is destroyed.

What Child Rights are Infringed

I. _____

ii. _____

iii. _____

iv. _____

v. _____

Solutions:

I. _____

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ii. _____

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iii. _____

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iv. _____

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v. _____

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Role Play Themes (Group Name_____)

2. Children, Governance, and Disasters

Child: I want to attend a community meeting about DRR, to talk about how disasters affect me.

Adult: I don't think children belong or should attend to a community meeting – this is a space for grown adults.

What Child Rights are Infringed

I. _____

ii. _____

iii. _____

iv. _____

v. _____

Solutions:

I. _____

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ii. _____

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iii. _____

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iv. _____

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v. _____

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Role Play Themes (Group Name_____)

3. Children and Information Dissemination

Child: I want to tell other people about what I learned in school about disasters, but they are not interested.

Other: I don't want to listen to the school child. I am not interested in hearing about 'boring' lessons.

What Child Rights are Infringed

I. _____

ii. _____

iii. _____

iv. _____

v. _____

Solutions:

I. _____

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ii. _____

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iii. _____

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iv. _____

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v. _____

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Role Play Themes (Group Name_____)

4. Children, Disasters, and Health

Child: I know that certain types of water are unsafe to drink, particularly after flooding. I need to convince my family and friends about this.

Family & Friends: I am feeling thirsty and don't want go find another water source. I just want to drink water like I always used to.

What Child Rights are Infringed

I. _____

ii. _____

iii. _____

iv. _____

v. _____

Solutions:

I. _____

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v. _____

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Role Play Themes (Group Name_____)

5. Children, Rights, and Disasters

Child: I don't want to marry; I would like to continue with my studies class 10 onwards.

Family: We have lost our livelihood because of Covid-19. And since you are a girl child, finally you have to marry. Why not now?

What Child Rights are Infringed

I. _____

ii. _____

iii. _____

iv. _____

v. _____

Solutions:

I. _____

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ii. _____

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iii. _____

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iv. _____

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v. _____

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Role Play Themes (Group Name_____)

6. Children, Gender, and Disasters

Children (Shyam & Geeta): Our books, study material, and toys, all have been washed away in floods, we need new ones, please.

Parents: Floods have resulted in a lot of hardship for us so books will be arranged only for Shyam. Geeta, you have already completed class 10, you are also good at cooking and household work. We are looking for groom to marry you.

What Child Rights are Infringed

I. _____

ii. _____

iii. _____

iv. _____

v. _____

Solutions:

I. _____

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ii. _____

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iii. _____

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iv. _____

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v. _____

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Role Play Themes (Group Name_____)

7. Children, Mental Health, and Psychosocial Care

Child: Please give me some time, I am very afraid, I am not feeling okay. I will tell you everything, I swear.

Family: Something is wrong. Your shirt is torn, I can see the injury marks on your body. Tell me everything right now. Who has manhandled you? I will reprimand the teacher and school principal.

What Child Rights are Infringed

I. _____

ii. _____

iii. _____

iv. _____

v. _____

Solutions:

I. _____

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v. _____

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EXERCISE 2: SURVIVOR'S GAME

Participants are requested to come up with a list of 6 to 10 professions or roles that they might know from their locality, town, or village.

PROFESSIONS/ ROLES	
TEACHER	SCIENTIST
POLICE OFFICER	POLITICIAN
DOCTOR	GIRL CHILD
FARMER	SHOPKEEPER
VILLAGE HEAD	BUSINESSMAN

Please write the professions on separate pieces of paper, make a chit, and then mix it up. Choose a chit. Then, open your chit, now you represent the role given in your chit for the entire game.

Read the task carefully:

"It's a Tsunami situation, everything has been destroyed and you are in a lifeboat in the deep ocean with some ration for a few days. Your lifeboat develops some problems and you have to choose one person to jump overboard in the sea, to keep the boat from collapsing or submerging."

At the back of the chit, please write down who should jump off the boat understanding their role and importance to help the community once you reach the land again!

Individual Round: You have 2-3 minutes to give reasons why you should be kept on board, to help the community once they reach land again!

Group Task: Please brainstorm (10 mins), vote, and come up with the group decision on who should jump off the boat and present the reason with logic and rationale.

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About the Institute

National Institute of Disaster Management (NIDM) was constituted under an Act of Parliament with a vision to play the role of a premier institute for capacity development in India and the region. The efforts in this direction that began with the formation of the National Centre for Disaster Management (NCDM) in 1995 gained impetus with its redesignation as the National Institute of Disaster Management (NIDM) for training and capacity development. Under the Disaster Management Act 2005, NIDM has been assigned nodal responsibilities for human resource development, capacity building, training, research, documentation and policy advocacy in the field of disaster management.

NIDM is proud to have a multi-disciplinary core team of professionals working in various aspects of disaster management. In its endeavour to facilitate training and capacity development, the Institute has state-of-the-art facilities like class rooms, seminar hall and video-conferencing facilities etc. The Institute has a well-stocked library exclusively on the theme of disaster management and mitigation. The Institute provides training in face-to-face, on-line and self-learning mode as well as satellite based training. In-house and off-campus face-to-face training to the officials of the state governments is provided free of charge including modest boarding and lodging facilities.

NIDM provides Capacity Building support to various National and State level agencies in the field of Disaster Management & Disaster Risk Reduction. The Institute's vision is to create a Disaster Resilient India by building the capacity at all levels for disaster prevention and preparedness.

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ISBN No.: 978-81-986279-3-3