

THE SECOND INDIA DISASTER MANAGEMENT CONGRESS
4-6 NOVEMBER 2009
THEMATIC CLUSTER - E: Social & Economic Issues
SESSION-2: Children & Disasters
Concept Note

A. Introduction

Children differ from adults in physical, emotional and cognitive capacities, physiologic status, disease susceptibility and disease expression, and the types of supplies and equipment required to care for them. Therefore, their vulnerability and diverse needs in a disaster situation require knowledge of child health and child development as well as an understanding that the child exists in the context of the family. Disasters disrupt the sense of well-being by destroying normal predictable and consistent life routines of children thus, deeply hamper the process of healthy psychological and personality development. Since damage at this stage often cannot be overcome later and children constitute one of the largest segments of the vulnerable populations their vulnerability needs to be addressed adequately and appropriately. Disasters have a severe impact on the health and well being of the children. The impact of disasters can be categorized as follows:

Physical Health: Lack of adequate food and nutrition during disasters may lead to malnutrition and undernourishment in children and especially infants. Moreover, the strenuous condition of the disaster may lead to stress on the pregnant and lactating women. This may lead to increase in the cases of complications and premature delivery amongst women. Consequently children born are also physically weak.

Mental Health: Children may experience trauma and exhibit psychological reactions like fear, anxiety, childish or regressive behavior, and difficulty in sleeping and concentrating.

Education: The schools buildings may be destroyed during disasters or they may be shut down because of the emergency situation. Sometimes the schools are also used as shelters. The education of the children is discontinued. The girl children may be forced to drop out to take care of the siblings at home or help in the household chores to deal with the emergency situation.

Social impact: The widely reported social impacts of disasters include problems such as increased cases of child abuse, child labour, child trafficking, domestic violence, which may have an adverse impact on the psyche of the child.

B. Context

The International Federation of the Red Cross and Red Crescent Societies in the World Disaster Report, 2001 states that, on average, 242 million people were affected by natural disasters or armed conflict, each year, between 1991 to 2000. Of this number, at least 76.5 million were children under the age of 15 and the vast majority i.e. 75 million lived in developing countries. The data of human and economic loss due to disasters in this current decade is much more alarming than this particularly in Asian region.

However, there is little global data on the breakdown of affected populations by age, though media reports shows that children form one of the largest segments of populations affected by the recent few horrifying natural and man-made disasters. Research studies and good practices on how to address children's capacities and vulnerabilities in times of disaster are very few in number when compared to the number of children affected. Many examples of disaster reports (Gujarat earthquake and Bangladesh flood, SPHERE Project, etc) hardly mention on these issues of children in their reports, although the social dimension of vulnerability assessment has been emphasizing on the vulnerability of children along with women. Disaster literature confines them to three areas: i) they are part of studies on women, ii) they are treated as the cohorts of psychiatric or psychological studies, and iii) they become "icons" of suffering and sign of perilous plight (Marten, 2001). In the eventuality of the recent tsunami, many media reports stated about the danger of sexual abuse and exploitation of children in many affected countries. Any disaster planning and measure need to look at children as a separate category of victims in any disaster as they represent more than 50% of the populations of many countries in developing world, thus represent a sizeable proportion of individuals affected by all types of disasters.

However, irrespective of the type and severity of any natural and manmade disaster, or the equation between a child and a disaster, or existence of child segregated disaster statistics, what is more important is that we should understand *how children who have experienced disaster would be processing the information and what sort of reactions*

they show as a result of such experiences. Since children have limited capacities to process information their sense of what happened is often not realistic and they are not able to comprehend the totality of the situation, they extra care and comfort to check the adverse effects of disasters on their growing body and developing personality.

C. Objectives – the broad objectives of the session would be to:

- Discuss the various dimensions/components of child Centre/focused DRR
- Share the field based experiences: Approach, method, issues and concerns
- Discuss good and innovative practices through various post-disaster case studies

D. Sub Themes – The broad areas that would be dealt during the deliberations are:

- i. Child-Centered DRR practices
- ii. Innovativeness in psychosocial care service provision models
- iii. Child protection preparedness and rehabilitation practices
- iv. Field experiences in rebuilding the child friendly physical environment
- v. Disaster induced health hazards research & development

E. Expected Outcome

The session is expected to collate the field and research based practices focused on the sub theme areas and to put these collated deliberations in a formal manner through a printed compilation of all the full papers as NIDM publication.

F. Session Plan – the tentative broad session plan would be as follows:

Date: 5th Nov 2009, Duration: 14:00-17:00, 3 hours/180 minutes, Hall No-3, First Floor, Vigyan Bhawan

Chairperson- Dr. A K Gopal, Director, NIPCEED Co-Chair – to be decided,

Session plan

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| Sub Themes-5 Total papers abstracts received- 16 No. of oral presentation- 9 No of invited speakers- 1 international and 2 national | International speaker- 25 minutes National speakers-15 minutes x 2= 30 mins Duration of oral presentation- 10 minutesx9 = 90 mins Beginning & Closing= 20 mins Q & A= 15 mins Total= 180 minutes |
| Inauguration-closing, | Duration: 20 minutes |
| Question-answer | Duration: 15 minutes |